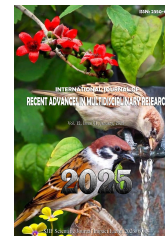




ISSN : 2350-0743



RESEARCH ARTICLE

HEALTH RISK FACTORS AMONG PREGNANT WOMEN IN THE MAMAN MBOUALÉ NEIGHBORHOOD IN TALANGAÏ BRAZZAVILLE (CONGO)

BOKATOLAT EKANDZA Enoch Jortial¹, KINOUBANI Rodrigue² and MOUNDZA Patrice³

¹Doctoral student and LREE researcher, École Normale Supérieure, Marien Ngouabi University,

²Assistant in geography, Denis Sassou Nguesso University; ³Full Professor (CAMES), Marien Ngouabi University

ARTICLE INFO

Article History

Received 20th October, 2024

Received in revised form

16th November, 2024

Accepted 27th December, 2024

Published online 24th January, 2025

Keywords:

Brazzaville, Talangaï, Maman Mboulé, pregnant Women, Health Risks.

*Corresponding author:

BOKATOLAT EKANDZA Enoch Jortial

ABSTRACT

This study The aim of this article is to determine the health risk factors favoring the contraction of infections and the loss of pregnancies among pregnant women coming for consultations at public or private health centers in the Maman Mboulé district. The survey took place from June 03 to October 17, 2023. We used data from the reports of the various health centers surveyed and a questionnaire survey of 46 women living in Talangaï. Among the 46 cases of pregnant women studied, 39.1% were infected by bacterial infections, followed by viral infections (19.6%), parasitic infections (13.3%) and mycotic infections (6.5%). These results reveal the predominance of bacterial infections in pregnant women compared with non-pregnant women. Several factors favor these infections, exposing these women to more serious health risks that can lead to complications of their health condition or loss of pregnancy. These include factors linked to STIs and the practice of self-medication, then factors linked to the consumption of toxic substances and the exercise and practice of heavy work, then factors linked to the absence of food, body and sanitary hygiene and the insalubrity of concessions, and finally factors linked to stress and allergies among pregnant women living in Talangaï in general and in the Maman Mboulé district in particular.

Copyright©2024, BOKATOLAT EKANDZA Enoch Jortial et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: BOKATOLAT EKANDZA Enoch Jortial, KINOUBANI Rodrigue and MOUNDZA Patrice. 2024. "Health risk factors among pregnant women in the maman mboulé neighborhood in talangaï brazzaville (Congo)", *International Journal of Recent Advances in Multidisciplinary Research*, 12, (01), 10669-10674.

INTRODUCTION

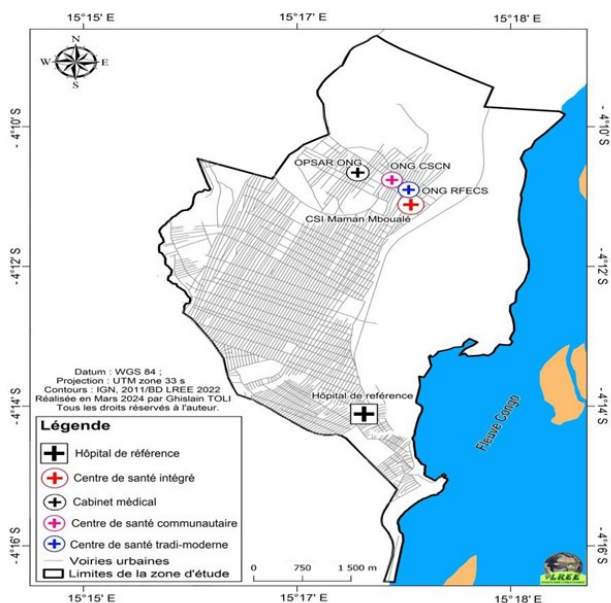
Worldwide, an estimated half a million women die each year from complications related to pregnancy, childbirth or the post-partum period (WHO, 2005). Nowadays, health monitoring during pregnancy, with various gynecological examinations and medical consultations, makes it possible to overcome difficulties and improve the comfort of every pregnant woman. It has a positive impact on the progress of the pregnancy and on the health of the unborn child (M. Yasmine and S. Sarra, 2019, p. 1). In fact, during pregnancy, women are exposed to many factors that lead to the contraction of infections. The various problems associated with infections in pregnant women are relatively well known, but poorly controlled. There are two main types of infection, maternal infections with no consequences for the baby, and maternal-fetal infections with more or less serious consequences for the baby, depending on causal agent and the period of pregnancy (Belharet D. and Ben Medjkoune T., 2017, p. 26). According to the World Health Organization (WHO), the problems of women's mortality and ill-health are due to the social, cultural and economic environment.

