

# **The Role of the health system on women's utilization of maternal health services in Sudan**

Ghada H. Ibrahim, PhD (C)<sup>a,\*</sup>

<sup>a</sup> School of Health Sciences, City University London, UK

\* Corresponding author: Cairo, Egypt

e-mail address: [ghada.ibrahim.1@city.ac.uk](mailto:ghada.ibrahim.1@city.ac.uk)

[ghada9@aucegypt.edu](mailto:ghada9@aucegypt.edu)

Tel.: +2 0100 7000 633

## **Background:**

Maternal mortality and morbidity still pose a significant challenge to policy makers and health professionals. No significant improvements in maternal and child health indicators have been achieved in Sudan up to the present time threatening the achievement of the 4th and 5th Millennium Development Goals (MDGs). Reports revealed that the Maternal Mortality Ratio (MMR) was 1107 deaths per 1000,000 live births. This very high level of MMR also indicates a tragic level of associated maternal morbidity – and these cases are very much concentrated in poor areas. Clearly there is a persistent need to monitor maternal deaths and illnesses in order to try to bring them down to acceptable levels. Unfortunately, no accurate and complete data are collected on a regular basis in order to assist in monitoring these trends.

Generally, there is a lack in the use of maternal health services in Sudan (i.e., maternal healthcare, gynecological healthcare, and contraceptive healthcare). There is some, very patchy information to show that, pregnancy- related illnesses and severe maternal morbidity in Sudan is mainly due to prolonged and obstructed labour, haemorrhage, sepsis, hypertensive disorders, of pregnancy, and unsafe abortion and ectopic pregnancy (SMS,1999).

Maternal health has becoming an increasingly significant concern in Sudan in recent years , as high fertility, female genital cutting, sexual violence, malaria, and poor coverage of skilled care at childbirth in many areas (including poor pockets in urban areas) increases the risks of maternal morbidity and mortality. Large geographical disparities can be noted with respect to maternal care services and certainly the burden of maternal morbidity and mortality.

Fortunately, the Sudanese government (SG) recently gives high priority to improve maternal health through analyzing the health system and identifying the obstacles that affect the performance of the system and have disadvantages on the women's decision on perinatal health seeking behaviour.

**Objective:** Sudan has a great need for better utilization of maternal healthcare services in order to improve the health status of Sudanese mothers. Maternal mortality and morbidity still pose significant challenges to policy makers and health professionals. **The overall aims of the study** are therefore twofold, *firstly*, to identify the social, cultural, and services barriers to the use of maternal health services in Sudan during pregnancy, delivery and the immediate postpartum – when most deaths and serious morbidities occur; *secondly*, to study the different ways in which health system elements can shape maternal health and the pattern of utilization of maternal health services.

**DATA :** Both qualitative and quantitative data were used in the study. For the quantitative data, Sudan Household Health Survey (SHHS) in 2010, which is a national survey and Situation Analysis of Reproductive Health Services Survey (SARH) in 2008, which is conducted in Khartoum state. The qualitative data are provided by Maternal Health System Study (MHSS). This qualitative survey was collected by the author in 2012 in Khartoum using both focus group discussions (FGDs) and in-depth interviews. 6 Focus Group Discussions (FGDs) with women have been conducted and 3 FGDs with village midwives as well as 17 in-depth interviews with decision makers and other stakeholders and 14 health providers in 5 primary health centres were considered in an 3 ethnographic survey that has been conducted between May and July in 2012..

four health system functions were comprehensively assessed : Stewardship, financing, human resources for health, health services delivery including referral system of the maternal complications. Also, the survey investigate the challenges facing women who used the perinatal health services in the last pregnancies and to what extent their previous experiences will affect the utilization of perinatal services in the future as well as identifying the reasons for not using maternal services among nonusers.

**Methodology:** The study suggests a new framework which called Maternal Health System Performance framework (MHSP). The MHSP framework reflects the health system as a whole and highlights the role of the four functions of the health system on women's utilization of maternal health services, consequently the women's health. In addition, the performance assessment within the MHSP framework is set at two levels: the system level, where measures are set nationally, and the state level, where measures contribute towards the system level indicators. However, the framework applies only at the system level and only services provided through ministries of health are considered while covering the second level is partially as there is a shortage of the data on the state level; thus the disparity and fairness objective was not fairly covered.

**Preliminary Findings** demonstrate that certain factors related to cultural and women's status aspects as well as factors related to health system in Sudan with respect to the referral system of the maternal complications, health providers, and maternal health services that are provided to women during the perinatal period are the most significant factors that constitute challenges in the utilization of perinatal health service among women thus affect maternal health. Also, there

are chronic problems in the Sudanese health system that widely affected the quality and availability of maternal health services

**Significance:** This study fills a current gap in research on women's behaviour in seeking perinatal health services in Sudan. It provide insights on main factors that determine women's decision of family planning use and inform decision makers with some guidelines to reform the maternal health system with respect to health providers, quality of health services, health facilities. Furthermore, some policy implications of the findings and suggested solution to improving the maternal health system under limited resources are discussed.