

## Goal 5: Improve Maternal Health

In the Asia and Pacific region, **maternal mortality** can range from as low as 1 in Hong Kong, China to as high as 1,800 in Afghanistan per 100,000 live births; in many other economies, less than 150 women die in childbirth. There is fairly strong evidence that maternal mortality ratios are reduced when a **trained health worker is present**. In around 60% of the economies for which data are available, the percentage of married women practicing **contraception** has increased.

### Introduction

Goal 5 has two targets:

- 5.A: *Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.* This ratio is calculated as the number of deaths in child birth per 100,000 live births. It is not yet possible to assess progress toward this target because data for earlier and more recent years are not sufficiently comparable for a number of economies. A related indicator is the number of births that are attended to by a health worker who has been trained to conduct deliveries and care for newborns.
- 5.B: *Achieve, by 2015, universal access to reproductive health.* These services should cover advice on contraceptive methods and family planning, antenatal care, and advice on transmission of HIV/AIDS and other sexually transmitted diseases. This is a new target introduced in the revised MDG framework.

### Key Trends

Figure 5.1 shows the number of maternal deaths per 100,000 live births in 2005. Afghanistan has an extremely high ratio of 1,800. Of the five most populous economies, the People's Republic of China (PRC) has by far the lowest ratio: 45 per 100,000 live births in 2005. Bangladesh, India, Indonesia, and Pakistan all have maternal mortality ratios well above 300 per 100,000 live births. Other economies showing relatively high mortality ratios over 500 were Cambodia, Lao PDR, and Nepal.

The richer economies of Brunei Darussalam; Hong Kong, China; Republic of Korea; Singapore; and Taipei, China reported less than 15 maternal deaths per 100,000 live births, with Hong Kong, China having the lowest ratio of 1. Many other economies also report ratios of less than 150 maternal deaths per 100,000 live births.

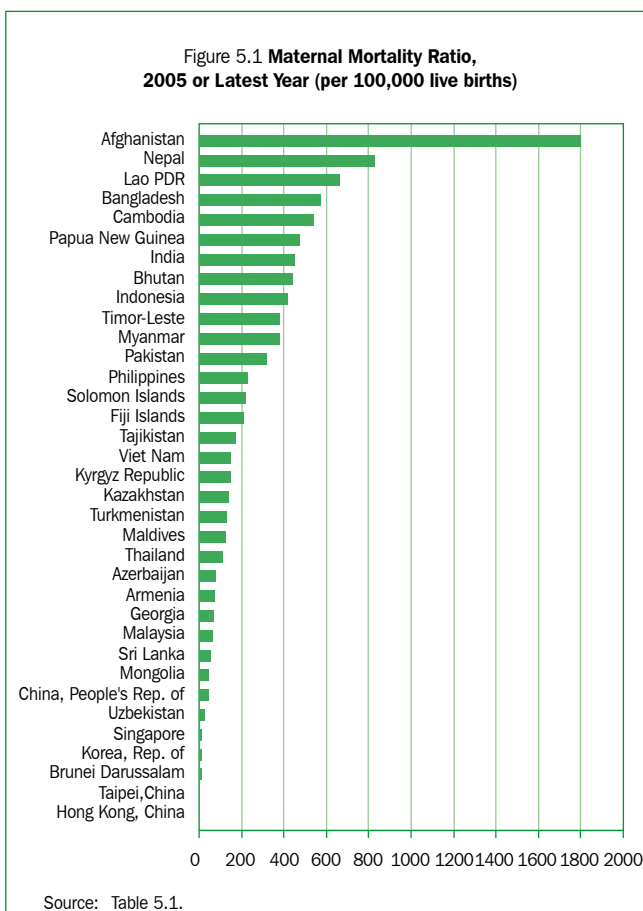


Figure 5.2 shows that in the latest year for which data are available, skilled health personnel assisted in 90% or more of child births in 26 of the 44 economies; of these, 16 economies reported that 99–100% of births were professionally attended. Of the five most populous economies, the PRC reported that 98% of births were professionally attended. For Indonesia, the figure was 66%. The others were much lower: Pakistan 54%, India 47%, and Bangladesh 20%, which is one of the lowest in the region.

