

MATERNAL IN HERAT PROVINCE, AFGHANISTAN MORTALITY THE NEED TO PROTECT WOMEN'S RIGHTS

A REPORT BY
PHYSICIANS
FOR
HUMAN
RIGHTS

I. Executive Summary

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This study demonstrates that women in Herat Province, Afghanistan have an extraordinarily high risk of dying during pregnancy and childbirth and the highest maternal mortality ratio in the world outside of Africa. It shows that prenatal care, maternal health care facilities and trained health care personnel are virtually non-existent in the region and it provides evidence that violations of human rights contribute to preventable maternal deaths. These factors include access to and quality of health services, adequate food, shelter and clean water, and denial of personal freedoms such as freely entering into marriage, access to birth control methods and possibly control over the number and spacing of children.

In Afghanistan, the combined effects of more than 20 years of war and persistent human rights violations, including Taliban imposed restrictions on women's rights, have had devastating health consequences for women. Just as maternal health depends on the respect of women's rights, maternal mortality can be an important indicator of the health and human rights status of women, their access to health care and the adequacy of the health care system and its ability to respond to their needs. Disparities in maternal mortality rates may also serve as important indicators of health inequality on local, national, and international levels. More than 515,000 women worldwide die annually of complications of pregnancy and childbirth and 50 million women suffer preventable adverse health complications after childbirth annually. Most of these deaths could be prevented by cost-effective health interventions.

In 1997, maternal mortality in Afghanistan was reported to be one of the worst in the world, 820/100,000. This ratio was determined by a statistical modeling method and no additional assessments of maternal mortality have been available since that time. Given recent opportunities to access populations in Afghanistan which were largely not accessible during the Taliban regime and the need to inform the reconstruction efforts underway in the country, PHR conducted a rapid, regional, population-based assessment to inform policies that may ultimately reduce preventable maternal deaths in Afghanistan.

PURPOSE OF THE STUDY

The purpose of this study was to 1) provide a rapid and accurate estimate of maternal mortality in Herat Province, Afghanistan, 2) assess violations of women's human rights that may contribute to maternal mortality, and 3) assess maternal health services in the region.

STUDY DESIGN

The study included a randomized, population-based survey of 4,486 women from 34 urban and rural villages/towns in seven of thirteen districts in Herat Province (a province with 1,094,377 people in western Afghanistan, near the Iran border). The women surveyed provided maternal mortality information on 14,085 sisters in structured interviews with local Afghan researchers.

In order to gain insight into individual experiences of health care providers and family members, PHR also conducted more detailed qualitative interviews (case testimonies).

In addition, PHR conducted a comprehensive survey of all health facilities in seven of thirteen districts of Herat Province that were sampled (see map on page vii).

SUMMARY OF FINDINGS

The findings of the study indicate that women have an extraordinarily high risk of dying during pregnancy and childbirth in Herat Province. The study also provides evidence that ensuring the rights of women may prevent such maternal deaths. The primary findings of PHR's maternal mortality survey are as follows:

Maternal Mortality Ratio:

- The maternal mortality ratio for Herat Province is 593 maternal deaths/100,000 live births.
- There were 276 maternal deaths reported among 14,085 sisters.
- Ninety-two percent of the 276 maternal deaths were reported from rural areas.

Demographics:

- The mean age of the respondents was 31 years (range 15-49).
- The majority of respondents were poorly educated with a reported average of 0.35 years of formal education.
- Eighty-eight percent of women reported they were married.

Health and Human Rights Considerations:

- Seventy-four percent of women reported their primary problems to be lack of adequate food, shelter and clean water.
- Respondents reported an average age at marriage of 15 years (range 5-39). However, the average age that respondents indicated would be a desirable age for marriage was 18 years (range 15-30).
- Most women (85%) stated that they wanted to marry at the time of their marriage, although 20% reported that they felt pressured by their family.
- Eighty-six percent of women thought they should have the right to choose a husband and enter into marriage.
- Women reported a mean 5.0 (range 0-20) pregnancies and 4.6 (range 0-18) live births. Only 11% reported having prenatal care.
- Eighty-seven percent of women reported having _to obtain permission from their husbands or male relatives to seek health care; however, only 1% of respondents related not being permitted to obtain health care.
- Less than 1% (0.83%) of women reported births that were attended by a trained health care worker.
- Ninety-seven percent reported that they had an untrained traditional birth attendant at the birth.
- Birth control methods were reportedly used by 12% of women whereas 23% of women indicated wanting birth control.
- Seventy-four percent of women stated that husband and wife made decisions about the number and spacing of children equally.

