

Maternal Health: Afghanistan vs. Pakistani Conflicted Area FATA

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Introduction

Afghanistan's health status is among the poorest in the world. Maternal mortality continues to be among the highest. Cultural, political and geographic factors continue to pose barriers for women to access health services as a result country suffered from one of the worst health situations in the world.

Pakistan, home to nearly 181 million people, ranks 129th on the Human Development Index. Progress has been made on gender equality; however, the literacy rate for women and participation of women in the workforce remain low. Use of contraceptives has risen in the past decade and the total fertility rate has slightly declined. Maternal mortality has been reduced by 48 percent since 1990.

Federally Administrated Tribal Areas (FATA) consist of seven 'political agencies and six smaller zones, called 'Frontier Regions' (FRs). Starting with the 1979 Soviet invasion of Afghanistan, the last three decades have seen turmoil and instability across the border spill over into FATA. As a result, the socioeconomic and health indicators of FATA remain poor as compare to other areas of the country.

Country Indicators

Indicators	Pakistan	Afghanistan
Total population (000); % urban	184,753; 36	29,117; 23
Number of women of reproductive age (age 15-49) (000); % of total	45,740; 25	6,380; 22
Contraceptive Use	29.6	24.9
Total fertility rate (children per woman)	4.1	6.6
Density of midwives, nurses and doctors per 1,000 population	1.4	0.7
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	7,030	3,983

