

Maternal Health Care in Developing Countries

AbdelAzim A. Ali*

Department of Obstetrics and Gynecology, Kassala University, Sudan

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I am honored to have been invited to write an editorial to the Journal of Woman's Health Care. I would like that the woman's health and care in developing countries should be reviewed through this article. Also I would like to enumerate the reasons making the wide difference in the woman's health and care between the developed and developing world. Women in developing countries are 300 times more likely to die due to childbirth in comparison with those in developed countries [1]. Improving the woman's health and care is one of the Millennium Development Goals of the United Nations [2]. Significant effort has been made towards achieving the Millennium development Goal 5 targeting 75% reduction in maternal mortality ratio [3]. Despite this effort, there is a high maternal mortality and morbidities in the developing countries. More than half a million women die annually as a result of pregnancy and childbirth, the vast majority of these deaths are in the developing countries [4]. Having a child in developing countries is one of the real threats for the mother, moreover for every woman who dies; another 20 suffer morbidity which might be permanent [5]. During childbirth women die because of obstetric hemorrhage, obstructed labor, infection and other direct and indirect causes. However, other risk factors play an important role and make this wide difference in the woman's health and care between the developed and developing worlds [6]. The health care that is provided in Sub-Saharan African and other developing countries is influenced by different factors like education, client orientation and financial considerations [7]. Education was a predictor for poor maternal and perinatal outcomes in developing countries; it was associated with low use of antenatal care, low use of contraception, maternal near-miss and maternal mortality [8]. However in Kenya which is an African country characterized by high rate of female literacy and better economic situation than many countries, a very high maternal mortality has been reported [9]. Thus, other factors may play a potential risk for the poor maternal health care such as poor training, health education and the availability of skilled personnel at delivery. Different reports from India showed slow progress to reach the desired improvement in the maternal health and this is because there is inadequate training of the junior staff to provide comprehensive emergency obstetric care, delay in the supply with the equipments and whenever the equipments was provided, it remained unused due to lack of training, motivation and maintenance [10]. Similar assumption can explain the situation in eastern Sudan which is characterized by high maternal mortality and morbidity, because there is non-availability of anesthetists and obstetricians or even other skilled person in remote and rural area [4,6]. Also the cause of this discrepancy in maternal health care between the

developing and developed worlds may lie in woman's disadvantaged position in developing countries and cultures and in lack of attention to, and accountability for woman's right [1]. It is very miserable to say that, and according to UNICEF, UN Children's Emergency Fund, some 700,000 who die are teenager women aged 15-19 year [1]. While teenage pregnancy is a cultural and traditional issue in the developing countries, most of these pregnancies appear unplanned in developed world [11]. It is associated with increased risk of poor perinatal and maternal outcomes. Thus, in conclusion at the present, it is unlikely that the Millennium Development Goal related improving maternal health will be achieved in developing countries without strategic plan to consider the underlying causes and potential risks making the wide difference in woman's health and care between both developed and developing countries.

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*Corresponding author: AbdelAzim A. Ali, Department of Obstetrics and Gynecology, Kassala University, Kassala, Sudan, Tel: +249912163820; Fax: +249411823501; E-mail: abuzianab73@yahoo.com

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