

# Maternal Mortality in Kyrgyzstan: Exploring Determinants in the Context of Three Delays Model



## Presentation of the Research

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# Structure

- Background and Context
- Theoretical Aspects
- Methods and Data
- Findings and Conclusion



*“Maternal mortality is not about numbers and statistics. It is about women who have names. It is about human faces seen in the throes of agony, distress, and despair, faces which continue to live in our memories and continue to haunt our dreams.”*

*(Dr. Mahmoud F. Fathalla)*



Source: Vecherniy Bishkek

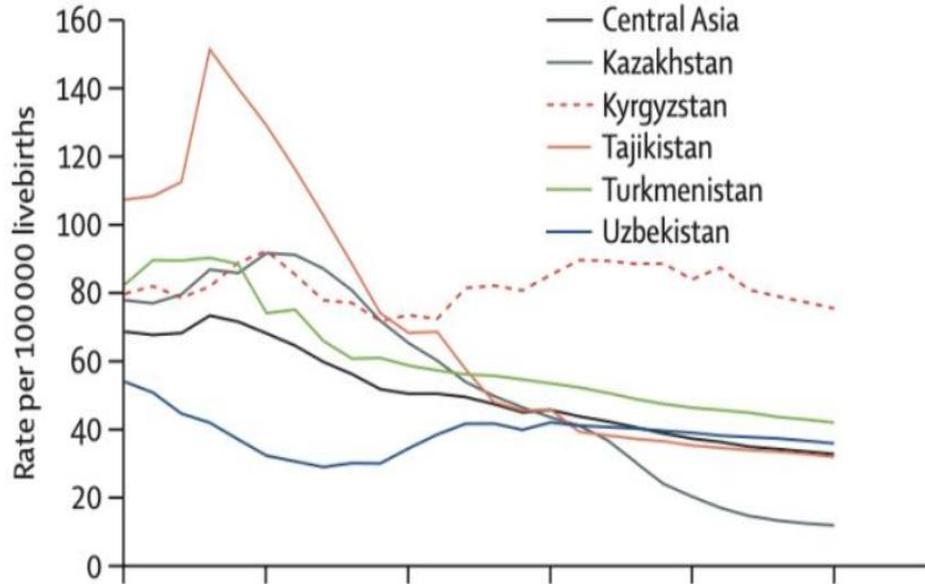
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# *Background and Context*

*Maternal mortality is a persistent challenge worldwide, and  
Kyrgyzstan is no exception*

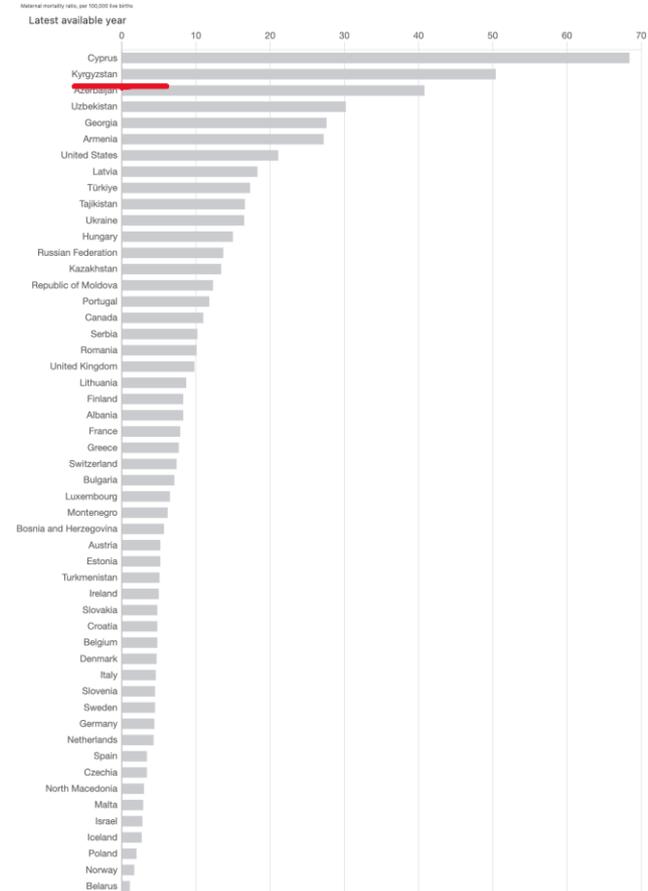
- ✓ *Every day approximately **800 women die** from causes related to pregnancy and childbirth (WHO 2023)*
- ✓ ***94% of all deaths occurred in** developing countries*
- ✓ *Most of maternal deaths **CAN be prevented***
- ✓ *Kyrgyzstan currently has **one of the highest maternal mortality rates** in the Central Asia and East Europe region*

