



WOMEN'S UN REPORT NETWORK - WUNRN

**WOMEN'S RIGHT TO HEALTH
MATERNAL MORTALITY**

**United Nations Human Rights Council
June 4, 2009
Geneva, Switzerland**



WOMEN'S UNITED NATIONS REPORT NETWORK WUNRN

U.N. Human Rights Study

Organizations

Juridical Aspects

Factual Aspects

WUNRN MISSION STATEMENT

The Women's United Nations Report Program & Network (WUNRN) is a non-governmental coalition to implement the conclusions and recommendations of a United Nations Study on Freedom of Religion of Belief and the Status of Women From the Viewpoint of Religion and Traditions (E/CN.4/2002/73/Add.2). This study is a major, universal, comprehensive U.N. approach to intolerance and discrimination against women based on religion and traditions.

To strengthen the nexus between women's rights and freedom of religion or belief, it is important to build on the Juridical and Factual Aspects of this study by research, plans of action and practical projects. WUNRN, together with The Tandem Project, is committed to this objective through support for the dignity and fundamental rights of women everywhere, and by the promotion of tolerance and the end of discrimination against women based on religion and traditions.

"Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom peace and justice in the world"

U.N. Universal Declaration of Human Rights

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Related information:

[Committee on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#)

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Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979

INTRODUCTION

On 18 December 1979, the Convention on the Elimination of All Forms of Discrimination against Women was adopted by the United Nations General Assembly. It entered into force as an international treaty on 3 September 1981 after the twentieth country had ratified it. By the tenth anniversary of the Convention in 1989, almost one hundred nations have agreed to be bound by its provisions.

The Convention was the culmination of more than thirty years of work by the United Nations Commission on the Status of Women, a body established in 1946 to monitor the situation of women and to promote women's rights. The Commission's work has been instrumental in bringing to light all the areas in which women are denied equality with men. These efforts for the advancement of women have resulted in several declarations and conventions, of which the Convention on the Elimination of All Forms of Discrimination against Women is the central and most comprehensive document.

Among the international human rights treaties, the Convention takes an important place in bringing the female half of humanity into the focus of human rights concerns. The spirit of the Convention is rooted in the goals of the United Nations: to reaffirm faith in fundamental human rights, in the dignity, and worth of the human person, in the equal rights of men and women. The present document spells out the meaning of equality and how it can be achieved. In so doing, the Convention establishes not only an international bill of rights for women, but also an agenda for action by countries to guarantee the enjoyment of those rights.

In its preamble, the Convention explicitly acknowledges that "extensive discrimination against women continues to exist", and emphasizes that such discrimination "violates the principles of equality of rights and respect for human dignity". As defined in article 1, discrimination is understood as "any distinction, exclusion or restriction made on the basis of sex...in the political, economic, social, cultural, civil or any other field". The Convention gives positive affirmation to the principle of equality by requiring States parties to take "all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men"(article 3).

The agenda for equality is specified in fourteen subsequent articles. In its approach, the Convention covers three dimensions of the situation of women. Civil rights and the legal status of women are dealt with in great detail. In addition, and unlike other human rights treaties, the Convention is also concerned with the dimension of human reproduction as well as with the impact of cultural factors on gender relations.

The legal status of women receives the broadest attention. Concern over the basic rights of political participation has not diminished since the adoption of the Convention on the Political Rights of Women in 1952. Its provisions, therefore, are restated in article 7 of the present document, whereby women are guaranteed the rights to vote, to hold public office and to exercise public functions. This includes equal rights for women to represent their countries at the international level (article 8). The Convention on the Nationality of Married Women - adopted in 1957 - is integrated under article 9 providing for the statehood of women, irrespective of their marital status. The Convention, thereby, draws attention to the fact that often women's legal status has been linked to marriage, making them dependent on their husband's nationality rather than individuals in their own right. Articles 10, 11 and 13, respectively, affirm women's rights to non-discrimination in education, employment and economic and social activities. These demands are given special emphasis with regard to the situation of rural women, whose particular struggles and vital economic contributions, as noted in article 14, warrant more attention in policy planning. Article 15 asserts the full equality of women in civil and business matters, demanding that all instruments directed at restricting women's legal capacity "shall be deemed null and void". Finally, in article 16, the Convention returns to the issue of marriage and family relations, asserting the equal rights and obligations of women and men with regard to choice of spouse, parenthood, personal rights and command over property.

