

Maternal Health in Afghanistan: Overcoming a Legacy of Failure

Maternal Health During the Taliban

There is a revered saying in Afghanistan that paradise lies at the feet of the mother. Yet, during the Taliban time and immediately after, Afghanistan held the dubious position of having the highest maternal mortality rate in the world. A study by Physicians for Human Rights (PHR) published in 1998 found that during the Taliban period, 28% of women reported “inadequate control over their own reproduction.” At one point, there was a single hospital open to women in the capital, the Rabia Balkhi Hospital, and only one maternity hospital, Maiwand, which typically had eight beds to a room, and in some cases, two women per bed. The Rabia Balkhi Hospital “lacked basic medical supplies and equipment such as X-ray machines, suction and oxygen, running water, and medications. Women housed there said they had received no medical attention; one had not been attended to for ten days,” according to PHR. During that time, 87% of women reported a decrease in their access to healthcare and all of the reasons cited to PHR were related to the Taliban’s restrictions against women, such as having no chaperone available (27%), restrictions on mobility (36%), the hospital refusing to provide care (21%), no female doctor available (48%), not owning a burqa (6%) and economics (61%).

“The more children men have, the better their mental health. However, the opposite holds true for women: the more children they have, the higher their levels of emotional distress. A possible explanation for this, Miller says, might be that because of scarce pediatric and maternal health care, women are unable

to provide basic needs for their children. In addition, women face structural discrimination throughout the country.”

- Melissa Dittmann, 2004, p. 34.

Maternal mortality rates are highly indicative of other socio-economic conditions, such as women’s access to primary health clinics, the number of doctors in the population, infant mortality, and the status of women in society. Thus, the dismal state of maternal health in Afghanistan at the time was a window onto the broader challenges facing women, and their limited rights within the society. Similarly, today the persistently poor health conditions facing pregnant women, mothers and infants impacts women’s abilities to access other rights, such as the right to education, and it prevents the realization of many of Afghanistan’s development objectives, such as the alleviation of poverty or improving life expectancy.

“One woman was losing her child because of RH incompatibility and no available antigen. Some of the women interviewed by PHR were experiencing abnormal bleeding during pregnancy. Some were given a prescription but they had not bought it because they couldn’t afford it; other women had been at the hospital for days and had received no treatment at all.” – Physicians for Human Rights (1997), “The Taliban’s War on Women: A Health and Human Rights Crisis”

Maternal Health Post-2001

Despite the extreme lack of services at the time of the fall of the Taliban, overall, access to healthcare is one sector where remarkable progress has been made in the

last decade. For instance, the Afghanistan Health Survey of 2006 found a 25% reduction in the mortality rate of children under five years of age, since 2001 (from 257 to 191 deaths of children per 1000 live births). Significant improvements were also made in reducing the mortality levels of children under one year of age (Fatimie & Ramin, 2008). A Ministry of Public Health was established and goals set for alleviating some of Afghanistan’s worst health indicators, including the shockingly high maternal mortality rate, which in 2002 was estimated nationally at 1,800/100,000. However, as of 2011, Afghanistan is still considered the “worst place in the world to be a mother,” according to a recent report by Save the Children. Progress has thus not advanced enough a decade after the fall of the Taliban, every year still leaving thousands of women vulnerable to preventable death and illness during pregnancy and childbirth. The prevalence of child marriage (the average marriage age is only 15 for girls) contributes to this vulnerability, as under-age mothers face higher risks in pregnancy and are less likely to give birth to healthy babies.



Afghan midwives training
Photograph: WHO/Christopher Black

Quick Facts: Maternal Health in Afghanistan

- As of 2011, maternal mortality is estimated at 1,300 per 100,000 births, though may be as high as 1,600 per 100,000 (by comparison, Italy's maternal mortality rate is 3.9/100,000 and Canada's is 12/100,000)
- Across Afghanistan, a woman dies every 30 minutes from a pregnancy related problem
- Save the Children's 2011 report found that one in every 11 women dies in Afghanistan during childbirth
- The primary complications of childbirth that threaten women are bleeding, infection, hypertension, and obstructed labour
- Some 10 years ago, one out of four infants died before reaching the age of five, but now one child out of six dies before getting to the age of five, according Afghanistan's acting Minister of Public Health (2011)
- 54% of Afghan children are born stunted, according to the UNDP in Afghanistan
- The Afghan fertility rate is second highest in the world (7.5 births/woman)
- Girls who give birth before age 15 are five times more likely to die in childbirth than women in their 20s; and a child born to a girl under 18 has a 60% greater chance of dying in the first year of life than one born to a 19 year-old, according to Prasanna Gunasekera of the UNFPA

Thus while important progress has been made in increasing women's access to basic primary healthcare, in significantly raising the number of trained midwives, in reducing infant mortality and in slightly reducing maternal mortality, critical challenges remain. The revenue of the Ministry of Public Health is largely reliant on external donor funding, rather than on a domestic revenue source. Therefore, without significant international assistance, it is uncertain whether the current level of service and the continued restoration of the healthcare system could be

sustained. Independent non-governmental organizations (NGOs) also remain key players in the provision of healthcare services, where the government has been unable to bring services or improvements. Gaps in government health services are also increasingly being filled by private healthcare, as hospitals for profit-making purposes are opened, and subject to limited regulations and scrutiny in the quality of care. There remains an urgent need for improvement in the training of healthcare personnel employed by state health institutions, and to raise the quality of service provision carried out by state services.

