FOR IMMEDIATE RELEASE:

MATERNAL DEATHS IN KENYA CARRY A PRICE TOO HIGH TO BEAR

First of Its Kind Study in Kenya Calculates Economic and Social Impact on Families and Communities When A Woman Dies During Pregnancy or Childbirth

NAIROBI, Kenya (14 March 2014) Every two hours in Kenya, a woman dies during pregnancy or childbirth, devastating her surviving family members with grief. Now, for the first time in Kenya researchers have attempted to scientifically calculate the impact of her death on the family’s financial stability, and on its health and well-being.

The new study, titled ‘A Price Too High to Bear,’ was conducted from 2011 to 2013 by Family Care International (FCI), the International Center for Research on Women (ICRW), and the KEMRI-CDC Research and Public Health Collaboration.

It shows that far too often a maternal death is directly linked to neonatal mortality. Among the 59 maternal deaths examined, only 31 infants (52%) survived delivery. Of these 8 babies died in their first week of life and another 8 died over the next few weeks. In all only 15 babies (25%) survived. Some older children whose schooling was interrupted had to leave the family home to live with relatives. Husbands and older family members, particularly mothers and mothers-in-law, had little time to grieve, as they immediately began taking over the deceased women’s household and childcare responsibilities. When they lose a loved one to maternal death, families are confronted with medical and funeral costs greater than their total household spending in a typical year.

As the United Nations Millennium Development Goals’ 2015 deadline approaches, these findings are critically important as countries like Kenya work to accelerate their progress in reducing preventable deaths among their most vulnerable populations, strengthen their economies, and set themselves on a path of sustainable national development.

While global maternal deaths were cut almost in half between 1990 and 2010, Kenya’s maternal mortality ratio declined only slightly during the same period, going from 400 per 100,000 births in 1990 to 360 per 100,000 births in 2010. Maternal health advocates have argued that concerted action is needed to reduce preventable maternal deaths in Kenya, where less than half of all births are attended by a midwife or other skilled health worker.

‘This new research puts hard numbers, as well as heart-breaking stories, behind a message that maternal health advocates have known for years: when women die, children suffer and families fall apart,’ said Ann Starrs, president of FCI. ‘These findings reinforce the compelling moral and economic case for urgent action to end preventable maternal deaths, in Kenya and around the world.’

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The new study was conducted in three sub-counties within Siaya County, which was carved out of the former Nyanza Province in Kenya’s 2013 redistricting. In this region of western Kenya, northeast of Lake Victoria, poverty is pervasive. Reproductive, maternal, and child health indicators are worse than national averages, and rates of HIV, TB, and malaria are among the highest in Kenya.

‘Over more than a decade of surveying the population in this part of Siaya County, we have seen over and over again the devastating consequences of maternal death for children and families,’ said Dr. John Vulule, Director of KEMRI/CDC. ‘This study tells the story clearly and in detail.’

‘This critically important research shows us, yet again, that the costs of maternal death are indeed far too high for the Kenyan people to bear,’ said Dr. Simon Mueke, Head of the Reproductive and Maternal Health Services Division, Kenya Ministry of Health. ‘Across Kenya, in every county, we must and will commit ourselves to ensuring that every woman has access to high-quality antenatal, maternity, and postnatal care, and that the families who suffer these devastating losses receive the support services that they desperately need.’

The study’s findings, which are expected to be published in a series of scientific journal articles during 2014, show that families experiencing a maternal death spent more on medical care and funeral expenses than all other yearly expenses combined, including food, shelter, and education. The amounts ranged from 102% of annual consumption costs for lower-wealth households to 148% and 123%, respectively, for middle- and higher-wealth households. Many adult family members also had to take time off from work during the health crisis and funeral period, causing a further economic loss. In nearly half of all cases, families had to sell household property or borrow money from family members or moneylenders, in order to stay on their feet.

‘A great deal is known about what causes maternal mortality, and about the health interventions that can prevent it. We undertook this study because there has been relatively little research on what a maternal death means for the family that is left behind,’ said Sarah Degnan Kambou, President of ICRW. ‘Our results show that the cost of maternal mortality is truly a price too high to bear’.

This research was conducted, in cooperation with the Government of Kenya, with the financial support of the UK Government; the John D. and Catherine T. MacArthur Foundation; and the Partnership for Maternal, Newborn & Child Health.

‘The message is clear,’ said Ann Starrs of FCI. ‘The time to act on maternal health is right now.’

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Family Care International (FCI), founded in 1986 as the first international organization dedicated to maternal health, works toward a world where no woman suffers preventable pregnancy-related injury or death, where childbirth is safe for mothers and their babies, and where all people are able to enjoy their sexual and reproductive health and rights. FCI has been active in Kenya since the early 1990s, and has a Kenyan-led and staffed office in Nairobi. FCI was honoured in 2008 with the United Nations Population Award, and in 2013 with the MacArthur Award for Creative and Effective Institutions.

International Center for Research on Women (ICRW) was founded in 1976 in response to concerns that international development interventions were benefiting men and women unequally – to the detriment of entire societies. ICRW’s mission is to empower women, advance gender equality and fight poverty in the developing world. To accomplish this, ICRW works with partners to conduct empirical research, build capacity and advocate for evidence-based, practical ways to change policies and programs. ICRW has worked extensively in Africa for 30 years, and maintains its East Africa Regional Office in Nairobi.

KEMRI-CDC Research and Public Health Collaboration is a longstanding collaboration between the Kenya Medical Research Institute and the U.S. Centers for Disease Control and Prevention (CDC), established in 1979. It is a sophisticated and comprehensive platform for service delivery and scientific study, with projects and studies located throughout Kenya. KEMRI/CDC’s work includes research on HIV, TB, emerging infections, neglected tropical diseases and other public health issues. A key element of KEMRI/CDC’s work is the Health and Demographic Surveillance System (HDSS), which every four months collects data from 225,061 persons in 385 villages in Nyanza Province, enabling scientists to precisely monitor and measure interventions and their health impact.

Notes to the editor:

Women in rural communities, in Kenya and many other developing countries, make enormous contributions to family and community well-being through child care, agricultural labour, and small business endeavours, and by advocating for their children’s education. This new study pinpoints the severe economic hardship that hits a family when a mother dies. Regardless of their level of wealth, families struggle to pay the costs of transportation for emergency care, charges for medical supplies and services, and — after treatment unsuccessful — high funeral expenses, which for many African families can equal or surpass annual income.

Using data from KEMRI/CDC’s quarterly Health and Demographic Surveillance System surveys, researchers identified and interviewed 59 families in the area that had experienced a maternal death over a period of 22 months. Researchers also interviewed families in which a woman had had a healthy pregnancy and delivery during the same period that the maternal death occurred, in order to compare their experiences with those who had lost a family member.

These interviews illuminated the lasting, pervasive economic impact of a maternal death. Families in the study reported that the women who died had contributed an average of 61 hours per week of household work. Three-quarters of the deceased women had also earned an income, mainly by farming or running a shop or market stall. Nearly every family
reported that the loss of their household and outside work reduced the family’s income and put it under significant financial pressure. Many families lost crops, or were forced to leave land uncultivated, because of the loss of the woman’s labour or reduced work by surviving family members. Others were pushed further into poverty when they had to hire casual labourers to work their fields. Many could no longer to pay school fees for surviving children; other families had to borrow from moneylenders to pay for the funeral. The result, in many cases, is a spiral of debt and poverty from which it is hard for the family to recover.