

Gudrun Østby

Organized conflict and maternal health: Local-level evidence from sub-Saharan Africa

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Independent • International • Interdisciplinary

Peace Research Institute Oslo

- Maternal Mortality Rate (2015):
  - World: 216 per 100,000 births
  - SSA: **546**
- The odds that a woman in SSA will die from complications related to pregnancy/childbirth is 1:36
  - This poor performance may in part be due to detrimental effects of armed conflicts.
- Urdal & Chi (2013) find a correlation between armed conflict and MMR at the national level.
  - But both conflict and maternal health vary within countries...



Photo: UN Photo/Hien Macline



- In a comment in *The Lancet* from 2016, Helena Nordenstedt and Hans Rosling criticized a UN report for stating that 60% of all maternal deaths take place in humanitarian settings.
- The 60% was calculated based on the total population in the 50 most fragile states in the world.
- Nordenstedt & Rosling: Not all people in fragile states live in humanitarian settings.









Population

Conflict-affected populations, 2016: SSA: 20% World: 12%





Source: Various DHS surveys

App 580,000 births by app. 400,000 mothers from 72 surveys in 31 SSA countries (1990-2014)



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- Conflict is likely to have a negative impact on the access to maternal health care services:
  - disturbing population movement
  - severely undermining economies
  - destroying infrastructure
    - The more exposed a mother is to organized violence in her home area, the lower the likelihood that she will give birth in a health facility.
- The reinforcing effect of armed conflict on the access to institutional birth should be stronger for women
  - in rural areas
  - in poorer households
  - with less education





- Proximity to recent organized violence events decreases the chance that a child is born at a medical facility by app 1%:
  - Armed conflict in sub-Saharan Africa causes around 47,000 additional children to be born outside health facilities every year
- The negative impact of conflict appears to be stronger
  - in **urban** areas,
  - among **poorer** mothers
  - among less educated mothers.
- There appears to be a sudden drop in institutional child delivery precisely in the month where a violent event takes place.
  - It takes about three years before institutional child delivery reaches preconflict levels.



- Further studies should explore *why* organized violence reduces the use of maternal health care services.
  - Is it conflict-related migration, poverty, destroyed infrastructure, and/or lack of security?
- We also lack knowledge on the extent to which conflict affects the *quality* of maternal health care services

## • What works?

 Policymakers should invest more in conducting robust future studies exploring to what extent early external interventions to reach vulnerable populations during conflict may mediate the negative maternal health effect of the conflict.