Women die or compromise their health because they are poor and illiterate, deprived of social, legal and economic equality, and excluded from decision-making. This situation is further compounded by inadequate access to appropriate family planning and maternal health services. For example, every time a woman becomes pregnant in a developing country, her risk of death is 100 times greater than that of a woman living in a developed country (U.T. Bakedeck, 2011, p 114). Accordingly, the aim of our work is to determine the health risk factors favoring the contraction of infections and the loss of pregnancy among pregnant women visiting public or private health centers in arrondissement 6 Talangaï in general, and the Maman Mboulé district in particular. In this study, we describe the health risk factors associated with STIs, self-medication, toxic substances and heavy work during pregnancy. We also examine the health risk factors linked to the absence of food, body and sanitary hygiene, and those linked to stress and allergy in pregnant women. We also analyze the insalubrity of latrines and concessions, and its impact on the health of pregnant women.

METHODOLOGY

Research methodology: To carry out this study, we collected information through interviews with 10 health workers at the Talangaï referral hospital, the Maman Mboulé IHC and 3 medical practices in the district. We also conducted a questionnaire survey of 46 pregnant women (table 1). To process these data, we used software such as Qgis, which we used to produce thematic maps. The Garmin GPS enabled us to collect the necessary points in the field. We processed the data Sphinx software, then built tables and graphs with Excel. We entered the text in Word.

Presentation of the study area: Figure 1 shows the various healthcare facilities surveyed in arrondissement 6 Talangaï in general, and in the Maman Mboulé district in particular, over the period from June 03 to October 17, 2023. This mapping enabled us to identify these different establishments and to collect information related to our survey.



Source: personal surveys, 2023

Figure 1: Map of health care facilities surveyed in the Maman Mboulé district

The Maman Mboulé district occupies the northern part of Talangaï district 6. It is one of the eight districts that make up the aforementioned arrondissement (Figure 2).

Search results: There are many health risk factors for pregnant women in Talangaï.

Health risk factors linked to STIs and self-medication among pregnant women

ST Irelated health risk factors: At the end of our questionnaire survey, the majority of pregnant women surveyed held prenatal consultation records during their pregnancy. Thus, 82.2% of women acknowledge that they have prenatal consultation cards (CPN), compared with 17.8% who do not. Possession of these cards prevents complications on day of delivery.

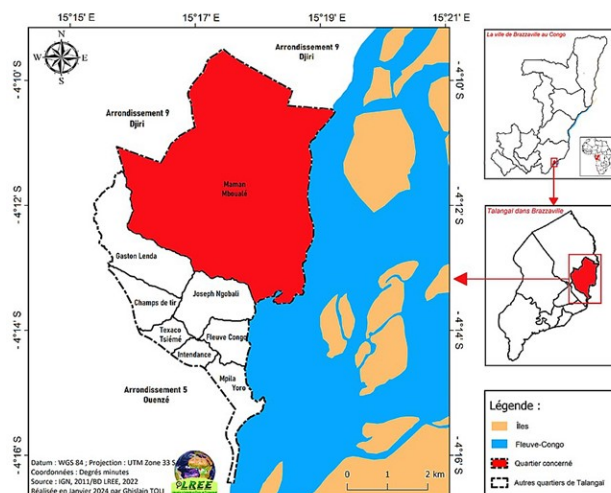


Figure 2. Administrative organization district 6 Talangaï and location of the Maman Mboulé neighborhood