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UN Millennium Development Goals



AND HUNGER
EXTREME POVERTY
ERADICATE



PRIMARY EDUCATION
ACHIEVE UNIVERSAL



EMPOWER WOMEN
EQUALITY AND
PROMOTE GENDER



CHILD MORTALITY
REDUCE



HEALTH
IMPROVE MATERNAL



DISEASES
MALARIA AND OTHER
COMBAT HIV/AIDS



SUSTAINABILITY
ENVIRONMENTAL
ENSURE



DEVELOPMENT
PARTNERSHIP FOR
GLOBAL

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Maternal, Newborn & Child Survival - Countdown to 2015 - Tracking Progress

Partnership for Maternal, Newborn and Child Health

The World Health Organization

[Countdown to 2015 for Maternal, Newborn and Child Survival](#)

© UNICEF/HQ06-0951/Noorani

[Objectives](#)

[Achievements](#)

2005: Countdown to 2015: Tracking progress in child survival

The first Countdown to 2015 Conference and Report launch were held in London in December 2005 and focussed on child survival. Coverage reports were available for 60 countries accounting for 95% of child mortality.

[Countdown to 2015 Conference 2005](#)

[Tracking Progress in Child Survival: Countdown to 2015 - The 2005 Report](#)

2008: Countdown to 2015 for Maternal, Newborn and Child Survival

© UNICEF/HQ05-2129/Pirozzi

For 2008, the mandate of the Countdown to 2015 has expanded to include maternal mortality and new partners have joined the effort.

The second 2008 Countdown to 2015 Conference and launch

of the report are scheduled for 17-19 April 2008 in Cape Town, South Africa, in conjunction with the [118th Assembly of the Inter-Parliamentary Union \(IPU\)](#).

The conference will provide a follow-up on the progress achieved in intervention coverage for MNCH and will present country profiles with coverage trends since 1990 for 68 countries, which cover 97% of global maternal, newborn and child deaths. The secretariat of The Partnership for Maternal Newborn and Child Health will coordinate the organization of this conference, in close collaboration with the Steering Team and all interested parties.



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Why High Maternal Mortality?

- *Political will for strong commitment to maternal health, care, facilities
- *Child Marriage and Child Motherhood
- *Poverty - Too poor to pay for medical care and not free or low cost
- *Lack of adequate medical facilities nearby - rural areas, villages
- *Need for trained birth attendants
- *Hygiene of medical facilities
- *Malnutrition
- *Medical conditions as anemia
- *Lack of education on pregnancy and childbirth
- *Cultural traditions - traditional harmful practices as Female Genital Mutilation
- *Refugee conditions and Internal Displacement
- *Natural Disasters
- *Migrant status and issues impacting medical access
- *Birth complications without adequate intervention
- *HIV/AIDS
- *Political and cultural repression of women
- *Multiple pregnancies, little spacing of births

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INDIA - CHILD MARRIAGE

Girls who give birth before age 15 are five times more likely to die in childbirth than women in their 20s, and a child born to a girl under 18 has a 60 per cent greater chance of dying in the first year of life than one born to a 19 year-old. UNFPA



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India - UN SR Health Mission to India - Maternal Mortality Focus

UN SPECIAL RAPPORTEUR ON THE RIGHT TO HEALTH MISSION TO INDIA

FOCUS ON MATERNAL MORTALITY

"The mission focused on the issue of maternal mortality with a view to understanding, in the context of the right to the highest attainable standard of health, the steps taken by India to reduce this phenomenon, and to make constructive recommendations....."

"The Special Rapporteur underlines that maternal health is not only a health issue. It is also a human rights issue, relating to - for example - women's rights to life, health, equality and non-discrimination."

