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Mother and Child Health Card and Access to Prenatal Consultation (CPN) and Infant Consultation Services(CN) at Integrated Health Centre (CSI) In the City of Konni, Niger Republic

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Abstract: *The aim of this paper is to analyse critically, from a socio-anthropological perspective, the role of the mother and child health card in access to Prenatal Consultation (CPN) and InfantConsultation (CN) services in the Integrated Health Centre (CSI) of the city of Konni. The idea is to analyse the way in which health workers who are always in contact with the health card perceive it in the care of mothers and children. We discuss the theoretical relevance of the health card as perceived by health professionals in the care of mothers and children. The practices of health professionals and the interactions surrounding the health card are also examined in this article. The Primary data were collected through semi-structured interviews, focus groups, case studies and direct observations. The results reveal contradictions and gaps between the perceptions of health professionals and their practices in relation to the health card. In addition, the health card puts health professionals and patients in a situation of both conflictual interaction and negotiation. Sometimes, it exposes patients to criticism and insults from health professionals. Likewise, patients develop a number of strategies for getting access to care. Finally, many of the common representations or perceptions widely shared by health professionals and patients are built around the health card.*

Keywords: *Mother and Child Health Card, Prenatal Consultation, Infant Consultation, Medical File, Konni, Niger Republic*

I. Introduction

A Sahelo-Saharan country, Niger Republic is a vast, landlocked country in West Africa, covering an area of 1,267,000 km2, which is largely desert (3/4 of the country) suffering from unpredictable, irregular and inadequate rainfall in time and space. According to the preliminary results of the latest General Survey of Population and Housing (RGP/H 2012), the population of Niger is 17,129,076, divided into 8,461,444 men (49.4%) and 8,667,632 women (50.6%). The population is estimated to exceed 27 million in 2023.[2] Niger has one of the highest population growth rates in the world. In fact, the overall average annual intercensal growth rate was 3.9% in 2012, for the period 2001 and 2012, compared with 3.3% in 2001, for the period 1988 and 2001. The total fertility rate is the highest in the world, with 7.6 children per woman in 2012. This strong growth can be explained by the youth of the population (average age 15), of which 79% live in rural areas. According to

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[2] https://countrymeters.info/fr/Niger accessed on 10.06.2023

the annual report drawn up by the United Nations Development Program (PNUD, 2020), Niger is classified in last position among a hundred countries in the world. According to Médecins du Monde (2011), the country's socio-economic situation also presents serious concerns, given that more than half the population lives in extreme poverty (65%). This high demographic growth and widespread poverty throughout the country are major concerns for the health of both women and children, the most vulnerable groups in society. On the subject of improving maternal and child health, it should be noted that, despite the efforts made by the government and its partners, the situation is hardly glowing. The rate of maternal mortality in Niger in 2020 is 509 per 100,000 live births. The rate of under 5 mortality is 80 per 1,000 live births.[3]This article is structured around three main sections. The first section analyses the perceptions that the staff of the health centre in the city of Konni have of the maternal and child health card. The second section focuses on the practices of these staff in relation to the health card. Finally, the third section examines the relationship between health workers in two health services (CPN and CN) and patients with regard to the maternal and child health card. It also looks at how patients in these services perceive the health card in the way they are received by the health workers.

