

DYING TOO YOUNG

MATERNAL MORTALITY CLAIMS THE LIFE OF ONE WOMAN EVERY MINUTE

HUMAN RIGHTS = LESS POVERTY

AMNESTY
INTERNATIONAL



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MORE THAN HALF A MILLION WOMEN DIE NEEDLESSLY EACH YEAR FROM COMPLICATIONS RELATED TO PREGNANCY AND CHILDBIRTH – ONE EVERY MINUTE. MOST OF THESE DEATHS COULD HAVE BEEN PREVENTED BY HIGH-QUALITY ACCESSIBLE, AFFORDABLE AND TIMELY MEDICAL CARE.

Many women die in terrible pain. Some are in their homes, untended by anyone with medical skills. Some die while trying to get to hospital, on foot, in cars, on motorbikes. Some die in hospital beds, because they reached the hospital too late or because they did not get the treatment they needed in time.

The vast majority – more than 95 per cent – are poor and come from developing countries, according to the UN Population Fund (UNFPA). In developed countries, women who belong to racial or ethnic minorities sometimes face greater barriers than others in gaining access to sexual and reproductive health services.

This is not only a global health emergency, it is a human rights scandal. Government neglect and discrimination are violating women's rights to life and health on a massive scale. Violations of women's rights, including the violence they face, the discrimination they experience, and the restrictions they encounter in controlling the number, spacing and timing of their children, all contribute to maternal mortality. These needless deaths reflect the cycle of human rights abuse – deprivation, exclusion, insecurity and voicelessness – that defines and perpetuates poverty.

Poverty drives maternal mortality, and maternal death and injury drive families further into poverty. The women who die leave behind families struggling to survive. More than one million children are left motherless each year, according to UNFPA.

The measures needed to save lives have been known for more than 60 years. The World Health Organization estimates that about 73 per cent of maternal deaths result from five main causes: infection, haemorrhage (severe bleeding), eclampsia and other emergencies associated with excessively high blood pressure, prolonged or obstructed labour, and complications of unsafe abortion.

These complications are largely unpredictable, other than those arising from unsafe abortions. But they are treatable, and maternal deaths and disabling injuries are largely preventable.

Skilled attendance at birth and emergency obstetric care are key to reducing maternal mortality. But in too many places, emergency obstetric services are of poor quality or are simply inaccessible, especially for women living in poverty, women living in areas remote from health facilities, and women marginalized by discrimination and social exclusion.



Women have the right to have access to services that could save their lives or prevent disabling injury in childbirth. Governments are responsible for providing those services. And governments should be held answerable if they fail to do so.

The UN Millennium Development Goals are internationally agreed targets to reduce poverty. Millennium Development Goal 5 seeks to cut maternal mortality by 75 per cent from 1990 levels by 2015. The UN has estimated the cost of achieving this as approximately US\$6 billion per year – miniscule in comparison with the cost of millions of preventable disabling injuries and deaths, to say nothing of the human suffering.

However, very few countries are on track to reach this target. In fact, the 2008 UN Millennium Development Goals Report notes that in almost two decades, maternal mortality rates have hardly budged. In sub-Saharan Africa, where the problem is most acute, progress has been negligible. Of all the Millennium Development Goals, this is the area of least progress.



Left: A volunteer health promoter and a girl outside a health centre in Huancavelica, one of the poorest departments in Peru. Health promoters volunteer their time to give women in poor, rural and Indigenous communities information and support on maternal health care.

LIVING IN POVERTY, DYING NEEDLESSLY

Complications of pregnancy and childbirth rarely kill affluent women from developed countries.

In some western European countries, one woman in 25,000 dies during pregnancy or childbirth during their lifetime. But in sub-Saharan Africa, the lifetime risk of maternal mortality is 1 in 26 – 1 in 7 in the countries where services are the least developed. In Asia as a whole, the figure is 1 in 120, but in South Asia, the sub-region most affected by poverty, the risk is twice as high, figures from UN agencies show.