# Maternal Mortality Ratio in Central Asia and East Europe (2020)

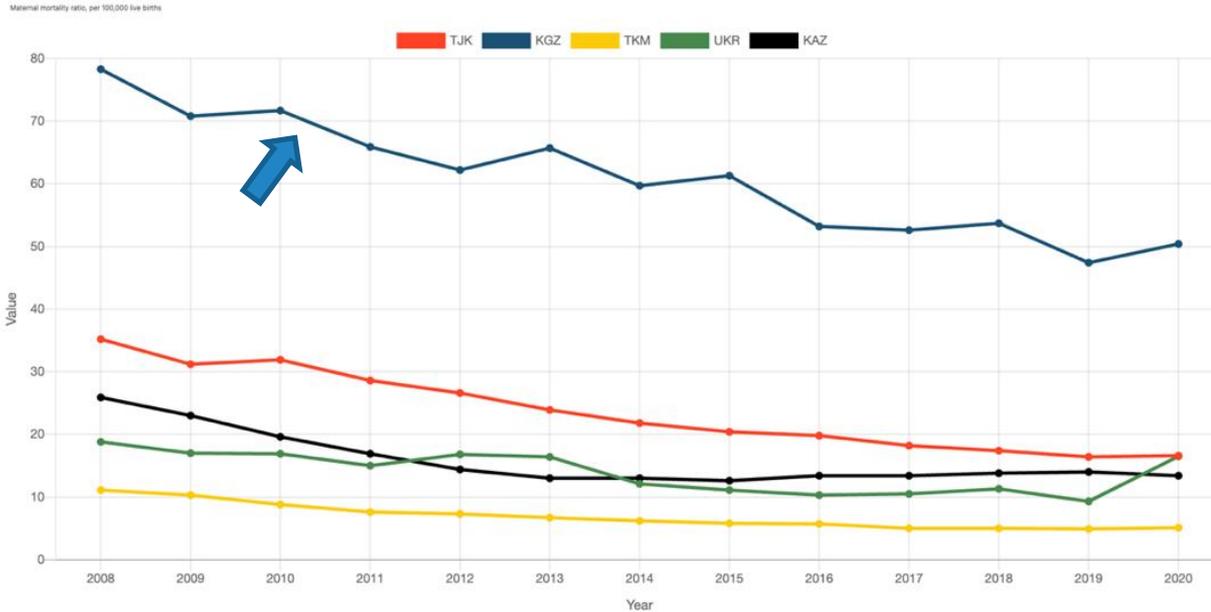


**Maternal Mortality Trends in Central Asia 1990-2015.**

Source: Kamali et al. (2021)



Source: UNECE (2023)



*The estimated 2021 maternal mortality rate is **37.1 per 100,000 live births** (UN OHCHR 2022)*

**Maternal Mortality Trends in Central Asia 2008-2020.**  
**Source: UNECE (2023)**

- ✓ *From 1990 to 2017, maternal mortality in Kyrgyzstan fell by **only 7 %, compared with a 54 %** decline in Central Asia (Rechel and Moldoisaeva 2021)*
- ✓ *At the same time, the **country is considered a pioneer of health reforms** in the region. National health programs "Manas Taalimi" (2006-2010) and "Den Sooluk" (2010-2018) **had one of the priority goals to reduce maternal mortality.***

***“Why, despite all country and international partners’ efforts, the decline in maternal mortality in Kyrgyzstan is slow?”***

# *Theoretical Aspects*

*Applying the Three Delays model reveals gender inequality's role in maternal mortality*

