

Impact of maternal death on living children

Junior Bazile¹, Jonas Rigodon¹, Leslie Berman², Vanessa M. Boulanger³, Emily Maistrellis^{3,4},
Pilira Kausiwa¹, Alicia Ely Yamin^{3,5}

¹ Partners In Health/Abwenzi Pa Za Umoyo, Malawi

² Partners In Health / Inshuti Mu Buzima, Kigali, Rwanda

³ Francois-Xavier Bagnoud Center for Health and Human Rights, Harvard University, Boston, Massachusetts, United States of America

⁴ Division of General Pediatrics, Boston Children's Hospital, Boston, Massachusetts, United States of America

⁵ Global Health and Population, Harvard School of Public Health, Boston, Massachusetts, United States of America



Introduction

- An estimated 358,000 maternal deaths occur around the world each year.¹ For every woman who dies, approximately 15-20 other women are left with life-long debilitating complications.²
- In Malawi, while there has been a decrease in maternal mortality from 910 per 100,000 live births in 1990 to 675 per 100,000 live births in 2010, the maternal death rate remains among the highest in the world.³⁻⁴
- While the link between maternal death and infant survival has been established⁵⁻⁶, there is a dearth of evidence documenting the intergenerational impacts of maternal mortality on children and families

Objectives

- To demonstrate the burden of maternal deaths on the children, family, and community in order to raise awareness of the true costs of maternal mortality and poor maternal health care in 4 resource-poor settings in sub-Saharan Africa: Ethiopia, Tanzania, South Africa, and Malawi
- These data represent findings from Neno, a very rural, remote district, in Malawi.

Materials and Methods

- Qualitative in-depth interviews were conducted to assess the impact of maternal mortality on child, family, and community well-being and to explore the extent of any disproportionate morbidity and mortality for children who have lost their mother.
- We conducted 20 key informant interviews, 20 stakeholder interviews, and six sex-stratified focus group discussions in the seven of the 13 health facilities that cover the district.
- Transcripts were translated, coded, and analyzed in Nvivo 10 software.

Results

- Participants noted a number of far-reaching impacts on orphaned children, their new caretakers, and extended families following a maternal death.
- Female relatives typically took on caregiving responsibilities for orphaned children following a maternal death, facing economic and social hardships.

“...these children land in needy families who are already struggling to earn a living, so normally there is an over stretched household budget because there are some additional items that will be sought specifically for the orphaned children. As such, the families will intensify [the time they devote to] Ganyu activities [informal, small-task labor], which do not suffice to fill the needs for the household.”

- Children were subject to long-term negative health and social impacts related to nutrition, education, employment, early partnership, pregnancy, and caretaking, factors which contribute to heightened vulnerability to maternal death among orphaned girl children. As one participant noted:

“... children that still have their parents have very high chances of completing school [compared to] orphans. Guardians may easily sacrifice even their livestock for [their biological] child as compared to an orphan. Priority is given to their children as compared to orphans in cases of school fees, clothing as well as food. It is almost impossible for these guardians to sacrifice something for the orphans.”

- Impacts were particularly salient for female children who were often forced to take on the majority of the household burden.

“Surviving children are given a lot of work to do which is beyond their age. Some may be abused sexually by their guardians just to get support. This may lead them to drop out of school and for girls they end up in early marriages and early pregnancies which may also end up maternal death.”

- Participants cited a number of barriers to accessing quality child health care or support services including administrative delays in receiving services and difficulty returning to the distribution site to obtain supplies on a regular basis. Many were unaware of programming available to assist them in raising orphaned children or how to access these services.

Conclusions

- In order to both reduce preventable maternal mortality and diminish the impacts on children, extended families, and communities, our findings highlight the importance of financing and implementing universal access to emergency obstetric and neonatal care, and contraception, as well as social protection programs, including among remote populations.

Acknowledgments

- The authors would like to thank the whole Abwenzi Pa Za Umoyo (APZU) team, Particularly the Monitoring and Evaluation (M&E) and the Village Health Worker teams for their support to this project.
- We also would like to thank Pauline Madjamanda for her help with data collection.
- Finally, thank you to the John and Katie Hansen Family Foundation for making this work possible.

References

1. WHO, UNICEF, UNFPA, The World Bank. Trends in maternal mortality: 1990 to 2008. Geneva: WHO; 2010.
2. World Bank. Maternal and reproductive health services. 2011; <http://go.worldbank.org/5FKPTFV0K0>. Accessed June 30, 2011.
3. Harrod J., Editor. Malawi Child Protection Strategy. Lilongwe: UNICEF; 2002. Available From: http://www.unicef.org/Malawi/MLW_resources_childprotecstrategy.pdf.
4. UNFPA. State of the worlds Midwifery: Malawi. Llongwe:UNFPA; 2011. Available from: http://www.unfpa.org/sowmy/resources/docs/country_info/profile/en_Malawi_SoWMy_profile.pdf.
5. UNICEF. Maternal and newborn health. New York: UNICEF; 2012. Available from: http://www.unicef.org/health/index_maternalhealth.html
6. Anderson FW, Morton SU, Naik S, Gebrian B. Maternal mortality and the consequences on infant and child survival in rural Haiti. Maternal child health J. 2007;11(4):395-401