II. Background

2.1 Problems of Access to Quality Health Services

There are many writings on the issue of access to maternal and child healthcare (Jaffré and Olivier de Sardan, 2003; Prual, 2004; Fassin, 2008). Some authors believe that the factors limiting this access are various. These include the problem of facilities, human and material resources, reception, and so on. Given this context, Prual (1999: 167) argues that "the lack of qualified staff, the bad management of those who are qualified, the poor deployment of limited resources, the difficult relations between health staff and pregnant women, and the lack of equipment, medicines and blood are all responsible for the deterioration in the quality of maternal health care". This means that there is a widespread lack of both human and equipment resources. According to this author, this situation constitutes an obstacle to people accessing quality services. For their part, other authors focussed not only on the aspects mentioned above by this author, but also on reception, which they consider to be an important factor in determining quality access to health services. For Jaffré and Olivier de Sardan (2003), reception is more than a simple greeting. It should be seen in a wide sense and should include all of the factors that contribute to making patients more comfortable. These authors believe that patients are not well received in health centres. Sometimes they are even verbally abused and insulted by healthcare staff, which considerably limits access to appropriate services. It should be noted that in addition to these few aspects, which contribute significantly to access to health services, the medical file is also a determining factor in the management of health institutions and plays an important role in access to health services and the care of mothers and children. This issue of medical files is not taken into account by these authors as a necessary means of access to quality care, despite its importance in patient treatment.

2.2 The Concept of Medical File

According to Degoulet and al (1999) in Laforest and al (2002: 30), the patient's file is not just the doctor's written observation or the nurse's notices. It covers everything that can be memorised about a patient, from demographic data to electrophysiological recordings or the most sophisticated images. Given this role, the patient's file is and will remain for a long time the main tool for centralising and coordinating medical activity. Biliard and Biland (2008: 108) show that "some medical files contain manuscripts from the patient's family and close friends. This may be a notice delivered directly to the doctor during the consultation: a sheet of paper on which the accompanying person has noted the points to be discussed with the doctor so as not to forget any, or a letter written to inform the doctor of facts that the accompanying person does not wish to discuss with the patient. More and more people nowadays are talking about electronic health files to facilitate communication between healthcare professionals. Indeed, by definition, " an electronic health file implies the archiving of data relating to a patient's state of health on a digital storage medium. This kind of file can be shared or not between

[3] https://data.worldbank.org/indicator/ accessed on 26.06.2023.

different healthcare professionals or patients. It may contain all the information on the patient's health, or partial information" (Mathieu-Fritz et al, 2013: 225).

2.3 The Concept of the Mother and Child Health Card and its Specific Features

Originally introduced in the 19th century, the health card was created with the aim of leaving a register so that health professionals could take better care of their patients and ensure better cooperation with them. Accordingly, Dr Jean-Baptiste Fonssagrives (1868), quoted by Rollet (2005: 132), who is credited with the creation of the health card, asserted that "memory is not enough; we must write as we write our accounts". This implies that in the same way that people write down their accounts, they must also note all events relating to their health. This quote from Jean-Baptiste Fonssagrives also makes sense in terms of the need for health workers to collaborate with mothers in childcare. They can play an important role in this process. The purpose of this health card is to provide the mother with information on the medical monitoring of her pregnancy, her rights and responsibilities, and the various forms of assistance available. It also helps to improve pregnancy monitoring and communication with and between the health and social professionals who will be following the mother until she gives birth. According to Rollet (2005: 152), "in France, the health card has become a tool for managing the health of populations, but at the same time, with the counselling of parents and teenagers, it has taken on the function of an individual's health pathway".

III. Method

In this research, a qualitative method is applied. For data collection, in-depth interviews were conducted with those who could provide us with information on the subject of this research. Six categories of groups were interviewed, including doctors, midwives, nurses, social workers, pregnant women and breast-feeding mothers. In addition, the mother's and child's health card were systematically analysed during the interviews with the womenin order to identify the information contained inside. For this study, non-probabilistic samples were used to access a considerable number of participants who were better informed about the subject being studied. The data was processed using content analysis. Therefore, all recorded and unrecorded interviews were first synthesized. Then, grouped the information by thematic similarity. To do this, at the end of each transcription, we summarized the information and proposed a plan based on the information collected. At the end of all the syntheses, we cross-checked the different plans to create a general plan. Finally, the information was developed, examined and interpreted while being compared with other sources.