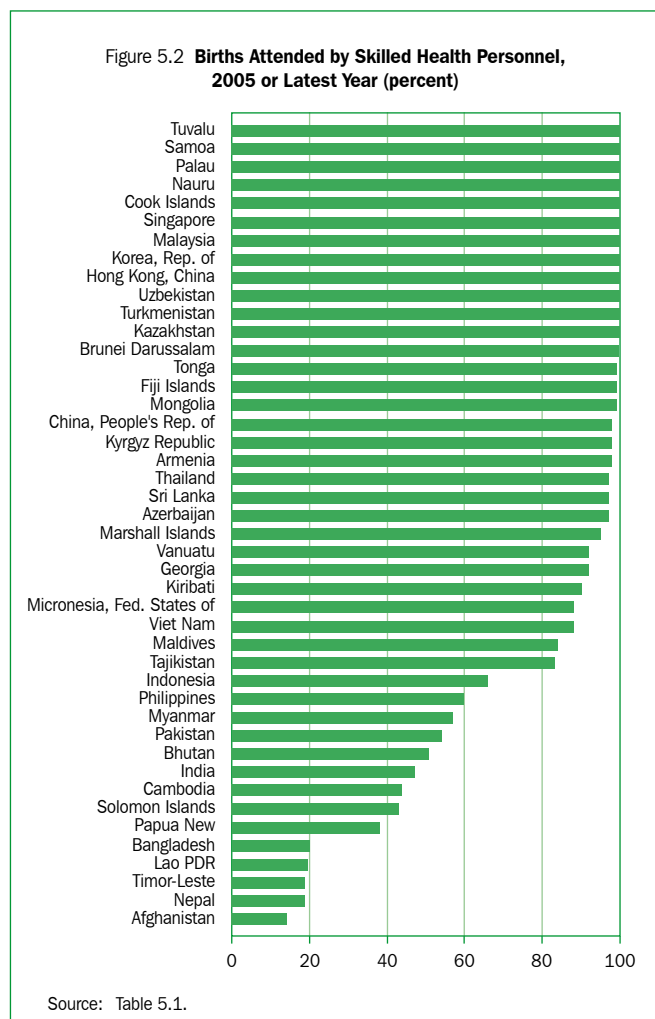


Figure 5.3 plots maternal deaths per 100,000 live births against the percentage of births attended by skilled health personnel for 33 economies that have data for both variables for recent years. (The dates of the two variables are fairly close but not identical.) The linear regression suggests that over 80% of the variation in maternal mortality ratios between economies is explained by whether or not skilled health personnel are in attendance.

The regression results also suggest that maternal mortality ratios fall by around seven per 100,000 live births for every percentage point increase in the percentage of births attended by skilled health personnel.

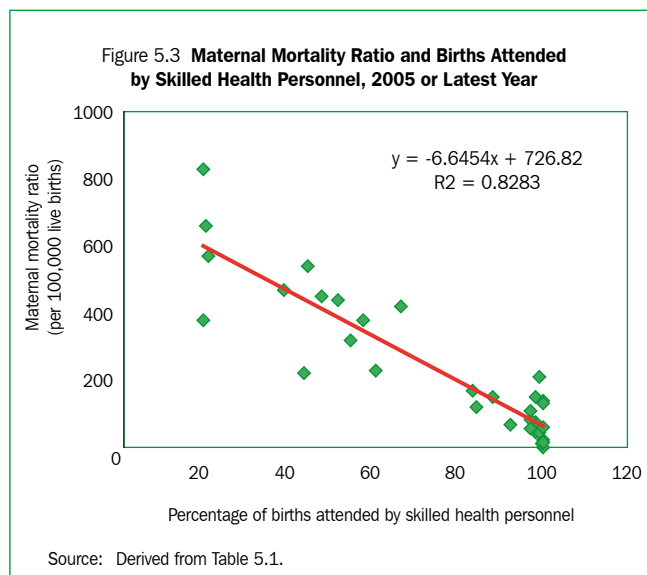


Figure 5.4 shows the prevalence of contraceptive methods among married women aged 15–49 years for 32 economies. This indicator is a proxy for access to reproductive health services. In around 60% of the economies, the percentage of married women practicing contraception has risen. There have been particularly sharp rises in Afghanistan, Cambodia, and Nepal. Substantial increases were also reported by Bhutan and Lao PDR; likewise, positive growth was observed in 14 other economies. Some of this may be associated with AIDS awareness campaigns focusing on condom use. In general, therefore, there appears to have been an increase in the number of women who have access to reproductive health services, which is Target 5.B under this goal.

In 13 economies, however, the percentage of married women using contraceptive methods has fallen, although the decreases are quite insignificant in Hong Kong, China; Philippines; Singapore; and Thailand. In four Pacific economies—Cook Islands, Solomon Islands, Timor-Leste, and Tonga—the falls have been larger.

Figure 5.4 **Average Annual Growth in Contraceptive Prevalence Rate among Married Women Aged 15–49 Years, Earliest Year and Latest Year (percent)**



Source: Derived from Table 5.2.

### Data Issues and Comparability

The most reliable information on maternal mortality comes from vital registration records or other administrative sources. In many developing economies, however, registration records are not well maintained, with many births taking place at home rather than in clinics, and many not being attended to by trained health workers. Mortality ratios for these economies are based on household surveys of varying reliability. Unfortunately, it is not possible to calculate the progress of many economies toward achieving the target because the maternal mortality ratios are not comparable, having been estimated using different methodologies for earlier years.

