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The Worth of Malawian Women

A Review of the Current Status of Safe Motherhood in Malawi

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Background

Like many developing sub-Saharan countries, Malawi continues to struggle with very poor indicators of health and development. It is one of the poorest countries in the world ranked number 163 out of 173 countries in the World Bank Human Development Index (World Bank, 2002). The economy is predominantly agro-based with 70% of its exports in 2004 being tobacco, tea, and sugar.(Malawi Demographic and Health Survey (MDHS), 2004).

85% of the population is rural and 65% is defined as poor. Malawi switched from a dictatorship to a multiparty democracy in 1994 and since then there has been a marked rural to urban migration. The introduction of free primary school education has seen a marked increase in literacy rates especially among women, from 49% among women ages 15-49 in 2000 to 62% in 2004 while for men it has not been very significant, from 72% in 2000 to 79% in 2004 (MDHS, 2004). These encouraging results are yet to be reflected in improved maternal health.

This paper reviews recent reports and studies of maternal mortality in the country attempting to present them as a starting point for dialogue among providers and policy makers. The statistics are probably known to the majority professionals in the health sector . At 984 deaths per 100,000 live births, Malawi's maternal mortality ratio is among the highest in the world (MDHS, 2004).

In their 2004 report commissioned by the Task Force 4 of the UN Millenium Project entitled " Going from bad to worse-Malawi's maternal mortality- an analysis of the clinical, health systems and underlying reasons…." McCoy, Ashwood-Smith, Ratsma et. al . They concluded with recommendations that if adapted and implemented by the key stakeholders mainly the Ministry of Health, Malawi will realize a reduction in maternal mortality and be in compliance with the Millenium Development Goal number 5.

Infant and maternal mortality rates in a country are indicative of the adequacy of health services for infants and pregnant women respectively. However, there are multiple factors that determine pregnancy outcomes. These have been grouped into the three delays; delay to decide to seek care, delay to reach care and delay in receiving care once the patient has arrived at a health facility.

Reports of direct and indirect maternal deaths (table 1,2) as well as principle avoidable factors (table 3) in maternal deaths in the Southern Region of the country help illustrate these three delays.

It is disturbing to note, these results which were reported in the 2004 review commissioned by the Taskforce 4 of the UN Millenium project, that many of the deaths occur as a result of deficient hospital and health center care. In a country where the literacy rates are low, particularly among women and cultural beliefs about pregnancy and delivery still influence a woman's decision to seek care, one would assume that delay to seek care would be the major factor contributing to maternal deaths.

Table 1 Causes of 197 direct maternal dealths in Southern The Region

	Frequency	Percentage (%)
Post-partum Sepsis	62	31.5
Ruptured uterus/obstructed labour	47	23.9
Post-partum hemorrhage	25	12.7
Abortion complication	20	10.2
Eclampsia/ PET	16	8.1
Retained placenta	10	5.1
Ante-partum hemorrhage	8	4.1
Complication from C-section anesthetic mishap	5	2.5
Ecotopic Pregnancy	3	1.5
Puerperal psychosis	1	.5
Total	**197**	**100**

Source Ratsma, 2003

Table 2 Causes of 107 indirect maternal deaths in the Southern Region

	Frequency	Percentage
Anemia	28	26.2
AIDS	27	25.2
Menigitis	23	21.5
Malaria	11	10.3
Pneumonia	7	6.5
Pulmonary embolism	2	1.9
Hepatitis	2	1.9
Ascites	2	1.9
Gastro-enteritis	2	1.9
Other	3	2.8
Total	**107**	**100**

Source Ratsma 2003

Table 3 Principle avoidable factor in maternal death in Southern Region

	Frequency	Percentage
Deficient hospital care	118	52.2
Patient;s delay	48	21.2
Pregnancy contra-indicated	17	7.5
Deficient health centre care	16	7.1
None	12	5.3
Other patient- related problem	7	3.1
Transfer problem between health units	8	3.5
Total	**226**	**100**

Source: Ratsma, 2003

There are several explanations for this which include overstretched health care personnel and understaffed district hospitals and rural health centers. Lack of antibiotics, intravenous fluids and blood also contribute to the deaths. The contribution of HIV and AIDS to maternal deaths is assumed because of the high percentage of puerperal sepsis. Other studies however have demonstrated poor aseptic techniques and hygiene in both hospitals and health centers.

What does the future hold for Malawian women who should be entitled to successful pregnancy outcomes? The question will need to be answered by the major service providers. The Ministry of Health runs 65% of health facilities and the rest are run by members of the Christian Health Association of Malawi and very few are private-for-profit.

What is needed now is for government and its partners to work towards building and sustaining the capacity of health facilities and personnel to provide adequate and safe care to pregnant women, prenatally, intrapartum and postnatally. This will require prudent management of the limited human resources and supplies that the country has. The entire health system structure needs to be revamped to improve efficiency.

The government needs to lead and guarantee adequate funding for programs in maternal health interventions. Regular maternal mortality audits in health facilities should be used by administrators and health care providers to improve service provision at every level. Community awareness campaigns must be mounted to make avoidable maternal mortality unacceptable. Community based organizations and NGOs can and should partner with government in this effort. With the increase in female literacy cited earlier, there is hope that Malawian women will be able to speak for themselves or be educated enough to seek care in time. The 2004 MDHS reported an increase in the acceptance of modern methods of contraception, this too is encouraging.

The worth of Malawian women will be measured by how much the nation is willing to invest in their safety particularly during pregnancy and reproductive years. Mothers are the guardians of the nation and culture.