IV. Findings and Discussion

4.1 Perceptions of Health Centre Workers Towards the Maternal and Child Health Card

The health card contains all the information regarding the mother's situation and her pregnancy. This means that any treatment given to a woman during the prenatal consultation is written down in the card. This participant made this point in the following terms:

> *"The health card is a precious document for the mother and her child and is provided to every pregnant woman who comes for a consultation as soon as she makes her first contact with the health service". (Interview conducted in Konni with a nurse).*

Standard health regulations require pregnant women to make at least four visits, which are all indicated in the health card. During each visit, the health worker refers to the health card, which serves as a guide to the patient's state of health and pregnancy, as well as ensuring continuity of care. The first visit is normally made during the first three months of pregnancy in order to evaluate the pregnancy and any risk factors. The second visit takes place around the sixth month. The third visit is around the eighth month, to monitor the child's development and the condition of the pregnant woman, and to manage any complications arising from the pregnancy. Finally, the fourth visit is scheduled for around the ninth month to assess the prognosis for the birth. The primary

information recorded in the health card is the mother's full identity (surname, first name, date of birth, place of birth, marital status, profession and address), as well as that of the father. The health card prevents all risks to a pregnant woman and her child. It is important to note that pregnancy itself is perceived as a period during which women are extremely weak. As this participant put it:

> *"As soon as a woman is pregnant, she is at risk". (Interview conducted in Konni with a nurse).*

After the birth, the baby's name, sex, date of birth, place of birth, height and weight are recorded. It also notes how the birth took place (vaginal or caesarean section), any complications arising from the birth (tearing, maternal death), and many other details about the newborn. All this data must be recorded in the health card before the child is discharged from the maternity unit. This data will enable the child to be monitored in the newborn consultation service. This is why the mother and child health card is a document divided into two sections. The first section is devoted to the Prenatal Consultation (CPN) and the second to the Infants' Consultation (CN). Six weeks after giving birth, the child must be taken to the infant consultation service, where the health card starts being used for him.

However, it should be noted that before the mother leaves the maternity unit, the child must be vaccinated against Bacillus BactusGlobulosis (BCG) and poliomyelitis (polio 0), all of which are indicated in the health card. In cases where the child does not receive these vaccines, he or she will be followed up in the CN service, where the vaccination process continued. This vaccination is very important for the child. This is why MassambaKubuta (2007) points out that "vaccination prevents many infections and is the best way for developed countries to improve maternal and child health. Vaccines for human use are preparations containing antigenic substances designed to produce specific active immunity in the subject to whom they are administered". In addition, mothers are advised on the importance of exclusive breastfeeding and the appropriate foods to give the child apart from milk (for children over 6 months old). The child should be monitored every month for a year. For children between one and two years old, they should be monitored every two months. This monitoring only concerns healthy infants.

The health card also makes it possible to prevent the risks of illness to a child. Therefore, losing it is a threat to the child's health, not only in the short term, but also in terms of continuity of care. As this participant pointed out:

> *"When a child's health card is lost, the child's whole life is lost. Unfortunately, in most cases the card is lost, especially in rural and even urban areas, sometimes before the child's first birthday. This is mainly due to a lack of awareness by health workers, who don't take enough time explaining to the women the importance of the health card". (Interview conducted in Konni with a nurse).*

This interview highlights the importance of the health card in health monitoring. However, it can be seen that some mothers do not keep the health card properly, due both to a lack of awareness of its importance by health staff and to negligence by some mothers.

To conclude this section, we can see that prenatal consultations and infant consultations are respectively important for monitoring pregnant mothers and their children. But this monitoring is largely determined by the data recorded in the health card. These perceptions are widely shared by health workers in their official discourses. This is why, in order to ensure the conformity of words with deeds, the practices associated with the health card will be discussed in the next section.

