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Knowledge Brief

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SOUTH ASIA: MATERNAL AND REPRODUCTIVE HEALTH AT A GLANCE

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KEY MESSAGES:

- The South Asia Region (SAR) has the second highest share of maternal mortality in the world behind Sub-Saharan Africa.
- Skilled birth attendance increased from 36.2 percent in 2000 to 49.8 percent in 2010, but lags behind all other regions except Sub-Saharan Africa.
- Early marriage and pregnancy rates are high and negatively affect maternal health outcomes.
- While contraceptive prevalence has increased, there is still an unmet need for contraception.
- Inequity in access to maternal health services is a barrier to achieving MDG 5 whether in urban vs. rural access or across wealth quintiles.
- SAR has the largest young working-age population and needs greater access to reproductive health services tailored to their needs.
- Gender inequality still persists in every domain in South Asia.

Regional Context

The South Asia Region (SAR) includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. With over 1.6 billion people, it is the most densely populated region in the world. The populations vary from 400,000 in the Maldives to 1.2 billion in India. The economies range from fragile and low-income to middle-income countries.

SAR experienced 20 years of robust economic growth, averaging 6 percent a year. Growth resulted in declining poverty and impressive improvements in human development. More than 42 percent of the developing world's poor live in SAR, where about 500 million people survive on less than $1.25 a day.

The region's GDP growth rose to an estimated 4.6 percent in 2013 from 4.2 percent in 2012. It is projected to rise to 5.7 percent in 2014, 6.3 percent in 2015, and 6.7 percent in 2016. Remittances declined to an estimated 6.8 percent in 2013 from 9.7 percent in 2012. India was the largest recipient in absolute terms, but Bangladesh, Nepal, Pakistan, and Sri Lanka's remittances were larger relative to GDP.

SAR's child mortality and malnutrition outcomes are close to lower middle-income averages and slightly better than those in Sub-Saharan Africa. Significant progress has been made in basic education, but female adult literacy is the worst among all regions. Gender inequality persists in every domain. The world's largest young working-age population portends a demographic dividend and high economic growth. Considerable investments in human development are necessary to meet the growing basic health and education needs of the population.

SOUTH ASIA: MDG 5 STATUS

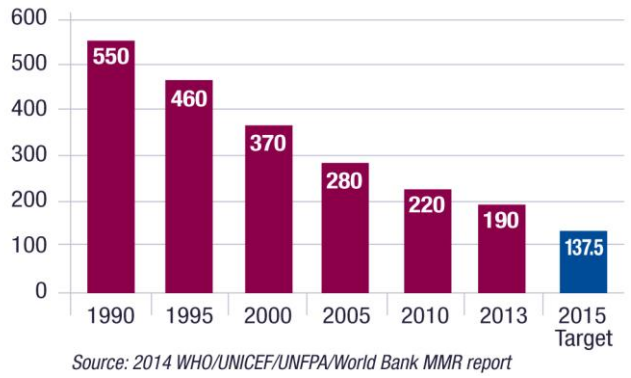
MDG 5A indicators	
Maternal mortality ratio (MMR; maternal deaths per 100,000 live births) – *UN estimate*	**190**
Births attended by skilled health personnel (percent)	**49.8**
MDG 5B indicators	
Contraceptive prevalence rate, any method (percent)	**52.3**
Adolescent fertility rate (births per 1,000 women ages 15–19)	**38.8**
Antenatal care with health personnel (percent)	**71.6**
Unmet need for family planning (percent)	**16**

2014 World Development Indicators (WDI)

MDG Target 5a: Reduce the MMR by three-quarters, between 1990 and 2015

South Asia has made sterling progress in reducing maternal mortality. The MMR declined from 550 deaths per 100,000 live births in 1990 to 190 in 2013 (figure 1).

FIGURE 1: MATERNAL MORTALITY RATIO 1990-2013 AND 2015 TARGET

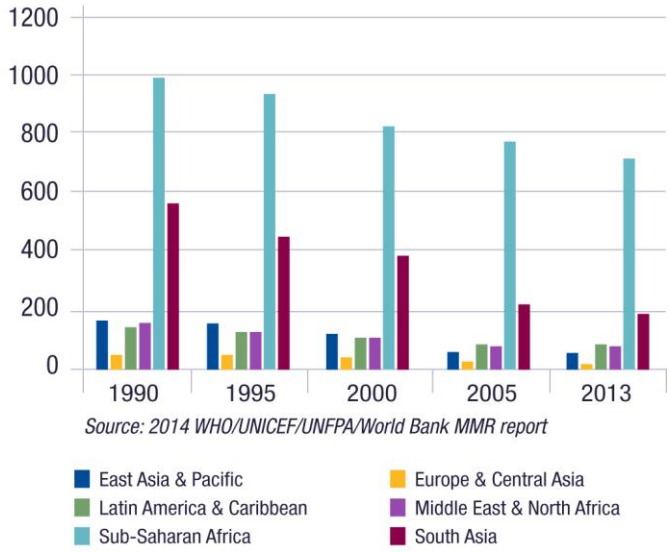


Source: 2014 WHO/UNICEF/UNFPA/World Bank MMR report

Maternal Health around the World

Between 1990 and 2013, South Asia experienced the world's sharpest fall in maternal mortality (65 percent) with an average annual decline of 4.4 percent. But it carries the second highest share of maternal mortality in the world behind Sub-Saharan Africa (figure 2).

