

## ABCs for Action and Advocacy

### MATERNAL AND CHILD HEALTH

Protecting children goes hand-in-hand with safeguarding mothers and their well-being. Here are some facts and action ideas to support your advocacy for mothers and children.

#### A: THE BIG PICTURE

##### GLOBAL SUMMARY

**The women** Every minute, a woman dies of complications related to pregnancy and childbirth. This adds up to 1500 women per day; 500,000 women per year; and 10 million women over a generation. Most of these deaths occur in developing countries. Fewer than half of pregnant women in developing countries have adequate prenatal care.

**The children** Every year, more than one million children become vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

**Young mothers** Young adolescents are more likely to die or have complications in pregnancy and childbirth than women in their twenties, and their children have higher risks of disease and death. When a mother is under 18, her baby's risk of dying before age 1 is 60 percent higher than when a mother is 18 years or older. Early marriage, often joining a young woman to a much older man, contributes to many adolescent pregnancies.

**Our goal** Improving maternal health is listed as Goal 5 of the Millennium Development Goals (MDGs): Reduction of maternal mortality by three quarters.

##### REGIONAL UPDATES: A CLOSER LOOK

**Where you live determines the risk.** Maternal mortality is vastly different from one part of the world to another. Women risk dying from treatable or preventable complications of pregnancy and childbirth during their lifetime at a vastly higher rate in developing countries.

- In developing countries, 450 women in every 100,000 die in childbirth. In fourteen of these countries, at least 1,000 women die for every 100,000 live births. These countries include: Afghanistan, Angola, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone and Somalia.

- In more developed regions of the world, the maternal mortality rate is 1 in 7,300. This means that in Sweden, one out of every 17,400 women dies from pregnancy during her lifetime. But in Nigeria, one out of every seven women dies from pregnancy related causes.

**Almost all maternal deaths – 99 per cent – occur in developing countries.**

- More than half of these deaths occur in sub-Saharan Africa and one-third in South Asia. Together these two regions account for 85 per cent of all maternal deaths.

- In sub-Saharan Africa, a woman's risk of dying from pregnancy or childbirth is 1 in 22. The adolescent birth rate is highest here, declining only marginally since 1990. Fertility in that region is high at all ages, and early pregnancies are common, mostly because marriage occurs at very young ages.

**Income and geography affect mortality also.** Within countries, the risks are very different between women with high and low income and between rural and urban populations.

## **B. THE WORK IN PROGRESS**

### **PROGRESS TO DATE**

In the developing world, between 1990 and 2005, maternal deaths in Southern Asia declined by more than 20 per cent. In the same time period, Eastern Asia, Northern Africa, and Southeast Asia showed declines of 30 per cent or more. Still, the number of deaths in these regions remain unacceptably high. And little progress has been made in sub-Saharan Africa, where women face the greatest lifetime risk of dying from pregnancy and childbirth.

Since 1995, every region has improved in having more skilled health personnel available – doctors, nurses or midwives – to assist with deliveries. However, in Southern Asia and sub-Saharan African, more than half of all births still take place without the help of trained attendants.

### **WORK TO BE DONE**

Greater political will is urgently required to reduce maternal mortality, particularly in sub-Saharan Africa and Southern Asia. See the Take Action section below for advocacy ideas.

### **WHAT WORKS: NOTES FROM THE FIELD**

**1. Equip the workers.** Save the Children trains community-based health workers with knowledge and skills to improve their response to family emergencies in remote areas.

<http://www.savethechildren.org/programs/health/child-survival/survive-to-5/health-worker.html>

**2. Use record-keeping to stay on track.** In the 1950s, Japan's Mother and Child Health Handbook fostered detailed record-keeping on medical care received prior to birth through age 6 of the child. Along with pre-natal care, competent medical attention during pregnancy and other factors, the book contributed to a decline in Japan's infant mortality rate from 60 per 1,000 live births in 1950 to 5 per 1,000 live births in 1985.

## C. TAKE ACTION IDEAS

### Act to reduce early marriage

**Why is early marriage so widespread?** Adults living in poverty often view child marriage as a strategy for economic survival, protection of girls, and a stabilizing factor in their society. In many countries, it may be prohibited in the civil or common law, but be widely condoned by customary or religious laws and practices. Birth registration may also be irregular, so that the age at marriage is not always known.

**What are its effects?** Girls and boys who marry young are cut off from chances for education and personal growth. For girls, it is likely to lead to a lifetime of domestic and sexual subservience. They almost certainly become prematurely pregnant, with childbearing often leading to tragic outcomes: increased risk of premature labor and dying, complications during delivery, low birthweight, and newborn death.