"In India, 100,000 women die yearly in India during childbirth or pregnancy. There is an average of 300 maternal deaths for every 100,000 live births in India, which is higher than in many other middle-income and some low-income countries....Even though the Indian Rate of maternal deaths is declining, at the present rate neither India, nor any of its states, will reach their maternal mortality targets for 2015 arising from the Millennium Development Goals (MDGs)...."

"Registration System and Maternal Death Audits: The Special Rapporteur noted with concern that there is no effective, reliable and comprehensive civil registration for accurately reporting births and deaths in India.

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India - Need for Official Maternal Mortality Statistics & Analysis Audits

Human Rights Watch

INDIA - NEED FOR OFFICIAL STATISTICS ON MATERNAL MORTALITY

Aruna Kashyap

March 24, 2009

When 20-year-old Ranibai, from a poor family in Uttarakhand, began haemorrhaging during pregnancy, the path to treatment was not easy. Her family carried her on a charpai down hilly terrains to a health facility, but she bled to death before they got there. No health worker was nearby.

Ranibai's case is not an aberration. Tens of thousands of women are known to die of pregnancy and childbirth complications in [India](#) every year, but the actual number remains a mystery. For every woman who dies, another 20 to 30 suffer illnesses arising out of delivery or abortions.

An Indian [Government](#) estimate says the annual number of maternal deaths (deaths caused by pregnancy, delivery, or abortion) is 78,000, but a 2007 UN estimate puts the number at roughly 117,000, the highest number of maternal deaths in the world. But these are merely estimates with huge error margins. Women's health experts across the country agree that lack of accurate data is a big part of the problem.

Nine years ago, 189 countries came together and endorsed the United Nations General Assembly Millennium Declaration outlining eight millennium development goals (MDGs). Governments and donors have devoted intensive research, resources, and services to achieving these shared global priorities, but India is falling behind.



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Right to Health



Office of the United Nations
High Commissioner
for Human Rights



World Health
Organization

The Right to Health

Fact Sheet No. **31**

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Somalia - The Female Face & Story of Famine & Starvation in Somalia

New York Times

May 17, 2008



Jehad Nga for The New York Times

After three seasons of below-average rainfall, the people of central Somalia are beginning to fear the worst. Safia Ali, mother of five, has not eaten in seven days. Her 1-year old son, Farhan, has fallen ill.

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Zimbabwe - The Feminine Face of Violence & Conflict



A Zimbabwean woman with her child on her back flees across the border into South Africa at Beitbridge Border Post in Musina, South Africa.

More than 1,000 people every day are fleeing Zimbabwe for South Africa.

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Afghanistan - Photo of Women During Taliban Repression

POLITICAL REPRESSION CAN IMPACT WOMEN'S ACCESS TO HEALTH CARE &
RESULT IN HIGHER MATERNAL & CHILD MORTALITY



Repression: Afghan women lining up for food during the Taliban regime.

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Afghanistan - Maternal Health & Mortality - Biggest Challenge for Afghan Women

AFGHANISTAN

Maternal Health Biggest Challenge Facing Afghan Women – UN Agency

3 March 2008 – Some 24,000 Afghan women die every year while giving birth, according to the United Nations Population Fund (UNFPA), which is working with the Government and other partners to reduce maternal mortality and improve the overall health of women and girls in the war-torn nation.

“The biggest challenge that Afghan women face is maternal health and high maternal mortality,” Ramesh Penumaka, [UNFPA](#) Country Representative in Afghanistan, told journalists in Kabul today.

Mr. Penumaka noted that 1,600 out of every 100,000 women that give birth die in the process.

“That is a staggering 24,000 a year, about 25 times the number of people dying of security-related violent incidents,” he stated.

The reasons why so many Afghan women die while giving birth range from early marriage – more than half the girls are married before they are 18 – and lack of health facilities and skilled birth attendants to lack of education.

