Workshop on Disseminating, Communicating and Using Gender Statistics in Kyrgyzstan

Bishkek, 29-31 May 2018

Sample answers: calculating and interpreting the maternal mortality ratio

Maternal mortality in Eastern Europe, Central Asia and the Caucasus, 2015[1]

Country	Number of maternal deaths	Number of live births	Maternal mortality ratio
Armenia	10	40,000	**25**
Azerbaijan	48	192,000	**25**
Belarus	5	125,000	**4**
Georgia	19	52,778	**36**
Kazakhstan	45	375,000	**12**
Kyrgyzstan	120	157,895	**76**
Rep. Moldova	10	43,478	**23**
Tajikistan	82	256,250	**32**
Turkmenistan	47	111,905	**42**
Ukraine	120	500,000	**24**
Uzbekistan	240	666,667	**36**

The country with the highest MMR in this table is Kyrgyzstan.

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[1] UNICEF (2015) estimates available from https://data.unicef.org/topic/maternal-health/maternal-mortality/

Note: **The ideas below are sample answers:** remember that there are many possible correct answers—this list is not exhaustive!

(a) What data are needed in order to calculate a maternal mortality ratio? What do you think are the sources of these data?

- Number of maternal deaths: we need sex-disaggregated data on deaths by cause.
- Number of live births: we need live births, not pregnancies (note: the total number of pregnancies gives a true indication of the population of pregnant and delivering women at risk of maternal death, but data on live births is more readily available and easier to collect, so we use this measure to ensure comparability across countries)
- Notice that we *don't* need information on the total population, or the population of women of reproductive age.
- Sources: vital registration systems (ideal source); population-based surveys (more common source in countries where vital registration is incomplete); health service statistics; census data can be used to estimate live births.

(b) Why is maternal mortality an important indicator when thinking about gender equality and the status of women?

- MMR is a simple general indicator of the overall health of a population; but more specifically it reflects the extent to which women' reproductive needs are met (or not) by the health system; this is indicative of their status within society.
- When women's status is low, their reproductive rights may not be fulfilled, resulting in repeated and poorly spaced pregnancies. This increases the probability of maternal mortality.
- Examples of barriers to maternal healthcare access and utilization arising from gender inequalities:
    o cultural and social norms restrict women's mobility which prevents them from seeking maternal health care
    o limited access to education for women results in a lack of knowledge to make informed decisions about maternal health
    o women's economic dependence on a father who might be unwilling to pay for care if reproduction is seen as a matter for the woman rather than the household
    o gender biased healthcare providers might have a negative attitude towards women which can discourage women from seeking care.
- Such barriers may lead to women seeking treatment less often or with a delay; seeking from informal providers; or self-treating.

(c) What might be some of the policy implications of a high maternal mortality ratio?

- The MMR om its own does not tell us anything about the *specific* causes of high maternal mortality.
- Policy interventions could range from improving access to obstetric care, to training health visitors and birth attendants, to more generalized improvements in primary health care provision and accessibility.
- Other interventions related to empowerment of women (beyond the realm of health) might also be necessary to ensure uptake of maternal health services.