

Knowledge Brief

Health, Nutrition and Population Global Practice

MALDIVES: MATERNAL AND REPRODUCTIVE HEALTH AT A GLANCE

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KEY MESSAGES:

- Maldives, a middle income country, is on track to meet most of the Millennium Development Goals (MDGs), while gender gap requires attention.
- Maldives has made great progress in improving maternal health and has achieved MDG 5.
- The total fertility rate has declined to 2.3 in 2012. Contraceptive use has increased but high unmet need of 28.1 percent is of concern. Skilled birth attendance is high at 95 percent.
- Access to maternal health services is fairly equitable by residence and wealth quintile, while geographical access to services remains challenging. Also, unwanted pregnancies among young women are on the rise.
- Maldives has initiated a number of interventions to increase adolescents' needs for sexual and reproductive health services, improve quality of RMNCH services, and increase utilization of health services at local level.

Country Context

Maldives is composed of 1,192 small tropical islands with a diverse marine environment, strategically located along shipping routes. In the early 1980s, Maldives' population of 156,000 was among the world's 20 poorest countries. Now, with a population of over 326,000, it is a middle-income country with a GNI per capita of over \$7,177. Between 2000 and 2010-11, it averaged 7 percent growth, moderating to 3.4 percent and 3.7 percent respectively in 2012 and 2013. Some 9 percent of the population lives on less than US\$1.25 per day (2013), down from 10 percent in 2003. Youth unemployment is high. About 32 percent of youth aged 20-24 are not in school or working.^{1,2}

The country is on track to meet most of the Millennium Development Goals (MDGs). Maldives met the MDGs on eradicating extreme poverty and hunger, achieving universal primary education, reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases.

The gender gap is closing. Maldives ranks 64 of 148 countries in the Gender Inequality Index. Gender parity in primary education is 100 percent net enrollment of girls and boys. At the secondary level, more females are enrolled than males. In 1990, the ratio of women to men with tertiary qualifications was 24 percent compared to 58 percent in 2006. Nonetheless, opportunities for women to work outside the home are limited. Isolation and a lack of access to resources continue to frustrate women's economic participation.^{1,2}

MALDIVES: MDG 5 STATUS

MDG 5A indicators

Maternal mortality ratio (MMR; maternal deaths per 100,000 live births) – *UN estimate* **31**

Births attended by skilled health personnel (percent) **94.8**

MDG 5B indicators

Contraceptive prevalence rate, any method (percent) **34.7**

Adolescent fertility rate (births per 1,000 women ages 15–19) – *WDI* **4.2**

Antenatal care with health personnel (percent) **99.2**

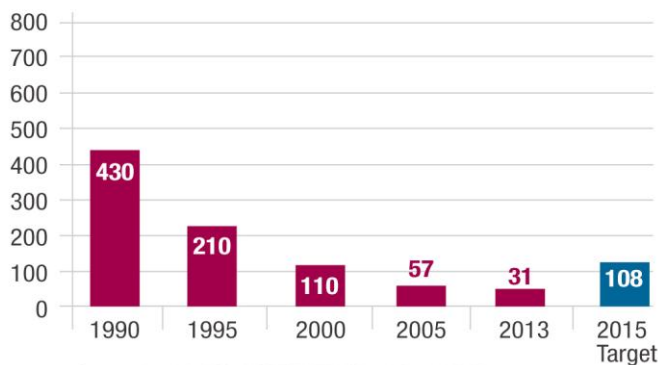
Unmet need for family planning (percent) **28.1**

Sources: 2014 WHO/UNICEF/UNFPA/World Bank MMR report, 2009 Maldives DHS, 2014 World Development Indicators (WDI)

MDG Target 5a: Reduce the MMR by three-quarters, between 1990 and 2015

Maldives has made great progress over the past two decades on maternal health and has achieved MDG 5. The MMR declined from 430 deaths per 100,000 live births in 1990 to 31 in 2013 (figure 1), for an average annual decline of 10.8 percent.⁴

FIGURE 1: MATERNAL MORTALITY RATIO 1990-2013 AND 2015 TARGET



Source: 2014 WHO/UNICEF/UNFPA/World Bank MMR report

⁴ Maldives has achieved MDG 5 but has been classified by the Interagency estimates as “on track” for achieving MDG 5, defined as a 5.5% or more average annual decline between 1990 and 2013.

