

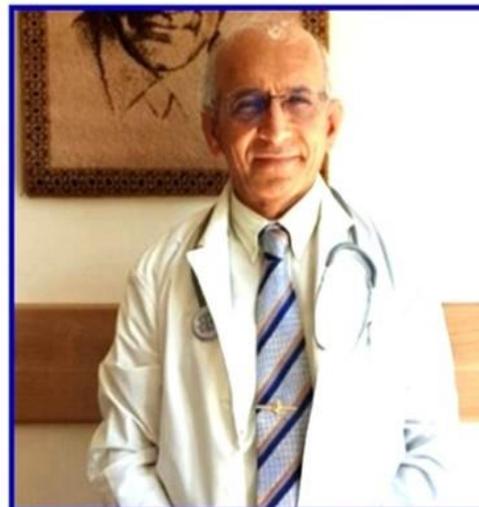
# Social groups under risk from the point of MCH (*Maternal & Child Health*)

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- What could be more tragic than a mother losing her life in the moment that she is giving life to her newborn?
- Poverty** is the #1 factor for MCH problems.
- Disease burden of MCH -*morbidity and mortality*- can be prevented almost 90%.

*Phase 3 lecture, 2022 - 2023*

*academic year, spring semester*

*31st Jan. 2023, Ankara - TURKIYE*

# Learning objectives....

At the end of this lecture, students are expected to \_\_\_\_\_ :

- ❖ Define vulnerable social groups from the maternal & child health (MCH) point of view..
- ❖ *Explain the handicapped social groups for burden of MCH morbidity and mortality.*
- ❖ Clarify the mutual relationship between **poverty** and MCH problems.
- ❖ *Understand the high level cost- effectiveness of MCH public health services.*
- ❖ Gain necessary knowledge about dimensions of worldwide MCH problems including Turkiye
- ❖ *Develop professional responsibility for fighting against social inequalities for MCH area..*
- ❖ Learn basic social, economic, cultural factors affecting MCH problems & disease burden.
- ❖ *Conceptualise social determinants of health over disease burden (morbidity/mortality) of MCH*

# Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period-1

Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.

*Although important progress has been made in the last two decades, about 295 000 women died during and following pregnancy and childbirth in 2017. This number is **unacceptably high**.*

The most common *direct causes* of maternal injury and **death** are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour as well as *indirect causes* such as anemia, malaria, and heart disease.

<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

# Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period-2

Most **maternal deaths** are preventable with timely management by a skilled health professional working in a supportive environment.

Ending **preventable maternal death** must remain at the top of the global agenda.

At the same time, simply surviving pregnancy and childbirth can never be the marker of successful maternal health care. It is critical to expand efforts reducing maternal injury and disability to promote health and well-being.

Every pregnancy and birth is unique. Addressing **inequalities** that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring .

<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

# Key facts about MCH-1

Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.

***Between 2000 and 2017, the maternal mortality ratio (MMR, number of **maternal deaths** per 100,000 live births) dropped by about 38% worldwide.***

94% of all maternal deaths occur in low and lower middle-income countries.

***Young adolescents (ages 10-14) face a higher risk of complications and **death** as a result of pregnancy than other women.***

Skilled care before, during and after childbirth can save the lives of women and newborns.

<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

# Key facts about MCH-2

## *Maternal mortality is unacceptably high.*

About 295 000 women died during and following pregnancy and childbirth in 2017.

The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been **prevented**.

Sub-Saharan Africa and Southern Asia accounted for approximately 86% (254 000) of the estimated global **maternal deaths** in 2017.

Sub-Saharan Africa alone accounted for roughly two-thirds (196 000) of **maternal deaths**, while Southern Asia accounted for nearly one-fifth (58 000).

<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

# Key facts about MCH-3

For most of our history, pregnancy and childbirth were dangerous for both baby and mother. If we look at long-term trends in maternal mortality -the likelihood a woman will die from pregnancy-related causes- we see that every 100th to 200th birth led to the mother's death.

Improvements in healthcare, nutrition, and hygiene mean maternal deaths are much rarer today.

**But women are still dying from pregnancy-related causes that are preventable.**

The WHO estimates that more than 300,000 women died from pregnancy-related causes in 2015, 830 women every day. Global maternal deaths by region. 2/3 -201,000- occurred in Sub-Saharan Africa. 22% - 66,000- occurred in South Asia.

This is partly attributed to the fact that many more babies are born in Asia and Africa than in other regions. But it is also largely the result of the much higher maternal mortality rates found in lower-income countries.

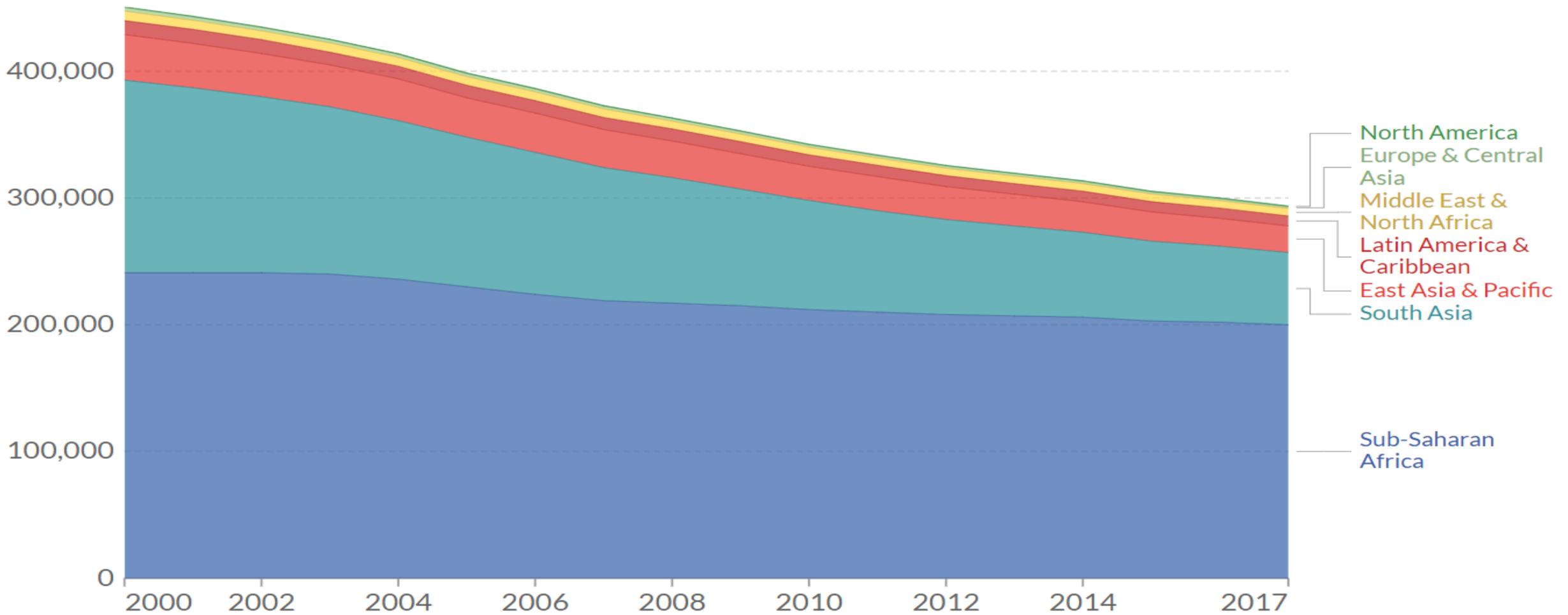
***Per birth, a woman in Nigeria is more than 200 times more likely to die in pregnancy or childbirth than a woman in Sweden.***