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Maternal, Newborn & Child Survival - 2008 Report - Countdown to 2015 & MDG's

Countdown to 2015: The 2008 Report
Tracking Progress in Maternal, Newborn and Child
Survival

Download the 2008 report in separate chapters:

[Executive summary](#) [pdf - 1.03 MB]

[Abbreviations, Contributors, Acknowledgments,](#)

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newborn and child survival](#)

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[References](#)

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[Full report](#) [pdf - 4 MB]



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China - Maternal & Infant Mortality – Progress But Urban-Rural & Regional Disparities - WHO

MATERNAL & CHILD HEALTH IN CHINA

In the last two decades, China has made substantial progress in reducing maternal, infant and under-five mortality. According to government statistics, China's maternal mortality rate (MMR) dropped from 94.7 mother deaths per 100 000 live births in 1990 to 48.3 in 2004. Maternal haemorrhage, hypertension, embolism and sepsis — all largely preventable or treatable — cause 77 per cent of maternal deaths in China. Nationally, the percentage of births delivered in hospitals increased from 39 per cent to 68 per cent between 1992 and 2002, in rural areas these figures grew from 22 per cent to 62 per cent and in urban areas from 87 to 93 per cent. The proportion of total births (inside or outside a hospital or clinic) attended by skilled personnel had risen to 87 per cent by 2001, and the percentage of children born in hospitals grew from 50.6 per cent in 1990 to 82.8 per cent in 2004. Related to these trends, China's infant mortality rate had lowered from 50.2 in 1990 to 21.5 per 1000 live births by 2004. The main causes leading to neonatal deaths include asphyxia, pneumonia, premature birth and low birth weight. The under-five mortality rate dropped from 61 per 1000 in 1991 to 25 per 1000 in 2004.

Nevertheless, national figures for maternal, infant and under-five mortality mask large disparities, which exist between urban and rural populations, and across different regions of China. For example, maternal mortality in the urban areas in 2004 was 26.1 compared to 63 per 100,000 live births in rural areas. Similarly, infant mortality rate in the urban areas in 2004 was 10.1 compared to 24.5 per 1000 live births in the rural areas. Maternal death rates are highest among the rural poor and migrant populations, and in those regions with least access to antenatal and intrapartum care, such as the western provinces.

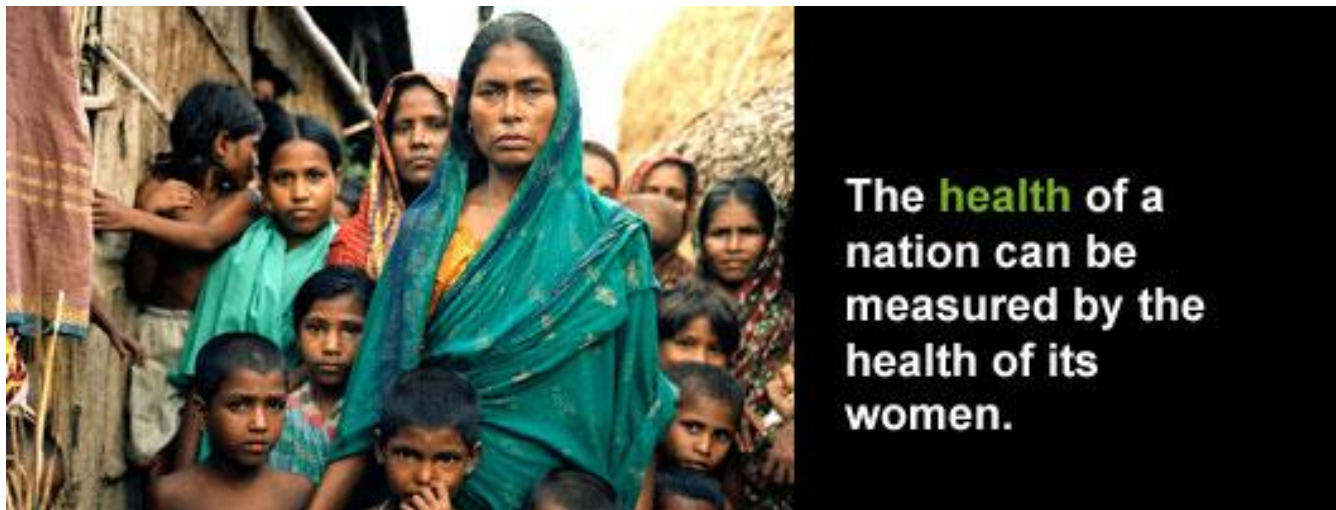


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WOMEN DELIVER Conference – Save Lives of Women, Mothers & Newborns - Gender Health & Rights

Women Deliver: A Global Conference



WOMEN DELIVER is a landmark global conference set for October 18-20, 2007 at the ExCel Centre, London. It's purpose: saving the lives of women, mothers and newborns by mobilizing increased investment and commitment on the part of governments, NGOs, and donors.