Source: The State of the World's Midwifery 2011

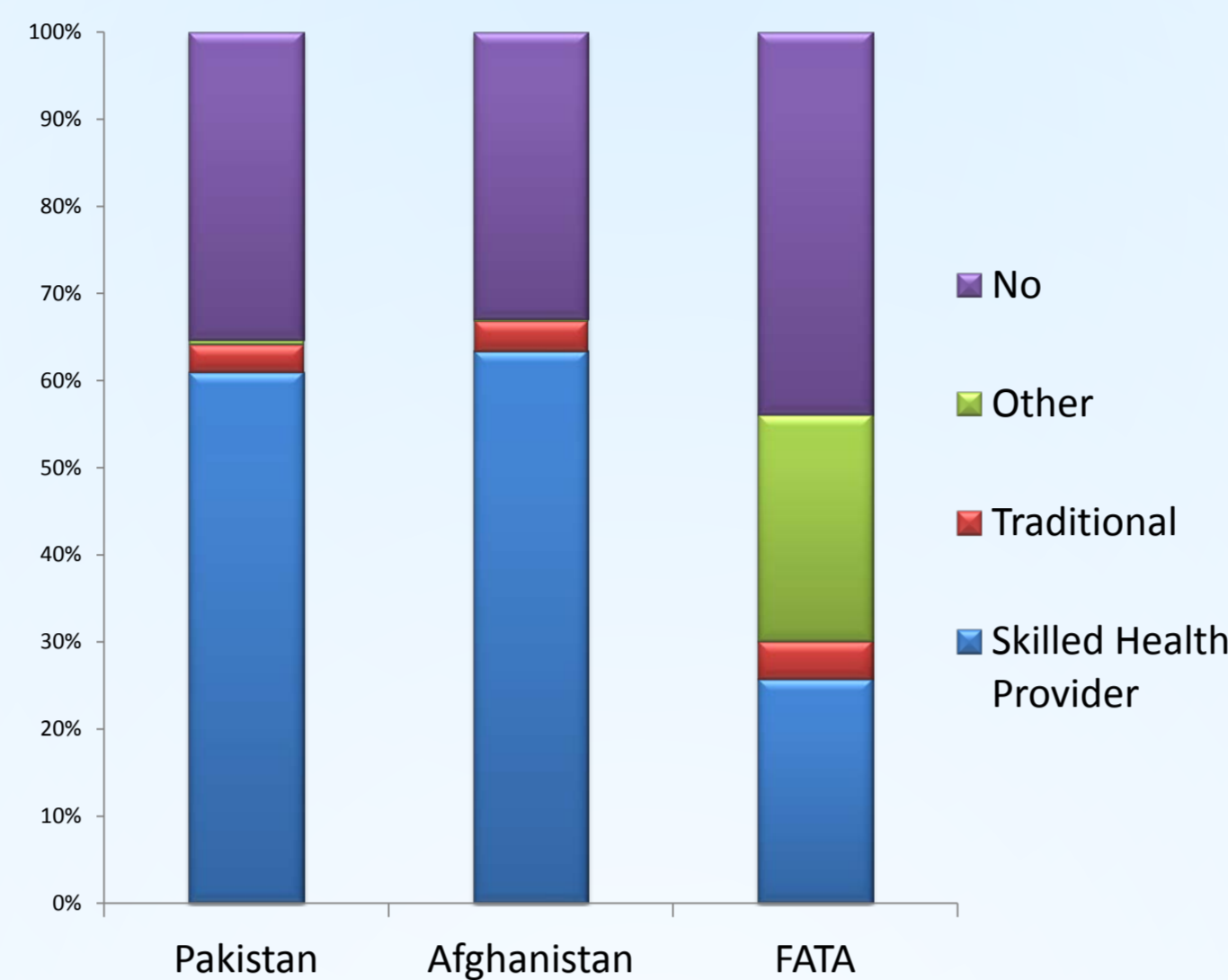
Methodology

Maternal health indicators of Afghanistan and FATA has been compared as both of them have same political background. Data on antenatal care coverage, place of birth, deliveries attended by SBA's, MMR and midwifery barometer has been collected for comparison. Data has been collected from various sources after reviewing different reports. Sources include Pakistan Demographic and Health Survey (PDHS) 2006-07, Afghanistan Mortality Survey (AMS) 2010 and Multiple Indicator Cluster Survey (MICS) FATA 2009.

Antenatal Care Coverage

ANC refers to pregnancy-related health care checkups provided at a medical facility or at home. In Afghanistan, 63.4% of women received ANC from skilled health providers, that is, from a doctor, nurse, midwife, or Lady Health Visitor, while in FATA only 25.7% receive this care. In addition, 3.5% and 4.4% of mothers received ANC from a community health worker (CHW) or traditional birth attendant (dai) in Afghanistan and FATA respectively. In FATA 26% ANC is received from relative or friend. Thirty-seven percent of women received no ANC at all in Afghanistan while this percentage for FATA is higher i.e. 43.9%.