<https://ourworldindata.org/maternal-mortality>

# Number of maternal deaths by region, 2000 to 2017

A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

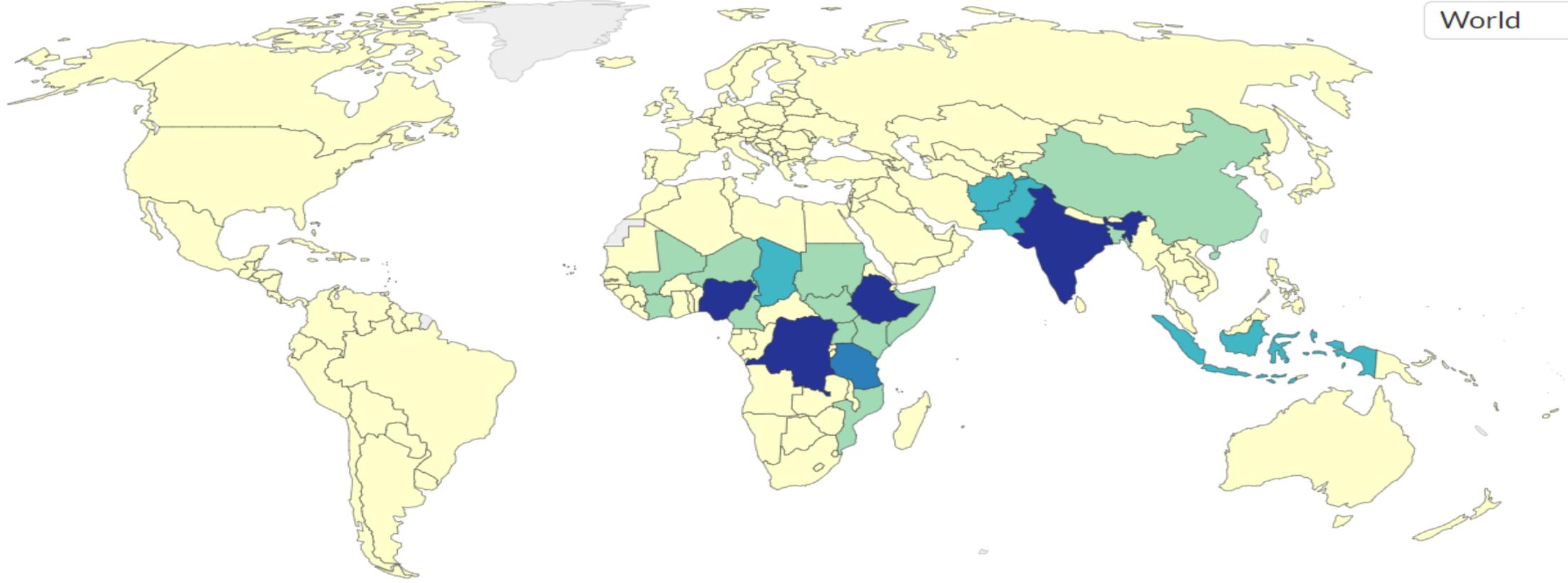
□ Relative



# Number of maternal deaths, 2017

The number of women who die from pregnancy-related causes.

World



Source: World Health Organization (via World Bank)

[OurWorldInData.org/maternal-mortality](https://OurWorldInData.org/maternal-mortality) • CC BY

Note: A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy. Included are deaths from any cause related to or aggravated by the pregnancy but not from accidental or incidental causes.

2000

Subscribe

2017

# For Improving public health

Improving public health is a key component of the **MDGs**—both directly, in the aspirations to improve *child health and maternal health* and to combat HIV/AIDS, and also indirectly through strategies for *raising educational standards, promoting gender equality, and seeking environmental sustainability*—all of which will improve the health of populations.

*Oxford Textbook of Public Health 6th ed. p. 1573*

# Ensure healthy lives and promote well-being for all at all ages: **MDG #3**

Ensuring healthy lives and promoting well-being at all ages is essential to *sustainable development*. Currently, the world is facing a *global health crisis* unlike any other - **COVID-19** is spreading human suffering, destabilizing the global economy and upending the lives of billions of people around the globe.

[https://pacificfilmfoundation.org/good-health-3?qclid=CjwKCAiAsNKQBhAPEiwAB-15zWD9vJDVil7MzAVhqwBJ6zRPuhhuQiTHWVcbYSbRpR1PR49FVpdL6BoCnt8QAvD\\_BwE](https://pacificfilmfoundation.org/good-health-3?qclid=CjwKCAiAsNKQBhAPEiwAB-15zWD9vJDVil7MzAVhqwBJ6zRPuhhuQiTHWVcbYSbRpR1PR49FVpdL6BoCnt8QAvD_BwE)

# Bankruptcy or poverty!?

Major progress has been made in improving the health of millions of people. *Maternal and child mortality rates* have been reduced, life expectancy continues to increase globally, and the fight against some infectious diseases has made steady progress. In the case of other diseases, however, progress has slowed or stalled, including global efforts to eradicate **malaria** and **tuberculosis**. Far too many deaths occurred because trained health workers or routine interventions, such as **immunizations**, were not available. In fact, *at least half the World's population, many of whom suffer financial hardship*, are still *without access to essential health services*. In rich and poor countries alike, *a health emergency can push people into bankruptcy or poverty.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>



RICH MOTHER, POOR MOTHER:

# THE SOCIAL DETERMINANTS OF MATERNAL DEATH AND DISABILITY

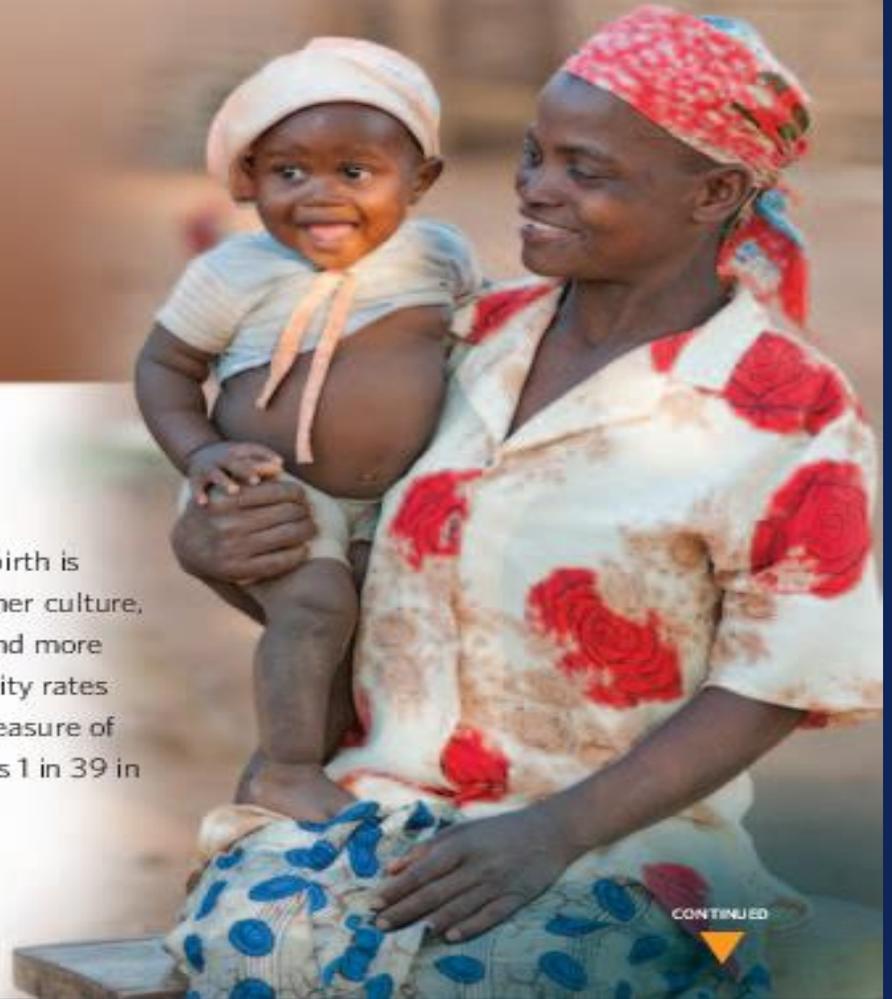
*Updated with technical feedback December 2012*

