

CHILD AND MATERNAL MORTALITY

Target: Reduce infant and under-five mortality rates by two-third by 2015

Target: Reduce maternal mortality ratio by three-quarters

Performance Summary

Will Development goal be reached?

Possibly-Probably-Unlikely-Lack of Data

State of Supportive Environment

Strong-Fair-Weak but Improving-Weak

Status and Trends

Due to a relatively high standard of health, one that has been improving over the past decades as a result of the government commitment to providing free quality health care to its citizens, Bahrain is on track to meeting the 2015 target of reducing child and maternal mortality. Child and maternal mortality rates in Bahrain are relatively low, close to the level recorded in advanced economies, and it is likely that there will be a further decline in mortality rates as a result of health precautions taken by pregnant women, as well as progress in prenatal medicine.

Child Mortality Rate

The infant mortality rate is low compared to other developing countries. Ministry of Health statistics indicate that the overall infant mortality rate in 2001, including non-Bahrainis, was 8.7 per 1000 live births, Table (1) and Figure (1). With more than 13,000 births per year, the total number of infant deaths was approximately 106. This rate held constant for the five years from 1997-2001, with only minor changes in any given year, resulting in a statistically insignificant variation in the total number of deaths. Furthermore, female mortality rates are lower than those of males but do not differ much from the corresponding rates in advanced economies.

Figure (1)

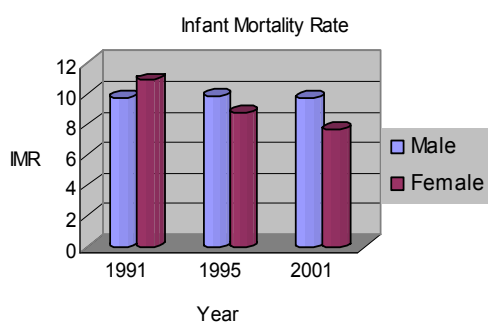


Table (1)
Infant Mortality Rate

IMR			
Year	Male	Female	Total
1991	9.7	10.9	10.3
1995	9.9	8.8	9.4
2001	9.7	7.7	8.7

Source: Central Information Organization

In order to further reduce the infant mortality rate, the Ministry of Health has established a committee to review the main causes of infant mortality, including hereditary diseases, congenital defects, and suffocation in the course of delivery.

Measures of the generally superior standard of health care available in Bahrain are indicated by the current under-five mortality rate, which stands at 2.7 per 1000 live births, Table (2) and Figure (2). The lower mortality rate is undoubtedly due to the high level of preventive and medical services provided to this key sector of the community and to the rising standards of living.

Table (2)
Under 5 Mortality Rate

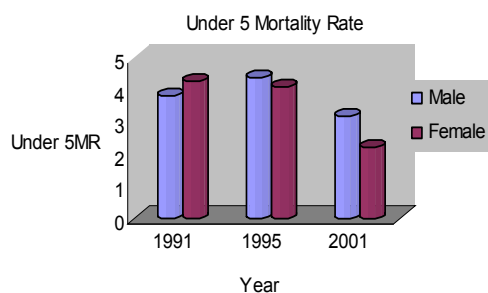
Under 5 Mortality Rate			
Year	Male	Female	Total
1991	3.8	4.3	4.1
1995	4.4	4.1	4.2
2001	3.2	2.2	2.7

Source: Central Information Organization

Child and Maternal mortality rates are relatively low, close to the level recorded in advanced economies.

*“Every citizen is entitled to health care. The state cares for public health, and the state ensures the means of prevention and treatment... through hospitals and healthcare institutions.”
Art 8,
Constitution of the Kingdom of Bahrain*

Figure (2)



Contributing to a reduction of the under-5 mortality rate is the widespread implementation of measles immunization. Figures for 1-year-old children reveal that immunization coverage has risen to 97 per cent and should easily reach 100 per cent by 2015.

Maternal Health

Maternal mortality is another area where the Kingdom of Bahrain has made significant strides in the past decades. Primary causes of maternal mortality are complications arising from pregnancy, child-birth, hereditary diseases, blood diseases, or hemorrhaging, but the most recent data show that 99 per cent of expectant women were attended by trained personnel during pregnancy and childbirth, including pediatric care for children up to the age of one. Maternal mortality rates vary from year to year, actually showing an increase in 2001. However, the number of fatalities is so low that these variations are insignificant, amounting to not more than one or two individuals out of more than 13,000 live births per year, Table (3).

The low level of infant and maternal mortality rates in Bahrain is attributable to general developments such as improvement in the social and economic well-being of the population, greater respect for women's rights and social status, the high standard of prenatal care, and the attendance of skilled health personal during deliveries.

Table (3)
Maternal Mortality Rate per 100,000 live births.

Year	Deaths	Births	MMR
1997	4	13382	30
1998	2	13381	15
1999	3	14280	21
2000	2	13947	14
2001	3	13468	22

Source: Ministry of Health

While low rates of maternal mortality, along with relatively low rates of infant mortality are a credit to the country's advanced health care system, the high fertility rate of 3.0 children per woman, resulting in a population growth rate of 2.7 per cent, is a matter of continuing concern. Though both figures constitute a significant decline from the fertility rate of 5.9 and growth rate of 3.4 per cent that existed only twenty-five years ago, population growth exerts a constant pressure on human and social resources which the country will be able to meet only if it can bring about a decline in the rate.

Challenges to Achieving this Goal

Bahrain's health figures are commendable, but the country's health services cannot afford to remain complacent if they expect to maintain and reduce the incidence of infant and child mortality, as well as childhood diseases. An infant mortality rate of 8.7 out of every 1000 live births is laudable, but still somewhat high for a country ranked in the High Human Development category of the UNDP HDI (.0831). Infant deaths occur most commonly during the first week of life, usually due to pulmonary distress or genetic and hereditary blood diseases. Increased resources, both financial and human, are required if the country is to successfully address these medical conditions and further reduce instances of infant mortality.

With a growing population, health care budgets are coming under mounting strain as the country strives to maintain and improve its services. Financial allotments for medical care have risen substantially in recent years, but they are still insufficient for the demands placed upon them. In contrast to developed countries, Bahrain spends only 2.6 per cent of its GDP on health care, a relatively small percentage by comparison. While private clinics and hospitals absorb some of the demand for medical care, thus reducing the pressure on government services, greater expenditures will have to be allocated for both facilities and personnel in order to meet the health care needs of a growing population. Particularly in the area of public health services, more training is needed to provide qualified professionals who are willing to devote themselves to this vital area rather than to specialize in more exotic and lucrative branches of medicine. At the same time, the under funding of health care personnel, especially the low compensation of doctors and midwives, represents a challenge to achieving this goal.

The low level of infant and mortality rate is attributable to the high standard of living.

Yet, health care budgets need to be increased in order to meet the health care needs of a growing population.

Supportive Environment

A number of supportive policies and programmes to reduce child mortality are in place, including the expansion of the health services network-health posts, information on health, sanitation and family planning. Furthermore, the health infrastructure, which is well developed and long established, provides universal health services to Bahraini citizens. By the same token, the country is hoping to be a regional hub for “health tourism”.

On the other hand, the country runs an accurate vital civil registration system where all demographic events such as births and deaths are timely recorded. This gives confidence in the rates calculated from these records.

Priorities for Development Assistance

- Provide all pregnant women with early prenatal care; make possible an early diagnosis of high-risk pregnancies, and promote proper nutrition and lifestyle tips for pregnancy
- Improve the organization of and provide training to medical and paramedical professionals and teams in hospitals.
- Strengthen the existing monitoring system of data collection and analysis.