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Don't Diss the Reninjaza: A Case for Integrating Traditional Birthing Attendants into the Allopathic System to Improve Prenatal Health in Rural Madagascar

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Abstract

This project seeks to prove the practicality of using Reninjazas (traditional birthing attendants) in rural Madagascar to better prenatal care and diminish the maternal and infant mortality rates in this country. Prenatal care is of vital importance to expecting mothers. Without it, birth defects, complicated labor and delivery, miscommunications concerning fetal development, and even death can occur (Mayo Clinic, 2014). There is no doubt that the lack of adequate prenatal care in Madagascar contributes to its unfortunately high maternal and infant death statistics. While listed as “moderate” in terms of severity, the maternal and infant mortality rates in Madagascar are significantly higher than in other systems, such as in the US (CIA, 2014). Because of this, there has been a push in recent years to implement an allopathic system in this country to improve maternal care. However, these “pushers,” albeit with good intentions, want to put into effect a system that will not work in Madagascar. With the geographic, financial, and cultural barriers in this country, a completely allopathic prenatal care arrangement is not feasible. Therefore, those who wish to improve prenatal health in Madagascar should work to create an integrated healthcare system that utilizes the Reninjazas, and recognizes their practice as legitimate.

Introduction

The Importance of Prenatal Care and Its Prevalence in Madagascar

Prenatal care a crucial step to a successful, safe pregnancy. The Mayo Clinic presses this point, by pleading with expectant mothers on their website, to “get early and regular prenatal care” (Mayo Clinic, 2014). The article goes on to say, “Whether this is your first pregnancy or third, health care is extremely important. Your doctor will check to make sure you and the baby are healthy at each visit. If there are any problems, early action will help

you and the baby (Mayo Clinic, 2014).” Clearly, it has been established by some of the most highly regarded medical minds in the world that prenatal care is essential for the well-being of both mother and child. In the US, a typical prenatal visit includes checking one’s blood type for Rh factor, measuring hemoglobin levels, checking immunity to certain infections, detecting exposure to other infections, a screening test for abnormalities, a recommendation for amniocentesis (for older mothers or those with a family history of a genetic disorder), and a pelvic exam (US Department of Health and Human Services, 2009). Because of these tests, discussions with a healthcare provider are facilitated, a mother’s questions can be answered, the health of both mother and baby can be monitored, and a strategy for a successful delivery can be implemented. A system that functions without these tests would likely endanger the health of mothers and their children.

Unfortunately, according to Dr.Dominique from Belfalatana hospital in Antananarivo, this is exactly what goes on in Madagascar. Only a solitary sonogram, a blood test to check for infections, and a pelvic exam are available for Malagasy women in this hospital (Dr.Dominique, 2014). Additionally, the situation is much more grave for those who live in rural areas- who may not receive any prenatal care at all. According to information obtained from UNICEF, in 2009, only 86% of pregnant women in Madagascar received prenatal care. This means that 14%, or 3,080,000 women, went without any sort of healthcare before going into labor (UNICEF, 2009). These statistics should be taken seriously, as having limited or no prenatal care is extremely detrimental to the health of both mother and child. As stated before, women who are not seen by a doctor, at least once per trimester, put themselves, and the fetus at risk. In the worst-case scenario, both mother and child could lose their lives (Mayo Clinic, 2014). Sadly, this seems to be the case, as the infant and maternal mortality rates in Madagascar are very high: there are 44.8 deaths to every 1000 babies born in this

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country, and there are 240 maternal deaths for every 100,000 births (CIA, 2014). While these ratios seem small, they are worrisome when compared to those from the US: there are 6.17 deaths for every 1000 babies born there, and only 21 maternal deaths for every 100,000 births (CIA, 2014).

