Community perceptions of pre-term labour in rural Malawi

Women experiencing their first pregnancy need more early information about the process of labour and delivery

It is vital to understand community perceptions of ill health in pregnancy through a combination of both traditional and biomedical models of health. Death in the first four weeks of life accounts for almost 40 per cent of deaths in children under five years.

The causes of neonatal death in sub-Saharan Africa, in particular the contribution of pre-term birth, are poorly documented. Preliminary findings from Malawi suggest this is likely to be a significant problem occurring in 20-25 per cent of women in rural communities. The observed high incidence of pre-term labour may partly be explained by the frequency of genital tract infections and malaria in these groups.

In 2003-04 the Malaria Knowledge Programme worked with a community in Namitambo, rural Malawi, where pregnant women were found to experience high levels of pre-term delivery. A qualitative study was carried out to investigate the perceptions of women, men and health workers of pre-term labour, its causes and prevention strategies. This helped to identify a number of areas in which community dialogue and health communication could stimulate action to improve the situation. Recommendations and key findings are presented below.

Recommendations

- Health communication in the community and at antenatal clinics needs to include two-way dialogue on traditional concepts and treatment of illness.
- Health communication for pregnant women should include all family members who participate in decisions to do with care seeking. Strategies to reduce the prevalence of violence against pregnant women are urgently required, as such violence was reported as a common experience.
- Health communication for pregnant women should include more early information about the process of labour and delivery, especially for women and girls in their first pregnancies.
- Antenatal clinics require improvements to allow them to deliver services that pregnant women need, but which are often lacking – such as syphilis testing, penicillin injections, counselling on disclosure, better referral systems and drug supply systems – in a comprehensive way.
- Staff and health workers need supervision and training in communication skills and attitudes towards pregnant women; on counselling skills, for example around disclosure of sexually transmitted infections (STIs), and on the detection of pregnancy complications.

Key findings

Community perceptions of pre-term delivery

- Community members and local health professionals understand and recognise pre-term delivery as a problem.
- Community members and local health professionals agree on the importance of infections as a cause of pre-term labour. Local understandings of infections such as STIs and malaria fall within both biomedical concepts of health and traditional understandings of illness – illnesses that people call *libale, likango* or *mauka*, which they consider to be ‘inborn’ or ‘inherited’.

- Most community members value biomedical treatment for malaria and STIs but for financial and logistical reasons do not always access government health services.
- Community members found that formal health services are difficult to access, unfriendly and ineffective in treating STIs. This experience contributes to local people continuing to understand and treat their illnesses within a traditional framework.
- In the region, traditional STI healing practices involve cutting off genital warts, which is likely to contribute to increasing the rates of HIV transmission. This needs further attention.

"In most cases we are not sure as to what really causes premature labour and being in the village there isn't much we can do to stop it."

"If elders know that it is mauka or likango then automatically these go to a traditional healer for treatment."

Mothers speaking during a focus group discussion in Namitambo

Perceived causes of pre-term labour

Community members identified the causes of pre-term labour as illnesses such as STIs and malaria which they understood in a biomedical context. They also identified *mauka* (also known as *likango*, or *libale*), an illness complex understood within a traditional framework, signified by sores on the genitals, diarrhoea, fevers and convulsions, serial still births and neo-natal mortality among children of the same parents.

There were also significant beliefs linking pre-term labour with 'impurity'. These impurities are related to sexuality, death and blood (for example: eating food cooked or prepared by a menstruating woman). Other beliefs link pre-term labour with taking bitter-tasting medicine (either traditional or biomedical), witchcraft, inadequate food or poor nutrition, heavy physical work late in pregnancy and violence.

Perceived preventive measures

Community members identified several ways to prevent pre-term births. These included the early and frequent use of antenatal clinics, early modern treatment of STIs and fevers and early traditional treatment of *libale*, *likango* and *mauka*, the use of condoms, stopping violence against women, eating nutritious food and avoiding heavy physical labour in pregnancy.

There were also beliefs to do with avoiding extra-marital sex, avoiding quarrels that can lead to people bewitching a pregnant women and avoiding food cooked by other women. Visiting a traditional healer for tattoos to guard against witchcraft was seen to be beneficial.

Constraints to preventive measures

The main constraints that people identified were financial, relating to using health facilities, including the cost of transport or even lack of transport. Health staff in government clinics had poor attitudes and there was a lack of diagnostic facilities and effective referral system at health centres. There was conflicting advice from some community members who would advocate the use of traditional healers over biomedical facilities for some diseases.

There were also difficulties in disclosing the diagnosis of an STI to spouses, particularly for women, who fear blame, violence or abandonment. Many male sexual partners refuse to use a condom and there are common perceptions that condoms do not work. In terms of nutrition, there is often a lack of money to buy nutritious food and an overall lack of support for pregant women from family members.

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