

The power of patient ownership and self-advocacy for improved health of pregnant Women



Source: Bridging Gaps Innovate for Malaria project. Apewosika, Bodi District

AT A GLANCE

Educating people and involving them in their care and treatment means supporting people to manage their own health and wellbeing on a daily basis.

A project called the Bridging Gaps, Innovate for Malaria (B4M) Project has equipped pregnant women with the tools and language to represent themselves and their views or interests, in the health care process. Using rights-based education, the project has encouraged pregnant women to take ownership of their health.

CHALLENGE

In many healthcare settings, the wellness of a patient depends on the patients ability to ask for what they need. Passive patients, patients that are not well informed about their health rights or how to demand their rights, can be subject to poorer health outcomes.

APPROACH

Effective patient-engagement models that amplify patient voice in the care process, help to reduce the impact of internal and external health system factors on health outcomes. These models also establish a system where patients are emboldened in the care process. In this model, patients are supported to take ownership of their health and engage in self-advocacy and self-management practices.

The Bridging Gaps, Innovate for Malaria (B4M) project is a social accountability intervention led by The Alliance for Reproductive Health Rights. The project sought to improve malaria outcomes through rights-based education, community-centred research and sub-national multi-stakeholder engagement. Findings from the project have shown that pregnant women are able to self advocate more when they are supported to consider their patient rights and demand the care they are entitled to.

RESULTS

Linda Baako, Community Midwife in Mporhor District, was amazed by the changed health behaviour of her patients since the B4M project. In spite of weekly community outreach efforts, she would often treat severe malaria cases. Now pregnant women in her community are sleeping under their insecticide treated nets (ITNs) and request for malaria tests before buying malaria treatment.

“If we don’t use the treated bed nets we would be vulnerable to mosquito bites and risk getting malaria. When your child is not well, you have to send the child to the clinic so that he is tested for malaria. Depending on the results of the tests the right medication will be given for the child.”

— Vida Amoo (Community Member, Adum Dominase, Mporhor District),

Linda has also seen how the rights-based education on malaria prevention and management has increased the demand for sulphadoxine-pyrimethamine (SP) — an essential medicine for malaria prevention in pregnant women.

“So many of them now have asked me for the SP but previously we had challenges because when you give it to them they won’t take it. And they will tell me its difficult to take it...when [Alfred, Community Partner] comes to do the education with the pregnant women the following weeks they say to me “Madam, we want to take the SP!”

— Linda Baako, Community Midwife Mporhor Health centre

WHATS NEXT

Linda expressed that patients benefiting from the project encourage other women in the community to take SP, even emphasising the benefits for baby in utero. The ARHR continues to champion people-centred programs that empower communities to self-advocate for their health needs to improve the quality of care they receive.

Find out more about The Alliance for Reproductive Health Rights

Website <https://arhr.org.gh>



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The B4M project has supported the education of 36,898 community members in Ghana since the start of the project, contributing to efforts to empower communities through rights based education. The project uses community-centred research to provide health providers and decision makers with the evidence to supply quality health care.