Barriers to Prenatal Care

In order to address the issue of inadequate prenatal care in Madagascar, it is necessary to understand the challenges to maintaining a successful maternal healthcare system that this country faces. One formidable barrier to prenatal care in Madagascar is the physical distance that many Malagasy must travel to have their healthcare needs met by an allopathic doctor. According to a study done by the WHO, anywhere from 30-40% of Madagascar's population must walk over 10 kilometers to get treatment (WHO, 2008). It is difficult to envision that pregnant women in this category, who make an average of 250 US dollars per year, could travel up and back during each trimester of pregnancy, to a healthcare facility this far away (CIA, 2014). For these women, a favorable standard of prenatal care is unreachable- a fact that certainly contributes to the high infant and maternal mortality rates in this country. Geographic distance is not the only obstacle pregnant Malagasy women must overcome to achieve prenatal care.

In addition to Madagascar's lack of access to healthcare for geographic reasons, one barrier that pregnant women in this country must face is the absence of information. In the US, all an expectant mother need do is Google-search "prenatal care," to be exposed to a wealth of valuable, reliable resources involving pregnancy. In Madagascar, where the internet, especially in rural areas, is inaccessible, this kind of education is scarce. For example, on the Mayo Clinic website (one of the most frequented sites for pregnant women

in the US, according to Google), under the tab “pregnancy,” one can view an interactive timeline of fetal development, where a women could track the growth and development of her baby (Mayo Clinic, 2014). Also on this website are articles concerning folic acid, advice for when to schedule appointments with an obstetrician, and a pregnancy “Do’s and Don’ts” list (Mayo Clinic, 2014). Because of the poverty and remoteness of some areas in Madagascar, Malagasy women do not have access to this vital information. Therefore, women in this country are uneducated about their pregnancy needs, and may adhere to faulty or inadequate beliefs, according to the Director General of Health in Madagascar, Dr.Ihanta (Dr.Ihanta, 2014). Sadly, there are plenty of other reasons why prenatal care is not up to par in this country.

Cultural barriers and resistance to allopathic treatments have made administering adequate prenatal health checks throughout rural Madagascar very difficult. The Malagasy have an inherent distrust of allopathic methods, as most are brought on by foreigners who take little care to get to know their patients. One nurse named Florentine Odette Razanandrianina, who was dispatched to run a CSB (Centres Santé de Bases, or Basic Health Centers) in Ambohimiarintsoa, a village 200 kilometers from Antananarivo, eloquently describes her struggle with implementing allopathic prenatal practices:

Since I moved to this village, I have applied myself to teaching the people, especially the pregnant women, about the need for prenatal check-ups and personal hygiene (to prevent post-partum infection). But very quickly, my initiative was interpreted in a nasty way and caused a psychological barrier to be formed that prevents people seeking treatment at the centre. The health worker in Madagascar is not always in a position to be accepted (WHO, 2008).

Razanandrianina goes on to say that once she made an effort to befriend the people in Ambohimiarintsoa and got to know their culture, traditions, and hesitations; their resistance to her methods began to diminish. According to Dr.Ihanta, these qualms about modern

medical treatments are all too common in rural areas. She also stressed, as Razanandrianina indicated, that getting a thorough understanding of the people one is trying to help, through conversation, smiles, and open-mindedness, is the only way to implement a successful healthcare strategy in Madagascar (Dr.Ihanta, 2014). Unfortunately, too many people, albeit with good intentions, set out to help this country without first getting to know those that they wish to aid. Dr.Ihanta believes that this is the most surefire way to have a project fail. For the maternal and infant mortality rates to be diminished, one would need to implement a plan that takes into account the geographic, educational, and social barriers to prenatal health in Madagascar.

Methodology

Through literature review, lectures, and interviews with both allopathic and traditional health care professionals, the following research findings came to be. Reputable websites provided statistics, valuable information about prenatal care, and medical education on this topic. Lectures given by Professors from the University of Antananarivo, and Nat Quansah, concerning prenatal health in Madagascar, gave context to this research. Perhaps most importantly, experiential learning was the most crucial part of these results. Having the opportunity to meet with Reninjazas (traditional birth attendants), doctors from private and public hospitals, and other traditional healers was the most influential part of this project. Information gleaned from these people, by asking questions, listening to their points of view, and visiting their place of work was incredibly helpful. All of these sources impacted this independent study project in a significant way.