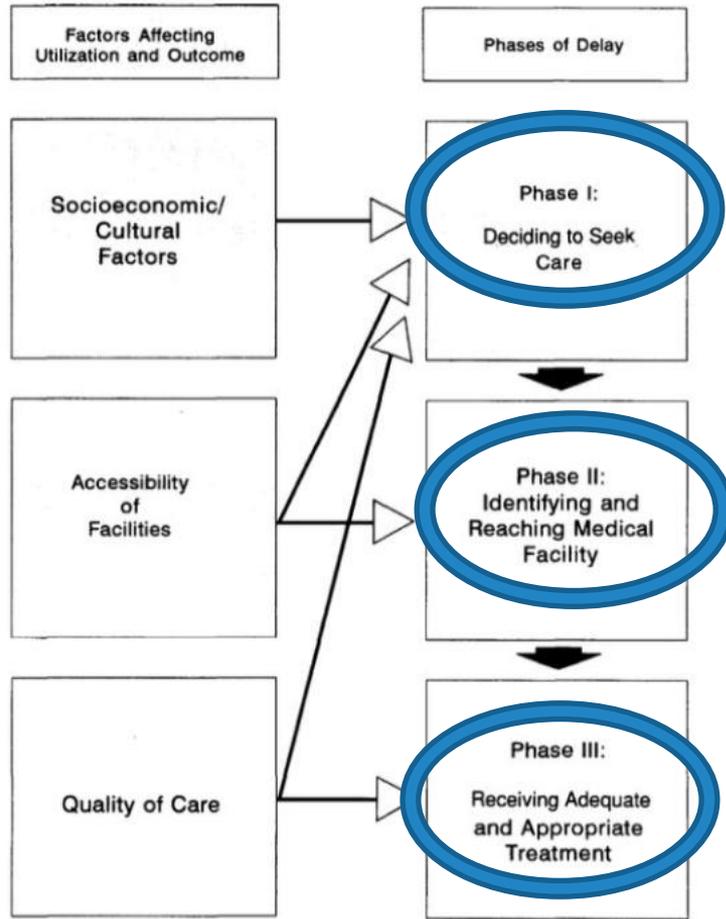
# The Indicator of Development

- ✓ *Maternal mortality is commonly viewed as a **litmus test** of both the **well-being of women** and the adequacy of a country's healthcare system (UN 2009)*
- ✓ *MMR is a **core indicator** in the global development agenda **for sexual and reproductive health** (Donati et al. 2016).*
- ✓ *The reduction of **MMR** remains a **global priority (SDG indicator 3.1)**, requiring close monitoring and specific approaches to save women's lives, thereby enhancing well-being, and promoting development.*

# Multidimensional Social Phenomenon

- ✓ *Maternal mortality is **not only a medical issue**, but also a **complex and multidimensional phenomenon**. Like no other phenomenon, it is associated with social factors (UNFPA 2012, Wang et. al 2020; McCarthy and Maine 1992)*
- ✓ *These factors include social, economic, cultural environment, and individuals' positions within social hierarchies (UNDP 2011)*

# Three Delays Model



Source: Thaddeus and Maine (1994)

- 75% of maternal deaths occur from **direct obstetric causes** (hemorrhage, obstructed labor, infection, toxemia, and unsafe abortion) and could have been prevented with timely medical treatment
- Thus, **delay becomes a critical factor of MM**

# *Perspectives on Maternal Mortality Reduction*

## **Health Perspective**

Focuses on healthcare accessibility, affordability, and quality (including Antenatal Care; Skilled Birth Attendance; Emergency Obstetric Care; Family Planning Services, and Safe Abortion )

## **Economic Perspective**

- Suggests that economic development plays a key role in reducing maternal mortality through improving living standards, nutrition, and sanitation

