Social cost of maternal deaths
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In countries with especially traditional societies, women whose biological function is to reproduce the species have a significant role in motherhood, and their social status is based on their abilities to fulfill this role. Generally, childbirth is a joyful event for a family and the community. Yet safe motherhood has long been neglected by policy-makers as an important prerequisite for national development. Consequently, many thousands of such mothers have been dying in developing countries.

As far back as 1942, Thailand's Ministry of Public Health was concerned about maternal mortality and established a Maternal and Child Health Division within its Health Department; this Division was later renamed the Family Health Division. Its main duty was to expand maternal and child health coverage over the entire country. The basic strategy was to train auxiliary midwives to staff a number of midwifery centres that would provide expanded services at the district level.

During the past decade, the Ministry has strengthened the maternal and child health services in order to achieve maximal coverage of both curative and preventive care at all levels. The programme focused on increasing community participation and involvement to increase service accessibility and acceptability. In line with WHO's Safe Motherhood Programme, the Ministry has launched many other programmes aimed at halving the present mortality rate by the year 2000, and carried out a pilot study for improving the services through the primary health care approach, targeting high-risk and special minority groups.

In traditional societies, motherhood imparts special social status to women.

The impact of maternal mortality on the individual, the family and society at large is like a pebble dropped into a pond, where the ripples of action and reaction reach out to all shores. In Thailand, the problem is causing particular concern.

Maternal mortality

A one-year nationwide survey of maternal mortality collected data in 1989-90 from medical records and death certificates about mothers who died in hospitals, clinics, health centres and other health service units run by the government and private organizations. Results showed that the nation’s maternal mortality rate was 2.7 per 1000 live births, but this varied depending on the region under study. The highest rate was in the south (5.0 per 1000 live births) and the lowest in the central region (1.1 per 1000 live births). Most maternal deaths in the south came about because the mountainous terrain restricts access to government health services. Furthermore, certain traditional childbirth practices are inappropriate, and many mothers are attended by traditional birth attendants and had no antenatal care.

The social costs of maternal mortality are enormous, but they fall most harshly on a woman’s traditional role of mother and on the children under care. An old Thai proverb reflects the consequences of maternal mortality. It says, “Without a father, a child’s life will be hard; it will have no direction. Without a mother, the situation is even worse – the same as a sinking boat or broken ferry.”

Traditionally, a child whose mother died in childbirth was adopted by the mother’s relatives. Older children (around 12 years of age) would care for themselves and any younger sisters and brothers. However, in times of need, a mother’s kin group provided a secure base from which to tap needed resources. As a result, fostering arrangements and orphanages were not necessary.
In contemporary Thai society, however, low fertility has led to small family size, an increase in the number of nuclear families, and a reduction in the role of kin groups. The impact of maternal deaths, therefore, is greater today than in the past. Orphans have fewer people to turn to, and many must be cared for by society. Others enter the workforce early and earn their living as factory workers; still more become “street children”. These youngsters are uneducated, homeless and are often forced to become beggars to eke out their living. To deal with their hardships, many turn to drugs, and this results in various types of social problems including increased juvenile crimes and prostitution.

AIDS orphans

This situation is worsening as Thailand comes under the grip of the AIDS epidemic. More women and children are becoming HIV-positive as the disease begins to afflict low-risk groups such as housewives and factory workers. For every pregnant woman who is HIV-positive, her child has a one-in-three chance of also contracting the disease. Those children who are afflicted will die within two to five years.

In large cities such as Chiang Mai in northern Thailand, where the HIV-positive and AIDS rates are high, concerted efforts are being made to address this problem. One method is to establish home care for HIV-positive and AIDS orphans. Instead of living in a hospital with its sterile, insensitive environment, such children without mothers are transferred to a home that provides better quality and more compassionate care. Without doubt, as maternal mortality increases from AIDS, this type of home will be in greater demand in the future.

Some orphans, who are not fortunate enough to receive home care, are often seen as a burden to their families. In a large Bangkok slum, about 35 to 40 orphans live among the spreading AIDS situation and other social problems brought on by overcrowded conditions and poverty. Fostering arrangements and orphanages are thus in growing demand.

So maternal mortality attacks the very heart of a family’s future, not only in terms of child care but also of economics. Women make up about 69% of Thailand’s labour force. Rates of premarital sex, pregnancy and abortion are also very high among this group, which places them at greater risk of contracting AIDS, transmitting it to their unborn child and later dying from the disease, only to leave another AIDS orphan in society’s care. The future picture of maternal mortality in Thailand, therefore, is one of uncertainty, and will no doubt influence the nation’s ability to expand and enter into the industrialized world.

The impact of maternal mortality on the individual, the family and society at large is like a pebble dropped into a pond, where the ripples of action and reaction reach out to all shores. In Thailand, the problem is causing particular concern. If a society does not have an adequate mechanism to manage or absorb the costs, and most importantly to care for the children involved, each person’s and the society’s quality of life will decline as will their health, livelihoods and the nation’s developmental prospects.