

## *World Health Organization*

### A. INTRODUCTION

Increased understanding that population issues are best addressed through people-centred approaches rather than solely demographic rationales led to a paradigm shift in population policies and programmes which traditionally focused on controlling population growth. The International Conference on Population and Development (ICPD) in 1994 in Cairo marked this shift with the adoption of the Programme of Action, which addressed population issues in the broader contexts of reproductive health and development (United Nations 1994). The ICPD Programme of Action acknowledges the intersection of population and health, particularly reproductive health, and their linkage with development. It endorses a reproductive health approach that focuses on meeting individuals' needs while respecting their rights.

At the Millennium Summit later in 2000, world leaders unanimously adopted the Millennium Declaration (United Nations General Assembly, 2000), which led to the articulation of eight specific Millennium Development Goals (MDGs). Being a sensitive development indicator with unacceptably large cross-country differentials, maternal mortality was of concern in both the ICPD Programme of Action and the Millennium Summit, and improving maternal health and reducing deaths due to maternal causes were among the adopted goals and targets in both ICPD Programme of Action and the MDGs. An outline of the similar actions recommended for its attainment. Afterwards, the influence of population dynamics on reducing maternal mortality, and the ways with which ICPD Programme of Action addresses these are discussed.

### B. MATERNAL HEALTH GOAL OF ICPD PROGRAMME OF ACTION

The ICPD Programme of Action includes a specific goal *"to promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and*

Dealing with the health impact of unsafe abortion and reducing the recourse to abortion through expanded and improved family planning services

regions, socio-economic and ethnic groups. Yet there is increasing recognition of the possibility of progress toward the Millennium Development Goals (MDGs) targets for health that does not significantly benefit the disadvantaged sub-groups whom the MDGs are intended to serve (Gwatkin, 2002). It is possible that health related MDGs could be achieved only by improving the status of better-off groups in some societies, and could therefore fail to reach the poor (Gwatkin, 2003). The ICPD Programme of Action addresses the important issues of inequalities, poverty and gender equity in the broader context of population dynamics which will be discussed below.

### C. POPULATION DYNAMICS AND MATERNAL MORTALITY

Health and population characteristics of a society both influence and are influenced by its development status. Population dynamics such as fertility, mortality, morbidity, mobility (migration), socio-economic levels, education, ethnic composition, age structure and gender equity directly or indirectly affect health particularly reproductive health of individuals.

quality primary education and primary health care, including reproductive health and family-planning



economic indicators such as gross domestic product and economic growth (Shen and Williamson, 1999). Implementation of programmes aiming to increase women's status in the society is expected to reduce maternal mortality. The Programme of Action gives a lot of emphasis to issues related to empowerment of women and promoting gender equity in related sections. From a reproductive health perspective, it recognizes the reproductive rights of individuals and promotes a user-centred approach to comprehensive reproductive health services, which should facilitate women's empowerment. It aims to promote gender equity in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles including responsible parenthood, prevention of unwanted and high-risk pregnancies and shared control and contribution to family income.

### *7. Other population characteristics*

Geographical structure and ethnic composition of a population are among other population features that are associated with maternal mortality levels. Women living in rural segments of the populations are in general more disadvantaged in terms of physical access to adequate services as well as other factors such as education, women's status in the society and income levels which all are predictors of maternal mortality. Fertility levels are higher in rural areas because more human labour is required (Kibirige, 1997).

Ethnic composition of a population is another factor observed to be related to maternal mortality. Higher maternal mortality levels were reported in black women as compared to white women (Anachebe and Sutton, 2003; Hoyert and others, 2000). It is suggested that alongside health-care access and use, quality of prenatal, delivery, and postpartum care, and interaction between health-seeking behaviours and satisfaction with care, might explain part of this difference (Hoyert and others, 2000; Centers for Disease Control and Prevention, 1999).

The needs of disadvantaged groups including rural and indigenous groups for comprehensive reproductive health services as well as the need to improve their overall conditions are emphasized in various chapters of the ICPD Programme of Action.

## D. CONCLUSION

Maternal mortality is determined by a mixture of biological, socio-economic, cultural and contextual (including health systems) factors and their complex interactions. Policy and programmes targeted to improve maternal health and reduce maternal deaths at country level need to consider population dynamics that these factors create. The ICPD Programme of Action suggests ways to improve reproductive health of individuals in the context of various population aspects, most of which also are predictors of maternal mortality. Implementation of the Programme of Action will significantly contribute to attainment of the MDG Goal 5 and target 6 of improving maternal health and reducing maternal deaths.

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