Figure 1. Antenatal Care

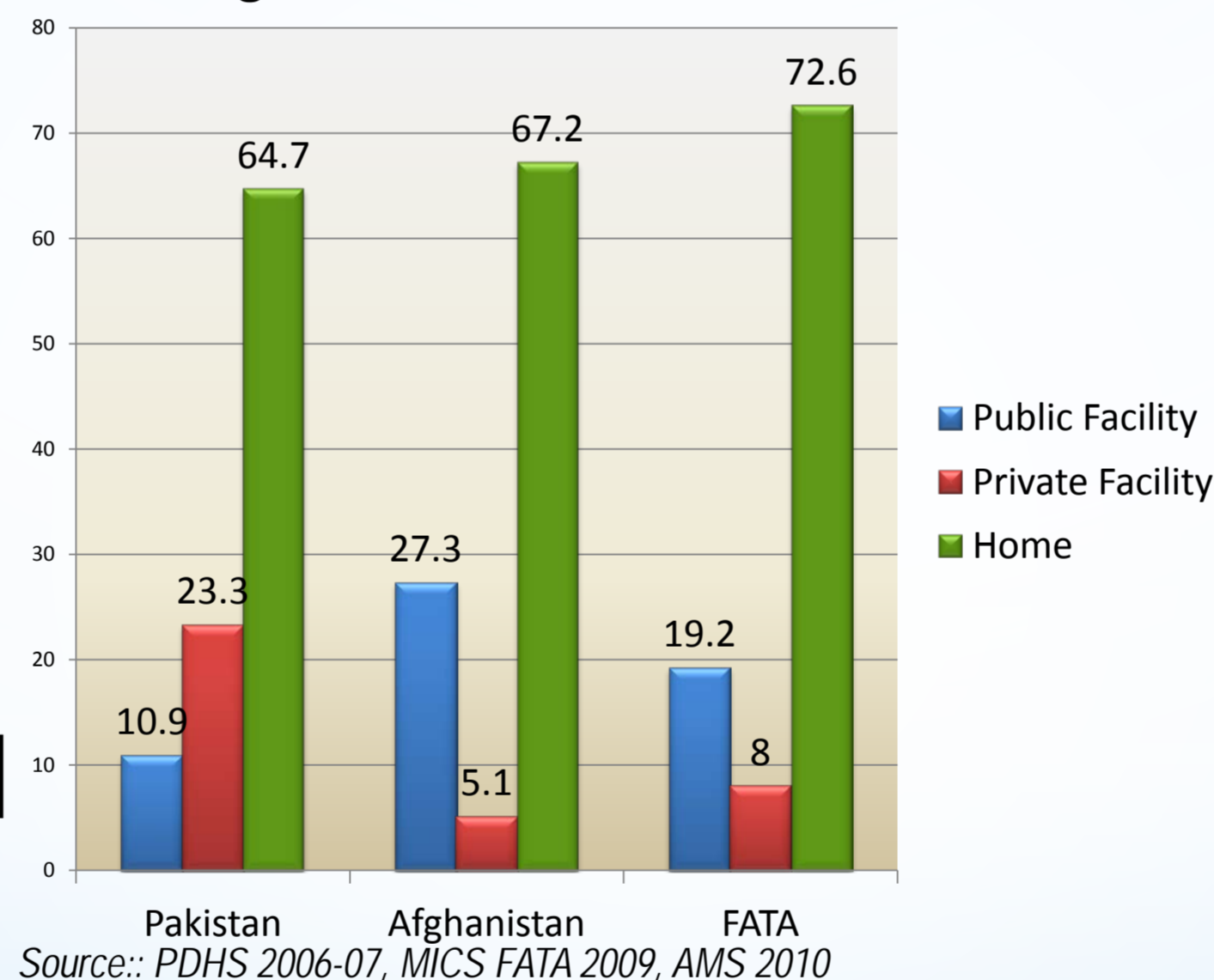


Source: PDHS 2006-07, MICS FATA 2009, AMS 2010

Place of Birth

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause the death or serious illness of the mother, the baby, or both. In Afghanistan 32% of deliveries takes place in a health facility: 27% are delivered in a public sector health facility, and 5% are delivered in a private facility and 67% of births take place at home. While in FATA, 27.3% of deliveries attended in health facility including 19.2% in public and 8% in private facility. Percentage of home birth in FATA is high than Afghanistan i.e. 72.6% as Shown in Figure 2.

