

Healthy Mothers and Children: The Role of Gender Equality and Women's Empowerment in the Reduction of Maternal and Child Mortality

Reproductive and sexual health touches the lives of everyone, everywhere. It is fundamental to the social and economic development of communities, economies, and nations.¹

Introduction

The starting point for reaching a state of healthy mothers and children is the empowerment of women and gender equality. Gender equality and women's empowerment in health must consider the extent to which women and men have the same ability and access to exercise their right to health and realize their potential to be healthy, contribute to and have control over their healthy development, benefit from medical and technological developments that affect their health, make decisions about their health needs and care, and participate in decision-making that affects their health and that of their children.

More specifically, enabling and ensuring women's equal access to (equality) and ability to utilize (empowerment) sexual and reproductive health services are fundamental to safeguarding their health and that of their children. The global commitment to ensuring sexual and reproductive health for women and men is reflected in the adoption of the World Health Organization's first strategy on reproductive health by the 57th Global Health Assembly in May 2004 which focuses on the provision of family planning services, combating sexually transmitted diseases, and promoting sexual health, among other target issues.²

Although sexual and reproductive health was not included in the Millennium Development Goals (MDGs), it is widely accepted that a woman's ability to exercise her reproductive rights contributes to the reduction of maternal and child mortality and the transmission of HIV/AIDS (MDG 4, 5, and 6 respectively). Women's access to and use of sexual and reproductive health (SRH) services and care, and the elimination of intra-family violence are 'musts' for achieving a state of healthy mothers and children. Furthermore, women's ability to exercise their right to SRH would contribute to the achievement of gender equality and women's empowerment.

In Latin America and the Caribbean, the maternal mortality ratio is 87.1 for every 100,000 live births. In Bolivia, one of the poorest countries in the region, this ratio reaches a startling 230. (*Health Situation in the Americas: Basic Indicators 2004*, PAHO/AIS.)

Healthy Mothers: The Role of Sexual and Reproductive Health

Maternal mortality³ is most prevalent among the poorest, least educated women. More than 90% of yearly maternal deaths occur in the developing world and maternal mortality is the leading killer of women of reproductive age (15-49 years old) in developing countries. Poor and uneducated women have limited access to medical care and appropriate information, have to travel long distances to health facilities, and lack the resources to exercise of their right to reproductive health care.

Studies, such as the 2002 study in Guatemala (Graph 1) show that women with a secondary level education and higher were 3 times more likely to use modern contraception than women without any education. Similarly, a 2001 study conducted in Nicaragua (Graph 2) showed that 95.8% of women with advanced education levels received care from a skilled birth attendant while only 34.2% of women without formal education received such care. Maternal mortality is also higher among women in 'high risk reproductive categories' such as mothers younger than 18 and older than 34 years, women experiencing multiple births within a 2-year period, and women giving birth more than 3 times.⁴

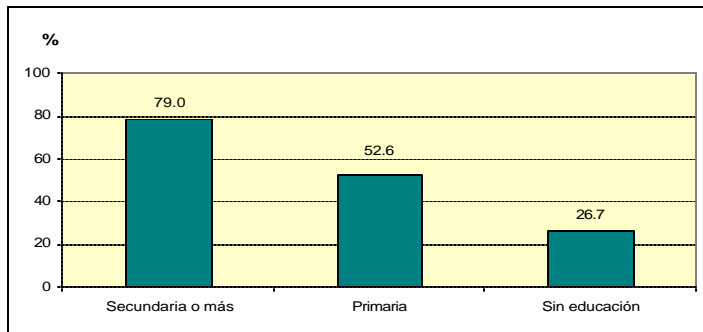
¹ World Health Organization, Media Center, <http://www.who.int/mediacentre/news/releases/2004/wha2/en/>

² Ibid

³ Maternal death is defined as the death of a woman while pregnant or within the 42 days after termination of that pregnancy, regardless of the length and site of the pregnancy, due to complications of pregnancy, delivery, and puerperium but not due to accidental or incidental causes. Pan American Health Organization, Health Analysis and Information Systems Area. Regional Core Health Data Initiative; Indicators Glossary. Washington DC, 2004.