4.2 Practices of Health Centre Workers About the Health Card

The access to maternal and child healthcare in the CPN and CN services is largely determined by the presentation of the mother's and child's health card. The health card itself is significant only in terms of the data it contains. Consequently, it is necessary to examine the actors in charge of providing the various items of data during consultations. As this data is crucial to patient care, the individuals responsible for recording it in the health card must have a certain level of expertise. In the health centre studied, the task of putting information on the various medical files, particularly the health card, seemed to depend on the availability of staff and the way in which work was allocated. As this participant put it:

> *"There is no specific person to fill in the medical forms; the activities are carried out collectively, so all the staff can fill in the forms" (Interview conducted in Konni with a midwife).*

This means that the health card is filled in as well as by midwives and nurses, and also by social assistants. In other words, there are no specific skills in this centre for filling in the health card. The nurse said:

> *"There are no specific workers responsible for filling in the medical files or notebooks; each worker can fill them in, as the activities are carried out together. The main difficulties are encountered when writing reports". (Interview conducted in Konni with a nurse).*

It should be noted that each health service is required to submit monthly and quarterly activity reports to the head of the health centre. This report is drawn up by the heads of the services. It is during the drafting of this report that they discover shortcomings in the various medical supports. Sometimes, there are gaps in the forms that are filled in simultaneously during the consultation. These include the consultation register, the prenatal consultation form and the daily medicalnotebook. It's important to underline that whatever the field in which one is employed, some kind of skill or ability is always required. This skill is more than necessary in the health field, precisely when it comes to making a diagnosis on a patient and recording the results of the consultation simultaneously. In the case of the health card or even the prenatal and infant consultation files, care and management are only possible thanks to the data contained in these aforementioned documents. This is why, when the health card is badly filled in, it has a direct impact on the short-term care of the mother and child and also on the continuity of this care in the long term.

It should be pointed out that there is a close link between the health card, the CPN and CN files and the consultation register. In order to show the link between these aforementioned documents, the social assistant said the following:

> *"When a woman brings her child to the CN service for the first time, there are a number of preliminary steps to be taken. The child has to be registered in the vaccination register, given a CN card and filled in. Then there's what's known as the daily medical notebook, in which children who come for a consultation are ticked off. Finally, there is a register for consulting infants, in which patients who are newly registered are marked, as well as their identity and where they come from. The same number is noted in the consultation register, the CN form and the health card". (Interview conducted in Konni with a social assistant).*

The main link between these different medical files is the number noted simultaneously on the health card, the CPN file and the consultation register. These files are always used during the consultation. All the details in the health card are also recorded on the CPN file. However, in the consultation register, the main information noted is the woman's identity, her provenance, her age, the next appointment, etc. The lack of any of these elements can have an impact on a woman's care and treatment. Also, when the health card is lost, health workers refer to the CPN file and the register to recover certain previous data. The same relationship exists between the health

card, the CN file and the register as described above. The same number is also marked in all three files. Here too, if the mothers lose their health card, the CN file is used as a tool for orientation in care. It should be pointed out that in both cases, it is only possible to update a health card without losing previous data if the files and registers are properly filled in and archived by the health staff. Hence the need, firstly, to make the correct diagnosis, fill in the forms and then archive them properly. Unfortunately, in the health centre where this study was conducted, the storage of medical files was still unsatisfactory. There is only one cupboard where all the files are kept. As a result, some files are scattered on tables, others in boxes. This situation can have an impact on mother and child care, because in case of loss of a health card, previous data can only be recorded thanks to these files, which are badly archived.

As a conclusion to this section, we note that there are significant gaps between the official discourses of health workers in relation to the health card and the practices of these workers in relation to this document. These gaps can be seen in the way the health card is filled in, the information it contains and its use in the care of mother and child. In the next section, we will look at the interactions that take place around this health card during consultations.