Figure 2. Place of Birth

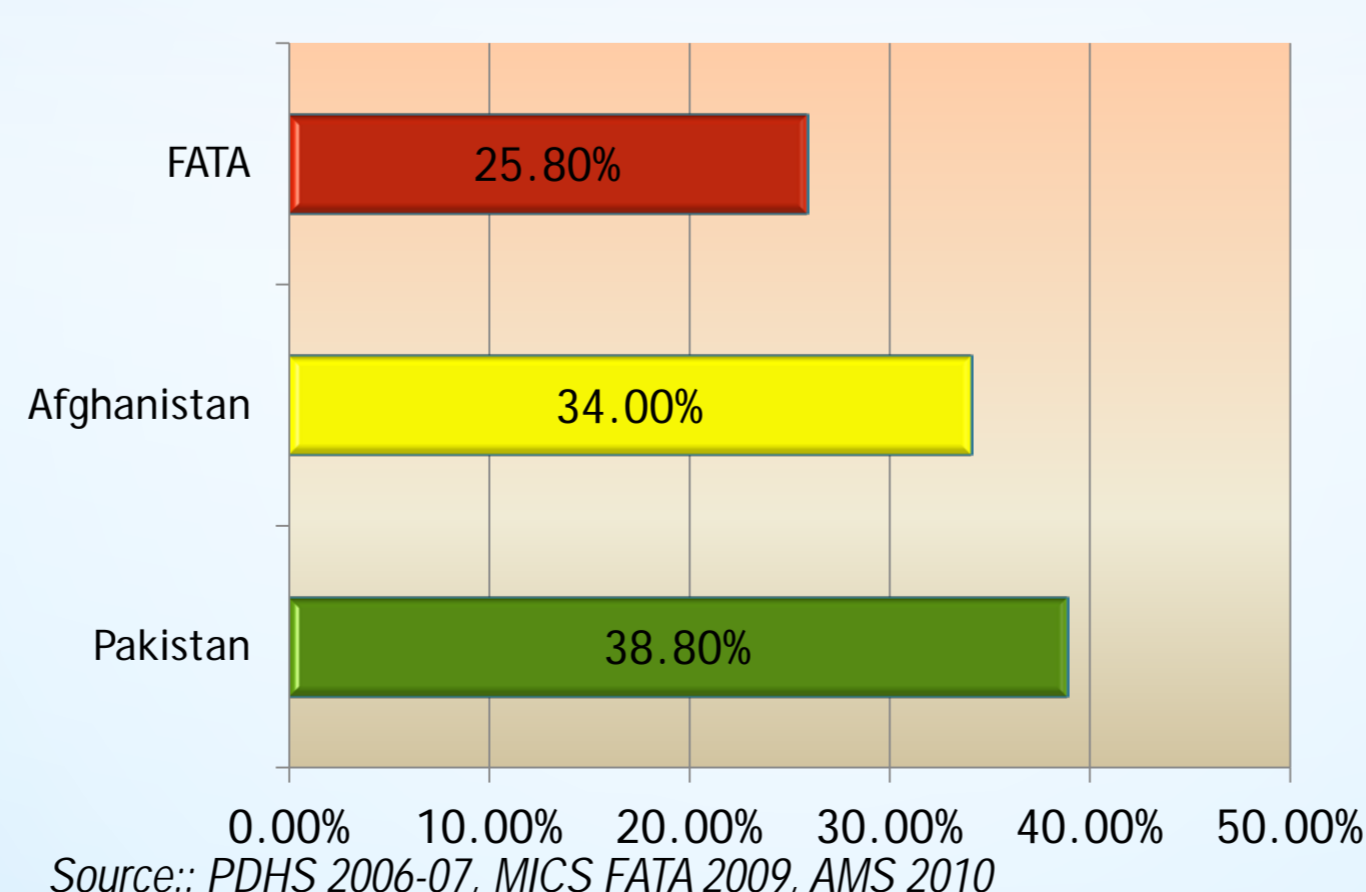


Source: PDHS 2006-07, MICS FATA 2009, AMS 2010

Deliveries Attended by SBAs

Obstetric care from a trained provider during delivery is recognized as critical for the reduction of maternal and neonatal mortality. In Afghanistan, 34% of births are delivered with the assistance of an SBA (doctor or nurse/midwife). In FATA deliveries attended by SBA's are just 25.8% as shown in figure 3.

