A Human Rights Based Approach to Maternal Mortality and Morbidity

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Introduction

Improving maternal health is one of the eight Millennium Development Goals adopted by the international community at the United Nations Millennium Summit in 2000. In Millennium Development Goal 5 (MDG5), countries have committed to reducing the maternal mortality ratio by three quarters between 1990 and 2015.

Complications from pregnancy and childbirth are the leading cause of death for women 15-19 years old in developing countries, and women facing multiple and intersecting forms of discrimination, such as indigenous women, displaced women, rural women and women living in poverty, are at higher risk. Statistics on maternal mortality and morbidity reveal that: 1) the burden of maternal mortality is borne disproportionately by developing countries, 2) in many countries, marginalized women are more vulnerable to maternal mortality, and 3) maternal mortality and morbidity rates reveal sharp discrepancies between men and women in their enjoyment of sexual and reproductive health rights.[1]

Maternal mortality and morbidity as human rights issues

Maternal mortality and morbidity have been increasingly recognized, not only as an issue of development, but also as a human rights issue. Preventable maternal mortality often is a violation of a woman's right to life and occurs where there is a failure in the realisation of the rights of women to health, equality and non-discrimination. This recognition is a crucial first step to adopting a human rights based approach to maternal mortality and morbidity.

Sexual and reproductive rights are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, which entitles the right to services in connection with pregnancy and post-natal period. These entitlements encompass the key technical interventions for the prevention of maternal mortality, including access to a skilled birth attendant, emergency obstetric care, education and information on sexual and reproductive health, safe abortion services, and other sexual and reproductive health-care services.[2] Yet, the right to health is not just a right to health services, but also to other social, economic, cultural and political determinants of health. These include participation in health-related decision-making processes, information on sexual and reproductive health, female literacy and empowerment, nutrition, non-discrimination and gender equality. The

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[1] A/61/338

[2] A/61/338, para. 13. Based on articles 10 and 12 of the International Covenant on Economic, Social and Cultural Rights, article 14 of the Convention on the Elimination of All Forms of Discrimination against Women, General Comment 14 of the Special Committee on Economic, Social and Cultural Rights (CESCR), General Recommendation 24 of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), and the 1994 International Conference on Population and Development in Cairo.

majority of these determinants have a direct influence on access to the health services that are essential for preventing maternal mortality.

The primary duty bearer responsible for securing these freedoms and entitlements is the State. The State has been vested with the obligation of dismantling obstacles, providing protections and enabling prevention, in addition to provision of services and care designed to meet the needs of all women, including those who are vulnerable and marginalized.[3]

<u>The links between violence against women, sexual and reproductive rights, and maternal morality and morbidity</u>

The mandate of the Special Rapporteur on Violence against Women has classified policies and practices that have an impact on women's reproductive rights or that constitute or contribute to violence against women in two categories. The first relates to the reproductive health consequences of distinct forms of gender-based violence such as rape, domestic violence, forced prostitution/trafficking, and cultural practices such as child marriage/early childbearing and sex-selective abortion/female infanticide. The mandate has observed that each of these acts constitutes violence in and of itself, in addition to inflicting serious reproductive, sexual, physical, psychological and health-related long-term harm to women. Accordingly, the obligation of the State to be duly diligent so as to prevent, investigate and punish violence against women includes the fulfilment of reproductive rights, in addition to guaranteeing other rights and freedoms.[4]

The second category of violations related to reproductive rights pertains to violence occurring directly and indirectly as a result of State action/inaction in the context of reproductive health.

- Direct State action that violates women's reproductive rights arises from coercive population policies and measures of population control, coerced sterilization of women from marginalized ethnic populations, criminal sanctions against all forms of abortions and contraception, and inadequate sex education for adolescents. Such State policies and measures infringe upon women's liberty, security and life.[5] The absolute prohibition of abortion is an example of how State action can lead to violence against women, and have a direct impact on maternal mortality and morbidity, as well as adolescent pregnancies and teenage suicides. Women and girls who are forced to continue with unwanted pregnancies commonly face revictimization by family and society. In cases of pregnancies resulting from rape or incest, women and girls often resort to unsafe and clandestine abortion practices, sometimes with fatal consequences. In some cases, women who have suffered miscarriages or have had complicated deliveries which have resulted in the death of the child have automatically been accused of homicide and penalized under criminal law.[6]

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[3] 15 years of the United Nations Special Rapporteur on Violence against Women, its causes and consequences (1994-2009), p. 20.
[4] Ibid., p.20.
[5] Ibid., p.21.
[6] Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo. Follow-up mission to El Salvador. A/HRC/17/26/Add.2, paras. 65-68

- State inaction that contributes to the violation of women's reproductive rights results from the neglect of the State obligation to address structural subordination of women and dominant notions of sexuality that impose norms of chastity and honour upon them. In many societies, the dominant view is that the primary role and duty of women is to bear children. The consequences of early, frequent and excessive childbearing are explained by fate, destiny or divine will rather than as the result of oppressive societal practices, and also governmental neglect of reproductive health services. Measures that aim to counter this subordination of women and prevent violence include women's empowerment, development of security, and self-determination.[7] For example, high levels of teenage pregnancy in some countries could be significantly reduced if sex education and family planning were generally and openly addressed in school curricula. This also applies to the prevention of the feminization of HIV/AIDS and other sexually transmitted diseases worldwide.

This mandate has noted that a lack of effective policies based on reliable data to meet minimum core obligations, State failure to prevent maternal mortality, non-provision of contraceptive information/family planning services that recognize and enable women's sexual autonomy, and State failure to address physical and psychological abuse perpetrated by health-care providers, all amount to violence resulting directly or indirectly from State policies. [8]

A Human Rights Based Approach to Maternal Mortality and Morbidity

A human rights-based approach to maternal health plays a critical role in legitimizing, promoting and enforcing norms, policies and programs that seek to reduce maternal mortality and morbidity. Such an approach is a powerful tool for several reasons:

1. It ensures that we can hold governments and others to account for their policies, programs, projects and pledges to reduce maternal mortality.

2. It empowers people to advocate for rights related to maternal health.

3. It offers civil society a means by which to engage in a constructive dialogue with government around their responsibility to ensure safe pregnancy and childbirth.

4. It places women's equality and well-being at the centre of governmental responses to reproductive rights and health issues.

Experiences in various countries over the last years have demonstrated that maternal mortality and morbidity can be reduced significantly and sustainably when such issues become a political priority and are addressed as a human rights issue. Programs in many low-income settings have shown that communities can be respectfully and sustainably engaged in reducing maternal deaths.
In this regard, I call for continued efforts from all relevant actors to ensure that maternal health and services become available, accessible (both physically and economically), acceptable and adaptable to every women worldwide.

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[7] 15 Year Review, Op. Cit., p.21.
[8] Ibid.