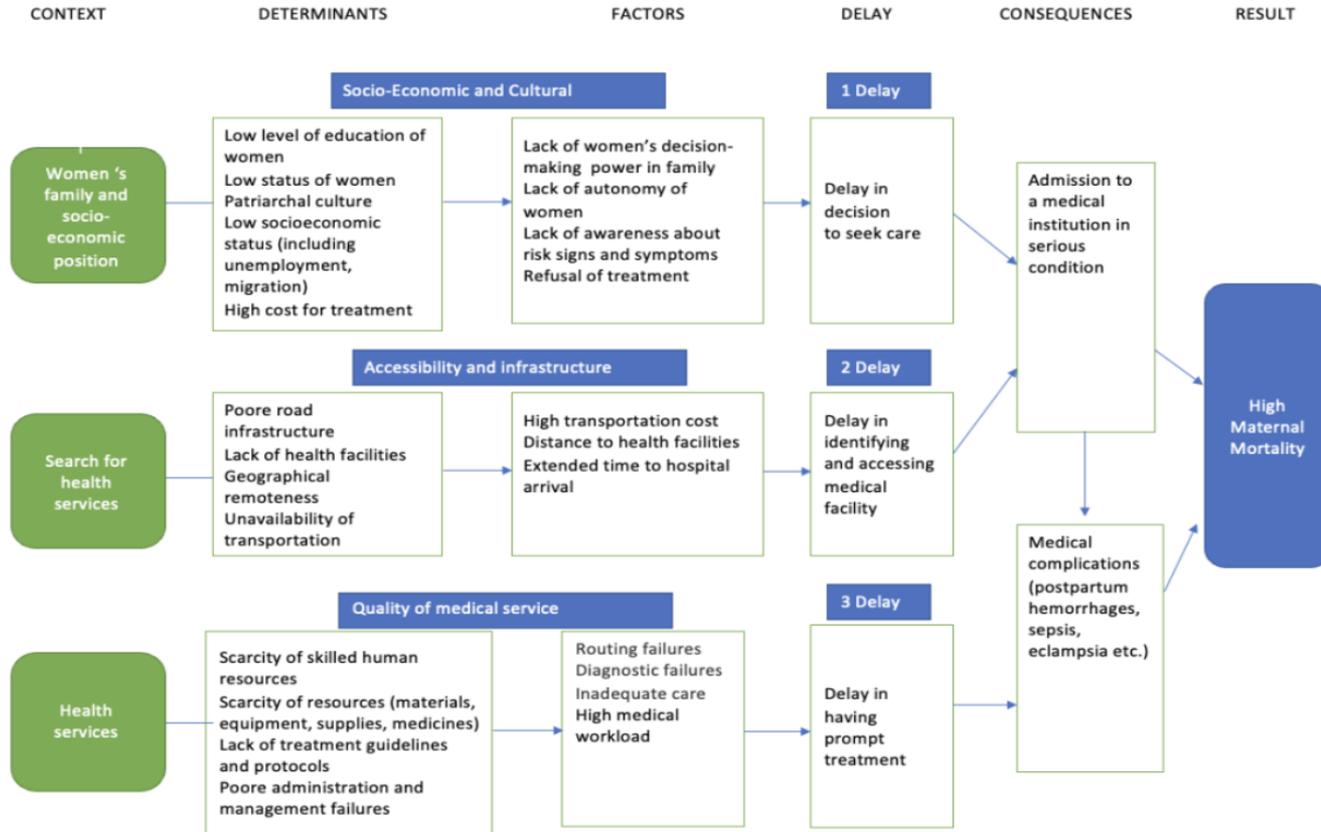
## **Women's Empowerment Perspective**

- In societies where women have high status, their issues become an important priority
- Such societies place great emphasis on women's education

# *Methods and Data*

*Diverse data collection methods provide insights from urban  
and rural settings*

# Analytical Framework



Adapted by the author based on *Thaddeus and Main (1994)* and *Santos et al. (2022)*

## Study Site and Period

- ✓ *The study was conducted in Bishkek and the Issyk-Kul region, specifically in the regional city Cholpon-Ata and in 4 villages (Ornok, Chon-Sary-Oi, Kara-Oi, Bostery)*
- ✓ *Study period: August 1 - 20, 2023*

Method of Data Collection	Number of Respondents	Position
On-line Survey	268	Women from urban areas (213) Women from rural areas (55)