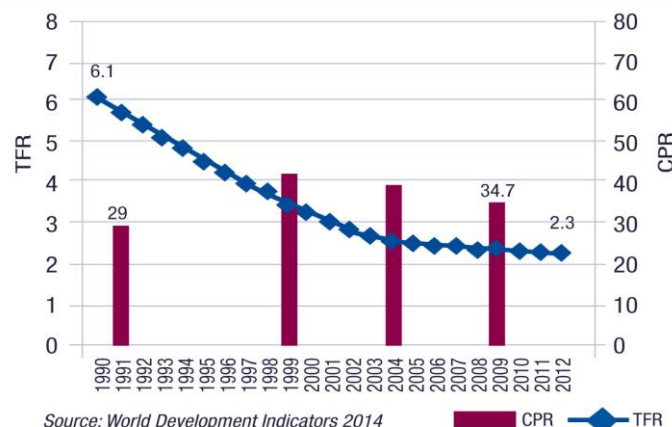
Fertility

Fertility has been declining over the past 20 years. Between 1990 and 2012, the total fertility rate declined from 6.1 to 2.3 (figure 2).¹

Increased contraceptive use has accompanied fertility decline. The CPR (any method) increased from about 29 percent in 1991 to 34.7 percent in 2009.¹ Modern methods are the main choice of contraceptives and are used by 27 percent of currently married women. Female

sterilization (10.1 percent), male condoms (9.3 percent) and the pill (4.6 percent) are the most commonly used form of modern methods. Traditional methods are used by 7.8 percent of currently married women. There is still an unmet need of 28.1 percent.⁵

FIGURE 2: TRENDS IN CONTRACEPTIVE PREVALENCE RATE AND TOTAL FERTILITY RATE



Source: World Development Indicators 2014

Early childbearing affects maternal health outcomes; in Maldives, however, this does not appear to be an issue. The median age at first marriage among women age 25-49 is 19 years and that at first birth among the same cohort is 21.2 years. The share of women age 15-19 that have begun childbearing is only 2.1 percent.⁵ The adolescent fertility rate is 4.2 births per 1,000 women age 15–19.¹

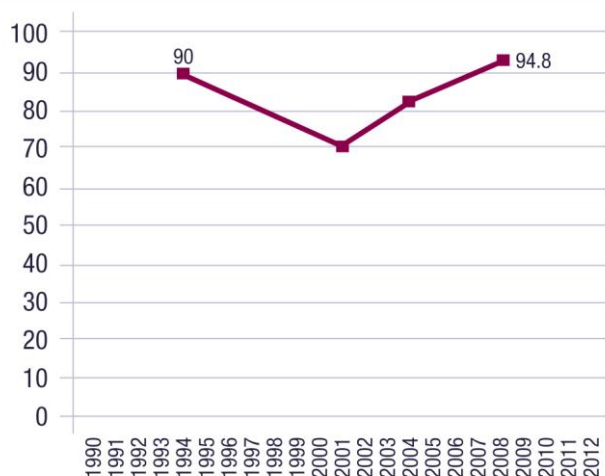
Pregnancy Outcomes

Complete and timely antenatal care (ANC) is a necessary component for positive pregnancy outcomes. As of 2009, 99.2 percent of women sought ANC from a skilled provider; 85.1 percent of women received the recommended four or more ANC visits; 99.6 percent of women had their blood pressure measured (a component in a package of ANC services).⁵

Skilled birth attendance (SBA) is critical in reducing maternal deaths. In Maldives, SBA by a skilled provider has historically been high. It increased from 90 percent in 1994 to 94.8 percent in 2009 (figure 3).¹ Ninety-five percent of births are delivered in a health facility (85 percent in a public sector facility and 10.2 percent in a private sector facility).⁵

Postnatal care is another important component for maternal health, especially for managing post-delivery complications. It is recommended that postnatal care for mothers occur within the first two days of delivery. In Maldives, 67.1 percent of women sought this type of care from a qualified provider within the first two days of delivery.⁵

