Maternal mortality remains unacceptably high across much of the developing world. Fully achieving the MDG 5 target of reducing by three quarters the maternal mortality ratio by 2015 remains a challenging task. It is the area of least progress among all the MDGs.

Improving maternal health is key to saving the lives of more than half a million women who die as a result of complications from pregnancy and childbirth each year. Almost all these deaths could be prevented if women in developing countries had access to adequate diets, safe water and sanitation facilities, basic literacy and health services during pregnancy and childbirth. Hunger and malnutrition have been found to increase both the incidence and the fatality rate of the conditions that cause up to 80 percent of maternal deaths. Improving adolescent girls’ and women’s dietary intake, especially during pregnancy and lactation, would not only improve their own health but also make a significant contribution to the reduction of child undernutrition by decreasing the incidence of low birth weight babies and contributing to the prevention of child stunting. Adolescent girls’ and women’s nutrition must be improved to break the intergenerational cycle of child stunting and its consequences for individual and social development.

WHAT FAO IS DOING

The contributions of FAO to improving maternal health include efforts to:

- improve women’s access to productive resources and income;
- improve women’s nutritional status directly through better food security;
- empower women to obtain better health care, education and social services;
- promote nutrition awareness among women and girls, especially in rural areas;
- promote the integration of nutrition education into national school curricula;
- introduce labour-saving technologies;
- ensure greater household food security.

FAO provides technical assistance to member countries to develop policies and programmes that foster public understanding of diets that promote health and raise levels of nutrition.

FAO promotes nutrition education activities at country level that are based on the economic and cultural context of a specific area. Women and men are often not aware of the negative consequences of poor maternal nutrition on the health of the mother as well as the newborn. To address the problem, FAO gives training to health and agricultural extension workers as well as respected community members, such as grandmothers, religious leaders, traditional healers and midwives, who can incorporate up-to-date knowledge and skills on nutrition in their work with communities.

In countries where agriculture is still labour-intensive, women produce up to 80 percent of food. Women are also responsible for food preparation and processing and the collection of fuel and water. Heavy workloads, combined with poor diets, and frequent pregnancies, severely weaken women’s health. FAO supports efforts to alleviate women’s workloads through the introduction of labour-saving technologies for women’s tasks in agriculture and food preparation and processing. FAO also provides assistance to help ensure safe and more easily accessible water supplies and fuel for cooking.

Closely associated with improvements in maternal nutrition and health are improvements in the social and economic status of women, access to information and education and legal rights. Efforts to ensure gender equity and empower women will also lead to improvements in maternal health. Virtually all of the household food security, community nutrition and nutrition education initiatives supported by FAO have strong components of gender equity and women’s empowerment. This includes helping to eliminate discriminatory policies against women, improving their access to land, agricultural inputs, financial services and skills, and promoting labour-saving technologies.

Experience shows that the use of participatory, community-based nutrition improvement interventions can be highly effective tools for empowering women.

Key facts

Every year nearly 530,000 women die as a result of complications from pregnancy and childbirth (FAO, 2005).

Ninety-nine percent of these deaths take place in the developing world, where maternal mortality rates are typically 100 to 200 times higher than in industrialized countries (FAO, 2005).

At the global level, maternal mortality decreased by less than one percent per year between 1990 and 2005 – far below the 5.5 percent annual improvement needed to reach the MDG target (UN Millennium Development Goals – End poverty 2010 fact sheet, 2008).

Every year, more than one million children are left motherless and vulnerable because of maternal deaths. Babies and young children who have lost their mothers are up to ten times more likely to die prematurely than those who have not (UN Millennium Development Goals–End poverty 2010 fact sheet, 2008).
Home gardens

Home gardens offer great potential for improving household and maternal nutrition. One of the easiest ways of ensuring access to a healthy diet that contains adequate macro- and micronutrients is to produce many different kinds of foods in the home garden. FAO works with national agricultural extension, research, and training institutes, as well as with non-governmental organizations to train field staff, farmers’ and women’s groups, and schoolteachers in gardening techniques and practical nutrition. Successful field projects have been implemented in many countries of Africa, Asia and Latin America.

Strategies and technologies for successful home gardening and nutrition education are contained in FAO training materials, including:


Improving nutrition on the ground

- In Burundi, FAO gave mothers of children attending supplementary feeding centres seeds, tools and training to help them produce nutritious food for their families and free them from dependence on aid.
- In Zambia, labour-saving technologies were introduced to reduce women’s workloads. Efforts to include men as well as women in community-based health and nutrition education have encouraged men to take a more active role in childcare and food preparation.
- In India and Bangladesh, FAO worked with poor women farmers to start home gardens raising beta carotene-rich dark green leafy vegetables and orange and yellow fruit, which are essential for good health and protection from infection. Participatory cooking demonstrations in the community played an important role in improving household food security and helped women to improve the quality of their diets.
- In Afghanistan, FAO nutrition and livelihoods project teams supported the design and implementation of a women’s empowerment programme and mainstreaming gender considerations in all agricultural programmes. The project teams worked to integrate practical nutrition education, with cooking and food processing demonstrations, in various programmes, including: literacy circles, clinics and community health, youth centres, and agricultural extension, schools.

Guide for family nutrition

An FAO publication called Family Nutrition Guide helps governments and non-governmental organizations to inform about and motivate people to adopt healthy diets and lifestyles throughout their lives. The guide is a basic nutrition education tool designed for use by health workers, nutritionists, agricultural extension workers and other development workers. It includes a section on food care for women, which provides information and guidelines on maternal nutrition and health. It is available at: http://www.fao.org/docrep/007/y5740e/y5740e08.htm#bm08.

Trends in the maternal mortality ratio, by region (1990 and 2005)

Source: UNICEF, 2008

Nursing mothers learn about nutrition. ©FAO/Roberto Faidutti