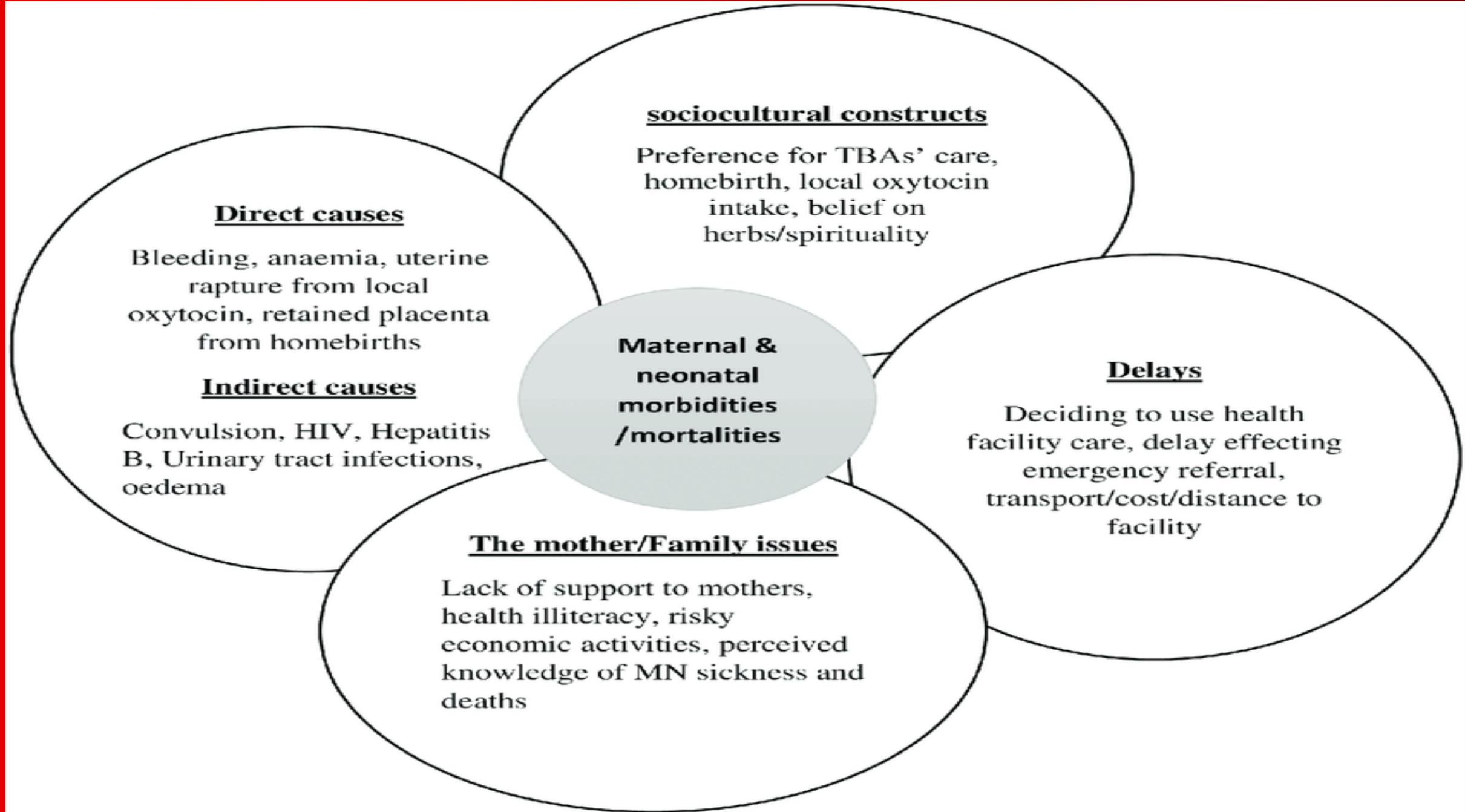
## Introduction

A woman's chance of dying or becoming disabled during pregnancy and childbirth is closely connected to her social and economic status, the norms and values of her culture, and the geographic remoteness of her home. Generally speaking, the poorer and more marginalized a woman is, the greater her risk of death. In fact, maternal mortality rates reflect disparities between wealthy and poor countries more than any other measure of health.<sup>1</sup> A woman's lifetime risk of dying as a result of pregnancy or childbirth is 1 in 39 in Sub-Saharan Africa, as compared to 1 in 4,700 in industrialized countries.<sup>2</sup>

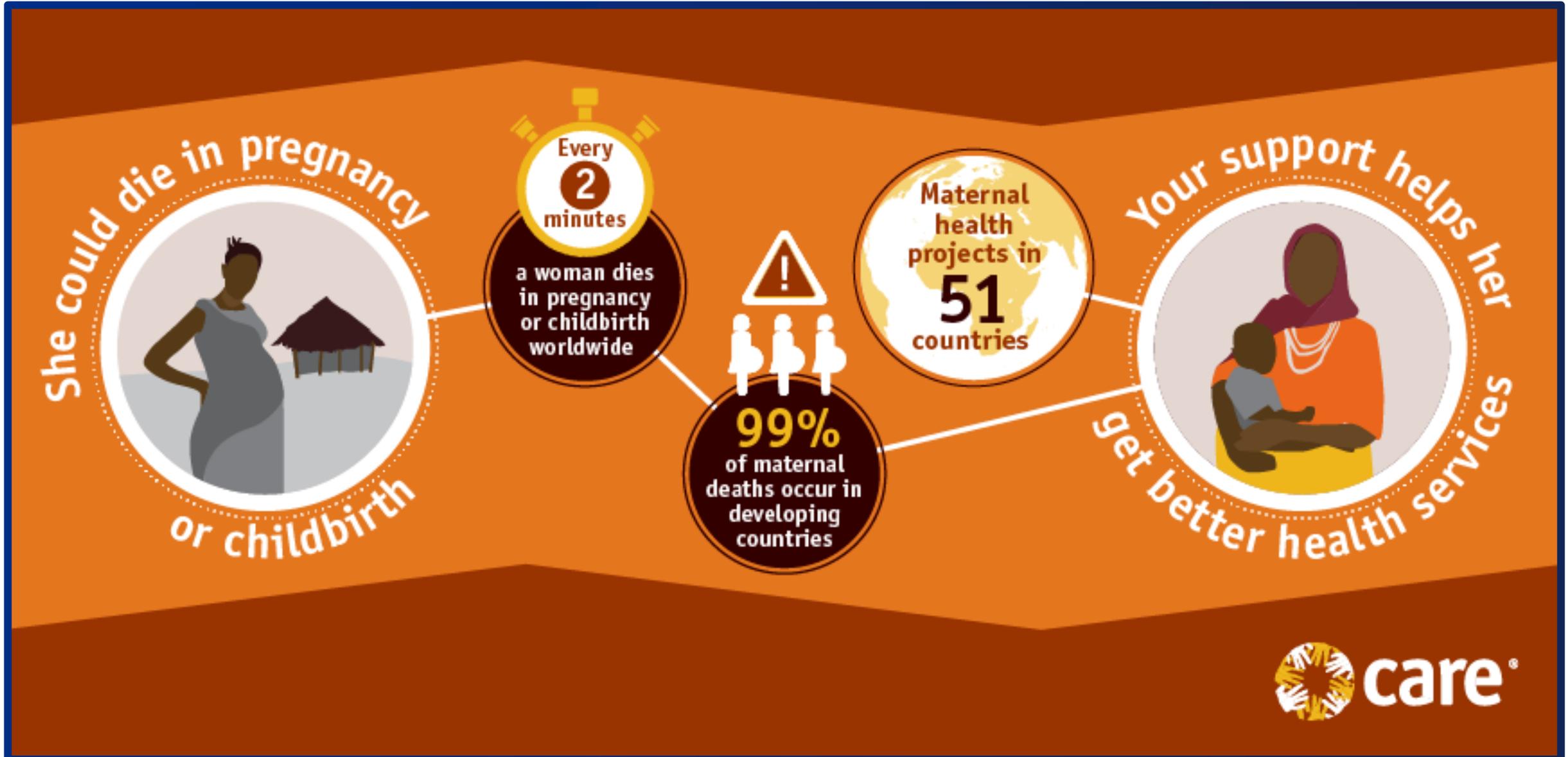
**1** [www.unfpa.org](http://www.unfpa.org)

CONTINUED





# Pregnancy and childbirth shouldn't be a game of chance



# Why invest in MCH?

The case for investment in maternal health is compelling.

*In addition to the proven effectiveness and cost-effectiveness of many maternal health care interventions, there are numerous benefits in addition to the maternal lives saved.*

Most maternal interventions also directly benefit newborn babies in terms of **reduced mortality and morbidity**.

*A maternal life saved also benefits older children.*

Children whose mothers die have been suggested to be at three to ten times greater **risk of death** than those with living parents.

[https://www.sciencedirect.com/science/article/pii/S0140673606693835?casa\\_token=nXh-t5najkoAAAAA:NHTMdOUv2-muErnRS1KT57Q5l-jg0rBbrpTURy2gSoR0pjphnyTomcVqnTPJnd4N9i6mibbluUs#bib2](https://www.sciencedirect.com/science/article/pii/S0140673606693835?casa_token=nXh-t5najkoAAAAA:NHTMdOUv2-muErnRS1KT57Q5l-jg0rBbrpTURy2gSoR0pjphnyTomcVqnTPJnd4N9i6mibbluUs#bib2)

# Why invest in MCH?

Investment in maternal health also has valuable equity benefits, since differences in maternal mortality mirror the ***huge discrepancies between rich and poor*** people both within and between countries. **Poor people** are especially ***vulnerable during pregnancy***; they have ***less access*** to cash and live further away from health facilities, limiting the health care options available to them. Addressing **maternal health** therefore contributes to global and national efforts ***to alleviate poverty***. Strategies to improve ***safe motherhood*** will also achieve wider health service improvement. Indeed, ***maternal health indicators*** have been used to trace the performance of health systems in terms of ***access by poor people***, **gender equity**, and ***institutional efficiency***. As a result, investment in maternal health services is likely to have positive effects health service delivery in general.