These inequities are a human rights scandal.

Poverty drives maternal mortality. If patients have to pay for health services, including emergency obstetric services, women who are marginalized or impoverished are often prevented from obtaining the care they need.

Women living in poverty and in remote areas may struggle to reach the health facilities that provide emergency services. The cost of transport may be prohibitive or routes may be impassable. These women may also have little or no access to information about the risks of complications, particularly if they have had no schooling, are illiterate or have no power within their families to demand that their needs are taken seriously.

These inequalities are not simply due to a lack of resources within countries; they are often linked to how governments choose to allocate and distribute their public health care facilities, services and resources.

Poverty is also often a barrier to contraceptive services and information. Lack of access to contraception means unnecessary risk of maternal death and injury for millions of women. Women's autonomy to make free and informed choices about their reproductive lives may also be restricted by discrimination and unequal power relations that prevent them from exercising their rights.

Poverty is undoubtedly an issue for governments – but does not justify failing to take action to stop preventable deaths. Low-income countries face great challenges in building health systems that provide quality emergency obstetric services to all women and girls. Such countries face a wide range of intransigent health problems that make demands on their limited resources, and international assistance may be insufficient and inadequate to meet their needs.

In the USA, “wide racial disparities continue to exist in the field of sexual and reproductive health, particularly with regard to the high maternal and infant mortality rates among women and children belonging to racial, ethnic and national minorities, especially African Americans, the high incidence of unintended pregnancies and greater abortion rates affecting African American women”, according to the UN Committee on the Elimination of Racial Discrimination.

‘Preventable maternal mortality and morbidity is a violation of women’s rights to life, health, equality and non-discrimination. The time has come to treat this issue as a human rights violation, no less than torture, “disappearances,” arbitrary detention and prisoners of conscience.’

Mary Robinson, former UN Commissioner for Human Rights, speaking at the Women Deliver Conference, London, UK, 2007

However, some low-income countries, such as Honduras or Bangladesh, have shown that maternal mortality can be reduced by making the political choice to focus on preventing these deaths, sometimes with the assistance of outside donors. It can be done, but there is no doubt that poverty and indebtedness make the job much harder. Above all, the failure to take seriously the rights of women and girls inhibits decisive action to address maternal mortality, but no state can legitimately continue to disregard the rights and contributions of women and girls.

Maternal deaths and injuries in turn cause and intensify poverty. In many settings, women’s unpaid (and often unacknowledged) work sustains the household. In most societies, caring for children is primarily women’s responsibility, and a mother’s death can significantly undermine the care and education of children.

Women face a higher risk of dying in childbirth in Sierra Leone than almost anywhere in the world. One of the main reasons is the cost of health care, which falls very heavily on patients in Sierra Leone. They have to pay directly about 70 per cent of the total costs, among the highest in Africa, according to UNICEF. Many women do not use health services during pregnancy and childbirth because their families simply cannot afford the costs.

In some parts of Africa and Asia, women of reproductive age do most of the agricultural work – labour that is essential to feeding and maintaining their families and communities. UN Food and Agriculture Organization studies show that overall, women produce between 60 and 80 per cent of the food in developing countries. In towns and cities, women’s earnings, often in the informal sector, are also essential. The death of a woman often plunges her household into poverty.

A HUMAN RIGHTS SCANDAL

Human rights violations faced by women and girls in nearly all aspects of their lives often drive maternal deaths and injury. Women have the right to life, but they die in large numbers because of poverty, injustice and gender discrimination. Women have the right to the highest attainable standard of health, but they face economic, cultural and social obstacles in access to health care. Women have the right to determine when they become pregnant, but many are not allowed control over their own sexual and reproductive lives.

WOMEN’S CHOICES DENIED, WOMEN’S RIGHTS VIOLATED

Women have the right to decide on the number, spacing and timing of their pregnancies, but some 200 million women around the world still do not have access to

safe, effective and voluntary family planning and contraceptive methods, UN agencies report. These agencies have concluded that about one in three maternal deaths could be prevented if women were able to decide if and when to have children.