Quick Facts: Stats on Healthcare Providers

- More than 2,900 midwives are working across Afghanistan, but there is a shortage of at least 3,500 more needed to help curb the current level of maternal mortality
- In 2002, there was one midwife training centre and only 467 midwives in the whole country. However, since then, 32 provincial midwifery schools, as well as some medical institutes, have been set up in the capital and in other urban areas
- Overall, 2,000 new general health-care centers have opened across the country since 2002
- Nationally, 14% of births are attended by a skilled health professional (World Health Organization, 2011)
- Due to the lack of healthcare services, many women give birth at home, unattended by any medical professional

"When I first started there was just one bed for expectant mothers in the entire hospital." – Dr. Bahrastan, a female doctor who has worked in Faizabad's main hospital for 14 years (Badakhshan), in a 2008 interview with the BBC.

Moving Forward: 2011 and Beyond
Afghanistan's current national health policy priorities, as part of an overarching policy for the period 2005-2015, includes reducing maternal and newborn mortality, as well as reducing child mortality and



*The Malalai Maternity Hospital in Kabul
Photo: UNICEF, 2010*

improving children's health. Overall, the goals of Afghanistan's Ministry of Public Health are to "develop the health sector to improve the health of the people of Afghanistan, especially women and children, through implementing the basic package of health services (BPHS) and the essential package of hospital services (EPHS) as the standard, agreed-upon minimum of health care to be provided at each level of the health system," as well as expand access to higher quality emergency care and reproductive and children's healthcare. The implementation of the current policy is expected to reduce maternal mortality to 1,264 deaths per 100,000 births by 2013, and to 800 by 2015; and to reduce infant mortality to 105 per 100,000 and under-five child mortality rate to 180 by 2013.

"With this situation, it is a long road for Afghanistan to achieve the Millennium Development Goals of reducing maternal mortality." - UNICEF Representative Catherine Mbengue (2009)

International donors and UN agencies operating in Afghanistan have committed funds towards the government's maternal healthcare goals. For example, the Rural Expansion of Afghanistan's Community-based Healthcare (REACH) is a USAID-funded grants program to expand health services, distributing over \$70 million for the provision of "primary health care to women and children in underserved areas of the country and training for midwives, doctors and nurses" (Management Sciences for Health, 2006). UNICEF also has a program on maternal healthcare in Afghanistan that helps support the national health systems already in place. According to David Koch (2009), UNICEF supports

programs “to expand antenatal care for pregnant women. They are providing increased access to skilled assistance at delivery, breastfeeding education and training for hospital staff and community health workers.” UNICEF partners with other NGOs to alleviate the maternal health crisis and to try to build the healthcare system in Afghanistan so that it can ultimately become more sustainable.

- Desired Results by 2013:**
- Percentage of deliveries attended by Specialized Birth Attendants will be increased to 40% by 2013
 - Contraceptive prevalence rate will be increased to 40% by 2013
 - Maternal mortality rate will be reduced by 21% by 2013
 - Total fertility rate will be reduced to 4.5 by 2013
 - Access to reproductive HCSs will be 90% of population by 2013
- Afghan Ministry of Public Health

The Afghan Government introduced a Health and Nutrition Sector Strategy in 2008. The strategy for reproductive and maternal health (Strategy 4.1) outlines the following:

“Health and Nutrition Sector (HNS) is committed to ensuring that development partners deliver the different components of reproductive health as an integrated package. In maternal health, the HNS is committed to increasing the accessibility of mothers and women of child bearing age to quality reproductive healthcare services, including antenatal care, intrapartum care routine and emergency obstetric care and post partum care, counseling and modern family planning services, through skilled birth attendants working with community and other healthcare workers.”

More work must also be done to expand healthcare education programs among rural women and girls to increase basic knowledge of reproductive health. Women and girls need information about their own bodies, reproductive cycles, conception, birth control, pregnancy, childbirth, prenatal care and antenatal care if they are to be empowered to better protect their

own health and the health of their children, as well as to make good choices in planning parenthood. Grassroots health education programs are also needed for men, so that they can support women to make healthy choices around family planning, pregnancy and the health needs of their children. Afghanistan’s maternal mortality rate, and the poor access of women to reproductive health services and information, will continue to deter poverty alleviation and development ambitions if it’s not addressed with urgency in government and donor planning priorities. Access to health and medicine is a human right, but in Afghanistan it’s a right that is being denied to too many women, and consequently, to

their children who are Afghanistan’s future generation.

