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A global health perspective on maternal mortality: Is it getting the attention it deserves?

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Women and children have the right to good health, and with good health comes the advantages which benefit the family as a unit and the society at large. However, from a global health perspective, women and children are among the most marginalised groups in the world, more so in in Sub Saharan Africa where the dominant ideology of patriarchy still persists, and women’s rights are often overlooked in favour of men’s. Bringing forth a child into the world is meant to be a joyful time for the mother and entire family; however, this is not the case for some women as the period could be extremely challenging with tragic results. “A pregnant woman has one foot in her grave” is a known proverb in African countries; this provides an insight into how pregnancy is perceived African communities.

IN terms of gendered health issues, maternal mortality is one of the biggest public health issues in sub-Saharan Africa and links to several of the UN Sustainable Development Goals. Pregnancy and the immediate post-partum period are precarious times for many pregnant women and girls in low income countries. Maternal mortality refers to *“the death of a woman while 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”* (Say et al., 2014). Maternal mortality is disproportionately higher in low income countries than in more developed countries with higher incomes (UNICEF, 2019). It is noteworthy that maternal mortality in these countries usually goes unregistered due to poor vital

registration systems. In sub-Saharan Africa, a woman or girl has a one in 36 chance of dying during pregnancy or during childbirth, whereas in developed countries this risk is reduced to one in 4,900, representing one of the largest gaps between low income and high income countries of any health indicator (Filippi et al., 2016).

In spite of progress made in reducing maternal mortality globally, sub-Saharan Africa and South Asia still account for around 88% of maternal mortality globally (Say et al., 2014). Additionally, sub-Saharan Africans have the highest maternal mortality ratio; 546 maternal deaths per 100,000 live births, or 201,000 maternal deaths a year; accounting for two thirds of all maternal deaths per year globally (Say et al., 2014). The causes of maternal mortality could be direct or indirect. The direct

causes include: Haemorrhage, infection, obstructed labour, hypertensive disorders in pregnancy and complications of unsafe abortion (Blencowe et al., 2016). These causes are, to a large extent, preventable. However, in resource poor settings, a complex interplay of factors acts as a barrier to achieving the sustainable development goal of reducing the global maternal mortality ratio to less than 70 per 100,000 live births (Alkema et al., 2016; Blencowe et al., 2016). These barriers include: inadequate reproductive health services; inequitable distribution of material and human resources for health between rural and urban communities; inadequate health care financing poor health management information systems including data collection; poor accessibility to health services; non-utilisation of available health services, long waiting times and poor attitude of some health care personnel.

Many communities in sub-Saharan Africa are patriarchal. As such, decisions regarding women's health are made by men in the family. Women and girls, especially those in the rural communities, are married off at a young age without consent or are not old enough to provide consent. Despite global efforts to ensure child marriage (marriage at less than 18 years) is abolished, some African countries have continued this practice; with girls less than 15 years being married off to older men (Arthur et al., 2018). Child marriage leads to a variety of social and medical problems which include; social isolation, adolescent, interrupted education and lack of

socioeconomic independence (UNICEF, 2019). Adolescent mothers are more likely to experience pregnancy and intrapartum complications; with maternal causes being the leading cause of death among females aged 15 to 19 years globally (UNICEF, 2019). When pregnant, a woman's husband may decide if she goes for antenatal care and where she will deliver the baby. This, compounded by poverty, a lack of appropriate information and distance from the health facility, can cause a delay in women accessing essential services, especially in the event of complications which, in most cases, could be detected during antenatal visits. Considering the fact that a great proportion of the population in this region live below the poverty line, access and utilisation of maternal health services is poor.

Globally, research has shown that births in the richest 20% of households were more than twice as likely to be attended by trained healthcare professionals compared to those in the poorest 20 per cent of households (WHO, 2011). This means that, millions of births annually remain unattended by skilled professionals such as midwives, doctors or trained nurses. In developed countries, women typically have access to four antenatal care visits by a skilled health worker. However, less than half of all pregnant women in low-income countries have access to the recommended antenatal care visits (WHO, 2017). When a birth is not monitored by a skilled health worker, unsafe practices are performed, early warning signs of complications are missed, and life-saving procedures are not carried

out. Research has shown that the single most important intervention for safe motherhood is to ensure that a trained healthcare provider with appropriate skills in midwifery is present at every delivery, for the availability of transportation to referral services and that quality emergency obstetric care is made accessible (WHO, 2017).

Strict abortion laws, coupled with the stigma unwed mothers face in this region, prompt the decision of unmarried females to seek illegal abortions from persons without the required training or in an environment without basic medical standards, or both. And in some cases, to carry out dangerous and potentially life-threatening practices on themselves in a bid to end the pregnancy. The resultant complications of induced abortion include sepsis, excessive bleeding, secondary infertility, uterine and bowel perforation, pelvic abscess, endotoxic shock, renal failure and death. Without access to proper sex education or easily accessible contraceptives, induced abortion and its ensuing complications will continue to be an unspoken menace wreaking havoc on the lives of women.

In addition to maternal mortality, women face other complications during pregnancy and childbirth such as vesico-vaginal fistulas, recto-vaginal fistulas, and pelvic muscle and spinal cord injury (Hassan et al, 2019). These largely go untreated due to poverty levels and the fact that women's health is not seen as a priority because her contributions to the household are not viewed as favourably as that of her husband.

Society fails to recognise that the illness or death of a woman affects more than just the individual woman. Nearly a fifth of the burden of disease in children under five is related to poor maternal health and nutrition, in addition to the quality of care during birth, as well as the period immediately after birth (WHO, 2013). Tragically, in sub-Saharan Africa, many children become motherless annually due to maternal mortality, these children are 10 times more likely to die within two years of their mothers' death (Soomro et al., 2013).

Maternal mortality therefore deserves more attention. Improving maternal health should be a key priority for every country in Sub Sarah Africa. This could be achieved by ensuring sustained political commitment from governments and development partners in the following ways:

1. Skilled human resources for health should be equitably distributed between urban and rural areas;
2. Concerted effort on programmes and policies that improve women's and girls' access to safe sexual and reproductive health services;
3. All causes of maternal mortality, reproductive and maternal morbidities, and related disabilities should be tackled aggressively;
4. Health systems should be strengthened in terms of collecting high quality data to respond to the needs and priorities of women and girls.

All hands need to be on deck to ensure that every woman goes through pregnancy and childbirth

(which is the critical window to prevent maternal and neonatal complications) in a safe and healthy way so both mother and child are alive to experience the great bond that a woman shares with her child.

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Call for Next Issue...

The theme for the Autumn Publication (*Volume 3 – Issue 3*) will be:

“Gender, Sport, and The Media”.

Submission deadline for the next issue is: **15th August 2019.**

Contributions are welcomed for all three sections of the next issue which

shall be published on: **15th October 2019.**

All contributions should be submitted via e-mail to:

S.A.Silverio@outlook.com