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Obstetric Fistula - Tanzania - Repair & Hope

DODOMA, Tanzania — Lying side by side on a narrow bed, talking and giggling and poking each other with skinny elbows, they looked like any pair of teenage girls trading jokes and secrets.

But the bed was in a crowded hospital ward, and between the moments of laughter, Sarah Jonas, 18, and Mwanaidi Swalehe, 17, had an inescapable air of sadness. Pregnant at 16, both had given birth in 2007 after labor that lasted for days. Their babies had died, and the prolonged labor had inflicted a dreadful injury on the mothers: an internal wound called a fistula, which left them incontinent and soaked in urine.



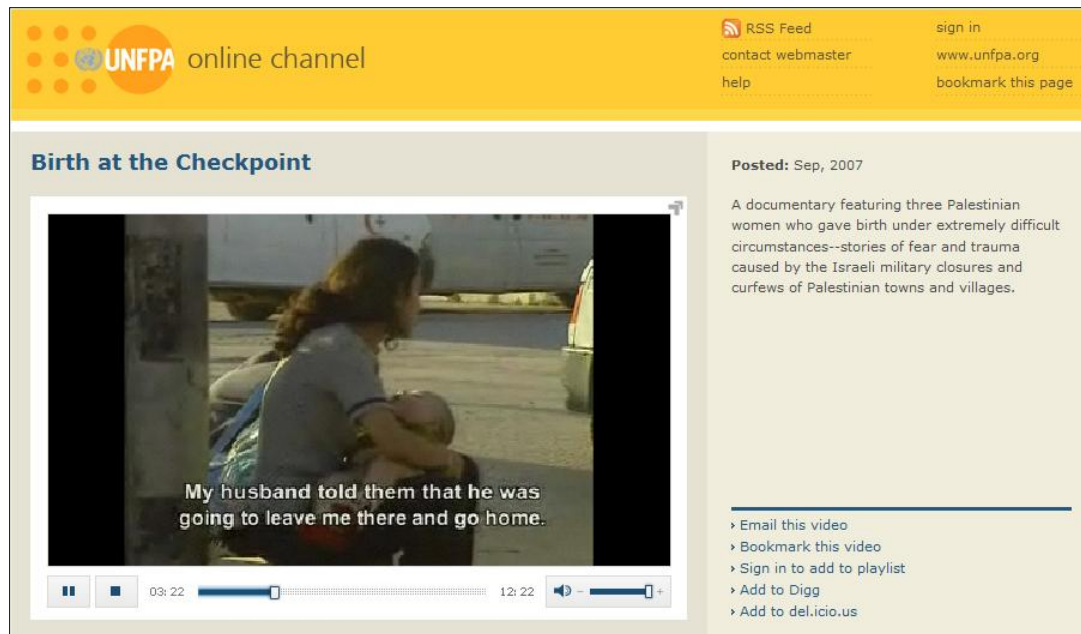
February 24, 2009

HEALING MISSION Women in Tanzania were treated by expert surgeons for an internal injury suffered during labor.

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Palestine-Israel - Birth at the Checkpoint - Video - Risks - Personal Experiences



The screenshot shows a video player interface from the UNFPA online channel. The video title is "Birth at the Checkpoint". The video player shows a woman sitting and holding a baby, with subtitles that read: "My husband told them that he was going to leave me there and go home." The video player includes a progress bar showing 03:22 out of 12:22, and a volume control icon. To the right of the video player, there is a "Posted: Sep, 2007" date and a description: "A documentary featuring three Palestinian women who gave birth under extremely difficult circumstances--stories of fear and trauma caused by the Israeli military closures and curfews of Palestinian towns and villages." Below the description, there are several sharing options: "Email this video", "Bookmark this video", "Sign in to add to playlist", "Add to Digg", and "Add to del.icio.us". The top of the page has a yellow header with the UNFPA logo and "online channel" text, along with links for "RSS Feed", "contact webmaster", "help", "sign in", "www.unfpa.org", and "bookmark this page".

