Empowering women to advance maternal, newborn and child health

A number of community health worker programmes that train primarily women have successfully circumvented gender-based barriers to utilization of health services. In Bangladesh, the community health workers trained by BRAC are married, middle-aged women, and their ‘doorstep’ health services allow women to circumvent purdah restrictions that prevent them from leaving their homes to access health facilities on their own. In Pakistan, where in 1999 only about half the women of childbearing age were immunized against tetanus, a campaign initiated by the Ministry of Health succeeded in raising that proportion to 80 per cent of a target group of 5 million women by relying on home visits by the Lady Health Workers, who were more acceptable to women than male vaccinators.

Furthermore, interventions that have enhanced women’s empowerment and leadership at the community level have been equally important in improving the health status of women and children. In Ghana, the prevalence of Guinea worm disease, which is spread by water and can incapacitate an infected person for months, required a comprehensive eradication campaign. Women volunteers, who were more familiar with the improved water sources than men, conducted door-to-door surveillance, distributed filters, identified potentially contaminated water supplies and provided community education. As a result, incidence of the disease fell by 36 per cent between 2002 and 2003. Similarly, in Puerto Rico, a programme to prevent dengue fever, carried out by WHO and the US Centers for Disease Control and Prevention, relied on community-nominated women to act as promoters. The women made house-to-house visits, interviewing heads of households and inspecting the premises for vector breeding sites. They also engaged in community-awareness activities, including the creation of a dengue prevention exhibit at the local supermarket. Through this strategy, 20 per cent of households joined the campaign. See References, page 105.

The challenge of reaching children in countries with such intractable problems is daunting. Nevertheless, if the political will is there, there are steps these countries can take to create a supportive environment for child survival and development.

Create laws to protect children from violence, and see that they are enforced

Data from countries in the Organisation for Economic Co-operation and Development (OECD) indicate that among children under 18, infants less than a year old face the second-highest risk of dying by homicide. The risk of death is about three times greater for children under one than for those aged one to four, and the youngster the child, the more likely that death will be caused by a close family member. Where deaths are not recorded or investigated, the extent of fatal violence to children is not accurately known and may become obscured by the generally high rates of under-five mortality. It is assumed that violence in one form or another – including neglect – may often play a part in infant and young child deaths that are not recorded as homicides or perhaps not recorded at all. It is widely agreed that violence against children by family members results in deaths far more often than official records suggest.

Forced marriage is another form of violence inflicted on children – and often socially condoned – with implications for child survival. When girls give birth before their bodies are fully developed, there is a much higher risk of death for both mother and child. Pregnancy-related deaths are the leading cause of mortality for girls 15–19 years old worldwide, whether they are married or not. Those younger than 15 are five times more likely to...