Assessment of Health Facilities and Essential Obstetric Care:

- Sixty-three percent of 27 facilities listed by WHO as functional were found to be operating.
- Only one functional comprehensive Essential Obstetric Care (EOC) facility and four basic EOC facilities existed for the province - less than half of the

recommended number of EOC facilities - and all were within a 10-30 minute drive from the center of Herat City.

- Only one district had EOC facilities that met WHO guideline standards and it was in an urban area.
- Fifteen of 19 female physicians were working at the Provincial hospital in Herat City, leaving the rest of the province without trained female health care providers.
- Fewer than half of the 17 operating facilities offered prenatal care.

Individual Interviews with Health Practitioners and Family Members Reported:

- Inadequate supply of medication and equipment are barriers to appropriate care.
- Traditional society requires that women deliver at home and obtain permission from male family members before seeking healthcare.
- Women and their families do not know the warning signs of potentially lethal conditions during pregnancy and childbirth and cannot therefore avert potential complications.
- Women often cannot afford to pay for health care services even when they know they are in danger.
- Lack of transportation from the villages impedes referrals to hospitals.
- Untrained traditional birth attendants in the villages stated they could save lives with better training and lamented their lack of capacity to deal with the most simple of complications such as infection or bleeding.

Loss of a mother causes considerable physical and emotional hardship for the families they leave behind.

Families suffered tremendously with the loss of the mother. The story told by a 60-year old widower in a village in Zendajan captures the effects of maternal mortality.

The TBA did not know what to do so she [my wife] died in a pool of blood without holding or feeding her babies. I am trying to remember if I was by her side, but the years have removed many memories. There was no doctor to help. Even if there was one, I had no money to pay a doctor or a clinic. If I had money, I was going to take her [my wife] to a clinic in the city.

The baby twins needed to be cared for so I brought them to a village woman who had milk in her breasts. One died after three months and the other at six months. I think she did not take good care of them.

Only our two year-old did not understand what happened to their mother. The rest cried for one year. After the year, I decided they needed to be distracted so I sent them to the fields to care for other people's cows. With the money that they earned, I was able to marry a second wife and give my children the chance of another mother.

Individual interviews with health practitioners and family members provided considerable insight into the problems identified in the maternal mortality survey. Dr. Mina, an obstetrician in Enjil Center Clinic, summed up the barriers to good health care for pregnant women as follows:

There is not enough prenatal and postnatal care for women. They are malnourished, cannot even get Tetanus vaccination and do not have family planning. Even if we suggest family planning, they must discuss this with their husbands and must have money to buy the medicines, which they do not.

Hospitals are culturally unacceptable; a woman has to ask permission to be evaluated by a doctor. If we could get village health workers and TBAs trained in the villages, I think women would do better. But the village health worker and TBAs need to also train the male family members, not just the women, about women's health.

Tamar, a midwife in Zendajan Center Clinic, who is 55 km from Herat City (a three hour drive on a dirt road in a four-wheel drive vehicle), sums up the obstacles that rural women face:

I deliver babies here but most are delivered in the villages, by untrained TBAs. If there is a very sick woman or a complicated pregnancy, we refer them to Herat but I do not know how many can go since it is so far from here. We have health education at the clinic including nutrition since most of the women I see are malnourished. But there are other problems. There is no sanitation in the villages, we do not have enough vaccines for women and it is really not possible to refer women to Herat because of the distance. The biggest problem is that women do not know when they should come for help and neither do the husbands, so women die at home or on a donkey on the way to Herat.

Dr. Saida, Head of the Herat Maternity Hospital and a female obstetrician trained at Kabul Medical Faculty, describes the problems she faces as a doctor in a regional hospital that is supposed to care for women from five different provinces.