**What are the worldwide implications?** Early marriage is a violation of human rights. The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights and in many subsequent human rights instruments. Yet, girls aged 15 to 19 are giving birth to 15 million babies a year.

#### Act at household levels

Inform parents and young people. Empower them to resist early marriage and to have other options in their lives.

#### Act at community levels

1. Establish or expand non-formal educational programmes in places where girls have left school or have lost out on formal education. Help them catch up on the intellectual and personal growth offered by schooling.
2. Find ways for schools to:
  - a. Employ more female teachers.
  - b. Have in-school childcare facilities.
  - c. Improve the relevance of their curriculum and quality of teaching.
  - d. Institute penalties for male teachers who seduce girl students.
  - e. Introduce flexible schedules to allow girls to meet domestic responsibilities.
  - f. Involve community members in the operation of schools.
  - g. Provide separate sanitary facilities for boys and girls.

3. Give parents cash incentives to keep their daughters in school.
4. Organize campaigns about schooling for girls and how the community will benefit.
5. Urge government ministries to build schools closer to communities to alleviate parental concerns about the safety of their girls.

### **Act at regional, national and international levels**

1. Organize a campaign to raise the legal age of marriage.
2. Promote an effective registration system for recording births, marriages and deaths.
3. Set up small scale studies about the implications of early marriage; publish the findings.
4. Urge government and civil society institutions to develop and implement systems to prevent and discourage early marriage.
5. Use Universal Children's Day to raise awareness about the harmful effects of early marriage.
6. Work with men, male leaders and men's groups to promote attitudinal changes.

### **Make a community map for mothers**

What local hospitals and clinics can help pregnant women in case of emergency? Where are they located, and how can pregnant women get there? Community mapping is an activity that can be used to identify safe and accessible health centers. For more information, see "Community Mapping for Pregnant Women and New Mothers."

### **Support local health services and professionals**

Ask your religious and community leaders how you can work together to support health professionals in such areas as:

1. Access to emergency obstetric care
2. Comprehensive prenatal care: four prenatal visits which include tetanus vaccinations, prenatal HIV testing, screening, treatment for infections, lifesaving information and warning signs
3. Enhanced access by women to adequate nutrition, affordable basic health care, clean water and sanitation
4. Enough funding to do the job well
5. Financial incentives (e.g. cash grants) to encourage pregnant women to deliver babies at health institutions
6. Increased number of births attended by skilled health personnel

7. Post-natal care for mothers and babies.
8. Quality and timely care by trained health workers during and after pregnancy
9. Stronger health care systems for maternal and childcare services

## Take action for maternal health

Share these facts and action ideas with others to inform them and encourage action. Use the Day of Prayer and Action for Children (Universal Children's Day, 20 November), as a chance to have a community discussion on the issues. Work with volunteer groups in your community or overseas to protect children and safeguard maternal health. Raise awareness and provide leadership where you can. Your advocacy can save lives!

### RESOURCES

1. New York Times Op-ed column "Crisis in the Operating Room"  
<http://www.nytimes.com/2009/07/30/opinion/30kristof.html>
2. Save the Children  
<http://www.savethechildren.org/programs/health/child-survival/survive-to-5/health-worker.html>
3. UN Millennium Campaign  
<http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf>
4. UNICEF  
<http://www.unicef.org/health/>
5. World Health Organization  
[http://www.who.int/making\\_pregnancy\\_safer/topics/maternal\\_mortality/en/index.html](http://www.who.int/making_pregnancy_safer/topics/maternal_mortality/en/index.html)

### ENDNOTES

1. Columbia University, Mailman School of Public Health, The Millennium Development Goals Symposium, New York, 29 April 2003. <http://www.earth.columbia.edu/events/mdg/news.html>
2. Matsuyama, Eikichi, *Saving the Children – How Japan Keeps Down Its Infant Mortality Rate*, Japanese Organization for International Cooperation in Family Planning, Documentary Series 18, Tokyo, 1986. [http://www.joicfp.or.jp/eng/publications/doc\\_series.shtml](http://www.joicfp.or.jp/eng/publications/doc_series.shtml)
3. UNICEF Innocenti Research Centre, *Early Marriage: Child Spouses*, Innocenti Digest #7, Florence, Italy, March 2001. <http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=291>
4. United Nations, *The Millennium Development Goals Report 2009*, New York, 2009.  
<http://mdgs.un.org/unsd/mdg/News.aspx?ArticleId=44>

5. United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice*, New York, April 2005. [http://www.unicef.org/publications/index\\_26024.html](http://www.unicef.org/publications/index_26024.html)

6. United Nations Children's Fund, *State of the World's Children 2008*, New York, 2008. <http://www.unicef.org/sowc08/index.php>