**Remember Haiti? The Anomaly of the Caribbean**

**The Ongoing National Crisis of Infant and Maternal Mortality**

**Intro to Africana Studies**

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**Introduction**

The Caribbean island of Haiti is the world's oldest black republic, established in 1804 after a history of Spanish and French colonial rule characterized by slavery and brutality, and the only nation of the African Diaspora in which black individuals are the majority population (cite). This is incredibly significant considering the fact that the country is also the poorest in the Western Hemisphere with astonishingly high unemployment rates and exploited natural resources (cite). A very small wealthy minority exists within the population, comprised of mixed-race individuals of European and African descent, with little to no individuals of fully African descent being included in this group (cite). Among the staggering statistics linked to Haiti's poverty is their incredibly high infant and maternal mortality rate, also the highest in the Western Hemisphere (cite).

Infant and maternal mortality rates are commonly used as barometers of both the treatment and value given to women, and the overall health status of a population (cite). In most circumstances, when this rate becomes concerning, which could be assumed to be 10 deaths out of every 1,000 births compared to the rest of the world (cite), national and international public health interventions would be taken to address the issue and improve the quality of life of the country's citizens (cite). As of 2021, Haiti's infant mortality rate was 50.51 per 1,000 births, with the most current statistics of 2022 being 49.25 per 1,000 births (cite). The accompanying maternal mortality rate with this is 359 deaths every 100,000 births, the two of which are most comparable with 1800s rural England (cite). These Victorian-aged rates are due to three main direct inputs: the nation's poverty, poor infrastructure, and natural disasters, which exacerbate issues created by the first two while introducing a host of their own.

While various relief efforts are attempting to fight this issue and have significantly lowered the rates since 2000 (cite), world powers have stayed deafeningly silent, offering little in the way of monetary or humanitarian support. The history of subjugation of the people of Haiti, and the existing race divide, cannot be ignored when these issues are compounded and brought to light in one place. Regardless of skin color, the value of one's life is and should be undeniable; however, the response of foreign nations to Haiti's infant and maternal mortality crisis reflect differing ideals.

**I. Poverty**

The leading cause of infant and maternal mortality in Haiti is the intense poverty experienced by the nation as a whole (cite), but especially by those living in rural areas, a striking 55% of the population (cite). Most of these households are 'led' by a man or woman who has not received formal education, which has been found to correspond with an increased likelihood their children will also not be sent to school (cite). While only 7% of households which have educated parents fall below the poverty line, beliefs that formal education is unnecessary and the need for children to act as sources of labor perpetuate these trends, cementing families in generational poverty (cite). Lack of access to wage-based income and reliance on family members within the country or abroad sending money further intensify these problems so that raising one's class status is nearly impossible (cite), leaving women and their future children at increased risk due to lack of prenatal education and low household incomes.

Prenatal services available to impoverished women are nearly nonexistent, resulting in expecting mothers unaware of how to care for themselves or their child before, during, and after birth (cite). Unlike most young men, whose human capital is invested in, the majority of young women are either never sent to school or pulled out at a young age so they may help support the family (cite). While this is common in many rural areas around the world, in Haiti, it serves as a direct cause to rural populations consistently having an increased rate of infant and maternal mortality when compared to metropolitan areas (cite). Women unable to read and without access to prenatal services teaching them what and how often to feed their babies or themselves or how they should expect their bodies to change and when they should be concerned face immense difficulties navigating new motherhood and rely heavily on community traditions (cite). These traditions can cause malnutrition of infants or hemorrhaging of the mothers, as purgative foods are encouraged during the first weeks of life and not cutting the umbilical cord for hours after birth are common (cite). Furthermore, Haitian women have a small window of age, outside of which infant and maternal mortality risk become much higher (cite). Before the age of 20 or after 34, women, especially those without prenatal care or education, see increased occurrences of premature births and severe bleeding during or after birth (cite). In contrast to this, women above the poverty line who have access to prenatal services have much more successful births with less trauma and risk of fatality for either mother or child (cite).

For various reasons, rural impoverished families experience the highest unemployment rate in the nation with the least ability to improve their situations (cite). Most of these households are reliant on the land which they may have to provide for themselves by growing most of what they consume (cite). These financial pressures cause many mothers to sacrifice the health of their children by cutting breastfeeding short by three to four months (relative to predominantly white countries (cite)) so they may return to work for the good of the rest of their family (cite). Those fortunate enough to be employed outside of the home, frequently experience decreased wages when they become pregnant due to misogynist views of increased risk and decreased productivity of pregnant women (cite). In addition to this, most families which fall below the poverty line experience difficulty providing adequate food or sanitary conditions to mothers and infants before, during, or after birth, causing many deaths due to malnutrition and treatable illnesses (cite).

The causes and effects of rural poverty in Haiti experienced by women create a vicious positive feedback loop in which women who are encouraged to get pregnant repeatedly experience sexism, trauma from losing children, and lack of concern with their mental or physical well-being. Internal and international racist stereotypes prevent women from gaining employment or being aided by relief organizations as the issue of infant and maternal mortality in Haiti is left undiscussed on the world stage.

