

Empowering Women in Northern Ghana With Maternal and Child Health Information

By Ehla Ethel Emefa and Rahana Mohammed, Savana Signatures.

Introduction:

In most communities in Ghana, Pregnant women do not report early at Antenatal Care (ANC) until late in pregnancy due to socio cultural beliefs and practices which require certain customary rites to be performed. This robs women of essential life saving interventions given during the first trimester of pregnancy. Most of these women develop complications in pregnancy and report late during labor, thus resulting in mortalities. Ghana still records 343 deaths/100,000 live births. Many of these maternal mortalities are avoidable if women receive timely relevant information and medical attention.

Interventions:

The aim of the Technology for Maternal and Child Health (T4MCH) project is to empower women with access to maternal and child health information, to promote their healthy behavior, eventually leading to less mortalities among mothers and children.

The **Mobile Messaging** promotes women empowerment in decision making on their reproductive health by targeting with voice messages on MCH to increase their knowledge and understanding. This is intended to influence men's behavior to overcome the negative social norms which makes it difficult for them to promote gender equity in their homes.

Results

Successes:

- Since July, 2017, a total of 8,323 (ANC – 6926, PNC – 1397) beneficiaries have registered to receive voice or SMS messages.



Success stories

- Increased knowledge and awareness on best practices during pregnancy and child care

“By exclusively breastfeeding my baby, I have realised my baby does not get sick as compared to my previous child who was frequently sick.”

“I have not been attending ANC regularly, but when I received the messages on baby’s position, I rushed to the health facility the following day and got the midwife to examine the positioning of baby which turned out positive. I have not missed ANC and PNC visit afterwards and regularly took my routine medication as advised.”



- Increased male involvement in MCH related issues.

“My husband and I prepared our birth pack with all items needed for the delivery of our baby so we did not face challenges during delivery at the health facility. Transport was pre-arranged and we arrived at the facility on time”, said a beneficiary.



“After discussions with my husband, we both visited the health facility to get family planning.”

- Cleared misconceptions and myths around nutrition for pregnant women and infants. A mother testified that:

“I ensure we add meat, eggs and green leaves to our meals and eat it while it’s hot and also wash my hands with soap before breastfeeding my baby to prevent cholera or diarrhea.”



Challenges:

- Poor network connectivity makes it nearly impossible to reach the most vulnerable groups in hard-to-reach rural communities.

- Poverty levels are high which makes it difficult for women to have access to their own mobile phones.

Advocacy Impact:

- Women’s increased agency in taking up family planning services.

- Men understand the need to provide the health needs of their pregnant and breastfeeding wives promoting gender equity in the home.

- Families no longer tolerate pregnant women’s consumption of concoctions to induce delivery.

- Health staff integration of innovation into MCH delivery to build MCH knowledge of women.

References

- Technology for Maternal and Child Health 2018/2019 Mid Year Report

- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF. 2018. Ghana Maternal Health Survey 2017. Accra. Ghana: GSS. GHS. ICF.