Key Informant Interviews	10	Government Expert Ministry of Health Expert Health Practitioners Representative of the NGO Representative of the Independent Doctors Union Local Authorities Representative of the research institute
In-depth Interviews	13	Women from rural and urban areas
Focus Group Discussion	5	Women from rural and urban areas (15-49 years old)
Focus Group Discussion	5	Women from rural area (50-65 years old)

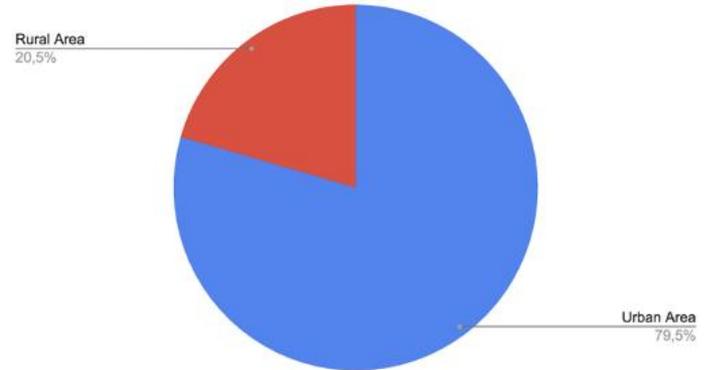


# Questionnaire Structure

The questionnaire consists of **6 sections**:

1. Demographic Information
2. Socioeconomic Status
3. Intrafamily Dynamic and Woman's Autonomy
4. Reproductive Health and Knowledge about it
5. Pregnancy and Delays
6. Additional Information

**Residence Area**



**Number of respondents - 268**

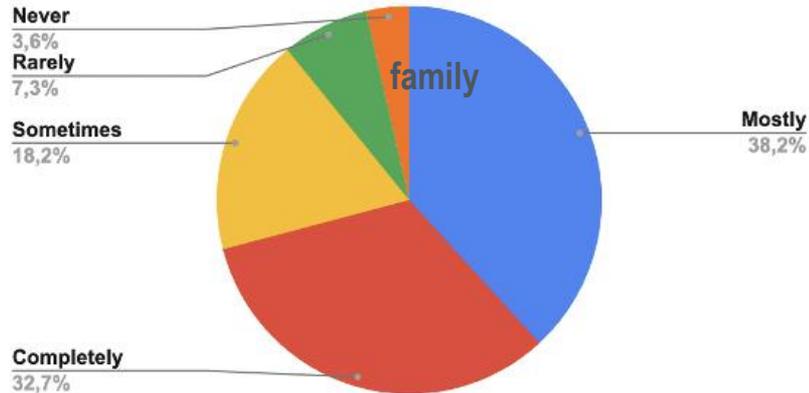
**Urban area - 79,5% (213)**

**Rural area - 20,5% (55)**

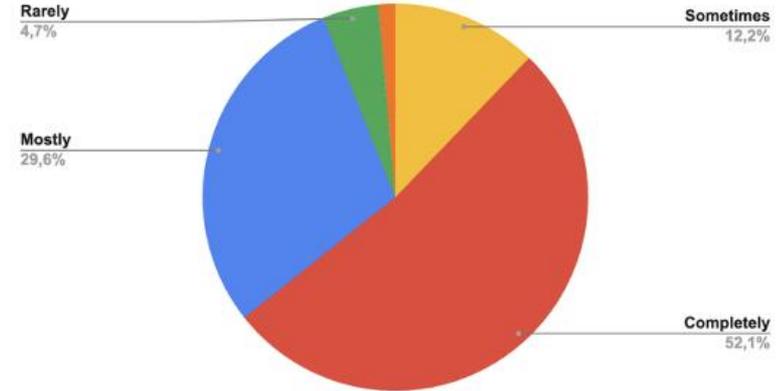
# First Delay

Do you feel that your opinions and wishes are respected in the family?