Research Findings

Why There is No Funding for Allopathic Prenatal Care

The general consensus concerning prenatal care in Madagascar from a variety of sources is that there is not enough of it. Dr. Dominique, from Belfalatana hospital, stressed that standards could be improved with more funds (Dominique, 2014). However, due to the current financial situation that Madagascar is in, the appearance of more money centered around improving prenatal health is very unlikely. Madagascar is extremely poor, with 50% of the population falling below the poverty line, and the average yearly income being around \$240 (CIA, 2014). Due to the recent shift in government, less money is being spent on healthcare- as many foreign donors and international development projects have withdrawn their funds because of the political instability in this country (CIA, 2014). Also, should money become available, there is no guarantee it would be spent on improving maternal health. Far too many other grave situations in Madagascar demand financial attention, such as education, treatment of infectious diseases, and a high unemployment rate (CIA,2014).

The Reninjaza: Her Position and Role in Malagasy Culture

The most overwhelming takeaway from the research gleaned from experiential learning has been the importance of the Reninjaza in Madagascar. A Reninjaza is a traditional healer who oversees the prenatal care, birth, and early pediatric care of children in her community (Quansah, 2014). Although there are slight variations in how each Reninjaza operates, for the most part, she utilizes medicinal plants, massages, and spiritual aspects to ensure the health of both mother and baby (Quansah, 2014). In terms of prenatal care, a Reninjaza would typically see a mother 3 to 4 times while they were pregnant, and more

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frequently if there was something abnormal with the pregnancy (Marie Josephine, 2014).

Throughout the history of Madagascar, these healers have been an integral part of the culture, and are therefore trusted implicitly amongst their communities. (Raharinjanahary, 2014).

Contrary to how some would believe, the Reninjazas that were approached for this research were open-minded about western medicine.

To the Reninjaza, the health of both mother and child is paramount, therefore, they are receptive to allopathic practices and do not disagree with modern methods (Mama Lyn, 2014). When asked the question “Is there any part of maternal allopathic healthcare that you disagree with?” a Reninjaza named Mama Lyn responded, “Tsy misy,” meaning that she disputes nothing (Mama Lyn, 2014). In fact, most Reninjazas frequently refer patients to the hospital, as they understand that there are some pregnancy complications better suited to be handled in an allopathic setting (Marie Josephine, 2014). In some areas, such as in Andasibe, a village east of the capital city Antananarivo, doctors at the local hospital often call in a Reninjaza for support during a difficult pregnancy (Unnamed Doctor, 2014). It is apparent that there is mutual respect amongst Reninjazas and allopathic healthcare workers in Madagascar.

The Efficacy of the Reninjaza

It should go without saying that if countrywide, doctors trust Reninjazas to aid them in an allopathic setting, their validity as healthcare professionals should not be questioned. However, this is not the case, as many feel that Reninjazas should be stripped of their right to practice medicine (Quansah, 2014). Although traditional medicine was legalized in 2007 in this country, Madagascar has been shifting towards a more allopathic system in recent years- forcing traditional healers to register with the government (Unnamed Doctor, 2014). Across

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the country, these traditional healers are referring more patients to the hospital, afraid of repercussions from the administration (Marie Josephine, 2014). One traditional healer, who has been aiding pregnant women since 1966, stated in an interview that she is “too scared to practice anymore,” and has stopped seeing patients. (Marie Josephine, 2014). This is a shame, as Reninjazas have provided excellent care to pregnant women for hundreds of years (Quansah, 2014).

Reninjazas use herbal remedies, spiritual practices, and massaging techniques to ease labor for a mother (Mama Lyn, 2014). Skilled healers can determine through touch the position of the baby in the womb, and if there will be complications with the pregnancy (Quansah, 2014). While not as effective as some allopathic methods, there is no denying that the techniques of the Reninjaza are impressive. It is for these reasons why allopathic doctors trust them to deal with some complicated births in a hospital setting, and why Reninjazas have such a strong track record with their patients (Quansah, 2014). These birthing attendants are especially adept at changing the position of the baby during labor, decreasing the need for C-sections across the board (Mama Lyn, 2014). There is no doubt that these women are skilled practitioners, and immensely benefit their communities.

