

# Combating threats to women's and children's health

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NEPAL: Radhika's baby was born prematurely with an extremely low birth weight. In Nepal, 72 per cent of all childbirths take place in the home. Local health workers are working hard to decrease infant mortality in the country. Credit: Sanjana Shrestha/Save the Children

Each year, some 7 million children in low- and middle-income countries (LMICs) die before the age of five, and close to 300 000 women lose

their lives in connection with pregnancy or childbirth. The new Centre for Intervention Science in Maternal and Child Health (CISMAC) in Bergen is seeking to find ways to effectively increase survival and enhance maternal and child health in these countries.

Some of the UN's Millennium Development Goals (MDGs) to meet the needs of the world's poorest appear to be a distant target just two years before their scheduled completion. In several developing countries, however, one of these goals appears to be within reach: reducing by two thirds, between 1990 and 2015, the under-five mortality. And were it not for the HIV epidemic, a number of countries would also have been well on their way to reaching the goal of reducing maternal mortality by three quarters before 2015.

## **Improving health and promoting development**

The Centre for Intervention Science in Maternal and Child Health (CISMAC) is one of the 13 new Norwegian Centres of Excellence (SFF) established in 2012. The centre will support research projects addressing health and survival of mothers and children as well as child development, beyond the time frame and perspective established for the UN goals. Projects will target those who have the greatest needs, which the researchers see as an important step on the path to increasing global social equality.

"High mortality is the tip of the iceberg. While most women and children may survive these sometimes-fatal conditions, they are often scarred for life," says Halvor Sommerfelt, centre director and professor at the Centre for International Health (CIH), University of Bergen.

## **A wide range of interventions**

The intervention studies planned by the CISM MAC centre will compare health performance targets among mothers and children who have access to certain measures with those who do not. Measures span a wide spectrum, from vaccination and better education for young girls/women to the reorganisation of health systems and improved competence of health personnel.

In other words, the CISM MAC centre will be doing more than conducting classic studies of new health initiatives. In one project, young women in Zambia will be given grants to complete their schooling. In addition to improving educational levels, this project seeks to increase the average age of first-time mothers, which is expected to reduce the number of abortions and premature births as well as enhance women's and children's health.

In another project, researchers will study the effect of measures to increase the use of mosquito nets and insect repellents indoors, as part of the effort to decrease the incidence of malaria among pregnant women.

"A study carried out by our Ugandan partners showed that in all cases of stillbirths and death in the first week of life, the mother did not use a mosquito net," Dr Sommerfelt explains.

## **The critical first days of life**

Even though medical measures, better education and economic development increase their chances of survival, some 7 million children still die each year – most from illnesses which can be either prevented or treated relatively easily. Close to 40 per cent of these deaths occur during the first month of life, known as the neonatal period. Infants are at greatest risk during the days immediately following birth, and in most low- and middle-income countries, there has been no or little improvement in neonatal survival in recent years.

In addition, there are over two million stillbirths around the world each year and the lifetime risk of maternal mortality in certain African countries is 200 times greater than in countries such as Norway.

## **Partners in low- and middle-income countries**

The CISMALC centre will be employing a combination of carefully selected, high-quality projects and cooperation with the Norwegian authorities and other appropriate institutions to generate knowledge that can give rise to lasting, sustainable knowledge-based interventions.

"Our partners include research institutions in the countries where our studies will be conducted. This will ensure both a local foundation for and local expertise in our projects," Dr Sommerfelt points out.

"These countries are situated in Sub-Saharan Africa and South Asia, areas that account for 85 per cent of all maternal/child deaths globally. We have chosen to carry out studies in places where the impacts of effective measures are most likely to be the greatest."

Also involved in the research are important global actors who will be able to apply the results and thus influence the development of national and international guidelines. The World Health Organisation (WHO) is one of our partners and UNICEF has been included in the planning and steering activities. The results of our studies will be widely disseminated to government authorities in low- and middle-income countries.

Dr Sommerfelt is also hoping that Norwegian authorities will be able to draw on these findings, and that the research will thus be of help in designating priorities in Norwegian development cooperation policy.

## **Generalising and adapting the findings**

The centre will organise the studies to allow results to be generalised and applied to other areas. Since local health and care systems differ widely, information on health systems and socio-cultural factors will need to be tailored to other contexts. Furthermore, the CISMAC centre researchers aim to measure effectiveness, cost-effectiveness, equity and long-term ramifications to facilitate adaptation of the interventions to other countries and regions.

"Much of the focus of the international research effort in the field is on discovering new health-improvement measures. The CISMAC centre will also attach importance to research to improve the implementation of measures already known to be effective," Halvor Sommerfelt emphasises.

## **A focus on researcher training**

Researcher recruitment and training are also key objectives for the CISMAC centre. Over the past five years, 50 candidates from a number of partner countries have completed their doctorate degrees at or in collaboration with the Centre for International [health](#) in Bergen. Most of these graduates return to their home [countries](#) after completing their doctorates, bringing back much-needed expertise that can be used both to conduct further research and to implement effective measures.

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