

Equity: A maternal and neonatal problem

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ABSTRACT

This paper highlights the maternal and neonatal mortality within the developing countries in Asia and South Africa to include a discussion on how maternal and neonatal mortality is a serious problem in developing nations. The study also draws strategies to reduce maternal and neonatal problem.

Key words: *Maternal and neonatal mortality, Developing countries, strategies*

In the 21st century, every child has the right to life. The international community has made great strides in improving maternal and child health, but serious problems still remain. Of 130 million children born every year worldwide, 4 million die in the 1st month of life. About 450 newborns die every hour around the world, at home, from the preventable causes [1]. Maternal mortality is equally concerning; every year, 358 thousand women around the world die during pregnancy and childbirth. Most of them die because they do not receive skilled care during pregnancy. As with child mortality, the highest rates of maternal mortality are in the developing countries in South Asia and Sub-Saharan Africa, where the risk of dying during pregnancy is 1 in 183 (compared to a rate of 1 in 4300 in developed countries) [2]. In 2000, nearly 200 world leaders gathered for the millennium summit to develop a plan to overcome poverty and to promote the development of the world's poorest countries. At the summit, the world leaders drafted eight millennium development goals (MGDs), two of which are directly related to maternal and neonatal health: MGD 4 aims to decrease child mortality and MGD 5 to improve maternal health [3].

Nearly 41% of deaths among children under 5 occur in the first 4 weeks of life (i.e. neonatal death). Approximately 3.6 million neonatal deaths occur every year, mainly from preterm complications, intrapartum-related deaths, and infections. Almost half of these deaths occur in the first 24 h of life. Achieving MDGs 4 and 5 can be accelerated if greater emphasis is placed on saving neonatal lives and reducing the global neonatal mortality rate (NMR) [3].

Many innovative and doable approaches are helping to address neonatal mortality. For example, kangaroo mother care (KMC) has proven to be effective, especially with preterm babies. One study suggests that a 51% decline in neonatal deaths in preterm babies was directly correlated with KMC in South Africa [1]. A recent

study in rural Zambia showed that “training community birth attendants in a simple newborn resuscitation protocol reduced neonatal deaths by nearly 50%” [4]. A study in rural Ghana concluded that introduction of exclusive breastfeeding, within the 1st day, can reduce neonatal deaths by 16.3% and up to 22.3% if initiated during the 1st h [5]. What is important to note about these three interventions is that they are simple, inexpensive, and achievable in rural and low-income settings.

Despite these efforts, there are gaps in international responses. Funding of maternal and neonatal programs, in developing countries, is still a problem. In Bangladesh, the health sector budget for maternal, child, reproductive, and adolescent health has been estimated to 1350 million Bangladesh Taka in 2012–2013 [6]. Acute respiratory infection is one of the leading causes of child mortality but attracts <3% of the donor fund globally. Nutrition programs are underfunded; hence, undernutrition contributes to 35% of deaths in children and a huge amount of illness in mothers [2,7]. The average level of limited breastfeeding for newborns remains unsatisfactorily low at 28% [7].

Disparities in funding, human resources, and health service delivery exist between the countries and within the countries themselves, and these disparities exist as rural versus urban and rich versus poor. The information about health-care facilities illustrates an example of top inequity in Nepal with reference to delivery in health facility (HF). The lowest, second, middle, and fourth quintiles are the people who are not delivering in HF [5].

Suggestions for the Way Forward

The health information system (HIS) of a country should be well functional and coordinated to enable them to use data for the evidence-based decision-making. Data in the HIS enlighten us about the areas that need attention. The high maternal and neonatal deaths

rates in rural areas compared to the urban, poor to rich call for urgent reforms. These reforms should include making health delivery services available in the rural areas. The training of traditional birth attendants and encouraging them to refer cases to the nearest health centers is important to reduce maternal and neonatal deaths. Governments should motivate the health workers to work in rural areas, and the source of motivation could be intangible materials such as monetary benefits or other rewarding facilities.

Targeted approaches to reduce inequity within countries are necessary; this can be done by including the rural communities in decision-making. Information should flow back to the people to increase accountability. The government and development agencies should concentrate on monitoring for improvements on equality within countries. This can be effective if supported by political will, to push the reform, and targeting the poor on the agenda. Developing countries should increase their relationships with developed countries to solicit for funds to support the quality of health care in rural areas, programs to educate the rural women to make them aware of reproductive HF. The rural women should be able to access HF which is a way of reducing maternal deaths and also neonatal deaths.

CONCLUSION

Maternal and neonatal mortality is actually a serious problem in developing countries. Much can be learned and applied from developed to developing countries to reduce maternal and NMR. Although efforts are being made to bring maternal and NMR down in Africa and Asia, inequities exist between and within the

countries. It is mentioned in this paper that MDGs 4 and 5 cannot be met without targeting the poorest of the poor; hence, there is a need for reforms in allocation of resources to target the poor and reduce the maternal and neonatal rates.

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