

Review Article

Maternal Health Promotion Through Healthcare Services Access Justice in The Deprived Areas

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Received: January 01, 2024

Accepted: February 09, 2024

Published: February 16, 2024

Problem Statement

Maternal mortality and morbidity as a public health issue must also be considered as a matter of human rights. Massive bleeding, infection, unsafe abortion, hypertension, and prolonged or obstacle labor are probable complications of pregnancy. Effective interventions and care during pregnancy and delivery could decrease maternal mortality and morbidity [13].

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period [18]. World Health Organization defines "maternal health" as the death of a woman while pregnant or within 24 hours after childbirth; from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes [29]. Healthcare services access inequity is from the tortures in the deprived areas which could result in several maternal health issues. The impacts due to the lack of healthcare services access coverage could be demonstrated at different maternal life stages [22].

An instance of the consequences due to lack of maternal health services access is unsafe abortion. "Unsafe Abortion" is defined as the termination of a pregnancy either by persons lacking the necessary skills or in an environment that isn't admitted to the minimal medical standards, or both [30]. Researches gathered by Ganatra et al. decline that globally, during the years 2010-14, the chance of unsafe abortion incidence among all abortions with a majority of 49.5% Vs. 12.5% in the developing countries has been higher than the chance in the developed countries [16].

Unsafe abortion in the deprived areas is a potential health issue which could occur during pregnancy or near the child birth.

It could increase the level of maternal and neonatal mortality rate [22]. Women with unintended pregnancy are usually the ones who choose unsafe abortion. There are several barriers to access safe abortion. The common barriers include three main types of the social¹, physical², or economic³ ones. Other access barriers could be mentioned as unnecessary requirements⁴ [30]. As an example of physical access, an investigation on the deprived areas of Uttar Pradesh, India, declined that intended abortion as a cause of unintended pregnancy could be indirectly prevented by providing sufficient access to contraceptive coverage by the healthcare system. This current unmet demand is exclusively common in Low and Middle Income Countries (LMIC) [25].

¹Such as restrictive laws, stigma, or conscientious objection of health-care providers

²Such as poor availability of services.

³Such as high cost

⁴Including service delivery mandatory queue, obligated counselling, third-party authorization, or misleading information provision.

Apart from unsafe abortion, spontaneous miscarriages and therapeutic abortions, could result in several clinical complications including consequences such as: complications of anesthesia, post-abortion triad(i.e. pain, bleeding, low-grade fever), hematometra, retained products of conception, uterine perforation, bowel and bladder injury, failed abortion, septic abortion, cervical shock, cervical laceration, and Disseminated Intravascular Coagulation (DIC) are from these probable com-

plications [26]. Though, as long as healthier people could live longer and morbidity and longevity directly affect economic systems. Additionally, abortion could bring a huge unnecessary burden not only to the healthcare system, but also to the socioeconomic system [24]. In conclusion, considering the current maternal health situation in deprived areas more researches must be gathered for the healthcare policymakers and managers to control the burden of maternal morbidity on healthcare systems by promoting justice in healthcare access. Although women are born in most countries with longer life expectancy than men, in reality in LMIC's they come to have a shorter life and the major causes of the MMR in these areas is MMM [16]. Also, the effect of maternal health on mortality and morbidity makes maternal mortality different from encouraging effects of longer life expectancy. The researches could help healthcare system managers to remove the gaps at healthcare services access for maternal health promotion. As a result, rates of maternal mortality and morbidity could be directly modified. Therefore, socioeconomic systems are promoted by increasing longevity and health as a human source investment [20].

Literature Review

In a data analysis study titled "Can a Community-Led Intervention Offering Social Support and Health Education Improve Maternal Health? A Repeated Measures Evaluation of the PACT Project Run in a Socially Deprived London Borough" Brown, J. and colleagues list community organizations such as social support groups as an effective way of health promotion and show evidence of improved health literacy in socially deprived areas which has significant impact exclusively on maternal health. It's stated that social distance could affect the wellbeing of mothers and their children. Emphasizing on the rule of civic organizations, it agrees with the positive effect of group therapy on maternal mental health by this kind of social support. Child development could be strongly affected by social adversity. Improving maternal health could lead the children's health promotion and improve the health determinants exclusively for the child development. It's also concluded that maternal healthcare service delivery can be optimized using community social capital involving development of co-operative social networks among public health services, civic organizations, community groups and parents themselves [17].

In "Complicated unsafe abortion in a Nigerian teaching hospital: pattern of morbidity and mortality" a data analysis study with the objective of describing the prevalence trend, prevalence control and a focus of unsafe abortion due to the complications of it. Akinlusi and colleagues used the data such as age, marital & educational status, use of contraceptives, abortion method, the service provider, clinical presentation, management and complications. The data was analyzed by "Epi software" and during the study with a statistical population of 15,067 deliveries. Death rate due to unsafe abortions had a complication of 1.53 per 100 births and sepsis was reported as one of the complications leading to 80% of maternal mortalities. The study concluded that unsafe abortion promotes the risk of sepsis as a fatal complication. Though, there should be strategies focusing on supportive care after the abortion for patients in Nigeria [15].

Due to the importance of healthcare access, utilization, quality or outcomes of inequity among or within countries for the policy makers, Love-Koh and colleagues provided a review article about the methods to assess and address health equity in "Methods to promote equity in health resource allocation in

low- and middle-income countries: an overview". Assessment of the current situation, healthcare expenditure by the government, effects of justice, equity promotion and cost-effectiveness of interventions are probable questions which are answered by the benefit incidence analysis method. Cost-effectiveness analysis is also introduced as a way for the best-buy. As an example, in one of the described methods, health-related social welfare, it's concluded that health-related social welfare functions rate policies about inequality and average health impacts. It is stated that inequities could show effects on income, education, employment and a low utilization of healthcare services [21].

