Chapter 11

Local Governance and Information Communication Technologies (ICTs) in Rural Kenya

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ABSTRACT

Poor communication approaches in addition to other socio-economic factors in rural areas are the greatest contributors to infant and maternal mortality. Estimates show that sub-Saharan Africa and south Asia bear the greatest burden of maternal mortality. Traditional media has been seen to be ineffective in dissemination of maternal-child health information. However information communication technology (ICT) provides a variety of media platforms that can be appropriated in disseminating maternal-child health knowledge. The objective of this paper was to investigate how ICT can be appropriated in rural areas for campaigns in maternal-child health. One major issue emerged in this paper; that appropriate interactive and participatory communication through ICT influences the dissemination of maternal-child health knowledge among the rural population and thus influences utilisation of skilled maternal-child health services.

INTRODUCTION

Health is a crucial element among the things that affect humanity in any given society and therefore addressing health issues requires that one keeps in mind the cultural and social context of the community being addressed. This is because focus will mainly be on understanding their human health, health behaviour and health services available. Health education is important in understanding the health behaviour of a community. According to Black, Furney, Graf and Nolte (2010:5) the ultimate goal of health education is to provide learning experiences from which one can develop skills and knowledge to make informed decisions which will maintain or better their health, or the health of others. Poor maternal
health have both social and economic consequences as it is a matter that concerns women’s own status and empowerment, household economic and social well-being, and economic and social development of the community. Therefore every time mothers strive to ensure that their pregnancies end up well by accessing appropriate antenatal care during pregnancy and by making sure that pregnancies take place in a health facility under the care of a qualified practitioner. This is however not possible due to the inequities women in rural areas face during pregnancy. These mothers and children are excluded from what they are rightfully entitled to because of the failure of the health system in rural areas. The right services are not delivered at the right time, to the right people, and in the right manner. They rarely benefit from life-saving care at facilities due to women’s lack of decision-making power, the low economic muscles and the negative perceptions towards utilization of skilled facility care.

Africa is said to account for 15% of the world’s population, however it is estimated to account for over 50% of the world’s mortality (WHO, 2010). This means that it has the highest burden of maternal mortality in the world. Kenya being one of the countries in Africa is ranked 39th globally in maternal mortality ratio having a MMR of 414 per 100,000 live births (KHDS, 2008-2009). Both the infant and maternal mortality are highest in rural areas. This is due to the poor infrastructure and lack of information among the rural population. Many studies have documented lack of information/knowledge as a major hindrance to utilisation of skilled maternal-child health services.

Fotso, Ezeh and Oronje (2008) suggest that focused and sustained health education with the goal of providing women and communities with information on the importance of early initiation and appropriate frequency of ANC and delivery at appropriate health facilities is important. Pade-Khene (2010) maintains that maternal health patients can get information on the current affairs in the community from informal channels such as churches clinics and traditional ceremonies. These provide them with a platform to communicate and discuss their views, which can shape their socio-cultural and economic status (p. 270) while Taffa and Obare (2002:10) conclude that education greatly influences the disparity in health service utilization and hence the probability of survival for children born. Government authorities at the local level can hence appropriate the use of mobile phone technology to enhance dissemination of maternal health knowledge among the rural mothers.

In this paper, we review the behavioural and social characteristics in rural areas in Kenya among the Maternal-Child health patients and how they can be changed through information technology. This venture requires political, social and economic capitals. To reduce maternal and infant mortality rates in order to realize MDGs 4 and 5 political and communal participation as well as the availability of funds are necessary. Mobile phone communications can radically improve healthcare services especially in remote and resource deprived environments. This is by being used as tools of education and creating awareness among the rural populations. Fast and immediate referrals through the mobile phone could minimize loss of life due to delay in accessing skilled maternal-child health services. It is rational that the Kenyan government has decentralised the health departments to county levels as it is assumed that the centralized health care system has always been unsuccessful due to constrained resources. Information Communication Technology (ICT) is vital in all aspects of human life. The mobile phone can be used as a platform to increase mothers’ awareness and knowledge about maternal-child health; it can be mechanisms of making the patients have access to the services of the health providers without necessarily visiting the facility premises. Difficulties to communicate with providers and Community Health Workers (CHWs) in case of emergencies can be eliminated if there is a mobile phone based database to improve access to health services.
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