[https://www.sciencedirect.com/science/article/pii/S0140673606693835?casa\\_token=nXh-t5najkoAAAAA:NHTMdOUv2-muErnRS1KT57Q5l-jg0rBbrpTURy2qSoR0pjphnyTomcVqnTPJnd4N9i6mibbluUs#bib2](https://www.sciencedirect.com/science/article/pii/S0140673606693835?casa_token=nXh-t5najkoAAAAA:NHTMdOUv2-muErnRS1KT57Q5l-jg0rBbrpTURy2qSoR0pjphnyTomcVqnTPJnd4N9i6mibbluUs#bib2)

# Achieving Universal Health Coverage-UHC

**Concerted efforts** are required on these and other fronts to achieve universal health coverage and *sustainable financing for health*; address the growing burden of non-communicable diseases, including mental health; and tackle antimicrobial resistance and environmental factors contributing to ill health, such as air pollution and the lack of safely managed water & sanitation, and **MCH!**

<https://unstats.un.org/sdgs/report/2019/goal-03/>



# Every child deserves the chance to live a healthy and secure life

- ❑ 19,000 children younger than age 5 die every day.
- ❑ More than 7 m children will die before their 5th birthday this year.
- ❑ More than 70% of **under-5 deaths** occur within the first year of life.
- ❑ A child dies from malaria every 60 seconds.
- ❑ Nearly all of these deaths occur in poor countries.
- ❑ *And almost every one of them can be prevented.*

<https://www.careinternational.org.uk/fighting-poverty/improving-health/child-health>

# Data and Statistics by CDC

- ❑ CDC's Division of **Reproductive Health** (DRH) monitors *maternal and infant mortality*, the most serious reproductive health complications.  
In addition, attention is focused on gathering data to better understand the extent of *maternal and infant morbidity*, adverse behaviors during pregnancy, and long-term consequences of pregnancy.
- ❑ **Public health surveillance** is the ongoing systematic collection, analysis, and interpretation of outcome-specific data for use in public health practice.
- ❑ The **public health approach to problem solving** includes using surveillance data to identify problems and assess the effectiveness of interventions.
  - ❑ Without *accurate and timely data*, public health programs suffer.

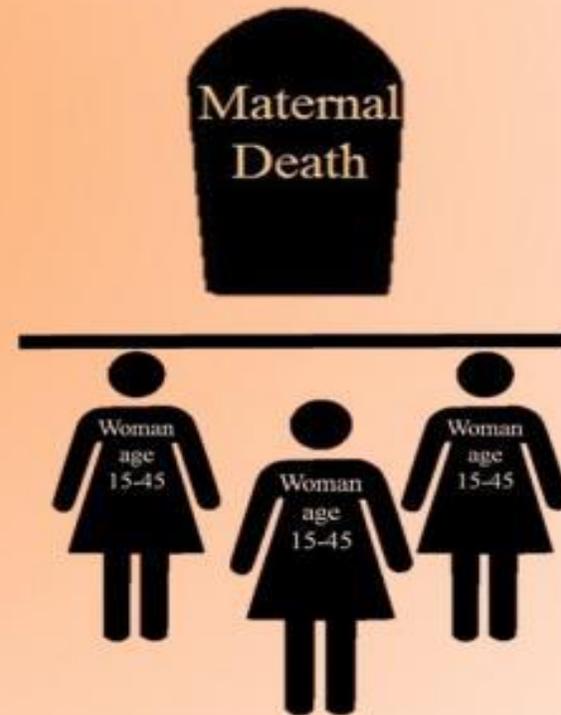
[https://www.cdc.gov/reproductivehealth/data\\_stats/index.htm](https://www.cdc.gov/reproductivehealth/data_stats/index.htm)

# Maternal mortality rate:

the number of maternal deaths in a given period per population of *women who are of reproductive age*

**Numerator:** Maternal deaths

**Denominator:** Women of reproductive age



Population Research Institute: pop.org

# Maternal Mortality Rate

**Reflects health care access and socioeconomic factors; it includes maternal deaths resulting from causes associated with pregnancy and puerperium (during and after childbirth).**

**Maternal mortality rate** (per 100,000 live births, including multiple births) =

$$\frac{\text{Number of deaths assigned to causes related to childbirth}}{\text{Number of live births}} \times 100,000 \text{ live births (during a year)}$$

**NCHS**

National Center  
for Health Statistics

# 2018 MATERNAL MORTALITY RATE

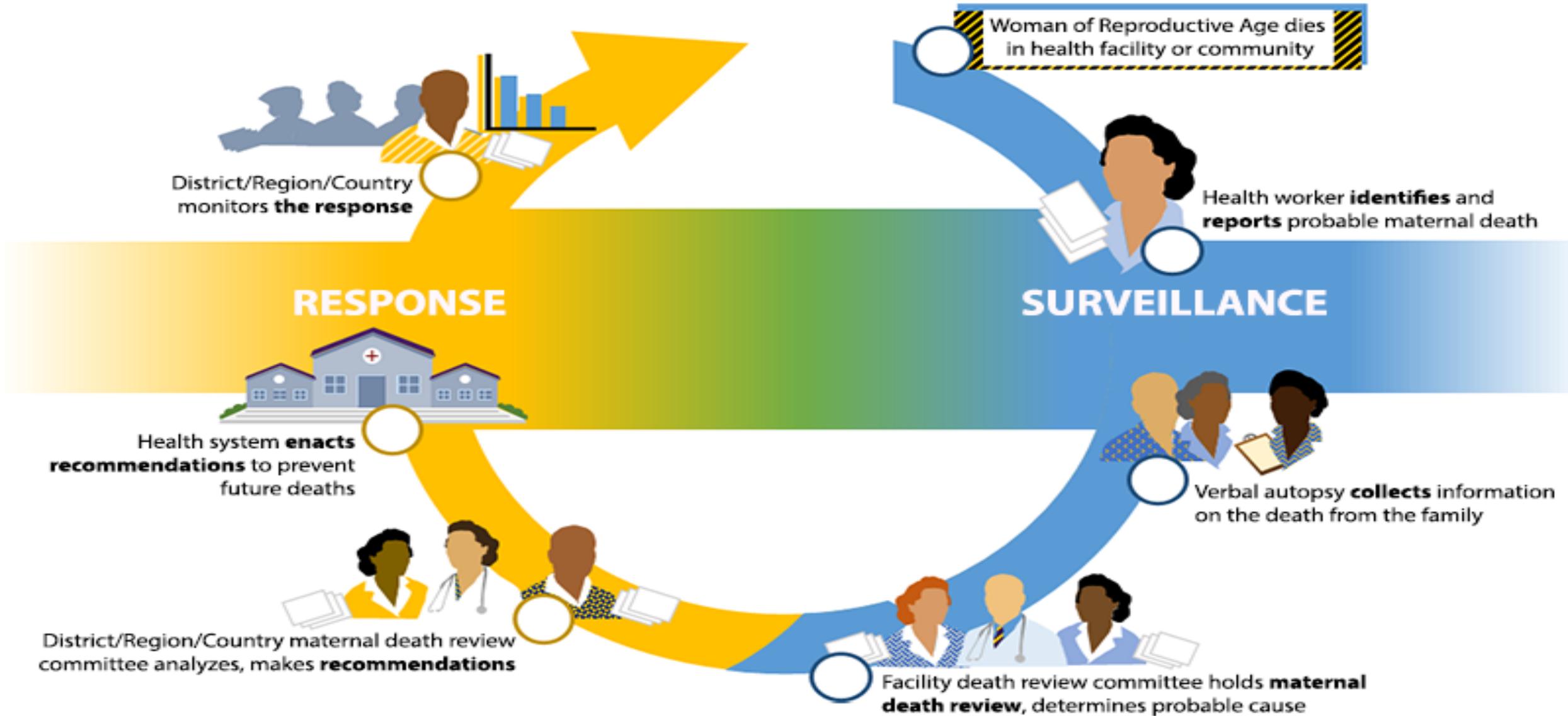


**17.4** deaths  
per 100,000 LIVE BIRTHS

SOURCE: National Center for Health Statistics. National Vital Statistics System.  
For more information, visit <https://www.cdc.gov/nchs/maternal-mortality/>.

CS313784





# All pregnancies are basically risky!

In conclusion, the potential risk factors of maternal mortality include **nutritional status, state of anemia, history of illness, age, ANC examination, delivery method, late referral, occupational status, and pregnancy complications**, which is specifically the most dominant factor.