We have been promised so many things and rarely do any of the promises come through. I must go across the campus to the main hospital if I want instruments sterilized. I ask my staff to roll up their sleeves to give blood to patients when the mother needs it since we have no other way of getting blood. My staff is now anemic and I cannot transfuse for a few weeks. I was trained in a time when things were so much better, now I practice "field medicine." My surgery this morning was a hysterectomy but the anesthesiologist could only use a bag to help the patient breathe.

URGENT AND LONG-TERM RECOMMENDATIONS

Three "quick start" initiatives that can be implemented immediately are listed here, followed by seven recommendations for long-term improvement of women's health. These three recommendations are not a substitute for a comprehensive public health infrastructure, or for the food, water, and housing that healthy mothers need.

Urgent Priorities

- First, the donor community should quickly provide the basic equipment needed for complicated births to local clinics and regional health centers. Almost none of them have rudimentary supplies such as intravenous

medications to control seizures, bleeding or infection; clean water; or vacuum aspirators. Providing the basic package of such materials and equipment to every facility, and training local health workers to address hemorrhage or obstructed delivery at each location, could save tens of thousands of lives every year. On an urgent basis, recruitment and deployment of trained health professionals to every Essential Obstetric Care (EOC) Facility is necessary.

- Second, the donor community and the Afghan government must recognize that even when services are available and reachable, user fees may preclude life-saving care for many women. The donor community and the Afghan government should work together to develop schemes for ensuring that life saving treatment in emergencies, including obstetric emergencies and prenatal care be available at no cost.
- Third, an initiative to train traditional birth attendants (TBAs) in rural areas should be considered by the donor community. As documented in this study, TBAs are overwhelmingly (97%) the only ones to accompany an Afghan mother in labor. However, they lack basic skills such as how to massage the uterus to expel the placenta or prevent hemorrhage—a frequent cause of death that could be prevented. Although studies in other countries have shown that training of TBAs alone does not reduce maternal mortality rates, given the situation in much of Afghanistan, training TBAs may be a useful short-term measure. TBAs and community members should be taught about common warning signs. The training should be accompanied by assessments of any results, including effects on morbidity, and should not be seen as a replacement for upgrading and increasing the number of EOCs and the number of qualified health professionals.

Long-Term Recommendations for Reducing Maternal Mortality in Afghanistan

The three initiatives above address areas where intensive investment immediately could have a dramatic impact on maternal mortality. Much more needs to be done. Physicians for Human Rights recommends that the Afghan government should make the reduction of maternal mortality a national priority and urges the development of a comprehensive plan to address it. The following recommendations for safe birthing and motherhood will take time to administer and require a long-term and sustained commitment by the Afghan government, international donors, and humanitarian aid groups.

The extraordinarily high numbers of deaths of women during pregnancy and childbirth identified in this report are largely preventable. They are a direct consequence of the very young marriage age for women and girls, poor health and nutrition, too-frequent childbearing, and virtually no access to gynecological and obstetrical services. Afghan authorities, in consultation with Afghan women's groups, civil society, health professionals and local leaders, and assisted by the international community, can and must address these barriers to maternal survival that contribute to the unacceptable death rate of Afghan women.

1. Maternal health must not be considered a second stage priority and must be integrated into a public health plan. Because of poor governance, near-constant war, and gross poverty, international humanitarian groups have largely provided health care in Afghanistan through a patchwork of projects. Many are excellent and should be maintained and enhanced, but the country requires an integrated public health plan that will comprehensively address Afghanistan's needs. Furthermore, saving the lives of the thousands of women who die during pregnancy or childbirth in Afghanistan every year literally saves the life of the family as well. Infants and young children who

lose their mothers in impoverished families languish and often die themselves.

2. Afghan women's rights must be protected and promoted. A national plan must protect and promote a wide range of women's rights (civil, political, economic, social and cultural) over a sustained period of time. This includes ratifying the Convention on the Elimination of Discrimination against Women (CEDAW or "Women's Convention") and including provisions of safe motherhood in Afghan law and health policies. The plan should be based on country-wide discussions with local religious and community leaders, Afghan women's organizations, Afghan health care providers, international humanitarian aid providers, and the Afghan government's Women's Ministry to develop a public education campaign aimed at protecting the right to enter freely into marriage, set and enforce a minimum age of marriage, and choose the timing and spacing of children. In addition, the Afghan government should establish a minimum age of consent for marriage in the constitution that is currently being amended [Article 23, ICCPR acceded by Afghanistan in January 1983]. Similarly, humanitarian assistance providers should employ a rights-based framework in their efforts to prevent maternal deaths.