In other words, the card is just a pass to the midwives women and a way of avoiding almonds on the day of delivery. During our interviews, some women told us that they did not regularly attend the various appointments made by health workers (doctors, midwives, nurses, etc.). Regarding STI screening among pregnant women in Talangaï, 80.0% of pregnant women surveyed take part, compared with 17.8% who do not. Many do not effective treatment, and others often fail to complete it. Of the infections diagnosed in pregnant women, bacterial infections occupy first place (39.1%), followed by viral infections (19.6%). Next come parasitic infections (13.0%) and mycoses (6.5%).

Factors linked to the use of non-prescription drugs and self-medication: Almost all pregnant women surveyed (95.7%) self-medicate. Medicines used by pregnant women without a prescription from a health worker include Paracetamol (28.3%), Ibucap forte or simple (21.7%), Iron (19.6%), Anaflame and Mixagrippe (6.5%), Doliprane (4.3%), Amoxi (4.3%), Vogalene (2.2%) and other drugs (6. %).

Health risk factors related to the consumption of toxic substances and risks associated with heavy work during pregnancy

Health risk factors linked to consumption of toxic substances
The health risks associated with the consumption of toxic substances during pregnancy appear to be fairly limited. Only 34.8% of pregnant women surveyed drink alcohol, particularly beer, and just 3.4% smoke cigarettes.

Health risk factors associated with heavy work and extreme household tasks during pregnancy: Given their precarious social conditions, the majority of pregnant women surveyed in the Maman Mboulé district (75.6%) were involved in heavy, strenuous work, compared with only 24.4% who were spared. Most pregnant women are engaged in informal activities. They often go out early in the morning to sell all day at the market, despite their condition. They support and nurture their households in the face of their husbands' insufficient income (photos 1 and 2). Almost all the women surveyed (95.7 %) said they carried out their household chores alone, despite their condition, compared with 4.3% who had help.



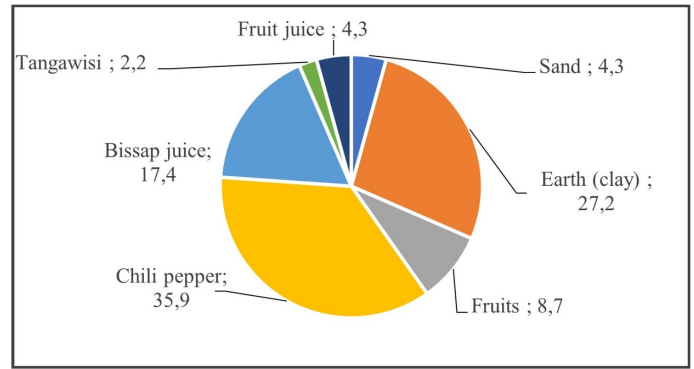
Photo 1. A pregnant woman selling yoghurt at the Ngamakosso market bus stop Shot E. J. Bokatology Ekandza, 2023



Photo 2. A pregnant girl stands a long time to sell ice water. Shot E. J. Bokatology Ekandza, 2023

Some claim that help from parents or in-laws comes shortly before or after childbirth, particularly when the woman is primiparous or giving birth to twins.

Health risk factors linked lack food, body and sanitary hygiene among pregnant women Uncontrolled eating in pregnant women: Figure 3 shows that many women adopt new, uncontrolled eating habits when they're pregnant. Faced with nausea and discomfort, 35.9% of them eat chilli pepper, 27.2% earth (clay). Some (17.4%) take bissap juice, 8.7% eat fruit (mango, orange, fig, avocado, etc.), 4.3% eat white sand, 4.3% drink fruit juice and 2.2% take *tangawissi* (ginger juice). These eating habits observed among pregnant women constitute, in their condition, a health risk factor.



