

The role of community mobilization in the promotion of maternal health of women living with HIV in Zambia

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Valorization Addendum

The Alma Ata declaration of 1978 stressed the importance of involving beneficiaries in designing and implementing health programs thereby invoking an interest in community mobilization within public health efforts. This dissertation builds on this by providing insights on the role of community mobilization on maternal health care of women living with HIV in resource poor settings.

The dissertation suggests that through its three components (peer support, TBAs and community involvement), community mobilization provides opportunities for survival in various and context-specific ways. For example, in the face of weak health systems, peer support (e.g. economic, nutritional, logistical support etc.) provides health-enhancing opportunities to women with HIV. Further, given the various health-system challenges prevalent in resource-poor countries, TBAs also occupy a substantial role in maternal health response for women with HIV. It was also clear that through collaboration with professionals, communities construct local initiatives that help to counter the structural limitations that may exist. Community mobilization thus provides opportunities to navigate various structural limitations in poor-settings. That notwithstanding, while providing opportunities for survival, it is also worth-noting that local initiatives are not unquestionably always good for health. Local practices have limitations which may be harmful for maternal health of women with HIV. Certain harmful practices and norms can easily be reinforced through local strategies such as peer-support and TBAs. Thus the dissertation (in chapter 2,3 and 4) suggests that in each context, effort needs to go into understanding the different ways in which community mobilization creates or inhibits opportunities for care and at the same time, work towards reducing its harm and improve its potential benefits.

The dissertation further suggests that the success of maternal health interventions depends on their compatibility, accessibility and availability to the local people. The act of promoting only 'attractive' but unattainable solutions (mostly from a biomedical approach) while ignoring local strategies might be counterproductive. There is more to benefit from taking into account the contrasting outcomes and characterization of popular global maternal health initiatives between wealthier and resource poor settings. Rather than establishing the biomedical approach as an incontestable good for all contexts, it is important to interrogate its suitability for different contexts especially in resource poor settings. Maternal health policy at an international level needs to be detached from a decontextualized one size-fits-all approach by focusing on ways global efforts can be appropriated into local contexts much to the benefit of HIV positive women. Uncritical adherence and mechanical-rule-following of established global standards may sometimes deny the women it is meant to serve the much-needed care. The dissertation ends by showing that community mobilization offers space for engagement between externally imposed interventions and local people in a manner that allows for improved maternal care and outcomes in women with HIV in resource-poor settings.