Regional Context
The South Asia Region (SAR) includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. With over 1.6 billion people, it is the most densely populated region in the world. The populations vary from 400,000 in the Maldives to 1.2 billion in India. The economies range from fragile and low-income to middle-income countries.

SAR experienced 20 years of robust economic growth, averaging 6 percent a year. Growth resulted in declining poverty and impressive improvements in human development. More than 42 percent of the developing world’s poor live in SAR, where about 500 million people survive on less than $1.25 a day.

The region’s GDP growth rose to an estimated 4.6 percent in 2013 from 4.2 percent in 2012. It is projected to rise to 5.7 percent in 2014, 6.3 percent in 2015, and 6.7 percent in 2016. Remittances declined to an estimated 6.8 percent in 2013 from 9.7 percent in 2012. India was the largest recipient in absolute terms, but Bangladesh, Nepal, Pakistan, and Sri Lanka’s remittances were larger relative to GDP.

SAR’s child mortality and malnutrition outcomes are close to lower middle-income averages and slightly better than those in Sub-Saharan Africa. Significant progress has been made in basic education, but female adult literacy is the worst among all regions. Gender inequality persists in every domain. The world’s largest young working-age population portends a demographic dividend and high economic growth. Considerable investments in human development are necessary to meet the growing basic health and education needs of the population.
MDG Target 5a: Reduce the MMR by three-quarters, between 1990 and 2015
South Asia has made sterling progress in reducing maternal mortality. The MMR declined from 550 deaths per 100,000 live births in 1990 to 190 in 2013 (figure 1).

Other regions also saw reduced maternal mortality: 56 percent in East Asia and the Pacific; 54 percent in Europe and Central Asia; 51 percent in the Middle East and North Africa; 49 percent in Sub-Saharan Africa; and 40 percent in Latin America and the Caribbean (figure 3).

Maternal Health around the World
Between 1990 and 2013, South Asia experienced the world’s sharpest fall in maternal mortality (65 percent) with an average annual decline of 4.4 percent. But it carries the second highest share of maternal mortality in the world behind Sub-Saharan Africa (figure 2).

South Asia is close to reaching replacement fertility. The total fertility rate (TFR) declined from 4.2 in 1990 to 2.6 in 2012. The contraceptive prevalence (CPR) rate increased from 41.3 percent to 52.3 percent between 1990 and 2010 (figure 4).
South Asia lags, however, behind all but one other regions in skilled birth attendance (SBA). While it has increased from 36.2 percent in 2000 to 49.8 percent in 2010, further progress is needed (figure 5).

Four countries in South Asia have achieved replacement level fertility of 2.3: Bangladesh (2.2), Bhutan (2.3), Maldives (2.3), and Sri Lanka (2.3). India and Nepal are close to doing so. Afghanistan has a TFR of 5.1, the highest in the region. Contraceptive prevalence is high in the region. Bangladesh (61.2 percent), Bhutan (65.6 percent), and Sri Lanka (68.4 percent) have the highest CPRs. Afghanistan has the lowest at 21.2 percent (figure 7).

Maternal Health in South Asian Countries
The MMR in South Asia is 190 deaths per 100,000 live births. Afghanistan has the highest ratio in the region at 400. Sri Lanka and the Maldives have the lowest, at 29 and 31 (figure 6).

Early marriage and pregnancy affect maternal health outcomes in South Asia. Bangladesh has the lowest median age at first marriage (15.5 years) and at first birth (18.1 years). The adolescent fertility rate (AFR) for South Asia is 38.8 births per 1,000 women age 15-19. AFR is highest in Afghanistan and Bangladesh (86.8 and 80.6 births per 1,000 women age 15-19, respectively). AFR is lowest in Maldives (4.2).

While contraceptive prevalence has increased throughout the region, there is still an unmet need for contraception. Unmet need is highest in Maldives (28.1...
 percent) and lowest in Sri Lanka (7.3 percent). For the rest of the region it is: Bangladesh (13.5 percent), Bhutan (11.7 percent), India (12.8 percent), Nepal (27 percent), and Pakistan (20.1 percent).

Sri Lanka (99.4 percent), Maldives (99.1 percent), and Bhutan (97.3 percent) have the highest antenatal care coverage in the region. In Afghanistan it is 47.9 percent, the region’s lowest.

SBA is highest in Sri Lanka (98.6 percent) and the Maldives (94.8 percent). While Bangladesh has one of the highest CPRs in the region, it is lowest in SBA (31.7 percent) (figure 8).

Equality in Access to Maternal Health Services

Inequity in access to maternal health services is a barrier to MDG 5. SBA has increased, but wide disparities remain, especially across wealth quintiles. The largest gaps between the richest and poorest are in Nepal, India, and Afghanistan. Sri Lanka has a very equitable distribution of SBA with only 2 percentage points separating the poorest from the richest (table 1).

Disparities in access to SBA also exist by residence. The largest gaps between urban and rural access are in Afghanistan and Nepal. Urban SBA is almost three times that of rural SBA in Afghanistan. Access to SBA is more equitable in Sri Lanka and the Maldives where the gaps are negligible (figure 9).

![Figure 9: Skilled Birth Attendance by Residence in South Asian Countries](image)

Source: Graph compiled from multiple sources

TABLE 1: Skilled Birth Attendance Across Wealth Quintiles in South Asian Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>11.7</td>
<td>21.2</td>
<td>32.7</td>
<td>40.7</td>
<td>80</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>11.5</td>
<td>18.6</td>
<td>28.2</td>
<td>43.2</td>
<td>63.7</td>
</tr>
<tr>
<td>Bhutan</td>
<td>34.3</td>
<td>43.3</td>
<td>67.3</td>
<td>80.9</td>
<td>95.1</td>
</tr>
<tr>
<td>India</td>
<td>19.4</td>
<td>31.8</td>
<td>49</td>
<td>67.2</td>
<td>88.8</td>
</tr>
<tr>
<td>Maldives</td>
<td>88.6</td>
<td>92.6</td>
<td>95.4</td>
<td>98.4</td>
<td>99.3</td>
</tr>
<tr>
<td>Nepal</td>
<td>16.7</td>
<td>23.7</td>
<td>35.9</td>
<td>53</td>
<td>81.5</td>
</tr>
<tr>
<td>Pakistan</td>
<td>29.8</td>
<td>38.1</td>
<td>51.2</td>
<td>68.9</td>
<td>85.2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>97.4</td>
<td>98.4</td>
<td>98.9</td>
<td>99.2</td>
<td>99.4</td>
</tr>
</tbody>
</table>

Source: Table compiled from multiple sources

References:


Ministry of Health and Family (MOHF) [Maldives] and ICF Macro. 2010. Maldives Demographic and Health Survey 2009, Calverton, MD: MOHF and ICF Macro.


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The Health, Nutrition and Population Knowledge Briefs of the World Bank are quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions.

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