The prevention of pregnancy complications is actually possible through **early detection**, conducted by **regular and quality examinations**, especially for **high-risk pregnancies**. This is one of the programs practiced in the **Public Health Center**, although in a simple way, due to the fact that **all pregnancies are basically risky**, hence early intervention is important for everyone.

Sulis Diana, Chatarina Umbul Wahyuni, and Budi Prasetyo. Maternal complications and risk factors for mortality. *J Public Health Res.* 2020 Jul 3; 9(2): 1842. Published online 2020 Jul 3. doi: 10.4081/jphr.2020.1842

# Child Mortality Rates: definitions

## Neonatal Mortality Rate (NNMR):

Number of deaths during the first 28 days of life per 1,000 live births

## Infant Mortality Rate (IMR):

Number of deaths during the first year of life per 1,000 live births

## Under-five mortality rates:

Number of deaths during the first five years of life per 1,000 live births

# *Maternal ill health & deaths*

Despite significant progress in *maternal health*, in 2017, nearly 300,000 women died from complications relating to pregnancy and childbirth. Over 90 % of them lived in low- and middle-income countries.

For every woman who died, countless others suffered acute and even lifelong consequences of *maternal ill health*.

<https://unstats.un.org/sdgs/report/2019/goal-03/>

*Maternal mortality could be prevented through early detection, including the period preceding pregnancy.*

**Women of childbearing age are faced with extreme *uncertainties*.**

# Maternal deaths are preventable

The majority of **maternal deaths** are preventable through appropriate management and care, including *antenatal care* by trained health providers, assistance during delivery by skilled health personnel, and care and support in the weeks after childbirth.

However, progress has slowed in recent years. Continued investment and attention are needed to reach the global target of fewer than 70 maternal deaths per 100,000 live births by 2030, which could save more than one million lives over the course of a decade.

<https://unstats.un.org/sdqs/report/2019/goal-03/>

# Maternal morbidity and mortality

Ensuring that all births are assisted by skilled health professionals is not only critical to reducing **maternal morbidity and mortality**, but also to reducing **stillbirths**, morbidity and death among newborns. Based on the latest data from 2013 to 2018, 81 % of all births globally took place in the presence of skilled health personnel, a significant increase from 69 % from 2006 to 2012.

*In sub-Saharan Africa, where 2/3 of the world's **maternal deaths** occur, only 60 % of births were assisted by skilled attendants. Projections show that substantially more resources will be required just to maintain current coverage rates in Africa, due to population growth.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# Maternal morbidity and mortality

Complications during pregnancy and childbirth are a leading cause of death among *adolescent girls in developing countries*.

□ The risk is highest for girls under 15 years of age.

Globally, the *adolescent fertility* rate declined from 56 births per 1,000 adolescent girls in 2000 to 45 in 2015 and 44 in 2018.

However, the **adolescent fertility** rate remained high in sub-Saharan Africa at 101 births per 1,000 adolescent girls in 2018.

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# About Infant Mortality / Rate (IM/ IMR)

**Infant mortality** is the death of an infant before his / her 1st birthday.

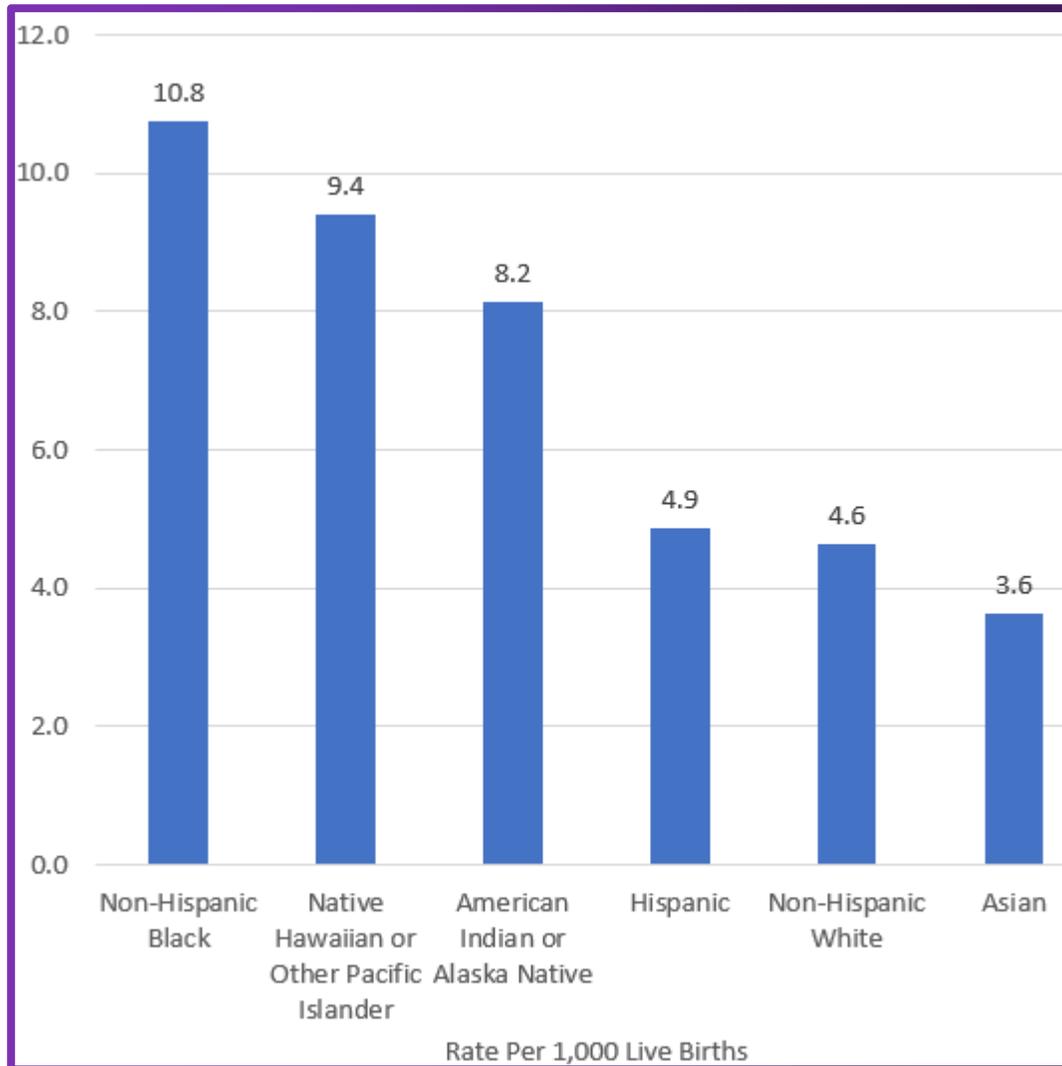
□ *The IMR is the number of infant deaths for every 1,000 live births.*

✓ In addition to giving us key information about maternal and infant health, the IMR is an important marker of the overall health of a society.

❖ In 2019, the IMR in the US: 5.6 deaths per 1,000 live births.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

# Infant Mortality Rates by Race and Ethnicity, USA/2018



## CDC Activities

*CDC is committed to improving birth outcomes.*

This requires **public health** agencies working together with health care providers, communities, and other partners to reduce **infant mortality** in the US.

*This joint approach can help address the social, behavioral, and **health risk factors** that contribute to **infant mortality** and affect birth outcomes.*

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

# If the SDG target for under-5 mortality is met;

➤ **The lives of an additional 10 million children will be saved by 2030..**

Remarkable progress has been made in child survival worldwide, and millions of children under 5 years of age are more likely to survive today than in 2000.

The ***under-5 mortality rate*** has fallen by 49 % from 77 in 2000 to 39 deaths in 2017.

The total number of under-5 deaths dropped from 9.8 million in 2000 to 5.4 million in 2017. Half of those deaths occurred in sub-Saharan Africa, and another 30 % in Southern Asia. Almost half (2.5 million) of the total number of **under-5 deaths** took place in the 1st month of life-the most crucial period for child survival.

The global neonatal mortality rate fell from 31 deaths per 1,000 live births in 2000 to 18 deaths in 2017-a 41% reduction. <https://unstats.un.org/sdqs/report/2019/goal-03/>

# Remarkable progress has been made in *child survival*

Remarkable progress has been made in *child survival* worldwide, and millions of children under 5 years of age are more likely to survive today than in 2000. The **under-5 mortality rate** has fallen by 49% from 77 deaths per 1,000 live births in 2000 to 39 deaths in 2017. The total number of under-5 deaths dropped from 9.8 million in 2000 to 5.4 million in 2017.

