

# **Arab Women Maternal Health Indicators**

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# **Arab Women Maternal Health Indicators**

**Where We Stand Now  
The Way Forward**

# **Maternal Health**

**Female Health related to**

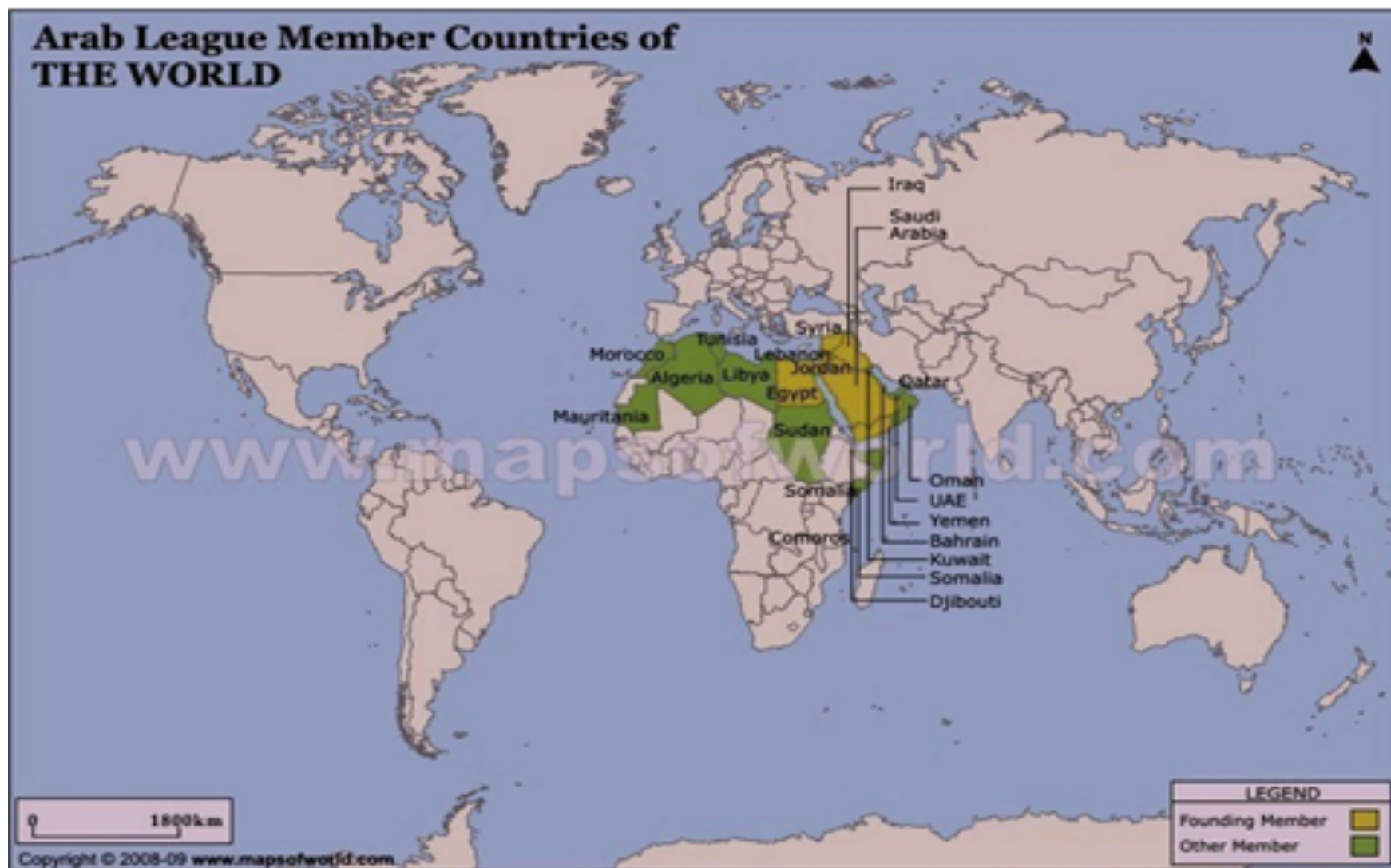
- **Child Birth ( prenatal, labour and delivery, and postnatal care)**
- **Family Planning and Infertility.**

