

**Factors in Obstetrical Services in Garissa County, Africa and Relating it to America:**

**Clinical Cultural Report**

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June 16, 2021

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In the North-Eastern part of Kenya, the majority of the people living there are wanderers. The land is barren and hot. The majority of them are poor. The purpose of this paper is to briefly discuss the factors of the many women not having their fetus delivered at a hospital or clinic in the region and relating these issues if they were to visit a hospital in America.

Kenyan are majority Christians. Muslims, Buddhists, Hindus, and those who practice traditional religions are in the minority. There are three large communities. They are the Kamba, the Kikuyu, and the Luo. Kenyans fish, hunt, and raise livestock. Some areas receive relief food from the non-governmental organizations, a form of welfare (Makoloo, 2005).

There are many maternal mortalities in Kenya. Statistically, in 2003, there were 505 maternal deaths per 1000 live births. In 2008/9, there were 520 deaths per 1000 live births. What are the factors in these insufficient numbers in Garissa, Kenya? In the article by N'Gbichi et al. (2019), he gave six main reasons. 1) Pregnant women did not want male nurses or doctors to render medical care. 2) Pregnant women found that the health care facilities were short-staffed. 3) Men, not women, had a significant influence on the medical service their wives received. The men did not want male nurses and doctors caring for their wives. 4) Another reason was the lack of knowledge or the wrong perception the indigenous knew about the health care facilities. 5) Pregnant women felt the female workers were disrespectful toward them. Lastly, the cost and distance to the facilities were not in their favor.

Religion and culture were brought up on why male nurses and male doctors could not work on females in delivering obstetrical care. Many times, the women went back home to have their babies. Since husbands or clan leaders were in control, women were seen as passive about their obstetrical care. Pregnant women resorted to the traditional delivery of their child at home in spite of a chance of dying or their baby dying due to complications. Family life was a hard choice between feeding the family with the money they had versus taking an expensive taxi or riding in a donkey cart.

Three things American nurses should understand about pregnant women from the area of Garissa, Kenya are: 1) not to have male nurses or doctors care for the women. 2) Understand that they may have particular religions or customs that should be addressed. 3) Communicate to the pregnant wife through her husband.

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