**II. Infrastructure**

Lack of ability for Haiti to compete in global markets due to national poverty has limited the funding available to be invested in non-metropolitan infrastructure (cite). Access to roads, clean water, and power is typically more dependent on geographic location rather than income level (cite). With such a large proportion of the population living outside of metropolitan areas, over half the country is left with inconsistent utilities and restricted ability to move in addition to food scarcity (cite). Education, on the other hand, is directly related to income level, with 17-20% more student enrollment coming from high-income families from metropolitan areas than impoverished rural families (cite). These issues compound those experienced from intense poverty and introduce limited access to hospitals and experienced midwives to the direct causes of infant and maternal mortality in Haiti.

For many women in Haiti, the nearest hospital can be as far as 30 miles away, with inadequate to zero roads to get there (cite). This not only makes it obviously difficult for women to get to hospitals, but also for mobile relief to access them. Because of this, the list of leading causes for both infant and maternal death is comprised of easily treatable, if not curable, diseases and botched procedures including acute respiratory infections, high blood pressure, and at-home abortions (cite). Women who are capable of getting to a hospital are met with either incredibly high costs or poor care (cite). Because of this, a majority of women never attempt to give birth in a hospital at all, while a smaller percentage will only give birth to their first child in medical conditions (cite). However, while traditional values are looked to for child-rearing education, lack of importance given to hospitals for childbirth does not turn pregnant women away from public health services in the limited chances they are offered. When birthing homes, sanitary spaces in which women may give birth and receive medical attention, such as those studied in 2007 exist, women are very eager to use them (cite). Because of spaces like these and some relief efforts making it to rural women in Haiti, cesarean sections have been found to significantly decrease the likelihood of death for both mother and child during birth, exemplifying the importance of providing these kinds of services (cite).

Due, in large part, to the restricted access to health care experienced by women, midwives, or skilled birthing assistants, have become increasingly important for the health and safety of women and their children in Haiti (cite). In 2005, the United Nations declared the use of midwives in underserved areas as necessary to reduce maternal and infant mortality, which slightly motivated international donors to establish midwife training centers (cite). Currently, however, Haiti is still experiencing a dramatic shortage of these attendees, with only one midwife available per 50,000 people in the country and 75% of women giving birth without one (cite). The immense value of these women stems from the prenatal attention they can give to expecting mothers, medical care they deliver while overseeing births, and check-up visits to new mothers to ensure the health and safety of their conditions; although, they are also able to complete various medical tasks unrelated to pregnancy, providing care to the entire family when needed (cite). The typical midwife, under current conditions, is able to deliver 200 babies a year, traveling to the homes of each one, increasing the comfort of the mother during the birthing process (cite). While this is an incredibly productive number, it still leaves women dramatically underserved because of limited nursing education and ability to get to rural areas (cite). Because of the tremendous impact they can make on infant and maternal mortality, most relief efforts concerned with the issue focus on increasing the number and reach of midwives on the island (cite).

**III. Natural Disasters**

In the wake of natural disasters in Haiti, impoverished populations are overall more dramatically affected regardless of geographic location or gender of the 'head of household' (cite). However, within these populations, more women tend to be displaced, harmed, or killed by natural disasters at higher rates than males (cite). Women are the first to sell their possessions to aid their families, which leads to increased impoverishment, significantly threatening reproductive health (cite). Rather than counteracting this, state and government aid typically prioritizes men and their return to work while less women are likely to receive any aid (cite). Haiti has always been prey to natural disasters which exacerbate the causes of infant and maternal mortality by displacing individuals, destroying property, and increasing the spread of disease, and are increasing in frequency and magnitude due to the changing conditions of global warming.

The most notorious of Haiti's natural disasters of the 20th century are earthquakes. With the earthquake of 2010 placing a global spotlight on the island, international attention brought huge relief efforts after the 7.0 magnitude event struck just over 40 km from the western coast, devastating the majority of the country (cite). 1.5 million individuals were displaced, with impacts felt more strongly amongst rural, impoverished communities (cite). The earthquake destroyed the main nursing school for midwives in the country, increasing the disparity of health care providers, and causing a substantial number to emigrate from Haiti (cite). This had devastating effects on women, who experienced increased violence post-disaster, and increased infant and child mortality (cite). Camp communities formed among those displaced and offered increased access to food, water, and basic health protections; however, conditions were difficult to keep clean and infant mortality became even worse among women living in such camps (cite). More recently, in 2021, Haiti was struck by an even larger earthquake (7.2 magnitude) which had a greater impact due to occurring shallower in the Earth's crust and on the island rather than offshore (cite). Because of the sparse population density of the area where the epicenter was located, fewer people were killed by the earthquake, but 650,000 were left in a state of emergency (cite). This event was coupled with Tropical Depression Grace, which dumped heavy amounts of rain onto the earthquake debris, causing hundreds of landslides (cite). The most severe of these landslides blocked the main national highway, decreasing the ability of responders to reach those affected by the disasters (cite). Each seismic event worsens the condition of Haiti's infrastructure and casts families even deeper into poverty by destroying their homes, ruining bridges in and out of the area, and increasing the strain on already endangered health care specialists causing them to flee the country.