## **Other aspects of female health**

**Disorders specific to female reproductive organs and breast.**

**Neoplastic or hormonal disorders e.g. menopause (bone health) and breast cancer, mental health and gender-differentiated access to medical treatment**

# Arab League Member Countries of THE WORLD



## Population annual growth rate (%)

Country	Value
Sweden	0.4
Canada	0.9
USA	1
Lebanon	1.1
Tunisia	1.1
Iran (Islamic Republic of)	1.2
Morocco	1.2
Oman	1.6
Djibouti	1.8
Egypt	1.8
Iraq	1.8
Pakistan	1.8
Bahrain	1.9
Libyan Arab Jamahiriya	2
Sudan	2.2
Saudi Arabia	2.4
Syrian Arab Republic	2.7
Kuwait	2.9
Somalia	3
Yemen	3
Qatar	3.1
Jordan	3.3
United Arab Emirates	3.5
Afghanistan	4

## Total fertility rate (per woman)

Country	Value
Canada	1.5
Sweden	1.8
Tunisia	1.9
Iran (Islamic Republic of)	2
USA	2.1
Kuwait	2.2
Lebanon	2.2
United Arab Emirates	2.3
Bahrain	2.4
Morocco	2.4
Qatar	2.7
Libyan Arab Jamahiriya	2.8
Egypt	3
Oman	3.1
Jordan	3.2
Syrian Arab Republic	3.2
Saudi Arabia	3.5
Pakistan	3.6
Djibouti	4.1
Iraq	4.4
Sudan	4.4
Yemen	5.6
Somalia	6.2
Afghanistan	7.2

## Life expectancy at birth (years)

Country	Total	Female	Male
Afghanistan	42	43	42
Somalia	55	56	54
Djibouti	56	58	53
Iraq	56	67	48
Sudan	60	61	59
Yemen	61	62	59
Pakistan	63	63	62
Egypt	68	70	66
Lebanon	70	72	68
Saudi Arabia	70	73	68
Iran (Islamic Republic of)	71	73	69
Jordan	71	74	69
Libyan Arab Jamahiriya	72	75	70
Morocco	72	74	70
Syrian Arab Republic	72	75	70
Tunisia	72	75	70
Oman	74	77	72
Bahrain	75	76	74
Qatar	77	77	77
Kuwait	78	79	77
United Arab Emirates	78	80	77
USA	78	80	75
Canada	81	83	78
Sweden	81	83	78

## Maternal mortality ratio (per 100 000 live births)

Country	Value
Sweden	3
Kuwait	4
Canada	7
USA	11
Qatar	12
Saudi Arabia	18
Bahrain	32
United Arab Emirates	37
Jordan	62
Oman	64
Libyan Arab Jamahiriya	97
Tunisia	100
Egypt	130
Syrian Arab Republic	130
Iran (Islamic Republic of)	140
Lebanon	150
Morocco	240
Iraq	300
Pakistan	320
Yemen	430
Sudan	450
Djibouti	650
Somalia	1400
Afghanistan	1800

# **The leading direct causes of maternal deaths in the developing countries**

- **Haemorrhage,**
- **Infection,**
- **Obstructed labour,**
- **Hypertensive disorders in pregnancy,**
- **Complications of unsafe abortion.**

**Worldwide, Maternal Death  
account for the fourth leading  
cause of death for women In the  
developing countries.**

**In many Arab countries, complications of pregnancy and childbirth (mainly at the level of prenatal care, labour and delivery) represent one of the leading causes of death among women of reproductive age.**

