

# Maternal Mortality in Islamic and Arabic Countries

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## Abstract

Maternal deaths have been recognized as an area of maternal care that requires urgent attention. Every minute of every day, somewhere in the world, a woman dies as a result of complications arising during pregnancy and childbirth. The majority of these deaths are avoidable. The estimated number of maternal deaths in 2000 for the world was 529,000 according to WHO, UNICEF, UNFPA estimates. These deaths were almost equally divided between Africa (251,000) and Asia (253,000), with about (22,000) occurring in Latin America and the Caribbean, and less than (2,500) in the more developed regions of the world.

## DEFINITIONS AND MEASURES OF MATERNAL MORTALITY

### DEFINITIONS

The Tenth of the International Classification of Diseases (ICD-10) defines a maternal death as the death of a woman pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

### MEASURES OF MATERNAL MORTALITY

There are three distinct measures of maternal mortality in widespread use: the maternal mortality ratio, the maternal mortality rate and the lifetime risk of maternal death. The most commonly used measure is the maternal mortality ratio, that is the number deaths during a given time period per 100,000 live births during the same time period. The maternal mortality rate reflects the frequency with which woman are exposed to risk through fertility. The lifetime risk of maternal death takes into account both the probability of becoming pregnant and the probability of dying as a result of that pregnancy cumulated across a woman's reproductive years.

Maternal mortality ratio is considered one of the best indicators of women's health and of the quality and accessibility to health services, and it shows the greatest disparity between developed and developing countries. The world figure for the MMR is estimated to be 400 per 100,000 live births. By region, the MMR was highest in Africa (830), followed by Asia (330), Oceania (240), Latin America and the Caribbean (190) and the developed countries (20). In the terms of the lifetime risk of death the

highest is in sub-Saharan Africa, with as many as 1 woman in 16 facing the risk of maternal death in the course of her lifetime, compared with 1 in 2,800 in developed regions as shown in the table below

### Figure 1

Table 1: (2000's report) Maternal mortality estimates by United Nations MDG regions

Region	Maternal Mortality Ratio (Maternal deaths per 100,000 live births)	Number of maternal deaths	Lifetime risk of maternal death, 1 in:
WORLD TOTAL	400	529,000	74
DEVELOPED REGIONS <sup>1</sup>	20	2,500	2,800
Europe	24	1,700	2,400
DEVELOPING REGIONS	440	527,000	61
Africa	830	251,000	20
Northern Africa	130	4,600	210
Sub-Saharan Africa	920	247,000	16
Asia	330	253,000	94
Eastern Asia	55	11,000	840
South-Central Asia	520	207,000	46
South-Eastern Asia	210	25,000	140
Western Asia	190	9,800	120
Latin America & the Caribbean	190	22,000	160
Oceania	240	530	83

<sup>1</sup> Includes Europe, Canada, United States of America, Japan, Australia and New Zealand which are excluded from the regional totals.

The shocking estimated numbers are in Africa and Asia where all Islamic and Arabic countries exist. The highest MMR in Sierra Leone(2,000), Afghanistan(1,900), Niger(1,600), Mali(1,200), Chad, guinea-Bissau, Somalia(1,100 each), Burkina, Mauritania, Mozambique(1000 each), Uganda(880), Nigeria(800), Senegal(690), Sudan(590), Yemen(570), and Pakistan(500).[6]

These numbers indicate that there is a real problem in Islamic and Arabic countries, and that shouldn't be a problem because women do not die from disease but during the normal, life-enhancing process of procreation. Most of these deaths could be avoided if preventive measures were taken and adequate care were available.

In order to reduce maternal deaths, it is more important to understand why women are dying than to know exactly what the level of maternal mortality is. Such information can be found through:

### CAUSES OF MATERNAL DEATHS:

#### THE MEDICAL CAUSES

Direct causes: about (80%)

- Haemorrhag
- Sepsis
- Hypertensive disorders of pregnancy, particularly eclampsia
- Prolonged or obstructed labour
- Complications of unsafe abortion

Indirect causes: about (20%) pre-existing conditions that are exacerbated by pregnancy or its management, like anaemia, malaria, hepatitis, heart diseases, and, increasingly in some settings, HIV/AIDS.

