**FREQUENTLY ASKED QUESTIONS (FAQs):**

**Saving Women’s Lives With Family Planning in Tanzania**

1. **Why is maternal mortality an important issue to tackle?**
* The death of a mother can devastate and destroy families.

*“No woman should die giving life.”*

-UNFPA

* The majority of maternal deaths are preventable. We have the knowledge and tools to prevent maternal deaths including modern contraception and emergency obstetric care.
* Decreasing maternal mortality has become an international priority and is a key indicator of the Millennium Development Goals.
1. **What are the main causes of maternal mortality?**

The main direct causes of maternal deaths are hemorrhage (severe bleeding), hypertensive disorder, sepsis/infection, obstructed labor, and abortion. Common indirect causes include HIV/AIDS, malaria, tuberculosis, and anemia. In sub-Saharan Africa hemorrhage is the number one cause of maternal mortality.1 For every woman who dies a maternal death, 20 more experience serious complications.2

1. **What is the difference between the maternal mortality rate and the maternal mortality ratio?**

Maternal mortality rate is the number of ***maternal deaths*** in a given period per 100,000 ***women of reproductive age*** during the same time-period.3

**WHAT IS MATERNAL DEATH?**

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes*.*

*-World Health Organization*

Increasing family planning use can help reduce the maternal mortality rate by decreasing the number of women with an unintended pregnancy, which decreases the number of women of reproductive age at risk for maternal death.

Maternal mortality ratio is the number of ***maternal deaths*** during a given time period per 100,000 ***live births*** during the same time-period.3

Increasing family planning use can also reduce the maternal mortality ratio by helping women avoid high-risk pregnancies.

1. **What is unmet need for family planning and what does it have to do with maternal mortality?**

A woman who is not using a modern or traditional method of contraception but reports wanting to either delay childbearing for at least two years or stop childbearing altogether is classified as having an unmet need for family planning. Unmet need for family planning is higher in sub-Saharan Africa than in any other region of the world.4

Without contraception, millions of women with an unmet need for family planning will become unintentionally pregnant each year which in turn increases the number of women who are at risk for maternal mortality. Satisfying the unmet need for family planning would significantly decrease maternal mortality in Tanzania.

1. **What exactly does the graph on the policy brief show?**

The graph on the policy brief *Saving Women’s Lives with Family Planning* shows that countries with higher contraceptive prevalence rates have lower maternal mortality rates than countries with lower contraceptive prevalence rates. Family planning can help reduce maternal mortality by preventing unintended pregnancies and decreasing the number of high-risk pregnancies.

1. **What is the maternal mortality and morbidity situation like in Tanzania?**

It is estimated that 790 women die out of 100,000 live births each year in Tanzania, resulting in a total of 14,000 maternal deaths every year.3 Improving access to family planning and maternal health services in Tanzania would help to decrease the number of maternal deaths.

Twenty-four percent of all pregnancies in Tanzania are unintended.5 Over 40% of women who report wanting to prevent pregnancy are currently not using a modern method of contraception.5 Increasing family planning use among women who wish to delay or limit childbearing would prevent maternal deaths in Tanzania.

1. **In the brief, it is recommended that we make family planning services and supplies available in the Tanzanian Health system. What specific changes do you recommend?**

***The AFP partners-Tanzania should determine the best response to this question based on current context and the briefing audience.***

Sources

 Ronsmans C and Graham WJ. Maternal mortality: Who, when, where and why. *The Lancet* 2006, 368: 1189-1200.

2 UNFPA. Safe Motherhood. 2010 [cited October 15, 2010]; Available from: <http://www.unfpa.org/public/home/mothers>.

3 World Health Organization. *Trends in Maternal Mortality: 1990 to 2008.*  *Estimates Developed by WHO,* *UNICEF, UNFPA and the World Bank,* Geneva: WHO, 2007.

4 Sedgh G, Hussain R, Bankole A, and Singh S. Unmet need for contraception in developing countries: levels and reasons for not using a method, Occasional Report, New York: Guttmacher Institute, 2007, No. 37.

5 Macro International Inc. MEASURE DHS STAT compiler. http://www.measuredhs.com, accessed 01 Dec 2010.