Figure 3. Deliveries Attended by SBA

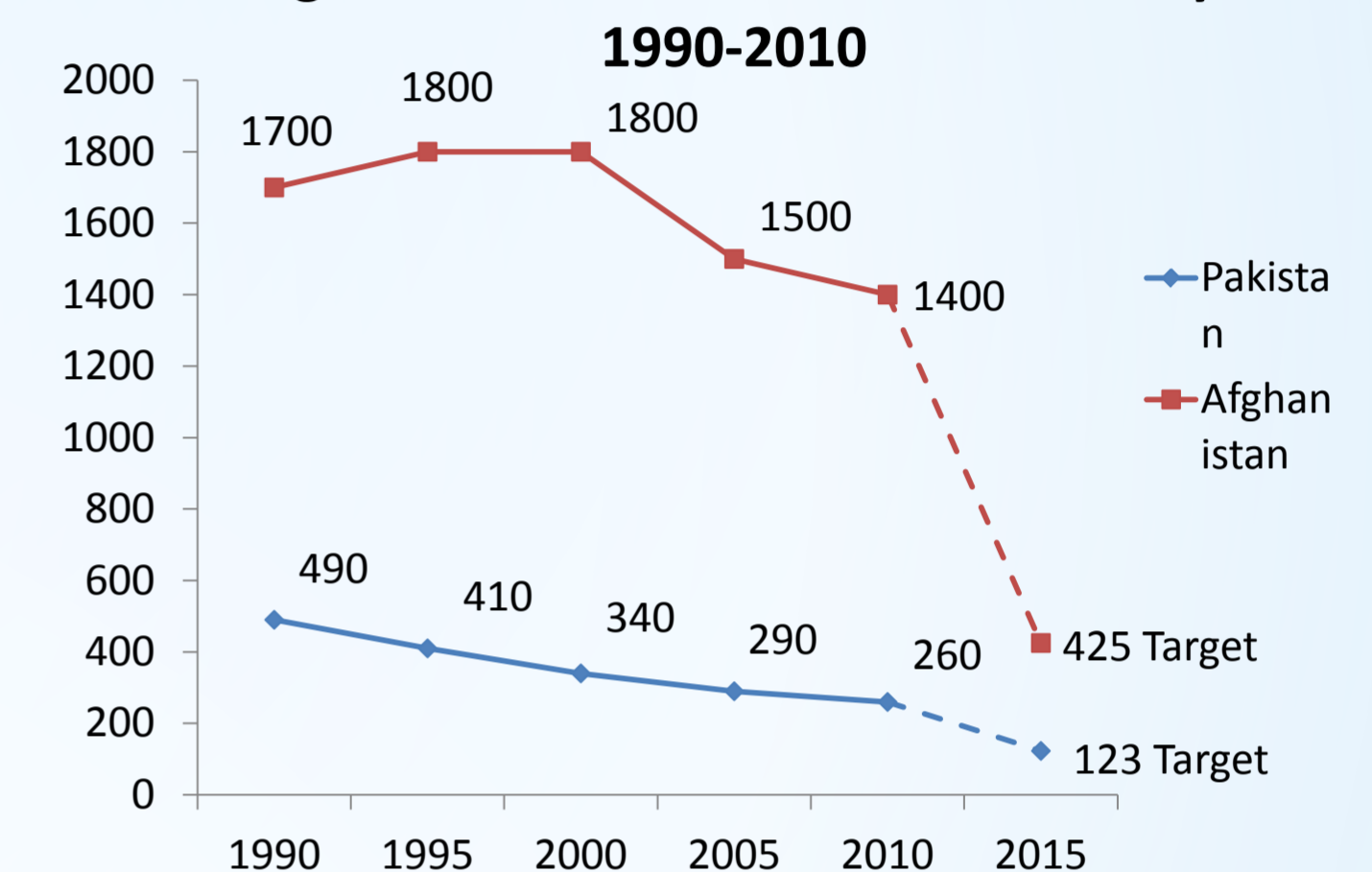


Source: PDHS 2006-07, MICS FATA 2009, AMS 2010

Maternal Mortality Ratio

In Afghanistan, maternal mortality ratio is 1,400 maternal deaths per 100,000 live births which is extremely high. Main reasons for high MMR is low access to and quality of emergency obstetric and neonatal care (EmONC). From the current situation, it is evident that MDG target of 425 MMR is impossible to achieve by 2015. In Pakistan, MMR situation is better as compared to Afghanistan. Currently it stood at 260 which is though high and to achieve target of 123 by 2015, rigorous effort is required. The maternal mortality rate (MMR) in FATA is 380 female deaths per 100,000 live births, which is relatively higher as compared to national level.

Figure 4. Trends in Maternal Mortality



Source: The State of the World's Midwifery 2011

MIDWIFERY BAROMETER

	Pakistan	Afghanistan
Midwives per 1,000 live births	10	2
Birth complications per day; rural	2281; 1368	478; 320
Lifetime risk of maternal death	1 in 93	1 in 11
Intrapartum stillbirth rate (per 1,000 births)	26	17
Neonatal mortality as % of under-5 mortality	48	27

Source: The State of the World's Midwifery 2011

Conclusion

After reviewing maternal health indicators, it can be concluded that if we make country level comparison of Pakistan and Afghanistan, then Pakistan's position is better than Afghanistan but if compare conflicted area of FATA, except for MMR, the status of all indicators is relatively low. During the political dispute ear, FATA has remained one of the most insular and isolated corners of the country, cut off from the mainstream of Pakistani society. Development process remain slow in this area, as result socio-economic and health indicators remain low in the region. This also impacts the country's overall health indicators. So in order to improve overall health indicators in the country, there is a need to put a special focus on FATA's maternal health.

References

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