#### FACTORS UNDERLYING THE MEDICAL CAUSES

The low social and economic status of girls and women is a fundamental determinant of maternal mortality in many Islamic and Arabic countries. Low status limits the access of girls and women to education and good nutrition as well as to the economic resources needed to pay for health care or family planning services. women suffer for their reproductive role. As a child, she may endure genital mutilation in order to contain sexuality and protect marriage ability. As a menstruating girl she may be set aside as unclean, polluting and made to feel dirty and ashamed. As a teenager she may be married to someone she does not know, and made pregnant before her own body is fully grown.<sup>2</sup> As a woman unable to bear children she may be abused and abandoned, even though it may be the husband who is infertile, or even if her infertility is caused by a sexually-transmitted disease originally contracted by her partner. As a

pregnant woman she may be denied the basic consideration, the rest and the food and the antenatal care, to which she is entitled. As a woman in labour she will run the risk of dying from the lack of obstetric care, and of sustaining injuries and disabilities for which she will not receive treatment.

As a woman enduring a prolonged childbirth she may be left to die alone and in agony, the baby asphyxiated inside her, in societies where men interpret obstructed labour as a sign of unfaithfulness. As a woman suffering from an obstetric complications she may die because her husband will not allow her to be seen by a male doctor. As the mother of a baby girl she may be blamed and beaten despite the fact that it is the chromosomes of the male that determine the sex of the baby. As a wife she may be forced to submit to sex within a few days of giving birth, or subjected to violence if she refuses. As a new mother she may be expected to become pregnant again before her body has recovered. And finally, even if she has sustained an injury or infection that is serious and treatable, and even in those rare cases when health workers seek her out knowing that she will not come to them, she may still not be allowed to go into hospital because there will be no-one to cook the meals. <sup>3</sup>

In Islamic and Arabic countries, many women are assisted in delivery by traditional birth attendants or only by relatives; many deliver alone. Only 53% of women have the assistance of skilled health personnel (a midwife or doctor), and only 40% give birth in a hospital or health centre.

#### WHAT CAN BE DONE TO REDUCE MATERNAL MORTALITY?

Preventing maternal death is not only a health priority but a matter of human rights and social justice, it requires coordinated, long-term efforts. Actions are needed within families and communities, in society as a whole, in health systems, and at the level of national legislation and policy. A supportive social, economic, and legislative environment allows women to overcome the various obstacles that limit their access to health care. Particular attention should be paid to the nutritional and educational needs of girls and women, broadening the scope for women to make decisions about the number and timing of children, all pregnant women should have access to a family planning services; a quality antenatal care, a skilled attendant at the time of delivery and to the necessary care for obstetric complications when they arise.

In Islamic and Arabic countries reductions in maternal mortality can be achieved primarily by improving the position of women in society rather than by raising the

general standard of living or making available appropriate health services. Education has been found to be a most effective tool against maternal and neonatal death, because studies have shown that where mothers are educated, there has been low records of such deaths. Women in Islamic and Arabic countries will never achieve satisfactory health outcomes until they themselves, through the acquisition of knowledge and learning, are able to compete, at all levels of society, for their fair and equitable share of power and influence. Governments need to take actions to promote safe pregnancy by:

- Reform of laws that prevent women from attaining the highest possible levels of health and nutrition needed for safe pregnancy and childbirth such as laws requiring women in need of health care to seek the authorization of husbands or other family members first.
- Implementation of laws that prohibit child marriage, female genital mutilation, rape, and sexual abuse. Every effort should be made to implement laws that encourage the healthy timing of births, such as those that support the education of girls, set a minimum age for marriage, and ensure women's access to essential health care.
- Application of human rights in national legislation and policy to advance safe pregnancy.

### CONCLUSION

A woman's death is more than a personal tragedy--it represents an enormous cost to her nation, her community, and her family. Any social and economic investment that has been made in her life is lost. Her family loses her love, her nurturing, and her productivity inside and outside the home.

Deaths during pregnancy or childbirth are unlike other deaths in Islamic and Arabic countries, they happen only to

young women, not because of disease, but during what should be a normal process. Childbirth is of course part of human survival and should be an event for the mother to celebrate. Society has a duty, therefore, to ensure that women are able to go safely through pregnancy and childbirth. Improving maternal health is possible even in low resource settings, what is needed is a strong political commitment. Governments, international agencies, NGOs need to make concerted efforts to safeguard maternal health, but as women continue to die, it is a failure of their societies, their health systems and their families and communities.

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