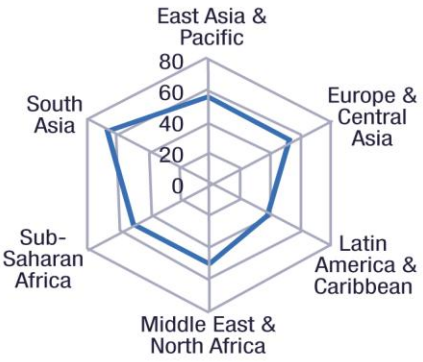
FIGURE 2: MATERNAL MORTALITY RATIO 1990-2013



Source: 2014 WHO/UNICEF/UNFPA/World Bank MMR report

Other regions also saw reduced maternal mortality: 56 percent in East Asia and the Pacific; 54 percent in Europe and Central Asia; 51 percent in the Middle East and North Africa; 49 percent in Sub-Saharan Africa; and 40 percent in Latin America and the Caribbean (figure 3).

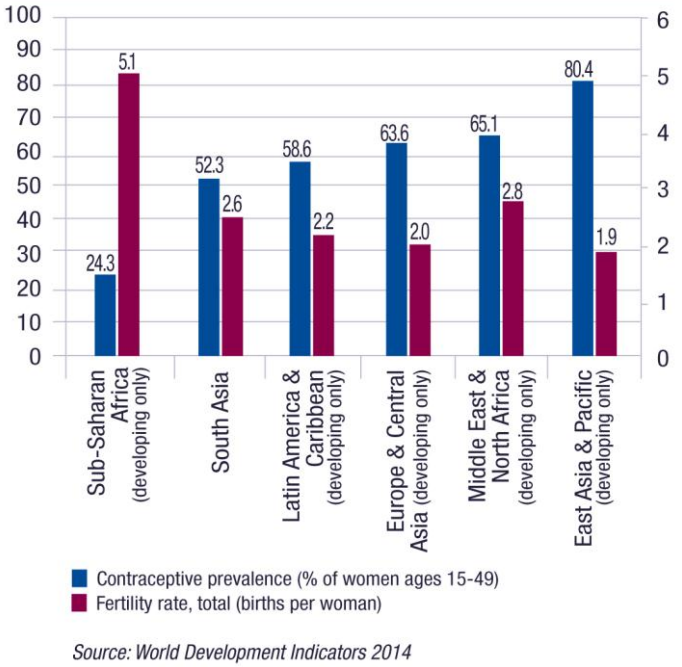
FIGURE 3: PERCENT CHANGE IN MMR 1990-2013



Source: 2014 WHO/UNICEF/UNFPA/World Bank MMR report

South Asia is close to reaching replacement fertility. The total fertility rate (TFR) declined from 4.2 in 1990 to 2.6 in 2012. The contraceptive prevalence (CPR) rate increased from 41.3 percent to 52.3 percent between 1990 and 2010 (figure 4).

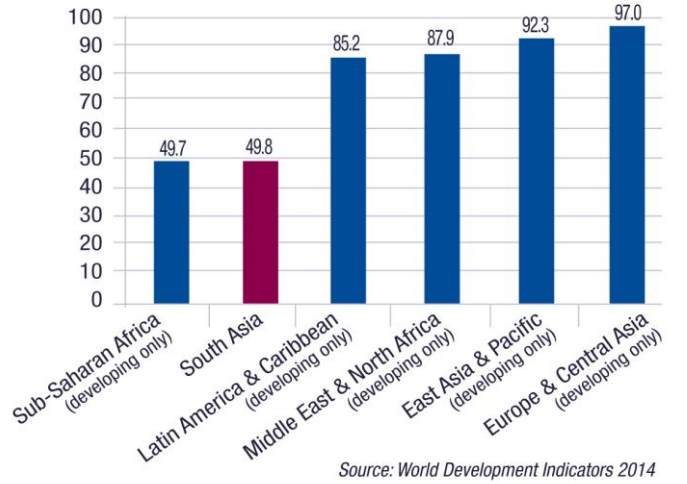
FIGURE 4: TOTAL FERTILITY RATE AND CONTRACEPTIVE PREVALENCE RATE



Source: World Development Indicators 2014

South Asia lags, however, behind all but one other regions in skilled birth attendance (SBA). While it has increased from 36.2 percent in 2000 to 49.8 percent in 2010, further progress is needed (figure 5).