FIGURE 3: TRENDS IN SKILLED BIRTH ATTENDANCE



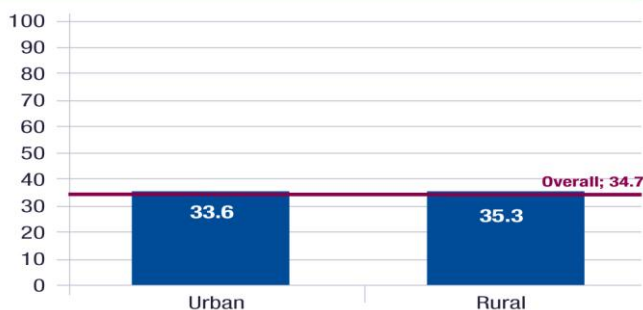
Source: World Development Indicators 2014

While maternal health care utilization is high in Maldives, problems are still encountered in access to health services. Overall, 83 percent of women age 15-49 encountered at least one problem in accessing health care when sick. The biggest problem identified is the concern of no drugs available (72.2 percent).⁵

Equity in Access to Maternal Health Services

Access to maternal health services is fairly equitable. Little variation is observed across residence (rural/urban) and wealth quintiles. The CPR shows a difference of only 2 percentage points (33.6 percent and 35.3 percent) (figure 4).⁵

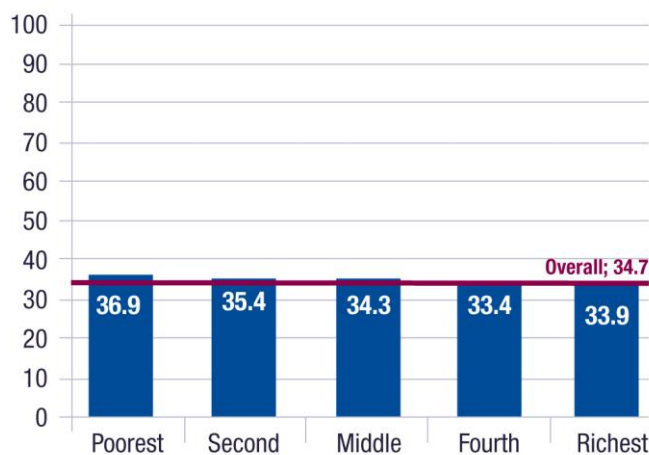
FIGURE 4: CPR (ANY METHOD) BY RESIDENCE



Source: 2009 Maldives DHS

The CPR across wealth quintiles has an unusual pattern. It is higher among the poorest two wealth quintiles than the richest quintile. There is, however, only a difference of about 3 percentage points between the poorest and richest quintiles (figure 5).⁵