<https://unstats.un.org/sdgs/report/2019/goal-03/>



# Under-5 deaths and child survival

*Half of those deaths occurred in sub-Saharan Africa, and another 30 % in Southern Asia. Almost half (2.5 million) of the total number of **under-5 deaths** took place in the 1st month of life, the most crucial period for **child survival**. The global **neonatal mortality** rate fell from 31 deaths per 1,000 live births in 2000 to 18 deaths in 2017, a 41% reduction.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>



# Under-5 deaths and child survival

***Under-5 and neonatal mortality*** declined in all regions, with the fastest progress in regions where levels were highest.

Yet stark ***disparities*** persist across regions and countries. In 2017, 118 countries already had an ***under-5 mortality rate*** below the target of 25 deaths per 1,000 live births.

<https://unstats.un.org/sdgs/report/2019/goal-03/>



# Potential Risks for Under-5 deaths and..

*However, progress will need to accelerate in about 50 countries, mostly in sub-Saharan Africa, to meet the target by 2030.*

*If this is achieved, the lives of an additional 10 million children under 5 years of age will be saved. Many of these deaths could be prevented through interventions such as **vaccinations**, exclusive **breastfeeding**, proper **nutrition**, appropriate treatment of common childhood **infections**, as well as reductions in **air pollution** and access to safely managed **drinking water and sanitation**.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# Immunization is the most cost-effective..

- ❑ *Immunization* is widely recognized as one of the world's most successful and cost-effective health interventions, saving millions of lives. In 2017, 116.2 million children were immunized, the highest number ever reported. At the same time, pockets of low coverage have led to **outbreaks of measles and diphtheria**, resulting in many deaths, a clear demonstration of the importance of reaching **full coverage**. <https://unstats.un.org/sdgs/report/2019/goal-03/>
- ❑ Global vaccination continues to decline in 2021 with 25 million children missing out on lifesaving vaccines, 2 million more than in 2020, and 6 million more than in 2019. [Vaccination and Immunization Statistics - UNICEF DATA](#) 30.1.23

# Measles Immunization and no outbreak!

- ❑ *2 doses of the **measles**-containing vaccine (MCV) are required to prevent the disease and the illness, disability and death caused by associated complications; such as **pneumonia, SSPE** etc.*
- ❑ *Coverage by the 2nd dose (MCV2), given during the 2nd year of a child's life or upon school-entry age, increased from 15 % in 2000 to 59 % in 2015 and 67 % in 2017. This progress, while dramatic, is still insufficient to prevent **measles outbreaks**.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# The pneumococcal conjugate vaccine (PCV)

- ❑ *The pneumococcal conjugate vaccine (PCV) has the potential to significantly reduce deaths in children under 5 years of age.*
- ❑ *Globally, coverage by PCV has made steady advances since it was introduced, but has yet to reach 50 %.*
- ❑ *Many countries, including middle-income countries that have limited access to international **financial support**, are lagging behind because their current health budgets may not be sufficient to cover the costs without **external support**.* <https://unstats.un.org/sdgs/report/2019/goal-03/>

# Lapses in environmental health as major contributors to **illness and death**

*Inadequate water, sanitation and hygiene* is linked to 60 % of the disease burden from **diarrhoea**, 100 % of the burden from infection through soil-transmitted helminths (parasitic worms), and 16 % of the burden owing to **malnutrition** (“burden” is understood as being the impact of a health problem as measured by financial cost, mortality, morbidity or other indicators).

*These 3 conditions led to a total of 870,000 deaths in 2016. This large **disease burden** could be significantly reduced if safely managed **drinking water** and **sanitation** services were universally available, and **good hygiene** practices ...*

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# Ambient air pollution increase the risk of cardiovascular and respiratory diseases

Both household and ambient air pollution increase the risk of cardiovascular and respiratory diseases, and are major risk factors for non-communicable diseases. Exposure to household air pollution, mainly due to polluting fuels and technologies for cooking, led to around 4 million deaths in 2016. *Health risks from this type of pollution are particularly high among women and children, (MCH!) who typically spend the most time around the stove.*

**Ambient air pollution** from traffic, industry, power-generation, waste-burning and residential fuel combustion resulted in around 4.2 million deaths in 2016.

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# Ambient air pollution increase the risk of cardiovascular and respiratory diseases

- ❖ *Strengthening **primary health care** and achieving health for all requires an adequate workforce that is motivated, supported and available where needed.*
- ❖ Sadly, this is far from the reality. Available data from 2013 to 2018 indicate that close to 40 % of all countries have fewer than 10 medical Dr.s per 10,000 people, and around 58 % of countries have fewer than 40 **nursing** and **midwifery** personnel per 10,000 people. This is only a slight improvement from 2010 to 2015.

<https://unstats.un.org/sdgs/report/2019/goal-03/>

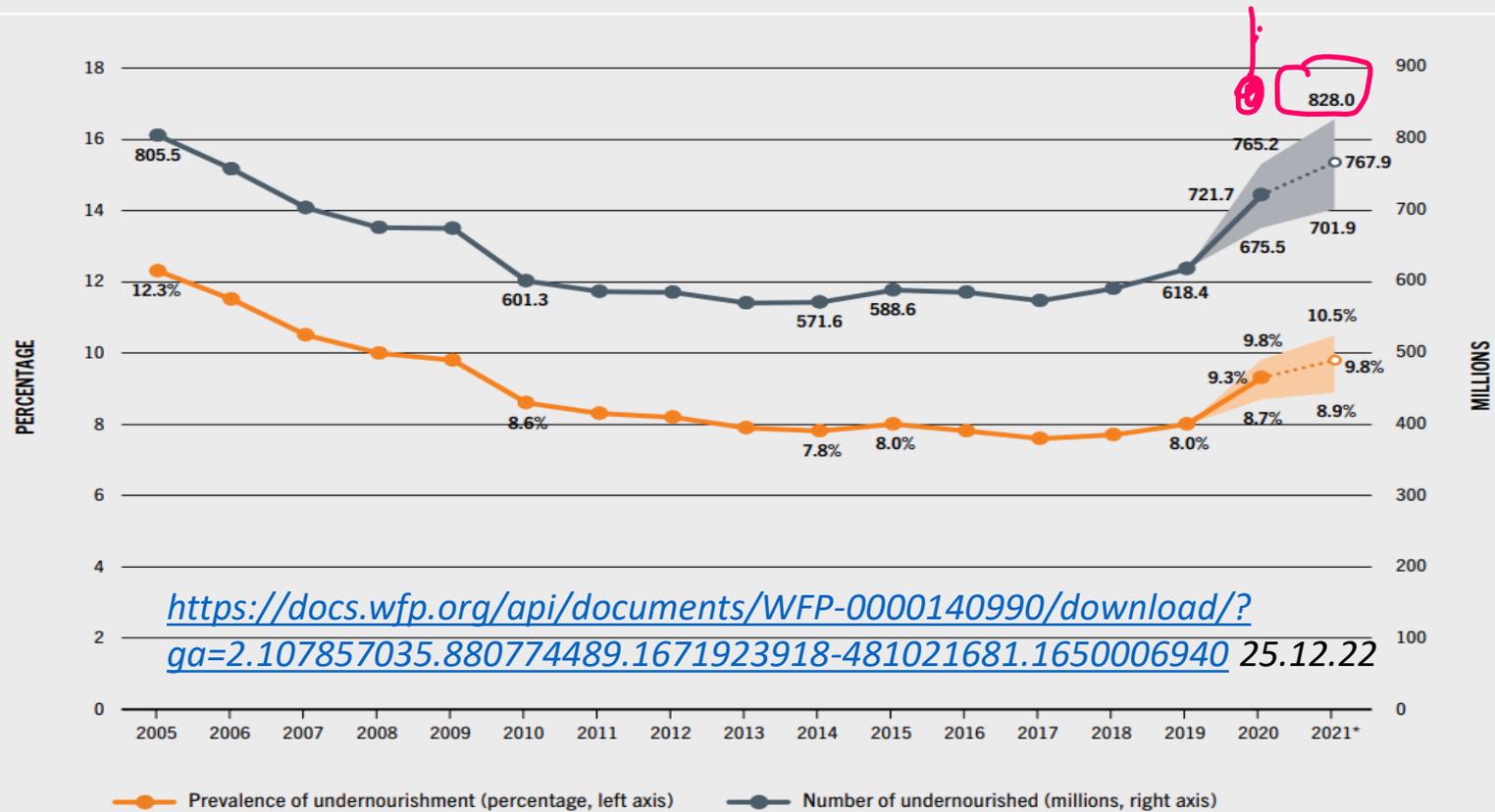
# Strengthening primary health care and achieving health for all (HFA by 2030)