Many women are prevented from exercising their right to decide if and when to become pregnant by their husbands. Countless girls are compelled by their families to marry when they are young, predominantly to men who are much older and often do not respect their rights to control their sexuality or fertility. Early marriages almost always result in economic dependence.





Health service providers, buttressed by community attitudes, may require a woman to obtain her husband's permission for contraception. Young women may need an adult's permission to access contraceptive services, and it may be virtually impossible for them to assert their rights within the household or in health facilities.

In developing countries, up to 19 million unsafe abortions are performed every year, resulting in some 68,000 maternal deaths, UN agencies have found. Unsafe abortions often cause clinical complications that can prove fatal. At the same time, lack of access to safe and legal abortion contributes to unwanted pregnancies.

Amnesty International calls for the decriminalization of abortion. No woman should suffer criminal sanctions for seeking or having an abortion. States should ensure access to safe, timely and affordable abortion services in cases of rape or incest, and where pregnancy threatens a woman's life or is a grave threat to her health. All women should have unconditional access to post-abortion care. Where abortions are legal, they should be safe, timely, affordable and accessible. Finally, women should have access to information on contraception and access to contraceptive services.

Countless women are unable to refuse sex and suffer sexual violence and coercion.

A nurse midwife at work in Khankira village, Orissa, India. Many women in Orissa have no access to professional antenatal care.

Women in violent relationships are often unable to leave the men on whom they and their children depend, since discrimination in education and employment means they are unable to support themselves. In many countries it is difficult or impossible for women to initiate divorce under customary or religious law; some 50 countries limit women's access to divorce, a report by the Center for Reproductive Rights has found. Many women also face violence if they ask

An expectant mother waits to see a nurse at a local health care clinic in Kindu, Maniema Province, Democratic Republic of the Congo.

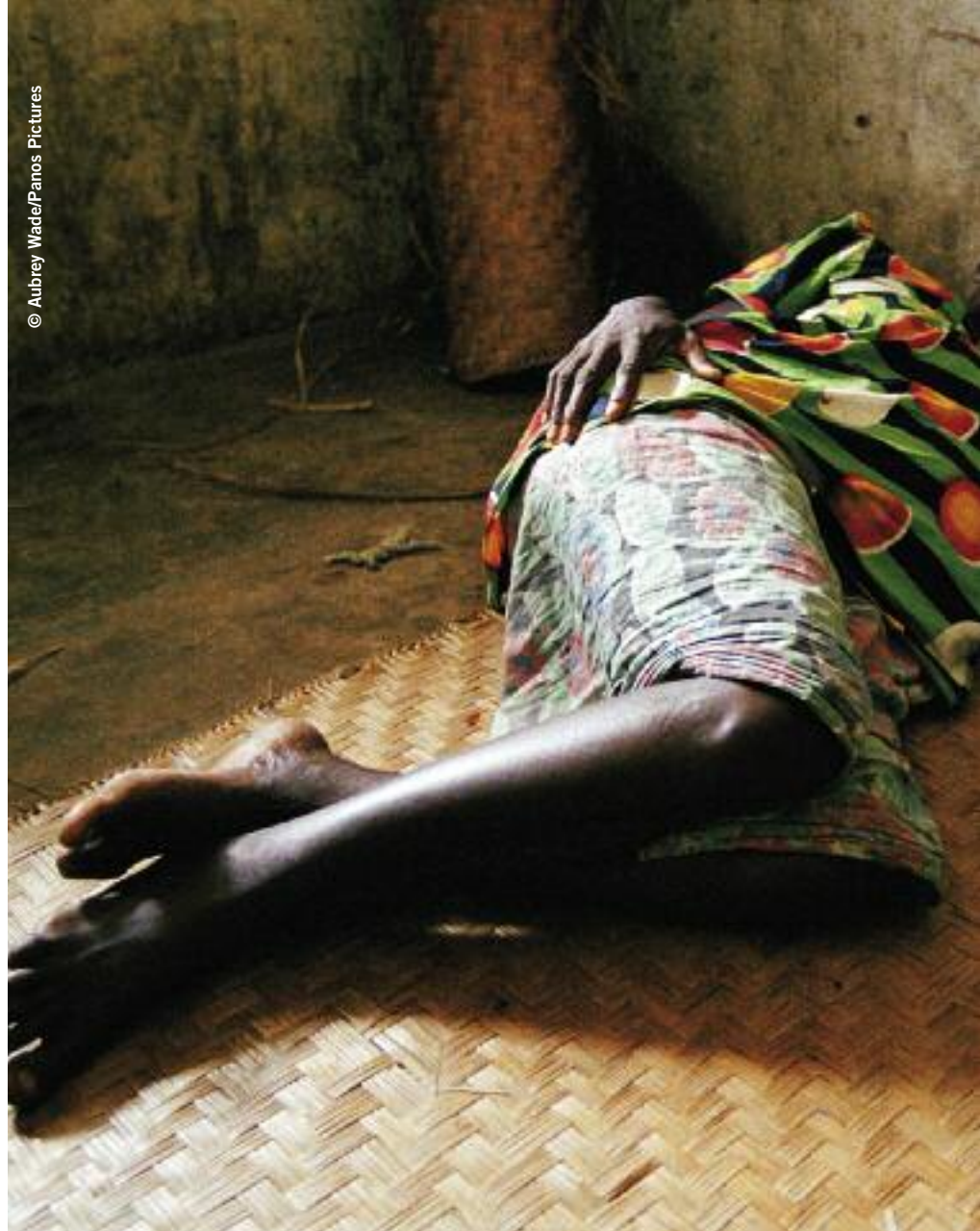
their sexual partners to use condoms, with young women and girls often the least able to defend their sexual autonomy.