A documentary video featuring three Palestinian women who gave birth under extremely difficult circumstances at the Israel-Palestine border.

Birth at the Checkpoint:
Palestine - Israel

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Native Infants Higher Mortality Rate - 4 Countries Study

Indigenous Children's Health Report: Health Assessment in Action

**4 Countries Study - Higher Mortality Rate Among Native Infants Called a Tragedy
Report Finds Mortality Rate 4 Times Higher With Native Infants**

March 31, 2009

The Canadian Press

The infant mortality rate for native babies in Canada, the United States, Australia and New Zealand is up to four times that of non-native newborns, says a groundbreaking new study. New comparisons released Monday also show elevated rates of sudden infant death, injury, suicide and accidental death among aboriginal kids in all four countries.

'Young aboriginal moms who had perfectly good networks of family support — sometimes they were being referred to have the social worker see them even though their family was strong'.— Dr. Janet Smylie, researcher

Dr. Janet Smylie, a researcher who works through St. Michael's Hospital and the University of Toronto, says the international replication of startling native health gaps among such diverse populations suggests social deprivation — not genetics — is to blame.

"Approximately one-third of aboriginal children come from low-income households" where nutritious food is often in short supply, she said.

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Pregnancy Safety Issues for Immigrant Women in Europe

NHV - Nordic School of Public Health

6/18/2008

PREGNANCY SAFETY ISSUES FOR IMMIGRANT WOMEN IN EUROPE

Giving birth in Europe today is still not without risk. For a particularly vulnerable group of women, immigrant mothers, studies in different European countries show a negative trend in their perinatal health situation. Country specific examples of this development were discussed at a conference, Perinatal health in immigrants in northern Europe, held at the Nordic School of Public Health. Perinatal health continues to be a problem in the European region. While the situation is generally better in the European Union and Nordic countries in comparison to Caucasus for example, significant problems remain within these countries. There are subgroups that suffer mortality rates for both mothers and babies that are as serious as those in sub-Saharan Africa. Immigrants are an example of such a subgroup, and constituted the focus of the conference.

While studies show that adverse perinatal outcomes such as stillbirth, disabilities and illnesses, resulting from pregnancy and childbirth, are found to be more prevalent among immigrants, they do not depict immigrants as a homogenous group. As a Danish registry linkage study shows, there can be significant disparities in stillbirth within an overall immigrant population.

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Shackles on Women Prisons During Labor & Childbirth

The New York Times

March 2, 2006

Prisons Often Shackle Pregnant Inmates in Labor

By [ADAM LIPTAK](#)

Shawanna Nelson, a prisoner at the McPherson Unit in Newport, Ark., had been in labor for more than 12 hours when she arrived at Newport Hospital on Sept. 20, 2003. Ms. Nelson, whose legs were shackled together and who had been given nothing stronger than Tylenol all day, begged, according to court papers, to have the shackles removed.

Though her doctor and two nurses joined in the request, her lawsuit says, the guard in charge of her refused.

"She was shackled all through labor," said Ms. Nelson's lawyer, Cathleen V. Compton. "The doctor who was delivering the baby made them remove the shackles for the actual delivery at the very end."

Despite sporadic complaints and occasional lawsuits, the practice of shackling prisoners in labor continues to be relatively common, state legislators and a human rights group said. Only two states, California and Illinois, have laws forbidding the practice.

The New York Legislature is considering a similar bill. Ms. Nelson's suit, which seeks to ban the use of restraints on Arkansas prisoners during labor and delivery, is to be tried in Little Rock this spring.

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Improving Health in Conflict Countries - Women & Children

Improving Health in Fragile States

In countries ravaged by conflict, progress towards the Millennium Development Goals is not only stalling, it is going backwards.