Family planning services must be enhanced. In the Physicians for Human Rights study, 23% of women respondents indicated that they wanted contraception, but only 12% reported access to it. Expanding information and education about and access to birth control for women and men should be a priority of donors, humanitarian groups, the Afghan Ministry of Public Health, and Afghan civil society.

3. Women's health services must be extended and improved to meet WHO standards. One of the key underlying factors contributing to maternal mortality in Afghanistan is the near-total absence of accessible hospital services for complicated births. PHR urges that clinics and hospitals throughout the country be brought up to the World Health Organization's minimum criteria as essential obstetric care facilities, and include the supplies, equipment, and trained personnel required to handle complicated births. Such Essential Obstetric Care (EOC) facilities do not need to be sophisticated hospitals. EOC facilities can and should be accessible to the rural population. Establishing and sustaining them, along with trained health workers, in every province in collaboration with local community leaders, should be a national and international priority. The goal of donors, government and NGOs working together should be to provide the minimal number of appropriate facilities per population, as recommended by the World Health Organization. Minimal supplies, equipment and training to address hemorrhage and other complications are not prohibitively expensive. They include intravenous medications to control bleeding, seizure, and infection, and simple sterile equipment such as forceps and a vacuum extractor to aid birth and after-birth.
4. Security gaps must be addressed and security provided throughout the country. Continued internal and international conflict and lack of security throughout Afghanistan is a serious impediment to the development of health infrastructure. Physicians for Human Rights recommends that the United States and its coalition partners assist the Afghan government in providing security throughout Afghanistan, with an emphasis on securing those areas where ongoing conflict is hampering the ability of the national government and humanitarian organizations to extend health services to those most in need. PHR urges that multinational forces be deployed to areas where ethnic minorities are vulnerable to physical attacks, and where banditry and harassment by local warlords has impeded the work of local and international

humanitarian groups. Northern Afghanistan is a particularly troubled area that requires international protection. The western region of Afghanistan, where Physicians for Human Rights conducted this study, is another such area. Relief agencies have difficulty working in this area due to military control by several armed militia groups.

5. Training of women health care workers at all levels must be a priority. Physicians for Human Rights urges the Afghan government and donor community, in consultation with Afghan women's organizations, to develop a plan for training and deploying large numbers of nurse midwives and trained traditional birth attendants to under-served areas. In addition, training TBAs to recognize signs of birth complications and schooling them appropriately to refer women to clinics or hospitals is essential. Finally, the donor community, in cooperation with Afghan women's groups and medical associations, should expand the number of female medical students receiving training or retraining in women's health and obstetrics and gynecology, and subsidize their service in poor, rural areas of Afghanistan.
6. Provision of basic needs including water, food and sanitation must be expedited and targeted to least served areas and those with high maternal mortality. Lack of adequate nutrition, shelter and clean water are important contributing factors to Afghanistan's high maternal mortality ratio. In the PHR study, women identified all three as lacking. Physicians for Human Rights urges that humanitarian organizations, including non-governmental organizations and United Nations agencies integrate their programs and identify ways to upgrade nutrition and access to clean water in Afghanistan's least-served areas, including communities in Western Afghanistan, Faryab, Ghor, Baghdis, and Farah. In consultation with Afghan women, local community leadership, and traditional birth attendants, relief providers should direct supplemental food and clean water resources to areas of particularly high maternal mortality and ensure that women have access to these.
7. Assistance for women's mental health problems must be provided. A very large percentage of Afghan women suffer from major depression or other mental health problems related to trauma and/or the suffering of multiple losses in their lives. Though not the subject of this report, PHR has in previous investigations collected extensive data about widespread depression, suicidal ideation, and other serious indications of poor mental health among Afghan women. Physicians for Human Rights urges that health care providers be trained to identify the signs and symptoms of depression and other mental health problems so that those in need can be referred to trained mental health providers for assistance. Moreover, mental health programs should be integrated into humanitarian assistance, including maternal health programs.