FIGURE 5: SKILLED BIRTH ATTENDANCE

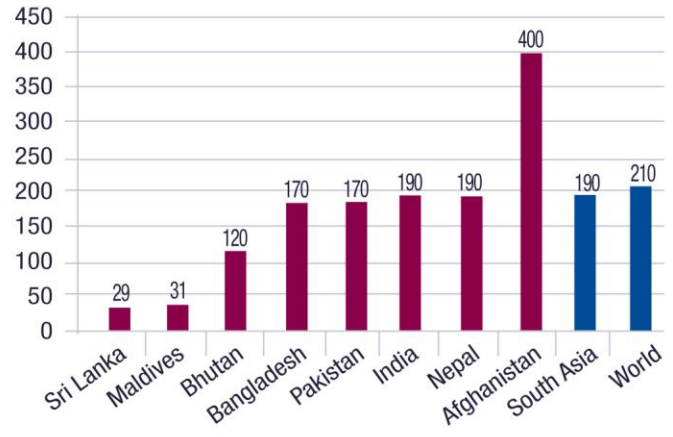


Source: World Development Indicators 2014

Maternal Health in South Asian Countries

The MMR in South Asia is 190 deaths per 100,000 live births. Afghanistan has the highest ratio in the region at 400. Sri Lanka and the Maldives have the lowest, at 29 and 31 (figure 6).

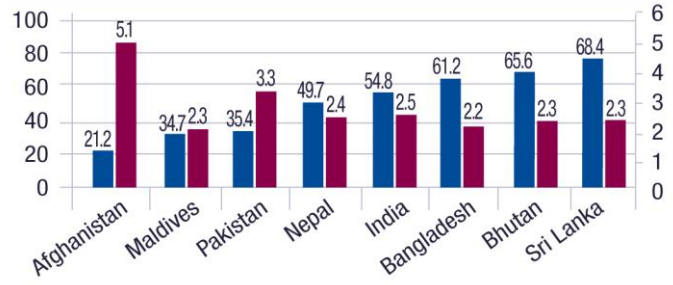
FIGURE 6: 2013 MMR IN SOUTH ASIAN COUNTRIES, SOUTH ASIA, AND THE WORLD



Source: 2014 WHO/UNICEF/UNFPA/World Bank MMR report

Four countries in South Asia have achieved replacement level fertility of 2.3: Bangladesh (2.2), Bhutan (2.3), Maldives (2.3), and Sri Lanka (2.3). India and Nepal are close to doing so. Afghanistan has a TFR of 5.1, the highest in the region. Contraceptive prevalence is high in the region. Bangladesh (61.2 percent), Bhutan (65.6 percent), and Sri Lanka (68.4 percent) have the highest CPRs. Afghanistan has the lowest at 21.2 percent (figure 7).

FIGURE 7: TOTAL FERTILITY RATE AND CONTRACEPTIVE PREVALENCE RATE IN SOUTH ASIAN COUNTRIES



Source: Graph compiled from multiple sources

Early marriage and pregnancy affect maternal health outcomes in South Asia. Bangladesh has the lowest median age at first marriage (15.5 years) and at first birth (18.1 years). The adolescent fertility rate (AFR) for South Asia is 38.8 births per 1,000 women age 15-19. AFR is highest in Afghanistan and Bangladesh (86.8 and 80.6 births per 1,000 women age 15-19, respectively). AFR is lowest in Maldives (4.2).

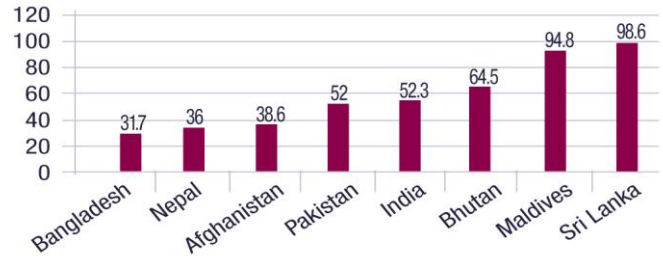
While contraceptive prevalence has increased throughout the region, there is still an unmet need for contraception. Unmet need is highest in Maldives (28.1

percent) and lowest in Sri Lanka (7.3 percent). For the rest of the region it is: Bangladesh (13.5 percent), Bhutan (11.7 percent), India (12.8 percent), Nepal (27 percent), and Pakistan (20.1 percent).