Information on contraceptive methods is obtained from health and demographic surveys of households. In many economies, discussion with strangers about reproductive issues is discouraged, hence survey results may be unreliable.

## Goal 5 Targets

Table 5.1 **Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**

	5.1 Maternal Mortality Ratio <sup>a</sup> (per 100,000 live births)		5.2 Proportion of Births Attended by Skilled Health Personnel (percent)	
	2000	2005	1995	2005
<b>Developing Member Countries</b>				
<b>Central and West Asia</b>				
Afghanistan	1900	1800	...	14 (2003)
Armenia	55	76	93	98
Azerbaijan	94	82	100	97 (2006)
Georgia	32	66	96 (1999)	92
Kazakhstan	210	140	99 (1999)	100 (2006)
Kyrgyz Republic	110	150	98 (1997)	98 (2006)
Pakistan	500	320	19 (1991)	54 (2006)
Tajikistan	100	170	81	83
Turkmenistan	31	130	...	100 (2006)
Uzbekistan	24	24	98 (1996)	100 (2006)
<b>East Asia</b>				
China, People's Rep. of	56	45	89	98 (2006)
Hong Kong, China	2 (2001)	1 (2007)	...	100 (2006)
Korea, Rep. of	20	14	100 (1997)	100 (2006)
Mongolia	110	46	...	99
Taipei, China	12	7	...	...
<b>South Asia</b>				
Bangladesh	380	570	14	20 (2006)
Bhutan	420	440	15 (1994)	51
India	540	450	42 (1999)	47 (2006)
Maldives	110	120	...	84 (2004)
Nepal	740	830	9 (1996)	19 (2006)
Sri Lanka	92	58	...	97 (2000)
<b>Southeast Asia</b>				
Brunei Darussalam <sup>b</sup>	37	13	99 (1999)	100
Cambodia	450	540	...	44
Indonesia	230	420	43 (1997)	66 (2003)
Lao PDR	650	660	7 (1994)	19 (2001)
Malaysia	41	62	81 (1998)	100
Myanmar	360	380	46 (1991)	57 (2001)
Philippines	200	230	56 (1998)	60 (2003)
Singapore	30	14	100 (1998)	100 (2006)
Thailand	44	110	85	97 (2006)
Viet Nam	130	150	77 (1997)	88 (2006)
<b>The Pacific</b>				
Cook Islands	...	...	100 (1998)	100
Fiji Islands	75	210	99 (1998)	99
Kiribati	56	...	85 (1998)	90
Marshall Islands	74 (2002)	...	95 (1998)	95 (2002)
Micronesia, Fed. States of	83 (1992)	...	93 (1999)	88 (2001)
Nauru	...	...	...	100 (2003)
Palau	...	...	100 (1998)	100 (2006)
Papua New Guinea	300	470	47 (1997)	38
Samoa	29 (2001)	...	100 (1998)	100 (2004)
Solomon Islands	130	220	85 (1999)	43 (2003)
Timor-Leste	660	380	...	19 (2003)
Tonga	78 (2000)	...	...	99 (2004)
Tuvalu	...	...	99 (1997)	100 (2002)
Vanuatu	96 (1998)	...	89	92
<b>Developed Member Countries</b>				
Australia	8	4	99 (1998)	100 (2004)
Japan	10	6	100 (1996)	100
New Zealand	7	9	100	95 (2004)

a Except for Hong Kong, China and Taipei, China, data for 2005 are based on adjusted estimates by WHO/UNICEF/UNFPA/World Bank and are not directly comparable with earlier estimates.

b Brunei Darussalam is not a developing member country but an unclassified regional member country of ADB.

Sources: Statistical Information System Database Online and Reproductive Health Indicators Database (World Health Organization 2008); The Pacific Islands Regional Millennium Development Goals Report 2004 (SPC 2004); for Hong Kong, China and Taipei, China: economy sources.

## Goal 5 Targets

Table 5.2 **Target 5.B: Achieve, by 2015, universal access to reproductive health**

