

The complexities of improving maternal and child health

Sam Posner

Sam Posner is Science Officer and Associate Director for Science of the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC), Atlanta, USA.

Three papers in this issue of the International Journal of Public Health describe the difficulties and complexities of developing programmatic activities to improve maternal and child health (Merten et al. 2007; Yunis et al. 2007; Staehelin et al. 2007). Even within the borders of individual countries, we see the influences of country-of-origin and country-of-residence on health care and behavior on maternal and child health outcomes. These reports provide examples of the important and complex efforts being made around the globe to improve maternal and child health at the individual, health service provision, community and policy levels. While it is impossible to describe or address all of the relevant issues, the collective message from these three reports suggests that interventions to reduce risk and improve outcomes must be behavior specific, respectful of multiple cultural influences, and supported by public policy if they are to be successful at improving the health of women, children, and the overall society.

Yunis et al. (2007) address one of the most common health risk behaviors among pregnant women – that of tobacco use – specifically looking at the differences in cigarette and narghile use. Historically the prevention focus has been on cigarette use; however, there are a number of other tobacco products used by women of reproductive age that may affect pregnancy outcomes for both women and their infants. There is a growing body of research on the use of smokeless tobacco and its impact on maternal and child health. The report by Yunis et al. (2007) is one of the first to systematically examine narghile use. In some settings narghile use may be as common and culturally acceptable as cigarette smoking. Findings presented in this report underscore the importance of looking at specific risk behaviors and the characteristics of women who are able to discontinue them when developing cessation programs. This report clearly demonstrates the

public health need to consider both the cultural context and differences in demographic characteristics of users of specific tobacco products. In this case, focusing on the product most commonly used in one cultural context would not result in optimal cessation rates in other cultures or for other product formulations.

Merten and colleagues (Merten et al. 2007) describe the importance of country-of-origin and country-of-residence influences on health care service utilization and behavior related to two important indicators of maternal and child health – cesarean section use and breast-feeding initiation. The complexity of cesarean section use and the procedure's impact on short- and long-term health outcomes are well characterized in the reported findings from the study's multinational sample of women delivering in Switzerland. Practice patterns in the country of origin were shown to be associated with health care service delivery in the host country. With increased globalization, the provision of appropriate health care services and public health programs is increasingly challenged by the multiple cultural influences that shape behavior and service expectations.

Staehelin and colleagues (Staehelin et al. 2007) examine the influences on maternal and child health from a macro policy perspective. The examination of public policy regarding maternity leave must consider the complexities of the social, economic, and political structure of the environment that we all live in. One of the major challenges highlighted in this report is how to expand the policy to address not only the number of weeks of maternity leave that should be granted, but also the socio-political environment that influences maternal and child health. As the authors astutely point out, the duration of leave is only part of the equation that influences

the mental and physical health of women and children. The environment, as much as the leave policy, plays a critical role in the mental and physical health of a society. The consideration of public policy on maternity leave is one component of the larger socio-political context that influences health and well being. The evidence to date suggests that the change in policy in Switzerland will improve maternal and child health. However, it will take many years to determine the full impact of this policy change.

These three reports demonstrate the complexities and challenges faced by public health professionals around the globe as they work to improve maternal and child health, which is the focus of two of the eight United Nation's Millennium De-

velopment Goals. These goals outline measurable targets for improving maternal and child health by 2015. At this time, it seems unlikely that we will reach many of the targets by that date. However, this will not be due to lack of effort or intention. As described in these reports, making improvements will require far-reaching policy changes that address cultural norms and expectations and recognize individual behaviors. If we are to be successful, public health research and programmatic efforts to improve maternal and child health must take into account these complexities.

The views of this article are of those of the author and do not necessarily represent the views and policies of the Centers for Disease Control and Prevention.

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Address for correspondence

Samuel F. Posner, PhD
Science Officer and Associate Director
for Science
Division of Reproductive Health
Centers for Disease Control
and Prevention
4770 Buford Highway MS K-20
Atlanta GA 30341
(770) 488 6398 (Voice)
(770) 488 6450 (FAX)
E-mail: SPosner@cdc.gov

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