Sri Lanka (99.4 percent), Maldives (99.1 percent), and Bhutan (97.3 percent) have the highest antenatal care coverage in the region. In Afghanistan it is 47.9 percent, the region's lowest.

SBA is highest in Sri Lanka (98.6 percent) and the Maldives (94.8 percent). While Bangladesh has one of the highest CPRs in the region, it is lowest in SBA (31.7 percent) (figure 8).

FIGURE 8: SKILLED BIRTH ATTENDANCE IN SOUTH ASIAN COUNTRIES



Source: World Development Indicators 2014

Equality in Access to Maternal Health Services

Inequity in access to maternal health services is a barrier to MDG 5. SBA has increased, but wide disparities remain, especially across wealth quintiles. The largest gaps between the richest and poorest are in Nepal, India, and Afghanistan. Sri Lanka has a very equitable distribution of SBA with only 2 percentage points separating the poorest from the richest (table 1).

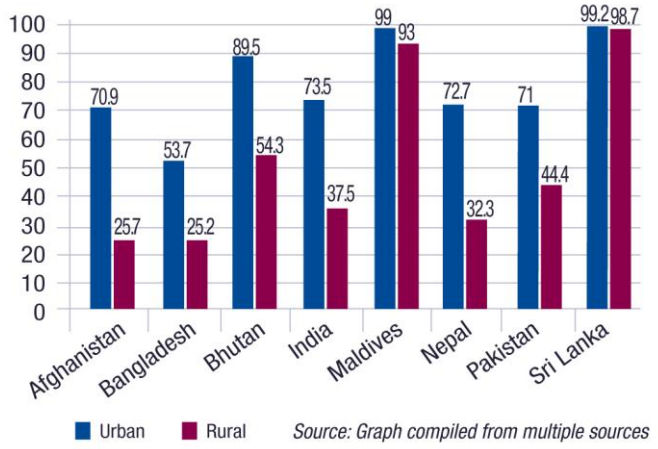
TABLE 1: SKILLED BIRTH ATTENDANCE ACROSS WEALTH QUINTILES IN SOUTH ASIAN COUNTRIES

	Poorest	Second	Middle	Fourth	Richest
Afghanistan	11.7	21.2	32.7	40.7	80
Bangladesh	11.5	18.6	28.2	43.2	63.7
Bhutan	34.3	43.3	67.3	80.9	95.1
India	19.4	31.8	49	67.2	88.8
Maldives	88.6	92.6	95.4	98.4	99.3
Nepal	10.7	23.7	35.9	53	81.5
Pakistan	29.8	38.1	51.2	68.9	85.2
Sri Lanka	97.4	98.4	98.9	99.2	99.4

Source: Table compiled from multiple sources

Disparities in access to SBA also exist by residence. The largest gaps between urban and rural access are in Afghanistan and Nepal. Urban SBA is almost three times that of rural SBA in Afghanistan. Access to SBA is more equitable in Sri Lanka and the Maldives where the gaps are negligible (figure 9).

FIGURE 9: SKILLED BIRTH ATTENDANCE BY RESIDENCE IN SOUTH ASIAN COUNTRIES



Source: Graph compiled from multiple sources

References:

Afghan Public Health Institute, Ministry of Public Health (APHI/MoPH) [Afghanistan], Central Statistics Organization (CSO) [Afghanistan], ICF Macro, Indian Institute of Health Management Research (IIHMR) [India], and World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO [Egypt]. 2011. Afghanistan Mortality Survey 2010. Calverton, Maryland, USA: APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO.

Bhutan Multiple Indicator Survey, May 2011, National Statistics Bureau, Thimphu, Bhutan Department of Census and Statistics (DCS) and Ministry of Healthcare and Nutrition (MOH). 2009. Sri Lanka Demographic and Health Survey 2006-07. Colombo, Sri Lanka: DCS and MOH.

International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005–06: India: Vol. I. Mumbai: IIPS.

Ministry of Health and Family (MOHF) [Maldives] and ICF Macro. 2010. Maldives Demographic and Health Survey 2009. Calverton, MD: MOHF and ICF Macro.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, MD, USA.

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, MD, USA: NIPORT, Mitra and Associates, and ICF International.

National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, MD, USA: NIPS and ICF International.

WHO, UNICEF, UNFPA and The World Bank. 2014. Trends in Maternal Mortality: 1990 to 2013: World Health Organization.

World Bank. 2012. South Asia Regional Brief. http://www.worldbank.org/en/news/feature/2012/09/25/south-Asia-Regional-Brief

_____. 2012 South Asia Strategy Update. http://siteresources.worldbank.org/INDIAEXTN/Resources/295583-1328744264781/RegionalUpdate2012.pdf

_____. 2014 South Asia Strategy Update

_____. World Development Indicators 2014: Accessed 19 May 2014

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