



Topic 3: MDG 5, Improve Maternal Health

Part 1: Understanding Global Trends in Maternal Health

Aim: To interpret global trends relating to maternal health, differentiate between direct causes and contributing factors, and understand global inequality as it relates to maternal health.

Overview: Using multiple sets of data (graphs, overlay world maps) students will summarize the trends in maternal health globally. Given all of the data, students will evaluate whether factors are direct causes or contributing factors of maternal health.

Materials:

- Flash cards with country regional names. Suggest sticking cards to whiteboard with bluetac for easy movement or use of electronic whiteboard where available.
- 4 blank maps of the world printed onto transparency paper¹
- Thin permanent markers in various colours
- whiteboard or overhead projector
- Graph of Maternal Deaths per live births according to region
- Group handouts with data tables on Education, Healthcare funding, Age of Mother, Antenatal care rates among women and girls according to region

Introduction Activity:

Hand out worksheet with graph of Maternal Deaths per 100,000 live births (UNICEF 2009)².

Place flash cards with names of regions (Sub-Saharan Africa, South-Eastern Asia, Oceania, Southern Asia, Eastern Asia, Western Asia, North Africa, Latin America and the Caribbean, CIS, and Developed Regions) randomly on the whiteboard.

NB These regional groupings are based on United Nations geographical divisions. A complete list of countries included in each region and subregion is available at mdgs.un.org. You may need to do a re-cap first on what countries are included in the regional groupings.

Ask students to organize the flash cards from best to worst regions in terms of maternal death ratios. As they go, have them explain why they think places would be better/worse than others.

Are there any surprises? Can they think of some possible reasons why maternal deaths are worse in some areas?

Introduce concepts of **maternal mortality** and **reproductive health**. Maternal mortality means the death of a woman while pregnant, during or shortly after child birth. In Asia, the main direct causes include haemorrhage (bleeding), obstructed labour, anaemia (iron deficiency), and infections/sepsis.

A woman's knowledge about reproductive health and access to health services impacts upon her chances to deliver a healthy baby and survive pregnancy. In many countries, women do not receive health checks while they are pregnant, or go to the hospital to give birth. Sometimes the services are just too far away, or there are not enough trained doctors and nurses to go around.

¹ see map of the world from Get Connected- Issue 5: Global Food Crisis online resource available at: <http://www.worldvision.com.au/Learn/SchoolResources/getconnectedsupplementaryresources.aspx#Issue5>

² Data taken from UNICEF, The State of the World's Children Report 2009, *Maternal and Newborn Health* (2008), p6

Explain there are other issues which might affect a pregnant woman's survival like her nutritional status, her age and understanding about family planning.

Activity: Understanding contributing factors to Maternal Health

Place students in up to five small groups. Each group will consider a different set of data:

- Education (of women and girls, as seen by the adult female literacy rate)
- Healthcare funding
- Age of Mother
- Antenatal care
- Proportion of population living on less than \$1.25 a day

Give each group a blank world map, a handout with data corresponding to their group, and markers. The group will transfer the data on their handouts onto the map. Students will need to create a common key they will use as a class.

Small Groups discuss:

Refer back to the graph of Maternal deaths per 100,000 live births. What similarities or differences can you see between the regional distribution of maternal deaths and your data set?

When the groups have completed their maps, come together as a class. Have each group report back a summary of the data they have been given and whether they think their factor might be a contributing factor to maternal mortality. Students should justify their answers.

Lay transparent maps on top of one another one by one.

As a class discuss any patterns between the data sets and the regional distribution of maternal deaths.

Ask what appear to be the links between:

- poverty and maternal mortality?
- education and maternal mortality?
- healthcare funding and maternal mortality?
- age of mother and maternal mortality?

In which regions are women more likely to receive antenatal care? Less likely to receive antenatal care?

Suggest reasons why women in some countries are more likely to receive this attention than in others. Consider poverty and other factors.

Reflect:

- What surprised you the most? Why?
- What are the limitations of the data? (incompleteness, inaccuracy etc)
- What other information might you need to determine whether there is a direct causal relationship, or other significant contributing factors? (eg proportion of government spending on healthcare services for women, gross national income of countries, school completion rates,)

Summarise the session by discussing the worksheet, 'The facts about Maternal Health'. Emphasise that maternal health is an issue of global inequality, and is linked poverty and the way women are valued in some societies.

Part 2: Strategies to Improve Maternal Health

Aim: Students explore and evaluate strategies employed by the NGOs, international development agencies and the UN to help improve maternal health and meet MDG #5. Based on what they have learnt in Part 1 about the causes of maternal mortality and independent online research, students should be able to develop and justify strategies according to needs of women and the proposed impacts.

Overview: Students imagine they are working for a development NGO charged with meeting MDG 5. They will be given a budget of 2 million dollars to spend according to their recommendations for meeting the goal. Student will complete a grid with their plan and provide an explanation for their decisions.

Materials:

- Worksheet
- Graph of Maternal Deaths per live births according to region
- Data tables on Secondary education, Child Marriage, Age of Mother, Antenatal care rates among women and girls according to region

Introduction Activity:

Instructions for students:

You have been given \$200 to plan a small party. How much would you spend on food, venue, clothes, shoes, entertainment etc for the night? Rank the expenditures in priority order.

Give students five minutes to decide.

Compare the plans of four people. Some find clothes most important, some would spend \$ on food or venue etc. With a small budget, students must make difficult choices about what to prioritise depending on what their goal and intended impacts are.