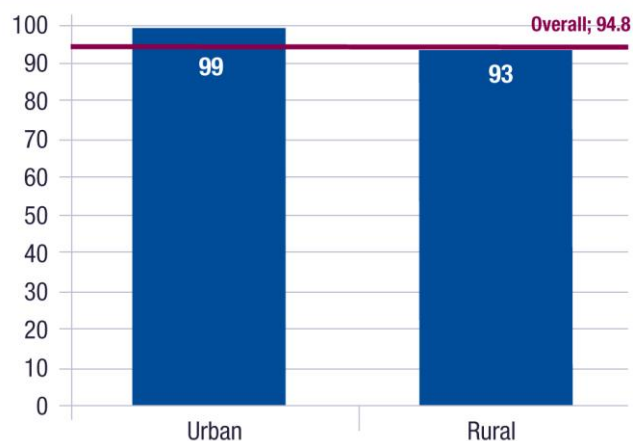
FIGURE 5: CPR (ANY METHOD) BY WEALTH QUINTILE



Source: 2009 Maldives DHS

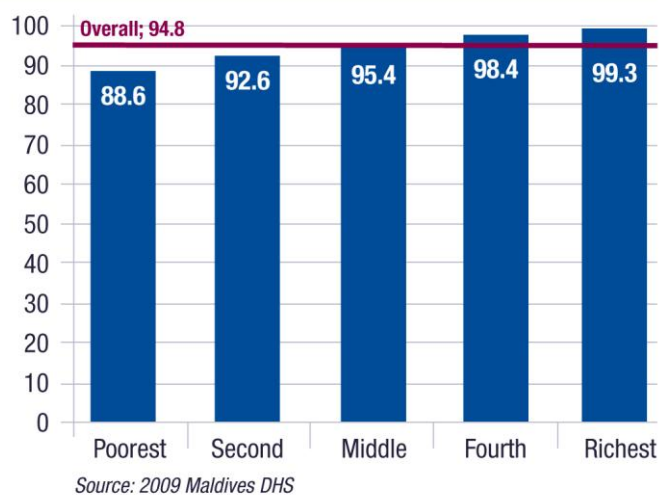
There is also little variation in SBA. While the gap is slightly higher across residences, it is only a difference of 6 percentage points between urban and rural areas. This is, however, negligible as the proportion of SBA is very high anyways (figure 6).⁵

FIGURE 6: SKILLED BIRTH ATTENDANCE BY RESIDENCE



Source: 2009 Maldives DHS

The gap is somewhat larger for SBA across wealth quintiles: 88.6 percent of the poorest quintile had SBA compared with 99.3 percent of the richest quintile (figure 7). Again, the proportion of SBA in all wealth quintiles is high.⁵

FIGURE 7: SKILLED BIRTH ATTENDANCE BY WEALTH QUINTILE

Key Strategies to Improve Maternal and Reproductive Health Outcomes

Addressing increasing demands from youth/adolescent: Maldives has initiated a number of interventions to establish youth/adolescent friendly health services in collaboration with other government agencies, such as implementation of Youth Health Strategy, the Standards and Service package for Adolescent Friendly Health Services, and life skills education program in schools.

Improving quality of RMNCH services: To ensure quality of RMNCH services, the government has set up and implemented the guidelines and standards and been striving to reduce stock out of life-saving medicines for mothers and babies. In FP, the government has adopted interventions such as sensitization of community and religious leaders on 'family health', behavior change, improving quality of FP counseling, reducing commodity stock out, and strengthening linkage between RH and FP services.

Increasing utilization of peripheral health services: The government has taken key actions including upgrading all atoll hospitals with comprehensive EmONC facilities and striving to ensure availability of medicines and equipment for MNCH. The government is mapping the health facilities using MNCH services as a proxy to understand utilization of health services. Rationalization of human resources according to skills specification to promote utilization of a 4-tier health services is also ongoing.

Adolescent and Sexual Health

Meeting the health needs of the youth in Maldives is critical as nearly half the population is under 25 years. For example, 3.2 percent of unmarried women and 9.8 percent of unmarried men age 15-24 have had sexual intercourse. Sexual and reproductive health is an extremely sensitive topic and therefore knowledge and access to information is limited. Some 25 percent of never-married female youth and 22 percent of never-married male youth have reported that they "had not talked about reproductive health and sexuality with anyone". Preventive care can help meet youth needs. The current health system, however, is primarily curative. Unwanted pregnancies are a problem for young women. Findings from the 2010 Statistical Analysis of the Family Protection Unit (FPU) at the Indira Gandhi Memorial Hospital (IGMH) in Malé show that out of a total of 620 cases attended to by the unit in the analysis period (since its establishment in 2005), 121 cases were pregnancies outside marriage and the majority of those cases were among young women ages 18 – 24.⁶

References:

- 1 World Bank. World Development Indicators 2014: Accessed 19 May 2014
- 2 Maldives: Country Program Snapshot. March 2014, the World Bank
- 3 UNDP. 2013 Human Development Report Gender Inequality Index
- 4 WHO, UNICEF, UNFPA and The World Bank. 2014. Trends in Maternal Mortality: 1990 to 2013: World Health Organization
- 5 Ministry of Health and Family (MOHF) [Maldives] and ICF Macro. 2010. Maldives Demographic and Health Survey 2009. Calverton, Maryland: MOHF and ICF Macro.
- 6 UNFPA. Reproductive Health Knowledge and Behavior of Young Unmarried Women in the Maldives. UNFPA; Malé, Maldives. September 2011.

The Health, Nutrition and Population Knowledge Briefs of the World Bank are quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions.

For more information on this topic, go to: www.worldbank.org/health.