- ❖ Evidence shows that health workers are unevenly distributed across the globe and even within countries. Not surprisingly, regions with the highest **burden of disease** have the lowest proportion of health workers to deliver services.
- ❖ *All of the least developed countries have fewer than 10 medical doctors per 10,000 people, and 98 % have fewer than 40 nursing and midwifery personnel per 10,000 people. It is estimated that around 18 million additional health workers will be needed globally by 2030 to ensure healthy lives for all.*

<https://unstats.un.org/sdgs/report/2019/goal-03/>

# The number of people suffering from hunger is on the rise!

**FIGURE 2** BETWEEN 702 AND 828 MILLION PEOPLE IN THE WORLD FACED HUNGER IN 2021. CONSIDERING THE MIDDLE OF THE PROJECTED RANGE (768 MILLION), HUNGER AFFECTED 46 MILLION MORE PEOPLE IN 2021 COMPARED TO 2020, AND A TOTAL OF 150 MILLION MORE PEOPLE SINCE 2019, BEFORE THE COVID-19 PANDEMIC



# When is a woman in Kigoma Region, Tanzania more likely to use family planning?

When she believes that contraception –

- is safe and effective
- benefits the family

When the clinic is less than 2 km from her home

When the clinic has –

- at least 5 contraceptive methods available
- trained family planning providers
- privacy and confidentiality
- electricity, running water, and toilet



Family planning programs can help women who want to delay pregnancy by providing –

- information on healthy pregnancy spacing
- contraceptive services close to where women live

Financial support for The Maternal and Reproductive Health in Tanzania Project was provided through the CDC Foundation with a grant from Bloomberg Philanthropies. Project evaluation was conducted by the Centers for Disease Control and Prevention / Division of Reproductive Health.

Read the article here:  
<https://bit.ly/2YMt1HV>



# How many women could we save from dying in pregnancy or childbirth?



What's wrong with her? Accessing modern family planning service?



## Safe motherhood

Family planning

Antenatal Care

Obstetric care

Postnatal care

Abortion care

STD/HIV control

Communication for behaviour change

Primary Health Care

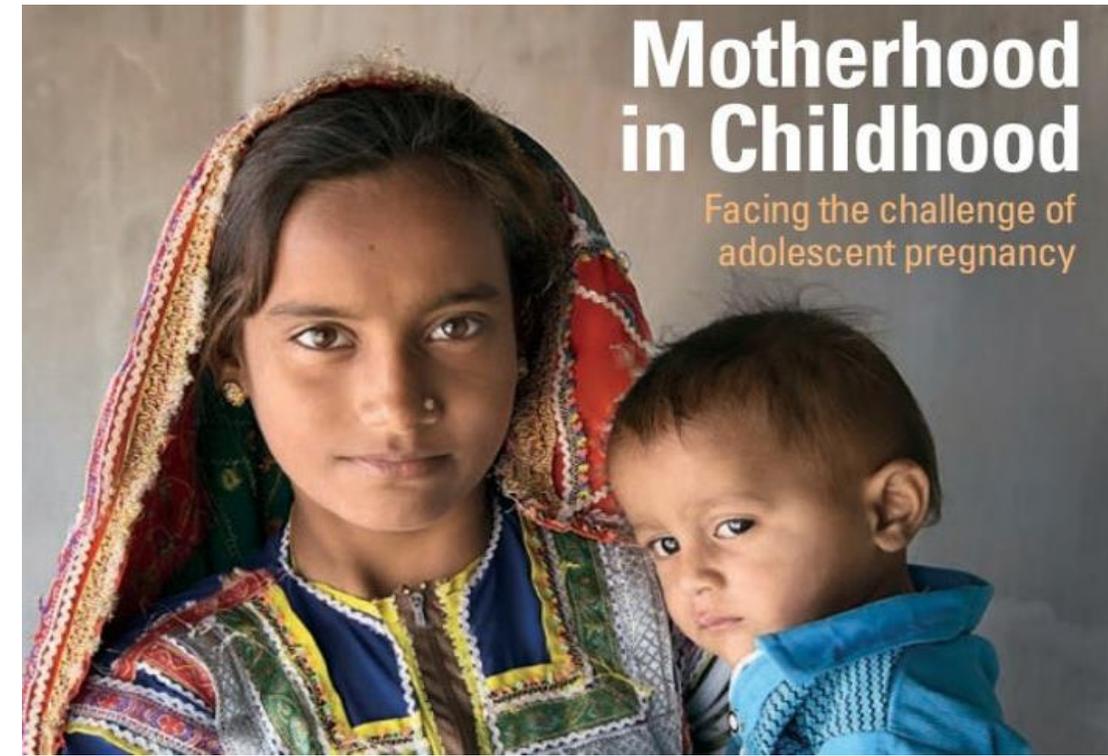
Equity for Women



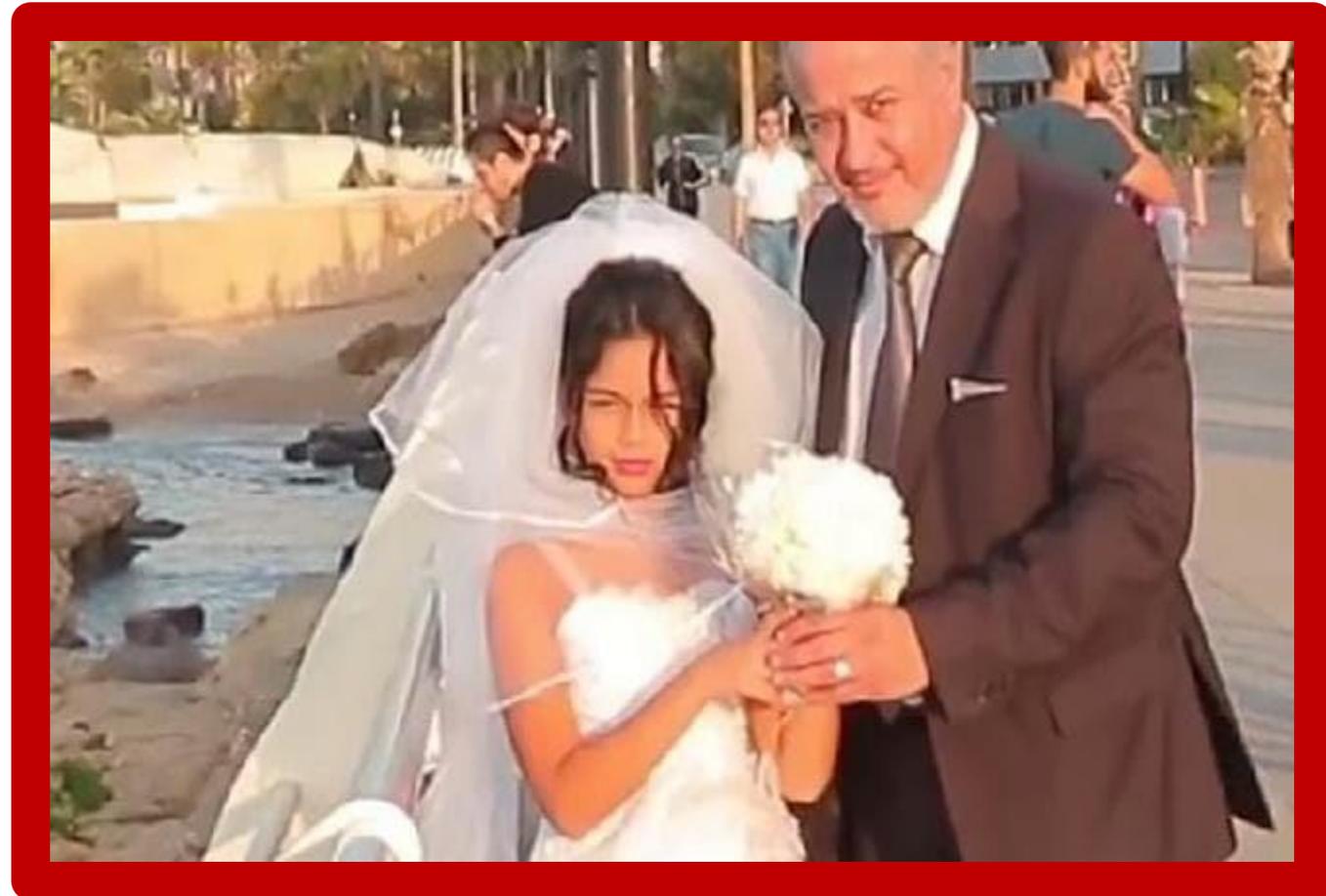
«**OCTOMOM**»  
(Delivered 8 babies in 1 pregnancy!)  
*Nadya Suleman*