Photo: Two Women stand in a hospital in Democratic Republic of Congo.

In the Democratic Republic of Congo, maternal mortality doubled during the recent conflict, leaving its residents with no hope of hitting the target to reduce deaths in childbirth by a third by 2015.

The same is true elsewhere - in Zimbabwe, Niger and Sudan. This week's UN summit, attended by world leaders, is an opportunity to reverse this trend.

During some of the world's bloodiest conflicts - in Sudan, Afghanistan and the Democratic Republic of Congo - many more people were killed by disease and malnutrition than weapons of war.



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Maternal & Child Mortality in Fragile States

The impact is clear: Nearly half the women who die in childbirth each year live in fragile states. Over half the children who die before their 5th birthday live in a fragile state.

BBC - UK Medical Aid Agency

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State of the World's Mothers 2006 Report



State of the World's Mothers 2006

SAVING THE LIVES OF MOTHERS & NEWBORNS

In commemoration of Mother's Day, Save the Children is focusing on the 60 million mothers in the developing world who give birth every year with no professional help and their newborns, many of whom struggle to live past their first month of life.



Vietnam: A Success Story

Our national advisor on newborn health in Bolivia says there's work to be done in terms of ending risky practices, such as feeding newborns tea. [Find out what is being done to educate mothers and save babies in Bolivia.](#)

Persuading mothers to breastfeed their newborns, instead of feeding them sugar water, is saving lives in Vietnam. [Read more about how a Save the Children program is changing this unhealthy practice here.](#)

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Midwives Crucial to Improving Maternal Health - UNFPA

INTERNATIONAL DAY OF THE MIDWIFE - MAY 5

Investing in Midwives Crucial to Improving Maternal Health, Stresses UN Official



5 May 2008 – Paying tribute to the work of midwives in saving the lives of women around the world, the head of the United Nations Population Fund ([UNFPA](#)) has called for greater investments to train these critical health workers and get them into the communities that need them.

“Every day, midwives are saving women’s lives by making delivery safe. Their essential care before, during and after delivery ensures that no woman dies giving life,” UNFPA Executive Director Thoraya Ahmed Obaid said in a message marking the *International Day of the Midwife*, observed on 5 May.

Noting an urgent need for 334,000 midwives worldwide, she said UNFPA and its partners are starting a new programme to promote midwifery. “Every minute another woman dies in childbirth. We can save these women by getting midwives in their communities,” she stressed.

Ms. Obaid pointed out that when properly trained, empowered and supported, midwives offer “the most cost-effective and high-quality path to maternal and newborn health.” They provide a range of vital services during pregnancy, childbirth and the post-natal period and offer reproductive health information and services, including family planning.

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Midwives - Serious Global Shortage

Global: Serious Shortage of Midwives

Photo: [Nicholas Reader/IRIN](#) Women and their infants at a maternity hospital in the Niger capital, Niamey (file photo) DAKAR, 5 May 2009 (IRIN) - The number of midwives worldwide would have to more than double to meet [Millennium Development Goals](#) of reducing maternal and infant deaths by 2015, according to the International Confederation of Midwives (ICM) and World Health Organization on [International Day of the Midwife](#).



Women and their infants at a maternity hospital in the Niger capital, Niamey (file photo)

Maternal mortality is the “highest health inequity in the world with more than 99 percent of deaths [in pregnancy and childbirth] occurring in the developing world,” World Health Organization (WHO), World Bank, UN Children’s Fund (UNICEF) and UN Population Fund (UNFPA) said in a joint statement. In 2008 the agencies pledged to work with governments to fill the “urgent need for skilled health workers, particularly midwives”, the statement says.

WHO estimates that for the annual 160 million births worldwide it would take an additional 350,000 midwives to ensure that at least 95 percent of births were attended by trained health workers, thereby helping meet MDGs.

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Egypt - Mother Samah, Newborn Baby Girl, & Family



EGYPT - MOTHER SAMAH

Basant, Samah's newborn daughter, surrounded by family

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Guatemala - Photo of Young Mother & Child



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<http://www.wunrn.com>

Mongolia Mother, Baby, Family