Source: personal surveys, 2023

Figure 3. Pregnant women's uncontrolled eating habits in the face of nausea and discomfort

The food eaten by pregnant women at breakfast reveals that 62.2% eat grilled meats and cutlets, 17.8% choose doughnuts and porridge, while 13.3% eat bread and milk, and 6.7% prefer restaurant food (Table 1).

Table 1. Foods eaten for breakfast (in the morning) in %.

Food eaten for breakfast	Number	%
Grilled food and 'coupé-coupé'	29	62.2
Doughnuts and porridge	8	17.8
Bread and milk	6	13.3
Restaurant food	3	6.7
Total	46	100

Source: personal surveys, 2023

All the foods eaten by pregnant women are prepared and sold in unhygienic conditions (photos 3 to 6).



Photo 3. Bissap, yoghurt, tangawissi, fruit juice and cakes sold at Maman Mboualé's CSI Shot by E. J. Bokatology Ekandza, 2023

Poor sanitary practices and lack personal hygiene: Our surveys show that poor sanitary practices and lack of good personal hygiene are a health risk factor for pregnant women.



Photo 4. Bread sold on the ground just the Ngamakosso market stop. Shot E. J. Bokatolat Ekandza, 2023



Photo 5. Grilled meats sold on the street and sometimes eaten by pregnant women Shot by E. J. Bokatolat Ekandza, 2023



Photo 6. Coupé-coupé grills Shot E. J. Bokatolat Ekandza, 2023

Based on the discomforts and whims of some women during their pregnancy, 50.0% of them claim to wash twice a day; 43.5% confess to washing only once a day, and just 6.5%

wash 3 times a day. Health workers told us that some pregnant women do indeed go days without washing (table 2).

Table 2. Personal hygiene for pregnant women

N°	Number of times per day	Number	%
1	Twice	23	50.0
2	Once during the day	20	43.5
3	Three times	3	6.5
Total		46	100

Source: personal surveys, 2023

When it comes to oral, 68.9% of pregnant women brush a day; 26.7% brush twice, in the morning and evening; 2.2% brush 3 times a day (table 3). On the other hand, 2.2% of pregnant women go a whole day without brushing their teeth. The reason for this is nausea and the fear of vomiting. Pregnant women who brush regularly do so to avoid tooth decay, or are already suffering from it, and are obliged to keep their mouths clean.

Table 3. Oral (dental) hygiene for pregnant women

N°	Number of times per day	Number	%
1	No time	1	2.2
2	One time	32	68.9
3	Two time (morning, evening)	12	26.7
4	Three time (morning, noon, evening)	1	2.2
Total		46	100

Source: personal surveys, 2023

Health risk factors linked to stress and allergy in pregnant women: All the pregnant women we interviewed acknowledged that pregnancy is a difficult time. It brings with it many social and marital problems. Among these problems, stress in particular, is something they all suffer from.

Table 4. Reasons for stress among pregnant women

Reasons for stress in pregnant women	Number	quotes (%)
Marital and financial problems	34	73,3
Financial problems only	2	4,4
Health problems (pregnancy-related)	4	9,0
Hardware problems	1	2,2
Marital problems only	5	11,1
Total	46	100

Source: personal surveys, 2023



Photo 7. Condition of the toilets used by some pregnant women. Shot by E. J. Bokatolat Ekandza, 2023



Photo 8: The green pot used by a pregnant woman in front of the latrine. Shot by E. J. Bokatology Ekandza, 2023

Stress in pregnant women is a health risk factor. Several reasons for stress have been identified (table 4), with 73.3% of women experiencing stress due to marital and financial problems in the home, 11.1% due to marital problems alone (partner infidelity, jealousy, instability etc.), 8.9% of women experiencing stress due to financial problems and 9.0% of women experiencing stress due to marital problems of pregnant women have stress due to health problems (health problems related to pregnancy complications); 4.4% have stress due to financial problems and 2.2% have stress due to material problems. What's more, our study shows that all the pregnant women questioned have allergies.