	5.3 Contraceptive Prevalence Rate (percent of married women 15–49 years)		5.4 Adolescent Birth Rate (per 1,000 women 15–19 years)		5.5 Antenatal Care Coverage (percent of live births)	
	1995	Latest Year	1990	Latest Year	≥One Visit	≥Four Visits
<b>Developing Member Countries</b>						
<b>Central and West Asia</b>						
Afghanistan	5 (2000)	19 (2006)	...	151 (2001)	16 (2003)	...
Armenia	61 (2000)	53 (2005)	75	25 (2006)	93 (2005)	71 (2005)
Azerbaijan	55 (2000)	55 (2001)	26	44 (2006)	70 (2001)	30 (2001)
Georgia	41 (2000)	47 (2005)	60	41 (2005)	94 (2005)	75 (2005)
Kazakhstan	59	51 (2006)	52	29 (2007)	100 (2006)	70 (1999)
Kyrgyz Republic	60 (1997)	48 (2006)	46	26 (2005)	97 (2006)	81 (1997)
Pakistan	18	26 (2006)	73 (1992)	20 (2005)	36 (2004)	14 (1990)
Tajikistan	34 (2000)	38 (2005)	41	27 (2005)	77 (2005)	...
Turkmenistan	...	62 (2000)	24	19 (2001)	99 (2006)	83 (2003)
Uzbekistan	56 (1996)	65 (2006)	44	26 (2005)	99 (2006)	79 (1996)
<b>East Asia</b>						
China, People's Rep. of	84 (1997)	87 (2001)	16	6 (2004)	90 (2005)	...
Hong Kong, China	86 (1997)	84 (2002)	6	4 (2006)	...	...
Korea, Rep. of	77 (1994)	81 (1997)	4	2 (2004)	...	...
Mongolia	65 (1994)	66 (2006)	37	19 (2006)	99 (2005)	97 (2001)
Taipei, China	...	...	15	13 (2005)	...	...
<b>South Asia</b>						
Bangladesh	45 (1994)	58 (2004)	179	135 (2003)	48 (2006)	16 (2004)
Bhutan	19 (1994)	31 (2000)	120 (1993)	46 (2005)	51 (2000)	...
India	41 (1993)	56 (2006)	76 (1991)	46 (2005)	74 (2005)	51 (2005)
Maldives	42 (1999)	39 (2004)	106	8 (2006)	81 (2001)	91 (2004)
Nepal	15	48 (2006)	101	106 (2004)	44 (2006)	29 (2006)
Sri Lanka	66 (1999)	70 (2000)	33 (1991)	31 (2001)	95 (2000)	98 (2001)
<b>Southeast Asia</b>						
Brunei Darussalam <sup>a</sup>	...	...	35	26 (2002)	100 (1994)	100 (2001)
Cambodia	13	40 (2005)	90 (1993)	52 (2003)	69 (2005)	27 (2005)
Indonesia	54	58 (2005)	63 (1992)	54 (2001)	92 (2002)	81 (2002)
Lao PDR	19 (1993)	32 (2000)	115 (1992)	110 (2005)	27 (2001)	...
Malaysia	55 (1994)	...	19	12 (2000)	79 (2005)	...
Myanmar	33 (1997)	37 (2001)	29	29 (1999)	76 (2001)	66 (2001)
Philippines	51	51 (2006)	48	55 (2001)	88 (2003)	70 (2003)
Singapore	65 (1992)	62 (1997)	8	6 (2006)	...	...
Thailand	72 (1997)	72 (2006)	44	46 (2005)	98 (2005)	74 (2003)
Viet Nam	65 (1994)	76 (2006)	38 (1991)	20 (2006)	91 (2006)	29 (2002)
<b>The Pacific</b>						
Cook Islands	63 (1996)	43 (1999)	82 (1996)	47 (2001)	...	...
Fiji Islands	31 (1993)	44 (2000)	59	35 (2002)	...	...
Kiribati	...	36 (2000)	...	71 (2000)	...	...
Marshall Islands	31	34 (2001)	...	94 (1999)	...	...
Micronesia, Fed. States of	...	45 (1998)	54 (1994)	51 (2003)	...	...
Nauru	...	...	70 (1992)	113 (2002)	...	...
Palau	...	33 (2001)	74	31 (2005)	...	...
Papua New Guinea	...	26 (1996)	77 (1994)	70 (2000)	78 (1996)	78 (2001)
Samoa	30	...	26 (1991)	34 (2001)	...	...
Solomon Islands	11 (1996)	7 (2001)	...	72 (1998)	...	...
Timor-Leste	23 (1994)	10 (2003)	49 (1993)	59 (2004)	61 (2003)	30 (2003)
Tonga	41 (1997)	33 (2000)	26 (1990)	17 (2003)	...	...
Tuvalu	39	32 (2002)	41 (1991)	33 (2003)	...	...
Vanuatu	39	...	...	92 (1999)	...	...
<b>Developed Member Countries</b>						
Australia	67	53 (2005)	22	16 (2005)	100 (1991)	...
Japan	59 (1994)	54 (2005)	4	5 (2005)	...	...
New Zealand	74	...	34	29 (2006)	95 (1994)	...

a Brunei Darussalam is not a developing member country but an unclassified regional member country of ADB.

Sources: Millennium Indicators Database Online (UNSD 2008); UNICEF Statistics website (www.childinfo.org); Reproductive Health Indicators Database and Statistical Information System Database Online (World Health Organization 2008); The Pacific Islands Regional Millennium Development Goals Report 2004 (SPC 2004); for Taipei, China: economy sources.