Activity: Plan to Improve Maternal Health

Students imagine they work for a non-government aid organisation and are part of a Working Group trying to come up with strategies on Millennium Development Goal 5 - Improve Maternal Health. Pretend they have a budget of \$2,000,000 to improve maternal health in Asia and the Pacific.

Referring back to the different causes of maternal death from Part 1, students think of a plan to improve the state of maternal health with specific reference to Asia and the Pacific. Get students to complete the worksheet 'Plan to Improve Maternal Health' to record their plan. Ask: how would you allocate the funds for this project? Justify decisions according to the intended impacts.

Possible responses: Below are some of the strategies and approaches used by NGOs all over the world to tackle and address the health outcomes of women and girls:

- Education about the health risks of early child marriage.
- Training additional midwives and community health workers
- Ensuring women and adolescents have access to information about pregnancy.
- Lobbying for increased government funding for antenatal and emergency care.
- Reproductive health education for men



Case Study: Reducing maternal and child deaths in Papua New Guinea

PNG possesses some of the most rugged terrain in the world. About 80% of the population live in hard to reach areas, limiting access to health services. Air transport is often the only mode of transport.

The maternal mortality rate in PNG is 733 deaths per 100,000 live births, which is the second highest maternal mortality ratio in the Asia Pacific region. Only 53% of mothers receive delivery assistance from health workers. Of this, only 9% are attended by doctors, while 40% are assisted by nurses. Less than 35.7% of women use modern family planning methods.

Fact file

Population:	6.5 million
Population growth rate:	2.7%
GDP per capita:	US\$593

Aid posts and mobile maternal and child health patrols have declined over the past 20 years due to inadequate resources, funding, law and order problems in some areas, poor road conditions and lack of supervision and support for community health workers.

In 2002, World Vision began working on projects in remote areas of Madang Province in PNG to improve community health, water and sanitation, food security and economic livelihoods. As part of the project, one hundred and twenty village health volunteers (VHVs) from local women's groups were trained. The VHVs learnt about hygiene and sanitation, disease awareness, HIV/AIDS, pre and ante-natal care, reproductive health and nutrition. The VHVs were supported by traditional birth coordinators, made up of existing community health workers (CHWs) and midwives at health facilities.

The project involved several education initiatives. An immunisation awareness program aimed at parents was conducted to emphasise the importance of immunisation, especially for pregnant women and children. In addition, women were taught about how to keep better health records for their families.

Community leaders were also trained in governance and advocacy. After receiving the training, one farmer successfully lobbied for funding from private and government sources to build an aid (community health) post. He has since been elected as a ward member to represent his community at the local government level. The community is now building accommodation to house a community health worker who will be permanently based at the aid post.



Trainee Village Health Volunteers examining a pregnant woman in Madang Province, PNG

After 4 years the community experienced 53% increase in the number of pregnant mothers seeking antenatal care at health facilities, a 28% increase in birth deliveries at health facilities, and 84% overall increase in people seeking treatment at health facilities. Cases of malnutrition also dropped by 12%, and households applying hygienic practices increased by 45 percent.

Source: World Vision Australia and The University of Melbourne, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands (2009)

Questions

- What challenges do women face in PNG?
- In what ways has the project assisted the women?
- What are the benefits of the project for women's families and the wider community?
- Which do you think is a better approach: '**women in development**' or '**gender and development**'? Why? Why is it important to include women *and* men in solutions?

Extension Activity: Campaign to Improve Maternal Health

What should national governments and the international community be doing to address maternal health? How do you raise public awareness and change government policies about women's issues?

Students imagine they are creating their own global campaign to bring attention to maternal health.

Based on what they have learned so far on maternal health, students will design a campaign poster calling for action on maternal health. Students will come up with a plan to promote their campaign eg distribute information leaflets, run education classes in school, produce a video clip, hold a fundraising concert, write letters to politicians etc and present their campaign to the class. Students must justify their choices.

As part of the preparation, students may like research NGOs, UN agencies and/or women's organisations to find out more about campaign strategies.

List of suggested NGOs and UN agencies:

- Breakthrough
- UNICEF
- UNIFEM
- Caritas
- World Vision
- Oxfam
- IWDA
- TEAR
- CARE
- The girl effect
- Make Poverty History

Follow-up:

Students may wish to consider what steps they could take as an individual or class to join the work of a campaign or organisation working with women and development.



Jargon Busters

'Women in development' approach - an approach by aid organisations to alleviate poverty in developing countries which focus on the needs, rights, responsibilities, and opinions of women in projects.

'Gender and development' approach - an approach by aid organisations to alleviate poverty which includes the needs, rights, roles, responsibilities of women *and* men. The projects recognise that women will be unable to achieve equality in a range of areas, if men are not aware or accepting of the benefits of equal partnerships and their responsibilities.

Maternal mortality - the death of a woman while pregnant or shortly after giving birth from any cause related to pregnancy, delivery or its management. Causes may be direct as a result of complications during pregnancy, or indirect due to existing health problems.

Antenatal care - care, advice and education provided to women while pregnant by skilled health personnel.

Advocacy - active support of an idea or cause to influence change in awareness, attitudes, public policy, law, or decisions that impact directly upon people's lives.

Reproductive health - refers to the reproductive processes, functions and system at all stages of life. Includes the right of women and men to be informed about and have access to safe methods of family planning, and access to appropriate health care services to enable women to go safely through pregnancy and childbirth.

NGO - stands for Non-Government Organisation. Organisations that seek to fight poverty, protect human rights and care for the environment which are separate from national governments.