

FOCUS

*Creating a supportive environment
for maternal and neonatal health*

Every year, more than half a million women die from complications related to pregnancy and childbirth, and nearly 4 million newborns die during the first 28 days of life.

There is no mystery about which interventions and services are needed to save the lives of mothers and newborns. Basic to all efforts is an environment that promotes and protects the rights of women and children. Maternal and neonatal mortality are only one result of a pernicious cycle that begins with poverty and is exacerbated by gender discrimination. This cycle is entrenched in many areas of the world and is perpetuated by the impact on girls of early marriage and pregnancy, their lack of access to education, their vulnerability to violence, abuse and exploitation, and their exposure to HIV and AIDS. Creating a supportive environment that can serve the health of mothers and their newborn babies means challenging the social, economic and cultural barriers that foster gender inequality and discrimination.



DID YOU KNOW...

The younger a girl is when she becomes pregnant, the greater the health risks. Girls who give birth before age 15 are five times more likely to die in childbirth than women in their twenties.

If a mother is under the age of 18, her infant's risk of dying during its first year of life is 60 per cent greater than that of an infant born to a mother older than 19.

Low birthweight – usually a result of the mother's poor nutritional and health status before and during pregnancy – is a background factor in 70 per cent of the deaths of infants who die during their first 28 days.

Worldwide, more than 60 million women aged 20–24 were married before they reached the age of 18.

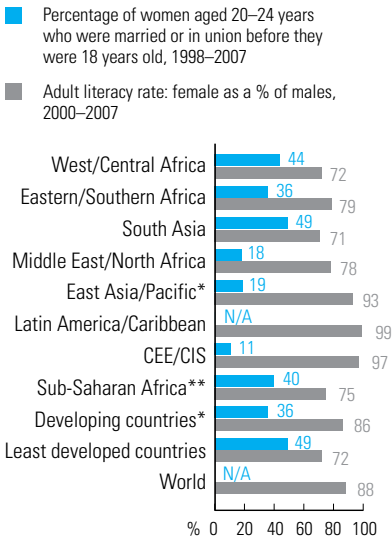
UNDERLYING ISSUES

Although the poorest and most marginalized are known to suffer the greatest burden of disease, it is precisely those in the lowest wealth quintile who are the least served along the entire continuum of care.

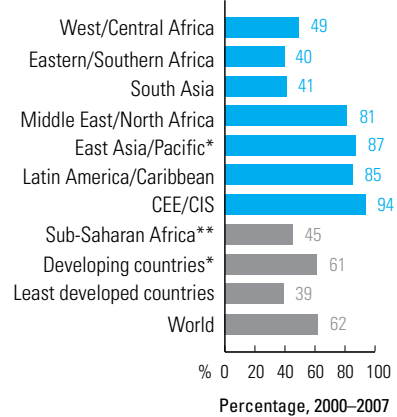
Inequities – unfair and avoidable systemic differences between population groups – can include disparities related to socio-economic position, gender, ethnic group and other factors. Emerging evidence about how disparities affect access to services is leading to greater focus on the issue of equity in access to essential primary-health-care services and in health outcomes.

Data from several sub-Saharan African countries documenting the proportion of mothers and children who received a package of four essential interventions – antenatal care, skilled attendance at delivery, post-natal care and childhood immunization – showed that full coverage was two to six times higher among the richest groups than it was among the poorest groups. Among the poorest 20 per cent of South Asian mothers, fewer than 10 per cent of births are delivered by a skilled attendant, compared to 56 per cent of births for mothers from the richest income quintile in the region.

Child marriage and literacy



Delivery care coverage***



* Excludes China. ** Sub-Saharan Africa comprises the regions of Eastern/Southern Africa and West/Central Africa. *** Skilled attendance at birth refers to the percentage of births attended by skilled health personnel (doctors, nurses and midwives).

Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys and UNESCO Institute for Statistics.

ACTIONS

Support a continuum of maternal, newborn and child care. Essential services for mothers, newborns and children are most effective when they are delivered in integrated packages at critical points in the life cycle of mothers and children.

Educate girls and young women. Education can lower the exposure of girls and women to maternity risks. It is also pivotal to reducing the incidence of child marriage (with its largely inevitable consequences of early pregnancy), eliminating extreme poverty and hunger, and enhancing knowledge of health risks and life skills.

Eliminate violence, abuse and exploitation of women and girls. Several large-scale studies by the World Health Organization and recent United Nations studies on violence against women and children show a correlation between violence against women and girls and increased risk of maternal mortality and morbidity. Legislation and its enforcement, research, programmes and budgets and increasing women's voices in the debate on violence, exploitation and abuse are all needed.

Prevent child marriage. Child marriage is a violation of child rights that compromises the development of girls and often results in premature pregnancy and social

isolation. Stronger government legislation to set and enforce the age of 18 as the minimum legal age for marriage is crucial, as is promoting both birth and marriage registration.

Abandon female genital mutilation and cutting. Female genital mutilation and cutting violates girls' and women's human rights in many ways. The practice can also significantly increase the risk of complications during childbirth, affecting the health of the mother and that of her newborn. Initiatives proving successful in countries where the practice is widespread are based on community empowerment, open dialogue and consensus.

Foster participation of girls and women in decision-making and empower them to claim rights and essential services for themselves and their children. Women involved in key decisions are more likely to see that their children are well nourished and to seek appropriate medical care for themselves and their children.

Involve men and adolescent boys in maternal and newborn health care. Men are more likely to be engaged, participatory fathers if they feel positive about themselves and their relationships, and if families and friends support their involvement in their children's lives.

SPOTLIGHT

ON ACHIEVING RESULTS

Advances in creating a supportive environment for maternal and neonatal health have taken different forms.

Maternal mortality has declined dramatically in **Sri Lanka**, from 340 deaths per 100,000 live births in 1960 to 43 per 100,000 in 2005. Latest data suggest that the neonatal mortality rate has also fallen, to around 8 deaths per 100,000 live births in 2004. Success is attributed to the expansion of a package of health and social services to the poor. Improvements in women's health are strengthened by measures to empower women socially and politically through education, employment and social engagement.

In **Peru**, women in rural areas are twice as likely as those in urban areas to die from pregnancy-related causes. The Ministry of Health, with UNICEF, is addressing this disparity by establishing maternal waiting houses to overcome the difficulties faced by expectant mothers who live far from health services, and by fostering family and community support to make maternity and maternal health a priority. In regions implementing the strategy, almost 3 out of 4 pregnant women now visit health-care centres, compared to 1 in 4 previously.

Legislation is helping to counter gender discrimination in developing countries. In 2004, women's rights activists in **Morocco** persuaded the Government to support a landmark family law countering gender inequality and protecting children's rights. That same year, women's groups successfully campaigned in **Mozambique** to raise the legal age of marriage to 16 with parental consent and 18 without.

For more information, see:

United Nations Children's Fund, *The State of the World's Children 2009: Maternal and newborn health*, New York, December 2008.

United Nations Children's Fund, *Progress for Children: A report card on maternal mortality, Number 7*, UNICEF, New York, 2008.

United Nations Children's Fund

Division of Communication
Development Professionals Section
3 United Nations Plaza, 6th Floor
New York, NY 10017 USA
devpro@unicef.org

www.unicef.org/devpro/

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