## Rural

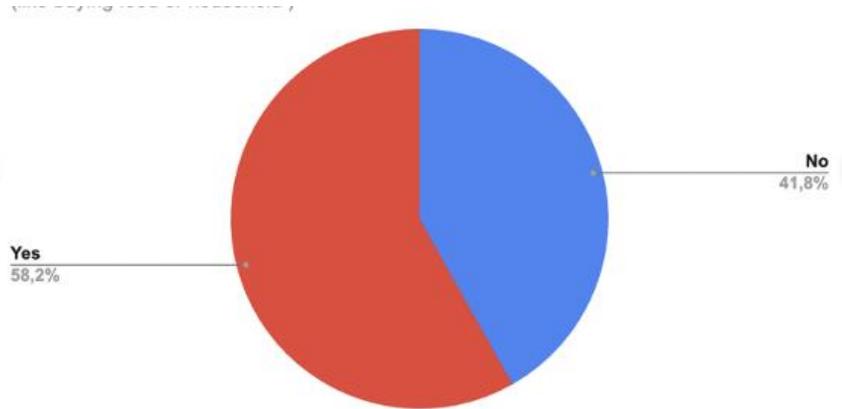


## Urban

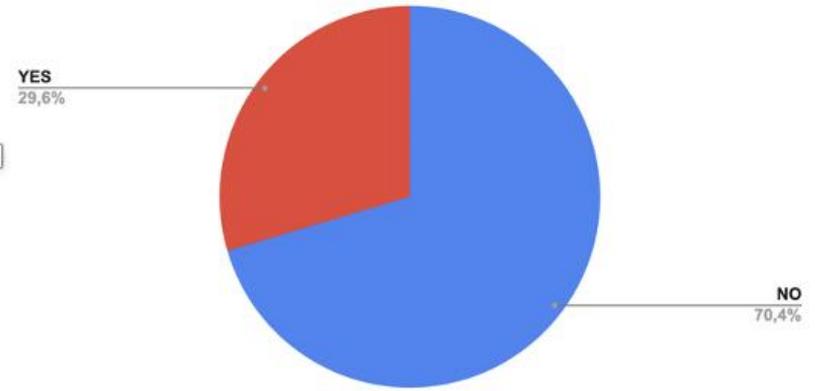


# Do you need permission to make small expenses?

**Rural**

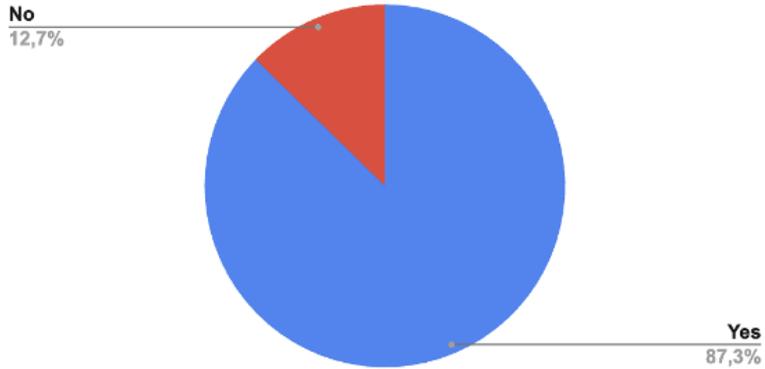


**Urban**

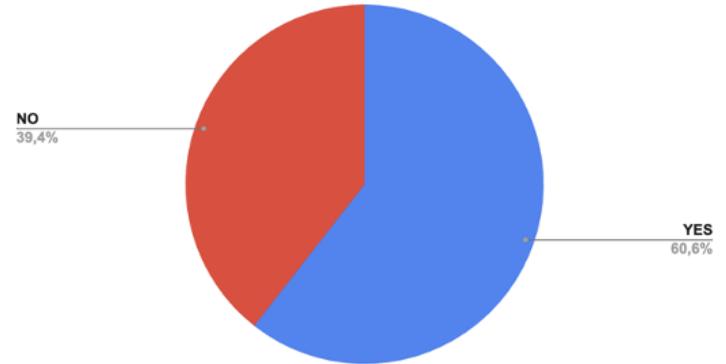


# Do you need permission to travel on short distance alone?

## Rural

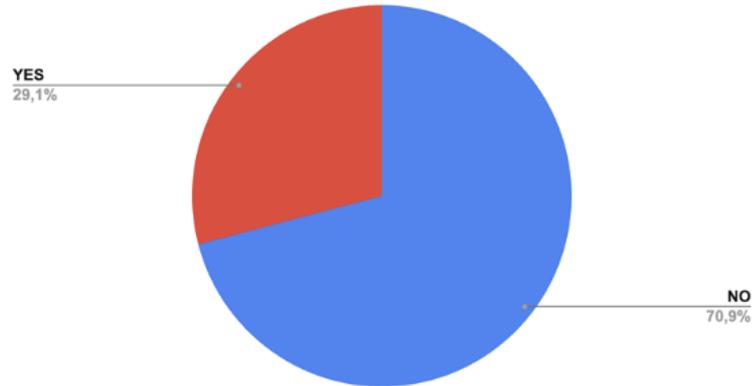


## Urban

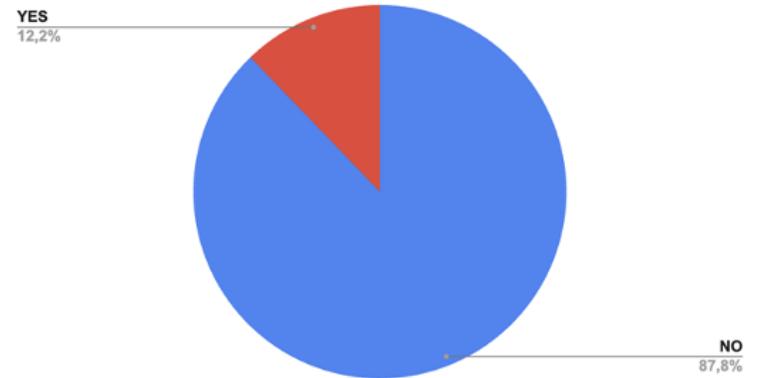


# Do you need permission to go to the doctor alone?

## Rural

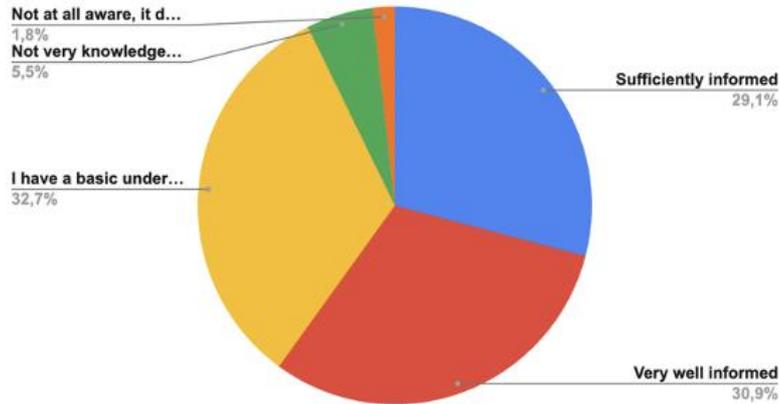


## Urban

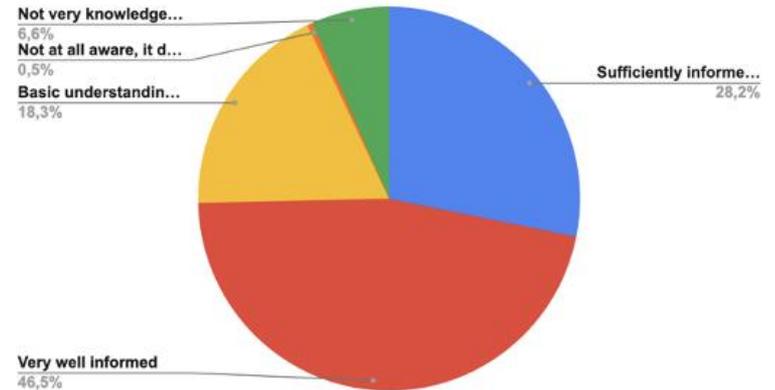


