**Group I and II assignment**

**Title:** Maternal and Infantile Deaths in Mali

Maternal and infantile deaths are a public health problem. In Mali, the maternal mortality rate was 562 women dying per 100,000 live births in 2021 [1]. The rate infantile mortality under 5years old was 52.6 per 1000 live births in 2019 in Bamako [2].  There were 4.5% of death before first birth in hospitalised children in Bamako, 1000 birth lives in 2019 [2]. The newborn mortality accounted for 18.66 % from 2018 to 2019 in Bamako [3]. Fana health district reported from 2018 to 2022, 200 – 470 deaths per 100 000 live births, [3]. In urban or rural area, the maternal and infantile mortality remains high in Mali.

Studies have shown that maternal and infantile mortality can be due to home birth and factors linked to home birth are mother’s education, proximity to a health centres, lack of antenatal care visits. [4]. Maternal deaths mostly occurred at the first birth in malaria case because malaria was not diagnosed in time or not at all and pregnant women who have placental malaria were still without symptoms or a positive parasitaemia [5].

Measles was also implicated in infant mortality. It has been shown that vaccinating women of childbearing age could be a strategy to protect the newborn. [6]. There still was needed to implement a strategy to reduce this high rate of maternal and infantile mortality [7]. The study showed the consequences of the Malian war on child mortality and maternal because a reduction in access to safe sanitation over the period 2012–2018 [8]. The rate of household factors in infantile death was 152.6 per 1000 live births in Mali [9]. Maternal and infantile deaths are public health threats in Mali.

How a sensitization campaign and information can reduce high infantile and maternal mortality rates in Mali?

In this study we aim to do a sensitization campaign and information of populations to reduce the infantile and maternal mortality rates.

**Material and Methods**The study undertook in Fana from July 2020 to June 2021 because maternal and infantile mortality rates are high. The study involved any women of childbearing age. We used a pretest-intervention post-test format. The study was a qualitative study by showing audiovisual materials of 10 -15 minutes at the health centre for 8 – 12 participants at a time followed by 30 minutes discussion with a questionnaire. The sensitization evaluated by presence or absence of participants over the study. The participation was voluntary, each one signed the consent form. Participants awarded 5000 CFA as compensation. Data of discussion collected on Kobocollect for analysis.

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