Given less attention, until they threaten to hit the United States, are the hurricanes which Haiti experiences every summer. 2004 was the first year of the century which devastated the country beginning with Hurricane Jeanne, the 12th deadliest hurricane in world history, which caused the deaths of 3000 people after thirteen inches of rain was dropped on the northern mountains (cite). The rain season of 2008 was even worse, with four storms between a tropical storm and hurricane hitting the island within a few months of each other (cite). 70% of the island's crops were destroyed, worsening food shortages, and 800 individuals were killed with an equal 800 missing or injured (cite). Finally, in 2016 Hurricane Matthew affected 2.1 million individuals (cite). The category four hurricane was one of the strongest experienced by the island in almost 100 years, bringing with it 30 inches of rain and winds up to 154 mph (cite). A cholera epidemic the nation was experiencing was dramatically worsened and roads and bridges were destroyed by the high winds and rampant flooding (cite). These storms occur every summer, increasing the challenges faced by pregnant women by displacing thousands, making sanitary conditions impossible to maintain, exacerbating food insecurity and shortages, and devastating property, including already weak infrastructure. The effects of these are worsened by Haiti's exclusion from the global economy due to their inability to purchase oil (cite). While also providing justifications for the claim of ignorance to Haiti’s issues, this exclusion forces the island to be extremely self-reliant on energy production (cite). Burning wood and wood charcoal are thus the most efficient power source, which has nearly made Haiti's forests extinct (cite). Where these forests were once able to provide protections against heavy precipitation and strong winds, the amount and speed of runoff has increased, making resulting flash floods even more deadly (cite).

The wellbeing of the women in Haiti has been left to the whim of a world which has stopped paying attention to them amidst an onslaught of disasters due to racist disinterest. With national relief efforts skewed towards men and infrastructure which could allow for the support of women destroyed, the desperate situation of infant and child mortality is fueled by the worsened conditions created by natural disasters (cite). Although in 2010 the world paid attention and donated to Haiti relief funds, little of this aid reached women, and the overall effort can be equated to parents sending their children on mission trips to 'learn about the less fortunate' while they feel superior to those around them. It didn't take long for the world to feel satisfied from their collective 'good deed' and they haven't looked back at Haiti since, leaving Haitians homeless, starving, and dying.

**IV. National and International Relief Efforts**

While the situation facing women in Haiti has been presented in very bleak terms, to emphasize the extent of the issue and its causes, the infant and maternal mortality rate has miraculously been decreasing since 2000 (cite). Numerous organizations from within Haiti and around the world have materialized with the focus of increasing access to and quality of women's health services in the effort of saving the lives of mothers and their children (cite). *Every Mother Counts*, started in New York, works to increase the number of midwives in the country and works with the grassroots organization *Midwives for Haiti* (cite). *Midwives for Haiti* has established educational programs for nurses, as well as mobile prenatal clinics which can service women in non-metropolitan areas (cite). In addition to these efforts, they also encourage new midwives and nurses to work in underserved communities and attempt to provide payments through grants provided by the Haitian Ministry of Public Health (cite).

These efforts have made an enormous impact on the rate of infant and maternal mortality, causing a 3% yearly average decline (cite). However, barely over 100,000 women have been reached by these services due to lack of funding and global support (cite). For example, the United States had the *Reach Every Child and Mother Act* first introduced to it in 2017 but has yet to pass the act (cite). This bill would reform existing international policy, set in 1961, to increase its impact and effectiveness and the amount of aid given to decrease infant and child mortality across the world (cite). The response given to women's issues in what are viewed as "developing countries" are even more scarce and of a much smaller magnitude than those given to natural disasters, leaving women in Haiti largely ignored (cite).

**Conclusion**

Haiti, after regaining independence in 1804, began as an inspiration of civil unrest and rejection of attempts to dehumanize African and non-European people (cite). Seemingly as revenge for this, it has been cast into poverty, disaster, and humanitarian crisis, with little concern of intervention from any world powers. Haiti has been excluded from global markets because it cannot purchase oil, thus decreasing its global value as it has less to offer other countries economically; although, many markets depend on Haitian exports (cite). More recently, the island has also had to deal with various political and humanitarian issues other than infant and maternal mortality, as their president was assassinated just before the earthquake of 2021 and nearly 200,000 people have been displaced due to ongoing gang violence (cite). Additionally, almost half the population is faced with acute food insecurity with 13% of the population facing starvation (cite).

Nowhere other than Haiti is it more evident that colonizing countries' history of keeping black nations and peoples down has not been left in the past. However, the response of Haitians to poverty, poor infrastructure, natural disasters, and immense infant and maternal mortality remains inspirational and defiant. Women face death and the loss of their child at the highest rates in the Western Hemisphere when they get pregnant, yet they work to care for the rest of their families above all else and take joy in pregnancy as they strive to have healthy babies (cite). These women deserve health care, birth control, and sexual health education to keep themselves and their children safe, and they deserve to live in a world that wants to help them achieve that.

Works Cited

16 sources total🡪 need to add!