# **Maternal Morbidity**

- **Apart from maternal death; there are many birth-related disabilities that affect women which go untreated like injuries to pelvic muscles, organs or the spinal cord**
- **Maternal problems represent 20% of the total burden of disease for women in developing countries.**

**The majority of these deaths and morbidities should be preventable, being mainly due to insufficient or substandard care during pregnancy and delivery.**

# **Maternal health Influence child health**

**Maternal mortality directly influences infant mortality.**

**Infants are 10 times more likely to die within two years of their mothers' death.**

## Neonatal mortality rate (per 1 000 live births)

Country	Value
Sweden	2
Canada	3
Bahrain	4
Qatar	4
United Arab Emirates	4
USA	4
Oman	5
Kuwait	7
Syrian Arab Republic	7
Libyan Arab Jamahiriya	11
Saudi Arabia	11
Tunisia	13
Jordan	16
Egypt	17
Iran (Islamic Republic of)	19
Lebanon	19
Morocco	24
Sudan	27
Yemen	41
Djibouti	45
Somalia	49
Pakistan	53
Afghanistan	60
Iraq	63

# **Healthy children need healthy mothers**

**At least 20% of the burden of disease in children below the age of 5 is related to poor maternal health and nutrition, as well as quality of care at delivery and during the newborn period.**

# **Maternal Health**

## **Influence on intrauterine growth restriction and low birth weight newborn**

**Some 15 per cent of women in the Arab countries deliver babies with low birth weight.**

**These babies are 20 times more likely to die in infancy.**

## Newborns with low birth weight (%)

Country	Value%
Sweden	4
Lebanon	6
Syrian Arab Republic	6
Canada	6
Iran (Islamic Republic of)	7
Kuwait	7
Libyan Arab Jamahiriya	7
Tunisia	7
Bahrain	8
Oman	8
USA	8
Jordan	10
Qatar	10
Morocco	11
Saudi Arabia	11
Egypt	12
Iraq	15
United Arab Emirates	15
Pakistan	19
Sudan	31
Yemen	32

# **Women in The Arab Family Maternal Health Indicators**

## **Where We Stand Now**

# Women in The Arab Family

- **Fortunate Women**

**Low Maternal  
Mortality Ratio  
4/100 000**

**Low Neonatal  
Mortality Rate  
4/1000**

- **Unfortunate Women**

**High Maternal  
Mortality Ratio  
1400/100 000**

**High Neonatal  
Mortality Rate  
63/1000**

# **Why Mothers Die**

**Lack of access to skilled care during pregnancy and emergency obstetric care is the most important underlying reason for maternal death in the developing countries.**

## Antenatal care coverage - at least four visits (%)

Country	Value%
Djibouti	7
Pakistan	14
Yemen	14
Morocco	31
Syrian Arab Republic	42
Egypt	59
United Arab Emirates	59
Bahrain	61
Tunisia	63
Lebanon	76
Jordan	91

## Births attended by skilled health care personnel (%)

Country	Value%
Afghanistan	14
Yemen	20
Somalia	33
Sudan	49
Pakistan	54
Morocco	63
Egypt	74
Iraq	89
Tunisia	90
Djibouti	93
Syrian Arab Republic	93
Saudi Arabia	96
Iran (Islamic Republic of)	97
Lebanon	98
Oman	98
Bahrain	99
Jordan	100
Kuwait	100
Libyan Arab Jamahiriya	100
Qatar	100
United Arab Emirates	100
Canada	100
USA	100
Sweden	100

- **Any woman can experience sudden and unexpected complications during pregnancy, childbirth, and just after delivery.**
- **About 15 per cent of pregnancies and childbirths need emergency obstetric care because of complications that are difficult to predict.**

- **Many Arab women do not have access to the preconception, prenatal health care and health education services that they need.**
- **Instead pregnant women receive care from relatives or traditional midwives, who are often not capable of predicting risk factors or handling complications during the delivery.**

# Other factors

## That prevent women from getting the health care they need

- Distance from health services,
- Cost (direct fees as well as the cost of transportation, drugs, and supplies),
- Multiple demands on their time,
- Women's lack of decision-making power within the family.
- The poor quality of services, including poor treatment by health providers, also makes some women reluctant to use services.