V. Interactions of Health Workers Around the Health Card

In the prenatal consultation service of Konni health centre, the majority of staff are midwives, who are responsible for a number of activities. Each woman attending the consultation is in direct contact with the midwives. This contact is facilitated through the health card. On this occasion, discussions are engaged between the midwives and the women who come for consultation, and this interaction results in many scenes. First of all, the pregnant woman has to come to the health centre early in the morning with her health card to be added to the register and the prenatal consultation file. The midwives collect all the health cards before starting the consultation. As soon as they start the consultation, any patients who come in will not be registered and taken care of. The collection of health cards generally begins at around 9am. Even with her health card, the woman does not always have access to services. As one of the midwives said to a pregnant woman:

> *"Where have you been all this time? The visit is at 8 am, I've already finished with the register and the files, so I can't go back and look through all these batches of files, you'll have to come back tomorrow". (Observation conducted within the Konni health centre).*

Then, if a pregnant woman forgets or loses her health card, relations with the midwives become difficult. It should be noted that some women arrive at the centre without any medical documents. The midwives ask these women to go back and get their health card because they don't know where to start without it. This seems logical, given the fact that the card serves as a kind of guideline for the midwives. But this situation creates a state of frustration for the woman who is sent away. Finally, when the health card is not properly taken care of by a woman and the midwives discover oil stains or other dirt, or when the card is torn, the relationship changes. The woman who owns the card is humiliated in front of the other patients. Instead of explaining to the woman the importance of the card, the midwives take the opportunity to insult or verbalise her:

> *"I'm sure that even at home, you don't look after your house properly". (Observation conducted at the Konni health centre).*

But it must be emphasised that despite this lack of explanation of the importance and benefits of the health cards, they are more or less well maintained by some mothers, including within their families. Interaction with nurses is not very different from that observed between midwives and pregnant women. For each activity, women are required to show their health card. For example, to carry out a test for sugar albumin, the nurse asks each woman to bring a sample of her urine. At this point, the nurse asks each woman to put her health card away so that it doesn't get dirty. The health card must always be consulted to see what has been done and what remains to be done. When a woman loses her health card, the relationship between the nurse and the woman is

very delicate. Sometimes the nurse tells the woman to go back and get the card, but occasionally the nurse asks the woman if she remembers the injection she received. Generally, the women are unable to remember. Women coming for the first time are automatically required to have their health card laminated, which is done inside the service by the nurse at a unit cost of 200 FCFA.

It is really in the infant consultation service that the system of favours described by Jaffré and Olivier de Sardan (2003) in terms of access to care was observed, in addition to the role played by the mother and child health card. Social assistants take care of most of the activities. While many women waited under the shed with their children, some were served. Similarly, mothers are stigmatised according to the weight of their children. This stigmatisation can be seen through the health card which is always presented during consultations. In an effort to escape this stigma, some women voluntarily leave their health card at home, especially when their child is sick. As one of the women interviewed put it:

> *"I used to leave the health card at home when my child had diarrhoea, because as soon as you came with the card, the health workers would look in it and start telling you whatever they wanted. Sometimes they say you've given your child water, so you haven't practised exclusive breastfeeding, or you leave your child with servants". (Interview with a mother in the Sabon Gari area of Konni).*

This situation has a perverse effect, as social assistants think that by reprimanding women, they will take better care of their children. Unfortunately, this leads some women to stigmatise the health card, which is of vital importance in monitoring the child. In addition, all women are required to laminate their health card, a practice also observed in the CPN service.

5.1 Health Card as a Determining Element in the Type of Reception Reserved for Mothers

In addition to the social capital, a term developed by Bourdieu and Passeron (1964), which patients mobilise to access a service, particularly in the health system, the health card in this context also fulfils an important role for mothers and children in accessing care. In fact, this health card sometimes determines the type of reception given to the mother and child at the CPN and CN services of the Konni CSI, and the women are aware of this reality. According to Jaffré and Olivier de Sardan (2003: 127), "Reception is understood in the strict sense, which refers to ways of receiving people, listening to them and talking to them as human beings. This brings up the question of society in general and, in particular, the habits and customs related to behaviour and sociability. This implies that reception is not limited to the exchange of greetings, which is a prerequisite for any interaction. Reception involves all the ways in which someone considers (looks at, listens to, talks with) the other person throughout a face-to-face conversation". For this woman, for example:

> *" At the infant consultation service, they ask for the baby's health card because that's what they use to weigh the baby, then if the baby is sick, it's necessary to take the card with you because as soon as you arrive at the hospital, the health worker asks for the card, and that's what's used to treat the children. So when you come with a health card, it's less difficult to get treatment, but when you don't have a card, you do get treatment, but it's difficult because you have to pay for another card". (Interview with a mother in the Sabon Gari area of Konni).*

The health card is therefore a tool that should always be kept with the patient when visiting a health centre. It determines the state of health of the child and also of the mother, the way in which the mother deals with her pregnancy and the way in which a mother looks after and feeds her child. The health card presents a number of issues. There are times when it protects women from criticism by health workers, as well as times when it exposes them to criticism from health workers, especially when it is not properly kept, or when the child's

weight has not increased or has stabilised. But the situation is more delicate when a woman comes to the centre without a health card.

The interviews conducted with several participants led to one conclusion. It concerns representations or perceptions that are widely shared (to use Jaffré and Olivier de Sardan's expression when they defined the word representation in their book entitled Construction Sociale des Maladies, 1999), not only by patients but also by healthcare staff. Indeed, in all the interviews conducted on health cards, its role in establishing a certificate of birth was the most important issue raised, even before that of health care. The reasons behind this choice are recognition of the child as a citizen and, above all, registration at school. It is obvious that the health card has a key role to play in monitoring mother and child. However, this is not the only reason for keeping and using it. On the contrary, other strategies and logics are being developed around the health card. The health card puts health workers and patients in a situation of both conflictual interaction and negotiation. At times, it exposes patients to criticism and insults from staff. Likewise, patients develop a number of strategies to gain access to medical care. Finally, many of the common representations or perceptions widely shared by staff and patients are built around the health card.

VI. Conclusion

This article has attempted to examine the role of the health card in the treatment and care of the mother and child. Throughout the article, many issues have been raised and analysed. Firstly, the mother and child health card, which is the central subject of the study, is the target of a variety of perceptions or representations shared by those working in the Integrated Health Centre (CSI) where the study was undertaken. They consider the health card to be an important tool in the care of the mother and child, particularly during the prenatal consultation (CPN) and the infant consultation (CN). In fact, the health card is considered to be a frame of reference for health staff, guiding them in the care given to patients. It is also a tool for keeping track of a patient's medical history and ensuring continuity of care. Then, apart from the perceptions of health workers about the health card used in maternal and child health, this article looked at such workers' practices in relation to the health card. It is important to emphasise the attempt made by Sylvie Fainzang (1997) to demonstrate that the practices of actors are always guided by their representations. But this is not always entirely true. An analysis of the practices of health workers in relation to the health card revealed contradictory injunctions in their statements. Indeed, the health card, which they consider essential in the care of mother and child, especially in the CPN and CN services, has several shortcomings in the way it is filled in and kept, but also in the way it is maintained by some patients. In some cases, data that they consider significant and vital for monitoring the mother and child are neglected, not correctly recorded or, sometimes, completely missing from the mother and child health card. Finally, the health card, a document in which information about the mother and child is recorded, creates an interaction between health workers and the patients who come for consultations. It is also a tool for communication between health workers and determines the type of relationship that develops between them and patients. It is the first thing that health workers ask a woman when she arrives for a consultation. The presentation of the health card is therefore obligatory and a prerequisite even before the consultation begins. Pregnant women who come for consultations and those who bring their children can only be treated on the basis of the data noted in the health card. Thus, the findings from the field show above all the need for each woman to have a health card in order to access services, and the need for each health worker to fill in the card and other medical files correctly.The study also shows the central role played by papers in general (prescriptions, medical bulletins, consultation forms, registers, daily session books, health cards, etc.) as part of the daily management of health facilities. As such, it joins the study conducted by Hamani (2017) on medical files in several areas of Niger Republic.

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