# How would you rate your awareness of women's reproductive health, family planning, and contraceptive methods?

## Rural

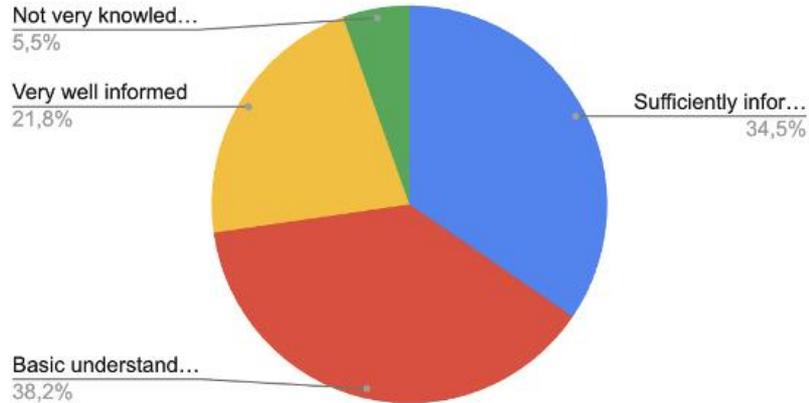


## Urban

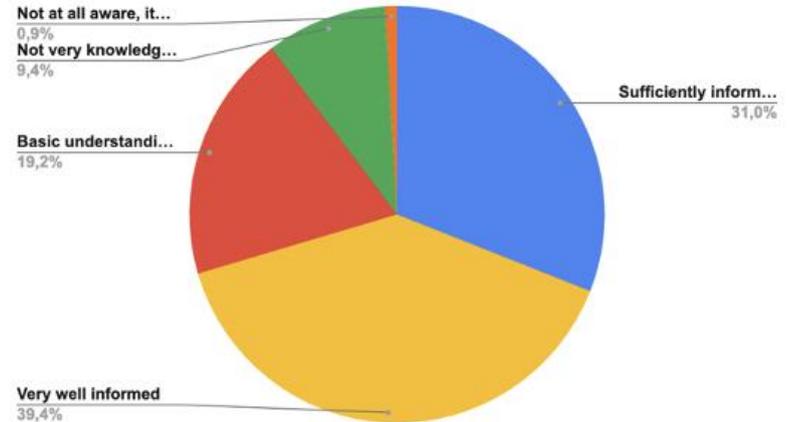


# How would you rate your awareness of danger signs during pregnancy?

## Rural

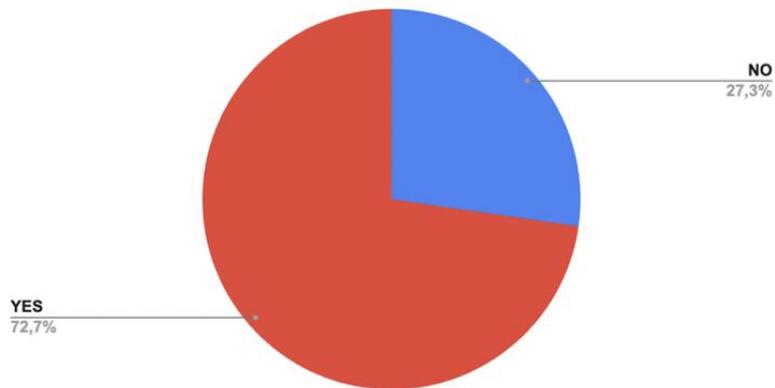


## Urban

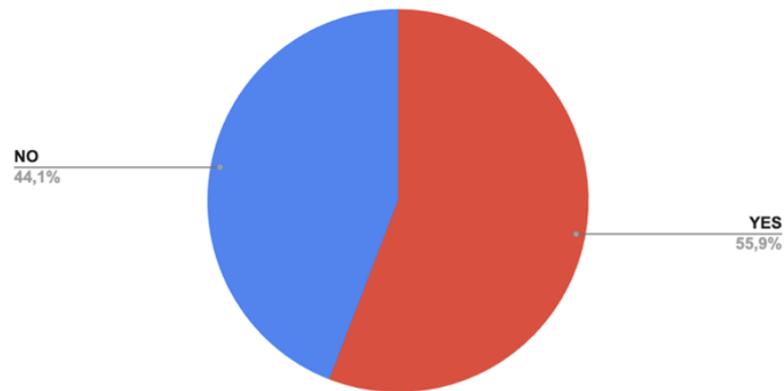


*Have you ever faced the fact that your husband or family members do not understand your physical or psychological state, or your specific needs during pregnancy?*