# **Women in The Arab Family Maternal Health Indicators**

## **The Way Forward**

# Proposed Solutions

## Laying down the foundations for good maternal health care

- **Access to skilled medical care.**
- **Education ( girls, women, and the community)**
- **Restructure how to provide the services**

**Access to skilled medical care during pregnancy, childbirth and the first month after delivery is the key to save these women's lives and those of their children.**

**To reduce maternal and neonatal mortality and morbidity we have to make sure that a trained provider with midwifery skills is present at every birth and that a quality emergency obstetric care is accessible.**

## Nursing and midwifery personnel density (per 10 000 population)

Country	Value
Somalia	2
Djibouti	4
Afghanistan	5
Pakistan	5
Yemen	7
Morocco	8
Sudan	9
Iraq	13
Lebanon	13
Syrian Arab Republic	14
Iran (Islamic Republic of)	16
Tunisia	29
Saudi Arabia	30
Jordan	32
Egypt	34
United Arab Emirates	35
Kuwait	37
Oman	37
Libyan Arab Jamahiriya	48
Qatar	60
Bahrain	61
USA	94
Canada	101
Sweden	109

## Hospital beds (per 10 000 population)

Country	Value
Afghanistan	4
Sudan	7
Yemen	7
Morocco	9
Pakistan	12
Iraq	13
Syrian Arab Republic	14
Djibouti	16
Iran (Islamic Republic of)	17
United Arab Emirates	18
Jordan	19
Kuwait	19
Tunisia	19
Oman	21
Egypt	22
Saudi Arabia	23
Qatar	25
Bahrain	27
USA	32
Canada	34
Lebanon	36
Libyan Arab Jamahiriya	37

# **Female Education**

**Educating women and their communities has vital role for maternal health.**

- **Educating mothers greatly reduces the death rate of children under five.**

- **Educating girls at school age significantly and consistently improves their prenatal care, postnatal care and childbirth survival rates.**

- **Educated girls have higher self-esteem, are more likely to avoid infection, violence and exploitation, and to spread good health and sanitation practices to their families and throughout their communities.**

## Adult literacy rate (%)

Country	Value%
Afghanistan	28
Pakistan	49.9
Morocco	52.3
Yemen	54.1
Sudan	60.9
Egypt	71.4
Iraq	74.1
Tunisia	74.3
Syrian Arab Republic	80.8
Oman	81.4
Iran (Islamic Republic of)	82.4
Saudi Arabia	82.9
Libyan Arab Jamahiriya	84.2
Bahrain	86.5
United Arab Emirates	88.7
Qatar	89
Jordan	91.1
Kuwait	93.3

# Women in The Arab Family

- **Fortunate Women**

**Rich  
Educated**

**Low Maternal  
Mortality Ratio  
4/100 000**

**Low Neonatal  
Mortality Rate  
4/1000**

- **Unfortunate Women**

**Poor  
Uneducated**

**High Maternal  
Mortality Ratio  
1400/100 000**

**High Neonatal  
Mortality Rate  
63/1000**

# **Women in The Arab Family**

**Is it all about Money ?**

## Gross national income per capita (PPP international \$)

Country	Value \$
Yemen	920
Sudan	2160
Pakistan	2500
Djibouti	2540
Syrian Arab Republic	3930
Egypt	4690
Morocco	5000
Lebanon	5460
Jordan	6210
Iran (Islamic Republic of)	8490
Tunisia	8490
Oman	12130
Saudi Arabia	13630
Bahrain	15110
United Arab Emirates	22630
Kuwait	23080
Canada	34610
Sweden	35070
USA	44260