Gender discrimination within the family, community and society is reflected in human rights violations that increase the incidence of maternal mortality, including violence against women, early marriages, and female genital mutilation.

LACK OF CARE VIOLATES WOMEN'S RIGHT TO HEALTH

It is usually impossible to know which women will suffer complications. However, women who have undergone genital mutilation are subject to scarring and other complications that sometimes increase the

In Nicaragua, abortion is illegal even in cases of rape, incest or life-threatening pregnancy. About 400 women suffer dangerous ectopic pregnancies in Nicaragua each year – their lives are endangered by the law. One doctor interviewed by Amnesty International said that he felt that “medical expert opinion is made worthless by the new legal framework.” Another said: “I feel an enormous frustration... I just do not understand why [politicians] feel it necessary to impose their views during an obstetric emergency over and above what I considered the best treatment as an experienced doctor and professional.” A woman doctor said: “I’m worried about what this law means for me, for my daughters and my granddaughters”.



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risk of obstetric emergencies. Some women who have been victims of other forms of physical violence may also face increased risk of complications during pregnancy and childbirth. Women living with HIV are at higher risk of maternal death, partly because of their increased vulnerability to infection.

Programmes and policies must be based on the premise that all women could face emergency complications, so all women must have access to the services that could save their lives.

Often, those who require the most attention are invisible. Data to show the incidence of maternal mortality among the poorest and most marginalized is not collected or shown in the figures, and is not reported to the UN. For example, the global focus on

improving health care delivery to mothers in poor countries often ignores inequalities within countries and among groups of pregnant women.

The cost of treatment where fees have to be paid is an enormous obstacle for women living in poverty. Economic barriers – such as fees for services and medicines – have been shown to block access to essential health services for people living in poverty and are often a major barrier to women’s access to reproductive health care. Costs charged for emergency obstetric care, such as caesarean sections and blood transfusions, can be unaffordable for people living in poverty.

States must ensure the use of maximum available resources – including those



provided through international co-operation and assistance – for the progressive realization of the right to health. All governments must do everything they can to ensure that no woman dies because she does not have money to pay for care.