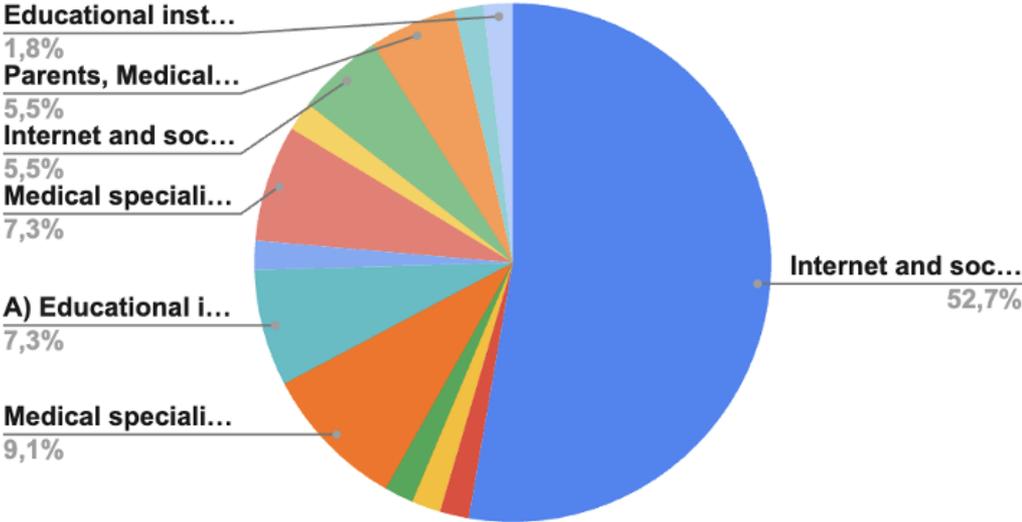
## Rural



## Urban

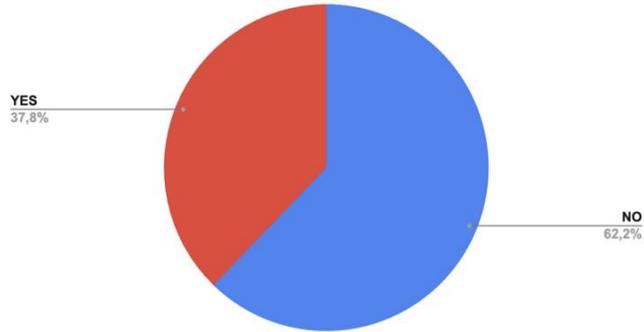


# Where do you usually get information about family planning, contraceptive methods, and sexual and reproductive health?

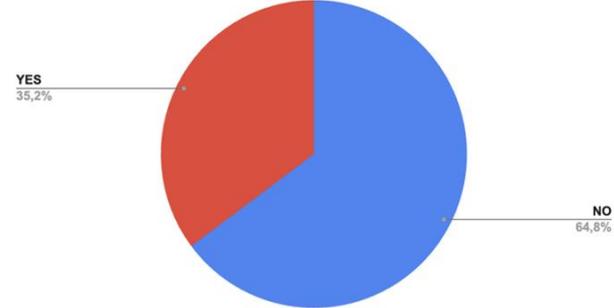


# Postponement of the planned visits to the doctor

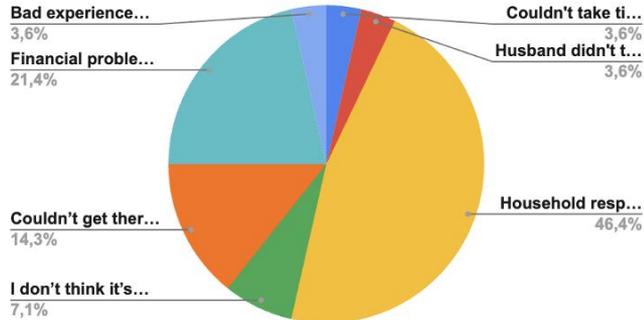
Have you had to postpone a planned visit to the doctor while pregnant?  
(Rural)



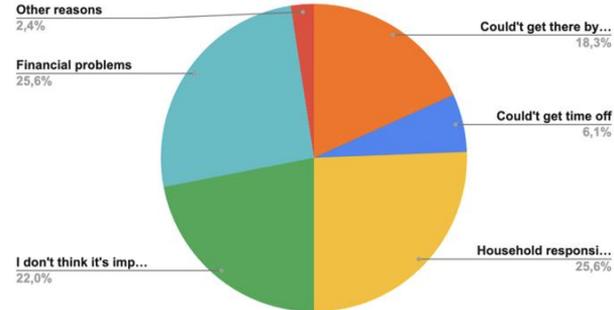
Have you had to postpone a planned visit to the doctor while pregnant?(Urban)



If you answered yes, why did you postpone your visit?  
(Rural)



If you answered "Yes" to question 21, why did you postpone your visit?  
(Urban)



# *Findings & Conclusion*

*Empowering women and improving reproductive and sexual health education are key to reducing maternal mortality in Kyrgyzstan*

- ✓ The **majority of factors** impacting maternal mortality **relate to the First delay** phase and therefore are associated with socio-economic and cultural factors that arise at the family level.
- ✓ Those factors are **linked to the status of women** both within the broader context of society and within their families.
- ✓ Women in Kyrgyz society both in urban and rural areas, often **lack autonomy in different aspects** - physical, financial, and reproductive, and are **embedded in the patriarchal family structure**.

- ✓ A significant number of women **are not knowledgeable and concerned about their reproductive health**, which leads to poor decisions and puts them at risk of dying during pregnancy and childbirth.
- ✓ One of the main reasons is the **lack of comprehensive reproductive and sexual health education** in schools. Currently, such education is carried out formally, and the problem is especially acute in rural areas.

- ✓ **The reduction of maternal mortality in Kyrgyzstan is hampered by gender inequality.**
- ✓ **To reduce the risks of the First delay, which is associated with the highest number of factors ultimately leading to maternal mortality, it is essential to address the low status of women in both family and society.**
- ✓ **Raising awareness and knowledge about reproductive health should be a priority not only among women but also among those who influence their reproductive decisions.**
- ✓ **Therefore, government programs related to maternal mortality reduction should incorporate a gender empowerment approach as an essential component in the fight against maternal mortality**

Thanks!

**Any questions?**