# Motherhood in Childhood

Facing the challenge of adolescent pregnancy



*No way for child brides & mothers!*



31.01.2023

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**Any QUESTIONS?  
or COMMENTS??**

*f o r*

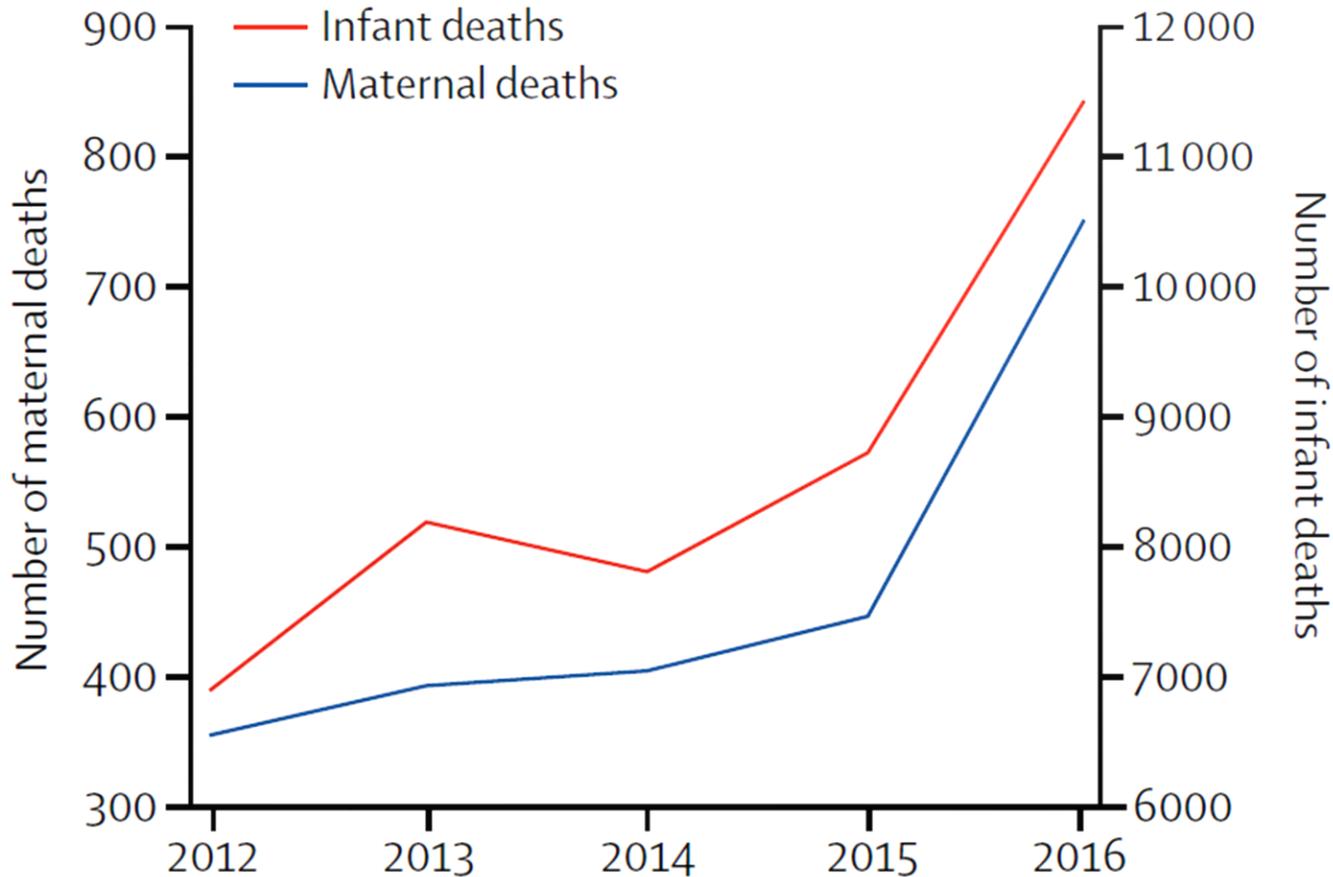
*Thank you  
for joining..*



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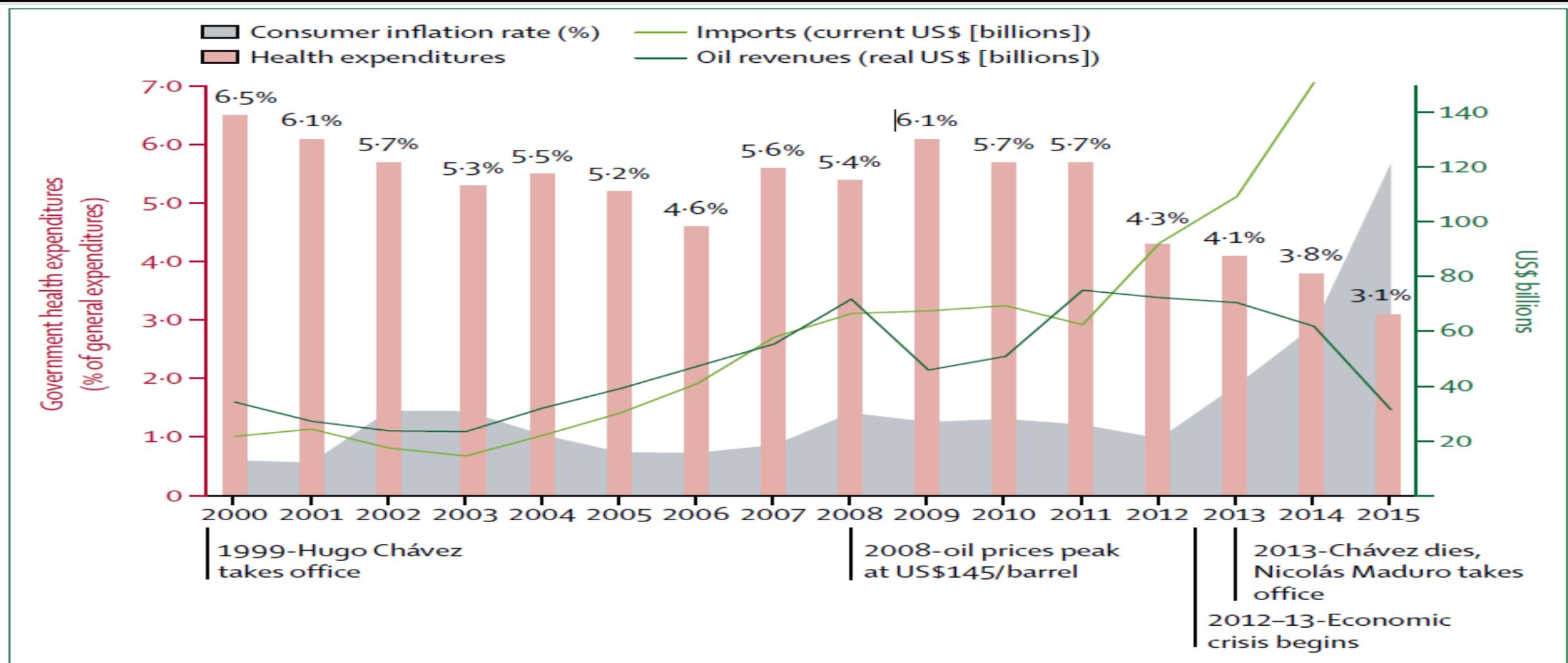
Infant deaths	7009	8273	7904	8812	11466
Maternal deaths	370	406	418	457	756

**Figure 2: Maternal and infant mortality in Venezuela, 2012–16**<sup>14-16</sup>

## Healthcare infrastructure

Since 2012, Venezuela's health system has had a progressive loss of operational capacity that began to intensify in 2017.<sup>10</sup>

The health system decline, which is due to a combination of factors, including the shortage of medicines and basic health products, lack of utilities (eg, water), and emigration of health personnel, has affected access to health care and medication throughout the country as well as the capacity of emergency services and outbreak response.<sup>2</sup>



**Figure 1: Timeline of government health expenditures, annual consumer price inflation, imports, and oil export revenue, 2000–17**  
 Data are from World Bank health, import and inflation indicators;<sup>3</sup> Energy Information Administration oil revenue data.<sup>4</sup>

**Venezuela’s public health crisis: a regional emergency**, Published Online, March 11, 2019, [http://dx.doi.org/10.1016/S0140-6736\(19\)30344-7](http://dx.doi.org/10.1016/S0140-6736(19)30344-7)  
 Kathleen R Page\*, Shannon Doocy\*, Feliciano Reyna Ganteaume, Julio S Castro, Paul Spiegel, Chris Beyrer