Bringing Men on Board Maternal and Child Mortality Protection
By Mantoe Phakathi, Swaziland

Swazi men are very little involved in caring for newborns and mothers, yet they are critical partners in ensuring their well being. "Getting men involved in maternal and child health care is a serious challenge because of cultural dynamics and practices," said Rejoice Nkambule, the health department's deputy director of public health services. For example, custom prohibits a Swazi man from physical contact with his newborn baby and its mother for a minimum of six months.

A major grant from the Japan Social Development Fund (JDSF) is now trying to change this. In July, 2009 the Japanese government awarded Swaziland $2.57 million over three years to improve maternal and child healthcare programmes in the country. The programme, which is expected to start later in 2009, will be chiefly rolled out in the poverty-stricken Lubombo region in the eastern part of the country.

A key part of the grant will be spent on community mobilisation initiatives aimed at getting men involved in caring for the health of their wives and children. Research has shown that lack of male involvement in maternal and child healthcare slows down the mother's healing process after giving birth and hinders the development of the baby.

According to Zanele Dlamini, director of the Swaziland Infant Nutrition Action Network (SINAN), a non-governmental organisation that promotes maternal and infant health through breastfeeding, mothers need their partners' assistance after giving birth because they are usually too weak to handle the baby on their own, and many mothers experience mood swings, hormonal imbalances, insecurity and emotional depression after giving birth.

"When the man shows his partner affection, her stress level goes down and, most importantly, the womb heals faster, reducing chances of developing cervical cancer," said Dlamini. She further explained that fathers also benefit from a close relationship with mother and baby. "For instance, when the father massages her when she is breastfeeding, love circulates among the three people, and the baby will have a strong bond with both parents," said Dlamini. She points out that because Swazi men generally do not participate in antenatal or postnatal care, women become vulnerable to pressure from in-laws to follow traditional practices that are often against health workers' medical advice.
"What we've discovered is that, while we promote exclusive breastfeeding for six months, in-laws force mothers to give their babies traditional medicines and food against the doctor's advice," said Dlamini. "Men fail to give the women support because they are ignorant about maternal and child health issues."

According to Nkambule, lack of male involvement in maternal and child healthcare contributes to the fact that Swaziland has one of the highest maternal and child mortality rates in the world.
The other main reason for the high mortality rate is HIV/AIDS, as 26 percent of the reproductive age group of 15 to 49 years is HIV-positive, she explains.

A 2009 State of the Swaziland Population report estimates maternal mortality at 589 deaths per 100,000 live births, far beyond the World Health Organisation's target of 146 deaths per

100,000 live births. The report further puts infant mortality at 85 deaths per 1,000 live births. This is a dramatic increase from 1991 maternal mortality rates, which stood at 229 deaths per 100,000 live births, and 1997 child mortality rates of 78 deaths per 1,000 live births.

What further perpetuates the high numbers of maternal and child mortality – in addition to gender roles and HIV - is the lack of well-trained staff and modern equipment at public health institutions.
"Health issues are very dynamic, which is why we need a vigorous training of health personnel and also update our equipment," said Nkambule.

Health experts criticise the Swazi government for failing to fulfil the Abuja Declaration, signed by African leaders in 2001 in Nigeria, which demands countries to allocate 15 percent of their national budgets to health. Swaziland has currently only allocated 11.5 percent. Family Life Association of Swaziland (FLAS) director, Dudu Simelane, noted that many women, especially in rural areas, die during childbirth because of the absence of emergency obstetric care. "Training of nurses and midwives should include the management of (emergencies)," she said.

Simelane hopes the Japanese grant money, which will also be used to increase the capacity and effectiveness of community health workers with regard to maternal and child healthcare, will help to change the situation. A number of mobile clinics will provide family planning, HIV counselling and testing, sexually transmitted infections care and treatment in rural areas.