PRIME PAGES

Empowered Women and Families

Promoting Better Health Behaviors

What does it take to overcome centuries of traditional practice and a current lack of modern medical care, a combination especially detrimental to the health of hard-to-reach women and their newborn infants? Can villagers themselves effectively assume some service-provider roles in life-threatening situations? Can community partnerships make the professional service provider more effective in safe motherhood? Going directly to the villages, providing women and their families with childbirthing skills and preparing them to respond appropriately to obstetrical emergencies, the CPSM work offers tantalizing insights for creating a community-based program that promotes safe motherhood and healthy client behaviors. A model of community partnerships, CPSM empowers women and their families to take responsibility for improved health-seeking behavior.

Nearly one quarter of the world's women who will die in childbirth each year live in India. Skilled providers attend only a small percentage of these births. PRIME's CPSM project is based on the premise that this situation can change, and that small, practical changes will have dramatic effects.

Background

The CPSM project, funded mainly through field support and some SO2 core monies, shows that when pregnant women and their family caregivers understand the birth process, recognize and can manage signs of life-threatening complications if they arise, their skills and knowledge will help reduce risky behaviors. Early process results indicate some impressive gains toward this goal. The project also works to increase postpartum and postabortion family planning, develop a referral system with emergency transportation and funds, and establish a very sustainable network of volunteers in the community. The NGO Shramik Bharti has been instrumental in building the community partnerships, working to train and establish community health guides, volunteers and village health committees in 11 villages and 29 hamlets of Uttar Pradesh. Committed to expanding the program in UP, Shramik Bharti is actively seeking replication opportunities in collaboration with organizations such as CARE India.

Interventions

PRIME's CPSM project used a series of workshops designed to teach pregnant women and their caregivers to recognize critical complications of labor, delivery and newborn care, and

Reviewing Results in PRIME II

Case Studies from:

- El Salvador
- Uganda
- Kenya
- Bangladesh
- India
- Rwanda
- Ghana
- Benin
- HIV/AIDS Integration
- PI Global Partnerships

PRIME II

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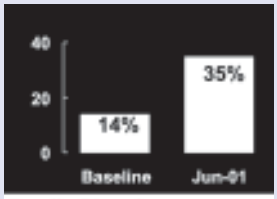
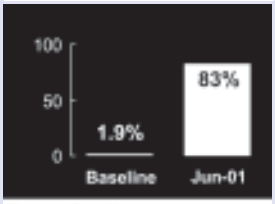
to take appropriate life-saving steps. Respecting and building on existing practice, the Home Based Life-Saving Skills (HBLSS) modular materials used in the workshops include essential prenatal, safe delivery, postpartum and family planning units, with a focus on hemorrhage and sepsis. Hand-in-hand with this information, women are supported by a significant, sustainable village network of volunteers who guide the entire process and solve problems on the most local level. PRIME's work began in 1998; after gathering baseline data, creating and adapting the HBLSS modules for the community, and developing volunteer networks in the villages involved, PRIME initiated the HBLSS-based interventions in June 2001.



Family Planning
6 Weeks Postpartum



Breastfeeding
1 Hour Postpartum

Results

Among the 800 pregnant families each year in the villages where PRIME's work is ongoing, the momentum has swung toward positive birth experiences and healthier practices for both mother and child. Preliminary 4-month data reveal that in preparation for births, all the communities now have emergency transportation plans; nearly all the pregnant women (97%) have two tetanus-typhoid shots, compared with a third before the intervention (37%); and 39% of the pregnant women take iron foliate tablets or syrup, up from less than 1% at baseline. Postpartum, fully 83% of new mothers are now breastfeeding their babies within an hour of delivery, as compared with a baseline of 1.9%. Strikingly, over twice as many women are using family planning six weeks postpartum than before.

After attending the HBLSS meeting on bleeding, a mother-in-law summarized the positive change and her intention to continue improved health practices: "That's how we learned to make *chappatis*, by watching our mothers making them. Then we pass it on to our children, which is what we will do with these new practices." On a larger scale, lessons tested in the CPSM model are being passed on and adapted in other PRIME programs around the world (currently in Guinea and Nicaragua). Outside of PRIME, the American College of Nurse-Midwives has field tested it in Ethiopia, and is discussing field tests in Bolivia, Madagascar and Haiti.

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