Unsanitary latrines and concessions, and their impact on the health of pregnant women

Unsanitary latrines and their impact on the health of pregnant women: In Talangai, 86.9% of pregnant women surveyed use latrines indirectly. They use plastic pots and pour their deposits into the toilets afterwards; 13.1% of pregnant women use latrines directly, which, it has to be said, are generally in a sorry state, exposing them to the risk of contracting infections (photos 7 and 8).



Photo 9. The insanubrious state of the streets. Shot E. J. Bokatology Ekandza, 2023

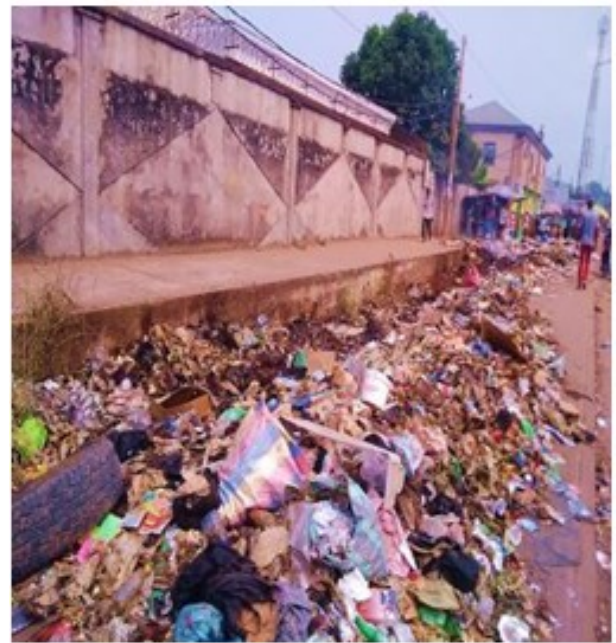


Photo 10: A rubbish dump in front of a plot at the Ngamakosso church stop. Shot by E. J. Bokatology Ekandza, 2023



Photo 11. Stagnation of wastewater in plots and unsanitary conditions in the neighborhood View from E. J. Bokatology Ekandza, 2023

The majority of women surveyed (84.7%) say they clean their pots regularly. Half the pots (50.0%) are cleaned with detergent; 26.1% simply with water and 10.9% with bleach.

Concession insanubriousity and its impact on the health of pregnant women: Unsanitary conditions in and around the concessions have a certain impact on the health of pregnant women (Photos 9 to 11). Indeed, many of them report having suffered from environment-related illnesses, including malaria (38.), amoebiasis (15.7%), typhoid (13.), flu and fever (13.), diarrhea (12.7%) and a few other illnesses (6.5%).

DISCUSSION

In our study, we identified four main health risk factors favoring the contraction of infections and the loss of pregnancies among pregnant women in the Maman Mboualé district.

These are health risk factors linked to STIs and the practice self-medication, factors linked to the consumption of toxic substances and the practice of heavy work, factors linked to the absence food, body and sanitary hygiene, and factors linked to a lack of hygiene insalubrious concessions and their impact, and stress and allergy-related factors in pregnant women. Our results are close to those of Y. Madaci and S. Saadi, who worked on the most frequent infections among pregnant women at CHUC. Their work highlights the wide etiological diversity of female infections during pregnancy, with a predominance of bacterial infections (82%). They also reveal that almost all pregnant women undergo at least one prenatal consultation (CPN) and have the relevant records, as we also discovered in our case. Y. Madaci and S. Saadi also believe that compliance with individual and collective hygiene remains the main rule to be applied in order to achieve a clear reduction in infections among pregnant women. In this sense, our study shows the absence of food and body hygiene, and even insalubrity, among pregnant women. Many pregnant women (88.9%) use pots for their needs. But only 10.9% clean them with bleach, 50.0% with detergent and 26.1% with plain water.

