ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective/SSC supervisor will assess this.

Abigail Bowers: 23/5/2018

1. Describe the main causes of maternal mortality in Kenya and discuss this in the context of global health.

The main causes of maternal mortality in Kenya are postpartum haemorrhage, pre-eclampsia, infection and obstructed labour. Many of these causes of maternal mortality can be prevented and successfully treated with the appropriate resources and care. This involves antenatal and post natal care and skilled birth attendants available at delivery.

The Kenyan Demographics and Health Survey (2014) shows that Kenya has improved maternity health outcomes. For example the maternal mortality ratio has decreased to 360 in 100,000 in 2014 (Worldbank 2013). However, when compared with the Millenium Development Goals there are still improvements to be made mainly in the even distribution in care.

During my elective I learned that maternal healthcare is free in Kenya. At each of the dispensaries that I visited there were facilities available for antenatal care, deliveries and postnatal care. There has been an initiative to persuade women to come to hospital or other health centres to give birth and receive appropriate care and resources and to minimise complications. This is moving away from traditional home births and traditional birth attendants. According to the Worldbank (2013) 62% pregnant women now receive skilled care at childbirth.

At Maralal Catholic dispensary I discussed with the clinical officer if there are any incentives for women to give birth in the dispensary apart from the health benefits. The clinical officer explained that they provide a maternity pack to all new mothers which include nappies, clothes, blankets, changing table top, wipes etc. He explained that the greatest challenge was educating mothers. Many of the women have given birth at home several times with no complications, and so do to see the benefits of travelling to a dispensary or appreciate the possible risks of childbirth.

Globally, the Global Strategy for Women's Children's and Adolescent's Health (2016-2030) aims to improve maternal health for women and ensures that they thrive. Improving maternal health is also an important sustainable development goal.

2) Describe the provision of family planning in Kenya and compare to the UK.

During my elective I was able to observe family planning provision in Kenya. In Kenya, family planning is a priority due to the high birth rate and number of children per family and is a sustainable development goal.

The culture in many communities in Kenya, particularly Maasai and Samburu culture, is that a larger number of children indicates increased wealth. When observing in a clinic in Maralal Catholic dispensary, a fourty year old mother of five presented. The clinical officer enquired about her current contraceptive use. Her response was 'as long as I am still able, I will still bear children'. The clinical

officer explained that this was a common belief within the local community and that his role is to not go against people's culture but to explain the advantages of using family planning services.

According to the Kenyan Demographic Survey (2014) only 31% of women not using contraception in Kenya have heard family planning being positively spoken about by political, religious or cultural community leaders. This is extremely important as it is those community leaders that will be able to have a significant impact on a communities cultural practices with regards to family planning.

As part of an initiative to decrease the number of children per household, Kenya has introduced free family planning in government hospitals and dispensaries. When in Inyonyorri in Kajiado County I was able to observe the full range of contraceptive methods available. These included the combined oral contraceptive pill, the progesterone only pill, contraceptive injection, the implant and the copper coil. The selection of contraceptives available is very similar to the UK, and I was surprised by the choice that was available.

Looking at the Kenyan Demographic survey (2014) in the areas that I visited the average lifetime births are 6, 4.5 and 6.3 in Narok, Kajiado and Samburu respectively. In contrast the average lifetime birth rate is 1.81 in the UK in 2015 (Worldbank, 2015).

3) Identify the limitations in the provision of healthcare in semi pastoral communities in Kenya.

During my elective I created a questionnaire to be completed by the healthcare providers at the various healthcare facilities that I visited. The aim of the survey was to receive feedback about the limitations that healthcare providers experience when treating patients.

The results showed that the main limitation at the ICROSS dispensary in Inyonyorri was the lack of stock of a variety of medicines, predominantly childhood solutions. The community health worker explained that the medicines are delivered quarterly and that the most recent delivery did not arrive. In the event of the dispensary not having the medication, the patients are given a prescription and need to travel to the nearest dispensary or hospital that can provide the medicine.

At the Maralal dispensary the clinical officer explained that the main limitation was the language barrier. The clinical officer could speak his tribal language, English and Swahili. Many of the patients that he saw could only speak Samburu and so he would often have to call on his lab technician for support as a translator. In some cases the clinical officer explained that he would have to break confidentiality and ask another patient to translate if the staff are not available.

4)To develop my communication skills when faced with language and cultural challenges.

In Kenya the population is divided into 43 tribes, each speaking its own tribal language. At school students are also taught English and Swahili. The level of education that people receive has a large impact on their ability to speak different languages.

During my elective, I discovered that younger patients could speak their tribal language, Swahili and English resulting in a good level of communication with this patient group.

In older patients I commonly found that the highest level of education was primary school and often patients were uneducated. This meant that they were only able to speak their own tribal languages.

Location also influenced the ability to communicate with patients. In Narok, a large town, the majority of patients communicated in Maa and Swahili. In the private hospital the patients could also communicate in English. In contrast, in Oleserian at a rural dispensary, the majority of patients spoke only Maa.

To improve my ability to communicate with patients I learnt some basics, including greetings in Swahili and Maa. This allowed me to have basic interactions with patients and build rapport. The ability to say basic greetings in different languages is very important and shows your appreciation of other peoples cultures and I will continue to do when I return to England due to the diversity of patients I will encounter.

There were many occasions when I had to improvise with my communication skills when there was a substantial language barrier. In these cases I made sure that I was always very respectful, and tried to come across as positive as possible using my body language and tone of voice. An understanding of specific cultures is important in these cases. For example, when greeting small children they offer their head as a sign of respect for you to touch. It is important to know what to do when this happens especially when there is a complete language barrier.

References

Kenyan Demographic and Health S urvey. (2014). The DHS program - Kenya;Standard DHS, 2014 [online]Available at: https://dhsprogram.com/what-we-do/survey-display-451.cfm[Acessed 23 May 2018]

World Bank (2015).World Bank Open Data I Data. [Online] Available at; data.worldbank.org/ [Accessed 23 May 2018]

World Bank (2013).World Bank Open Data I Data. [Online] Available at; data.worldbank.org/ [Accessed 23 May 2018