Discussion

According to the research done in this project, there is a critical need for prenatal health improvement in order to lower the maternal and infant death rates in Madagascar, yet there are significant barriers to success. Financial, cultural, educational, and geographic obstacles make it virtually impossible for a system of western standards to be put into effect

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in this country. However, utilizing the Reninjaza to administer healthcare to those who live too far from a hospital, could be an excellent comprise.

As is referenced above, the cost of setting up an allopathic, prenatal healthcare system in Madagascar would be exorbitant, and there is little to no funds available for a project this extensive (CIA, 2014). It makes much more sense to utilize traditional practices already in place to ease the financial, cultural, and geographic burdens that are present in Madagascar. In an interview with one Reninjaza, it was stated that women who are pregnant are typically seen 3-4 times by the traditional birthing attendant before their labor (Marie Josephine, 2014). This is especially impressive considering that this Reninjaza, Marie Josephine, lives within walking distance to a CSB, and her patients could easily be seen there instead. The patient loyalty shown here is important, because it demonstrates that women who see Reninjazas respect them, and feel comfortable returning for continued treatment. This is not the case for some allopathic systems set up in rural areas of Madagascar, such as with the CSB in Ambohimiarintsoa, as the nurse Razanandrianina had an incredibly difficult time getting patients to understand her motives, and return for continued care. Using the Reninjazas for some basic prenatal treatments would eliminate the need to transplant people into an unfamiliar environment, as the birthing attendants are already known in their communities, and as with Marie Josephine, they are being utilized frequently.

The cost of providing Reninjazas with some basic, allopathic, prenatal education and supplements would be much lower than bulldozing the current system and starting anew. Folic acid, a telephone to consult an allopathic doctor, and fact sheets which detail the risks of smoking/drinking alcohol while pregnant, are all examples of prenatal care items that Reninjazas could make use of. These are all of considerably less cost than setting up a CSB,

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which can cost upwards of \$35,000 to be functional (World Bank, 2008). Integrated health care, especially in the most rural parts of Madagascar, is the best bet for lowering the maternal and infant mortality rates in this country. If this can be done without diminishing the validity of these healers, and encouraging to them to continue with their original practices, this could be an arrangement that benefits everyone.

While it is important to give these Reninjazas allopathic methods to improve prenatal health in Madagascar, this has to be done in a way that does not discredit the work that these healers are doing already. As referenced above, their validity as healthcare professionals has been proven again and again, with the massaging techniques and herbal remedies they prescribe. If allopathic methods are pushed on them without accepting and appreciating the work that they have already been doing, then this idea would not succeed. In an interview at a CSB in Andasibe, an unnamed doctor came dangerously close to invalidating the traditional medical system, saying, “Doctors and traditional healers are not on the same level” (Unnamed Doctor, 2014). If this is the attitude that is reflected in other parts of the country, then it could be a struggle to integrate traditional medicine into the healthcare system. Discrediting the Reninjaza, which allopathic professionals tend to do, is not in the best interests of Madagascar.

Conclusion

There is no denying the importance of prenatal care, in any setting. In a developing country such as Madagascar, prenatal care can be overlooked because of other pressing issues. This is unacceptable, as there are relatively easy ways to ensure that women have access to this type of healthcare. It is equally unacceptable to assume that Madagascar could maintain a completely westernized system of medicine, when all research points to the

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benefits of integrated health care. In this context, it is important to remember the efficacy of the Reninjaza, and the particular set of skills she brings to the table. It would be financially, geographically, and culturally practical to utilize the expertise of the traditional birthing attendants in Madagascar.

Globally, Medicine is seen as a rigid, inflexible thing. Oftentimes, people fail to look for alternatives because they are completely self-assured in its competence. However, it cannot be denied that there are certain instances, such as in rural Madagascar, where modern methods are rendered unusable. Why is it heinous to suggest that a spiritual or traditional method could fill in the gaps? If lives are saved in the process, why do the methods matter? From this premise, it follows that prenatal care can be improved in Madagascar by using Reninjazas to administer basic, allopathic treatments. In this way, the infant and maternal mortality rates in this country would be diminished. "Prevention is better than cure"(Quansah, 2014).

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