Women living in rural areas face additional obstacles. National plans to address maternal mortality must ensure adequate and staffed facilities, near where people live, and must include effective referral and transport services to enable rural women to access life-saving services.

In places such as Peru and Sri Lanka, community mobilization, often led by women themselves, has been the key to finding sustainable ways to enable all women to reach the care they need before

it is too late. Women have the right to participate in designing policies and programmes that affect them, and they have the right to full information to help them participate effectively.

Women's involvement in the design and implementation of sexual and reproductive health policies and services is central to reducing maternal mortality and injury. Governments have a responsibility to facilitate contact between community groups, including women's groups, and health service providers.

If health care services are of poor quality, or if medical staff are disrespectful, women will be deterred from seeking life-saving care. Women in labour and women whose lives are at risk because of unsafe abortion require competent and non-judgmental care. Unfortunately, as Amnesty International has documented in Peru, women are too often treated disrespectfully and dismissively in maternity facilities.

Insensitive health workers often assume that women are ignorant and fail to inform and consult women about their care. Traditional childbirth practices are deeply valued in some cultures, but they may not be respected or understood in health facilities. Pregnant women may be strongly averse to being cared for by male doctors or nurses, but they may be denied any choice.

The quality of care is crucial. Attracting women to obstetric care facilities with skilled birth attendants is a key part of reducing maternal death and injury, but women are well justified in rejecting these services and giving birth at home if they fear poor-quality care or abuse.

The working conditions for those providing skilled obstetric care are often very difficult. Health workers also have rights, which must be fulfilled in any sustainable health

care system. Governments must ensure that health workers are properly paid and that working conditions are safe and humane. Health professionals assigned to work in remote areas should be properly supported and rewarded.

WORDS ARE NOT ENOUGH, ACTION NEEDED NOW

Governments must mobilize the resources and take other necessary steps to ensure that all women enjoy their right to life, their right to determine the number and spacing of their children, and their right to the highest attainable standard of health, all without discrimination.

National and local health plans must include women in their design and implementation. Health programmes must address and overcome the barriers of poverty, geographical marginalization, poor-quality health care, and under-supported health professionals.

Civil society has a vital role to play, not only in monitoring government action and speaking out against government inaction or misconduct, but also in ensuring that women can participate meaningfully in decision-making at all levels.

It is unrealistic to expect that all of the inequities that underlie maternal death can be fixed overnight. But reductions in needless maternal deaths have been scandalously slow in many countries.

It is time to treat this human rights crisis with the urgency it merits.

These tragically common deaths among women living in poverty cannot be allowed to continue. They are unnecessary and unacceptable. They must end.

DEMAND DIGNITY

IMMEDIATE ACTION REQUIRED

■ End preventable deaths of women

Maternal deaths from the most common emergencies are largely preventable, but only if emergency services are provided. Emergency obstetric care must be available to all women who need it. Services must be affordable and physically accessible.

■ Make maternal health care accessible to all

It is an affront to human dignity that pregnant women die in large numbers because they cannot afford the health care they need. When costs are a barrier to essential primary health care and other life-saving reproductive and maternal health care, they must be abolished.

■ Respect and protect women's right to control their reproductive and sexual lives

Women have the right to determine with whom, when and how to have intimate relations. They have the right to information about and access to contraception. They have the right to freedom from sexual violence. Women's voices must be heard when decisions are being made about maternal health care and family planning.

■ Include the excluded in the statistics

The Millennium Development Goals are an opportunity for global mobilization against maternal death that must not be missed. Realizing these goals requires political will. It also requires that government statistics include the excluded – that reports on Millennium Development Goal targets break down data in ways that distinguish the marginalized, for example by geography, race, ethnicity, age and caste.

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Cover: Refugee women from Sudan wait for antenatal care at a clinic in Ethiopia.

Amnesty International is a global movement of 2.2 million people in more than 150 countries and territories who campaign to end grave abuses of human rights.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

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May 2009
Index: ACT 35/005/2009