Victora, Cesar G et. al. have analyzed data from different cohort studies around the world with the title "Maternal and child undernutrition: consequences for adult health and human capital". The studies on adult BMI and other body size measurements show that low birthweight alone, cannot result in consequences such as lipid profiles, diabetes, blood pressure, and Cardiovascular Disease (CVD's) in the adult ages; otherwise, overweight in postnatal ages, to which more attention should be taken, could rule as a stronger CVD's risk factor. In other words, a rapid weight transition for a child born with a low weight, which often has prevailed as the obesity pandemic in the Low- and Middle-Income Countries (LMIC's), could result in a higher risk of CVD's. On the other hand, low birthweight could affect the lung functions directly and increase the probability of some cancers. In total, the findings in the LMIC's declined that maternal and child malnourishment are highly likely to produce negative consequences in adult ages [28].

Peter Howitt has gathered an article titled "Health, human capital and economic growth: a Schumpeterian perspective" based on his presentation to the PAHO Senior Policy Seminar on Health, Human Capital and Economic Growth held in Washington, October 4, 2002. By Using Schumpeterian growth theory, six different channels to influence a country's long-term development with impact on its population's health are identified and analyzed. As a possible promoter of a country's domestic growth per capita (GDP), which is coherent with a country's technological development, human resources health and longevity are called effective factors on a country's productivity through increasing GDP. It is stated that by decreasing infant mortality rate, life expectancy is increased. Innovation, creativity and coping skills are said to be other important factors to increase productivity. The former criteria as environmental factors are positively affected by maternal health and a good early childhood experience [19].

Research Objectives

Overall Objective

The general target for this article is reviewing maternal health consequences on society in deprived areas and maternal health promotion plans through healthcare services access equity.

Specific Objectives

1. Determining maternal health consequences as causes of lacking healthcare services
2. Evaluating effects of maternal mortality and morbidity on economic and epidemiologic criteria
3. Discussing the plans to increase healthcare access as a social justice criteria in healthcare systems

Practical Objective

This article suggests some plans for policy makers to lower inequity in healthcare systems by increasing access to healthcare services.

Ultimate Objectives

Reviewing the effect of healthcare services access equity on maternal health promotion in the deprived areas and plans to achieve it

Research Questions

1. What are the probable consequences of lacking maternal healthcare services?
2. How could maternal health result in economic and epidemiologic promotion?
3. How can the social inequity in healthcare services delivery be moderated?

Method and the Keywords

In this essay, a systematic review from article to assess the influence of healthcare services access justice in the deprived areas on maternal health promotion and its effect on economic development. The results of searching keywords "Maternal health, Healthcare sector, Economic development, Poverty, and Social justice" during years 2015 to 2020 in the databases "PubMed, Google scholar, Scopus and web of science" were reviewed to access the data gathering. Meanwhile, the consult of a gynecologist has been applied to help intensifying and supporting the results.

At first, keywords "Women's health" and "Maternal health" have been searched in the database. In this essay, we focus on the physical and mental aspects of maternal health as a combination of these two concepts. The first term, 'Women's health' is the concept covering the physical and mental conditions of women [9]. The second term, 'Maternal health' includes the health of women during pregnancy; childbirth and the postpartum period [13]. In addition to maternal health, maternal mortality has been considered as a cause of human capital diminishment in the "Economic Development" definition. 'Maternal mortality' is a criteria including maternal deaths resulting from complications of pregnancy and childbirth in a given population [23]. 'Economic Development' is mobilization of human, financial, capital, physical and or natural resources to generate goods and services [12].

Afterwards, the term "Health care sector" has been searched and defined as an economic sector concerned with the provision, distribution, and consumption of health care services and related products [11]. Health services accessibility means the degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health care system. Factors influencing this ability include geographic, architectural, transportational, and financial considerations, among others [5].

Aside from accessibility, 'delivery of healthcare services' is the concept concerned with all aspects of providing and distributing health services to a patient population [4]. As another example of health services, "Women's health services" include the organized services to provide health care to women. It excludes maternal care services for which maternal health services is available [6].

While "Maternal health services" include organized services to provide health care to expectant and nursing mothers [14].

In contrast with healthcare accessibility, deprivation of healthcare services has been reviewed. "Poverty" is a situation in which the level of living of an individual, family, or group is below the standard of the community. It is often related to a specific income level [14]. Poverty areas include city, urban, rural, or suburban areas which are characterized by severe economic deprivation and by accompanying physical and social decay [7]. Maternal health in poverty areas where healthcare services accessibility is deprived has been specifically being discussed in the essay.

Finally, social justice in maternal health expenditures distribution has been reviewed in the essay. "Social justice" is an interactive process whereby members of a community are concerned for the equality and rights of all [8]. The concept of "Health expenditures" includes the amounts spent by individuals, groups, nations, or private or public organizations for total health care and/or its various components. These amounts may or may not be equivalent to the actual costs (HEALTH CARE COSTS) and may or may not be shared among the patient, insurers, and/or employers [10]. As a function of healthcare systems, 'Supply and distribution' is used for the quantitative availability and distribution of material, equipment, health services, personnel, and facilities. It excludes food supply and water supply in industries and occupations [14]. In the essay, Supply and distribution of maternal healthcare services has been reviewed as a healthcare expenditure by the government leading to economic development.

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