Policy Brief
Maternal Health in Nepal
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To: Minister of Finance, Nepal

Introduction:

As one of the world's poorest countries, Nepal faces immense shortcomings in women's health and an extreme lack of access to safe motherhood services. The lifetime risk of dying a maternal death in Nepal is 1 in 31.[1] Widespread micronutrient deficiency[2] and an increasing burden of sexually transmitted infections (STIs)[3] exacerbate maternal complications and contribute to poor women's health. Efforts must be focused on iron, zinc, and folic acid supplementation for immediate improvements in women's health. Access to safe motherhood services and increased education and empowerment of women must be emphasized for sustainable progress.

Nature and Magnitude of the Problem:

Poor women's health remains a pervasive problem in Nepal. Although the reported maternal mortality ratio (MMR) is 281 deaths per 100,000 live births,[4] the actual MMR, adjusted for underreporting and misclassification, is about 830 deaths per 100,000 live births.[1] The lifetime risk of dying a maternal death is 1 in 31.[1] Moreover, every year between 138,000 and 207,000 women and girls suffer from disability due to complications in pregnancy and childbirth.[5] Nepal lacks an adequate system for health surveillance; however, it is known that a significant portion of maternal morbidity and mortality is due to hemorrhage, sepsis, unsafe abortion, and obstetric fistula.[6]

Poor nutrition makes women more susceptible to illness and increases the risk of complications and death during pregnancy and childbirth. Deficiencies in iron, zinc, and folic acid, all crucial for a healthy pregnancy, are widespread; over 62% of pregnant women in Nepal are anemic.[2,7]

Nepal faces an increasing burden of sexually transmitted infections (STIs). Over 200,000 cases of STIs occur annually, including HIV/AIDS, chlamydia, gonorrhea, syphilis, trichomonas, and bacterial vaginosis.[3] Approximately 30% of the 70,000 HIV positive Nepalis are women.[8,9] Access to STI health services in Nepal is inadequate, especially for women.[3]

Affected Populations:

The poor, rural populations in Nepal have the most dismal women's health circumstances. Approximately 89% of Nepalis live in rural areas, indicating that virtually all women face extreme barriers to good health and safe health services. Overall, Nepal received a rating of 30 out of 100 for access to safe maternal health care services; with a rating of 13 in rural areas versus 46 in urban areas. Moreover, 27% of rural areas, compared with 72% of urban areas, have access to 24-hour hospitalization.[10]

Risk Factors:

Women have exceptional and serious health problems due to biological differences from men and unique social circumstances. Crucial micronutrients are lacking from Nepali women's daily diets, largely due to food scarcity, lack of dietary diversity, and the growing population.

Nepal's high MMR is deeply rooted in the lack of access to safe motherhood services. Nepal received a rating of 35 out of 100 for its ability to provide emergency obstetric care, and only 11% of deliveries have a skilled attendant present. Only 34% of health centers have the capacity to deal with postpartum hemorrhage, and only 18% of health centers are able to quickly transport a woman with obstructed labor to a hospital. Even if a hospital is accessible, only 46% of district hospitals can perform cesarean-sections, and only 45% can provide blood transfusions.[10]

Nepali women's lack of empowerment contributes to substantial disparities in access to education. The female literacy rate in Nepal is about 35% compared to 63% for males.[11] Such disparities deeply influences the health status of women, their children, and entire families.

Economic and Social Consequences:

Maternal death and disability have a direct and indirect economic burden for Nepal. Although the cost of emergency care for preventable conditions is high, the lack of availability of health care services causes an astronomical indirect economic loss due to decreased productivity.[6]

The social consequences for the families of women with poor health are profound. Nepali women are responsible for household maintenance and family caregiving, so a woman's health deeply impacts family functionality and the future of her children. When a mother dies, her young children frequently die soon after. Moreover, maternal complications, such as obstetric fistula, can lead to extreme disability and cause women to be ostracized from their families and communities.[6]

Priority Action Steps:

The immediate and long-term needs of women in Nepal must be met, and there exist cost effective methods for improving women's health. Widespread, community-based micronutrient supplementation must begin immediately to reduce iron, zinc, and folic acid deficiency in adolescent girls and women of childbearing age. Supervised weekly iron and folic acid supplementation of adolescent girls at school has been shown to reduce the prevalence of anemia.[12]

For long-term women's health improvements, Nepal must focus on midwifery and increased access to high-level health services. As demonstrated in Sri Lanka, midwives can be a critical link between communities and health care providers in poor countries; Sri Lanka cut maternal deaths in half with such improvements to the health system.[6] Increasing the proportion of births with a skilled birth attendant present, while promoting access to safe health facilities, will greatly reduce the MMR in Nepal.

In order to make sustainable improvements, the education of women must be dramatically improved upon. Conditional cash transfers, similar to those utilized in Chile, Mexico, and Brazil, should incentivize attendance and performance in primary and secondary education, specifically for females. Such programs have been shown to reduce inequality and promote growth, leading to improved empowerment of women, which is crucial for improved maternal and child health.[13]

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