According to our study, 37.0% of pregnant women surveyed had suffered from malaria during pregnancy. Similarly, L. Ouattara states in his study that 70.83% of pregnant women cited the mosquito as the sole vector of malaria. In our case, 89.17% of pregnant women surveyed were unaware of the impact of malaria on their pregnancy. This attitude seems to have a major impact on these women's lack of protection against malaria. This result far exceeds that obtained by Baby. F, who found 55% in his study. F. Ndzani demonstrates that in the Congo, the entire population is at risk of contracting the disease, with pregnant women and children under 5 constituting the most vulnerable groups. Our study also showed that 95.7% of pregnant women self-medicate. The same observation was made by P. Biblot, who established that in France, self-medication concerns around 80% of the general population. In principle, self-medication reduces healthcare costs by avoiding the need to consult a healthcare professional. According to Biblot, Paracetamol is by far the most widely used medication during pregnancy (80%), followed by Iron. These results corroborate our own, with Paracetamol in first place, accounting for 28.3% of drugs consumed by pregnant women, followed by Ibucap forte or simple (21.7%) and Iron (19.6%).

CONCLUSION

Pregnant women in the Maman Mboualé district face a number of health risk factors. The lack of adequate medical infrastructures and qualified personnel, and the deviant behavior of some pregnant women, make access to essential prenatal care difficult.

Unfavorable environmental conditions increase risk of health complications for these pregnant women. Inadequate and unbalanced nutrition leads to health problems for these women. Poor knowledge or neglect of health practices and prenatal care increases the risk of complications. Poverty and lack access to economic resources limit women's ability to obtain adequate health care. These risk factors call for targeted interventions to improve the health conditions of pregnant women in the Maman Mboualé district.

REFERENCES

- Baby Fatma Tahra, 2012. *Politique de prise en charge du paludisme chez la femme enceinte dans le CSCOM de Magnambougou*, Thèse médecine, FMOS, Bamako, n° 296, 57 p.
- Bakedeck Ulrich Thomas, 2011. *Les facteurs explicatifs de la non-utilisation de la moustiquaire par les femmes enceintes au Cameroun*. Yaoundé, Institut de Formation et de Recherche Démographiques, Master'sthesis, 149 p.
- Belharet Drifa, Ben Medjkoune Tounsia, BELBESSAI Rachid, 2017. *L'image du chez les femmes enceintes*, p. 26-32 <https://api.semanticscholar.org/CorpusID:192000608>.
- Biblot Philippine, 2013. *L'automédication chez la femme enceinte*, Université Lyon 1, 61 p.
- Madaci Yasmine, Saadi Sarra, 2019. *Sur Les infections les plus fréquentes chez les femmes enceintes au CHUC*, Université Frères Mentouri Constantine 1, Master'sthesis, 85 p.
- Moundza Patrice, Samba Gaston, Bal Kiabiya Kinkela Saïde, 2008. "Brazzaville, croissance urbaine et problèmes environnementaux", *Revue gabonaise de géographie*, Laboratoire d'analyse spatiale et des environnements tropicaux, no. 8, Libreville, p. 42-57.
- Ndzani Ferdinand, 2020. "Étude géographique du paludisme en république du Congo", *Revue de l'ACAREF*, p. 67-84.
- World Health Organization/Africa, 2005. *Cadre stratégique pour la prévention et la lutte contre le paludisme pendant la grossesse dans la Région africaine*, Brazzaville, 40 p.
- Ouattara Lassina, 2018. *Connaissances et pratiques des femmes enceintes sur les mesures préventives du paludisme pendant la grossesse dans le CSCOM de Koulouba*, Bamako, Université des Sciences, Techniques et Technologies, FMOS, PhD thesis,