## Per capita total expenditure on health (PPP int. \$)

Country	Value
Somalia	18
Afghanistan	26
Pakistan	49
Sudan	54
Yemen	88
Djibouti	97
Syrian Arab Republic	110
Iraq	130
Morocco	258
Libyan Arab Jamahiriya	275
Egypt	279
Oman	390
Tunisia	477
Kuwait	490
Saudi Arabia	570
Lebanon	584
United Arab Emirates	625
Jordan	649
Iran (Islamic Republic of)	677
Bahrain	933
Qatar	1283
Sweden	3012
Canada	3419
USA	6350

## Per capita government expenditure on health (PPP int. \$)

Country	Value
Afghanistan	5
Somalia	8
Pakistan	9
Sudan	20
Yemen	37
Syrian Arab Republic	56
Djibouti	73
Morocco	94
Iraq	97
Egypt	106
Libyan Arab Jamahiriya	191
Tunisia	211
Lebanon	254
Jordan	294
Oman	332
Iran (Islamic Republic of)	378
Kuwait	378
Saudi Arabia	434
United Arab Emirates	447
Bahrain	621
Qatar	1001
Canada	2402
Sweden	2460
USA	2862

## Private expenditure on health as percentage of total expenditure on health

Country	Value%
Oman	15
Sweden	18.3
Qatar	22
Kuwait	22.8
Saudi Arabia	23.8
Djibouti	24.2
Iraq	25.6
United Arab Emirates	28.4
Canada	29.7
Libyan Arab Jamahiriya	30.5
Bahrain	33.5
Iran (Islamic Republic of)	44.2
Syrian Arab Republic	49.5
Jordan	54.7
USA	54.9
Somalia	55.2
Tunisia	55.7
Lebanon	56.5
Yemen	58.2
Egypt	62
Sudan	62.4
Morocco	63.4
Afghanistan	80
Pakistan	82.5

## Out-of-pocket expenditure as percentage of private expenditure on health

Country	Value%
Saudi Arabia	16.5
USA	23.9
Canada	48.7
Oman	64.4
Bahrain	69.2
Lebanon	74.7
Morocco	76
Jordan	76.1
United Arab Emirates	77.9
Tunisia	82.2
Qatar	87.8
Sweden	88.5
Kuwait	91.6
Iran (Islamic Republic of)	94.8
Egypt	94.9
Yemen	95.2
Afghanistan	97.4
Pakistan	98
Sudan	98.3
Djibouti	98.4
Iraq	100
Libyan Arab Jamahiriya	100
Somalia	100
Syrian Arab Republic	100

## Private prepaid plans as percentage of private expenditure on health

Country	Value%
Afghanistan	0
Libyan Arab Jamahiriya	0
Somalia	0
Syrian Arab Republic	0
Egypt	0.2
Djibouti	1.6
Sweden	1.6
Iran (Islamic Republic of)	4.4
Jordan	7.4
Kuwait	8.4
United Arab Emirates	10.4
Bahrain	12.8
Oman	14.7
Tunisia	16.2
Lebanon	21.3
Morocco	24
Canada	43
Saudi Arabia	50.1
USA	66.3

# Conclusions

**Arab countries represent heterogeneous mix with diverse maternal health care indicators . Some of the Arab countries has high slandered health care indicators while others need a great deal of improvement.**

**Improving maternal health automatically improves neonatal and infant health care and this is reflected on neonatal and infant mortality and morbidity ratios.**

**Providing professional skilled medical care to the mother before , during and after delivery is the cornerstone to reduce maternal and neonatal mortality and morbidity.**

**Female education is a key factor to improve social and medical welfare of the women and it is of crucial importance if we need to improve maternal and neonatal outcomes.**

**Developed countries has better health care indicators but they differ in their indices due to the way they design their health care system.**

**Providing Good Health Care costs money**

**However**

**It is not how much we spend but it is  
rather how we spent the money in our  
health care system.**

## **References**

**World health statistics 2008**

**The WHO Core Health Indicators database May 2008**

**UNICEF Maternal Health Database**

**Thank You**

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