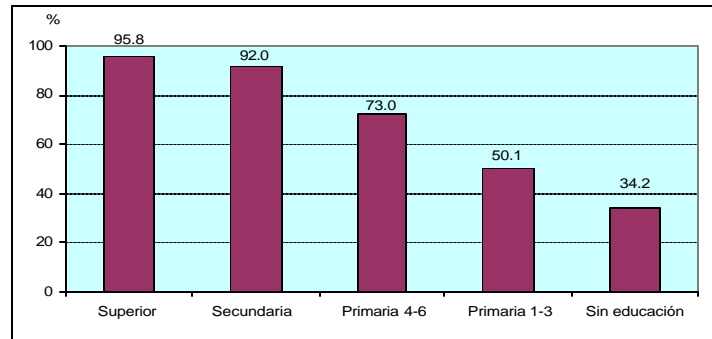
⁴ Ensuring women's, especially pregnant women's, access to and control of sexual and reproductive health and resources is also important in addressing maternal and child death due to the growing HIV/AIDS epidemic among women worldwide. For more information on women and HIV/AIDS, visit: www.unaids.org.

Graph 1
% of women, in a relationship, who used modern contraception, by level of education of the mother Guatemala, 2002



Demographic and Health Survey (DHS), Guatemala 2002

Graph 2
% of women who received attention by a skilled birth attendant, by level of mother's education Nicaragua, 2001



Demographic and Health Survey (DHS), Nicaragua 2001

Access to and use of SRH services- such as contraception, family planning, and skilled birth attendants- plays a central role in determining maternal and child mortality. Women are prevented from using contraception, seeking family planning advice, or even deciding how many, the spacing between, and when to have children by controlling husbands or partners, family, and society.⁵ In addition, talking about sexual and reproductive health issues remains taboo in many societies so women and girls are not encouraged to learn about or feel ownership of their physiological identity. Without strategies to address persistent gender-biased social norms and stereotypes that educate both women and men about their equal human right to health care and health decision-making, and policies that facilitate the empowerment of women to exercise this right, maternal mortality will continue to contribute to the death of approximately one woman every minute worldwide

In Latin America and the Caribbean, the mortality rate of children less than 5 years old is 39.8 for every 1,000 live births. Haiti claims the highest rate in the region with 109.6 deaths for every 1000 live births of children less than 5 years. (*Health Situation in the Americas: Basic Indicators 2004, PAHO/AIS.*)

Studies show that child death is less likely to occur among more educated mothers. In addition, births by women in "high risk" reproductive categories also contribute to increases in child mortality. (See graphs below)

Healthy Children: The Role of Healthy Mothers

Like maternal mortality, child mortality⁶ is also closely linked to poverty and to women's ability to access services and make decisions about their reproductive health and the care of their children. In the developing world, one in ten children dies before their 5th birthday compared with one in 143 in high-income countries.⁷ Child mortality is also largely dependent on the health of the mother and it is estimated that 4 million newborns die in the first week of life every year, mostly due to problems during pregnancy and childbirth.⁸ The mother's level of education and access to and control over reproductive health resources also affect child mortality.

According to a 2000 study, child mortality was lower among mothers with a high level of education. The difference was most stark in Bolivia where child mortality was at a rate of 113 for every 1000 live births among uneducated women, 88 among women with Primary level of education, and 30 among women with advanced levels of education. Women's access to and ability to make decisions about their reproductive health and maternal responsibility also directly corresponds to child mortality. Studies in some countries in Latin America and the Caribbean have shown that infant mortality occurred at a rate of 48 among women who had a 2-3 year space between births compared with 83 among women who had less than a 2 year space between births. (Graphs 3 and 4)

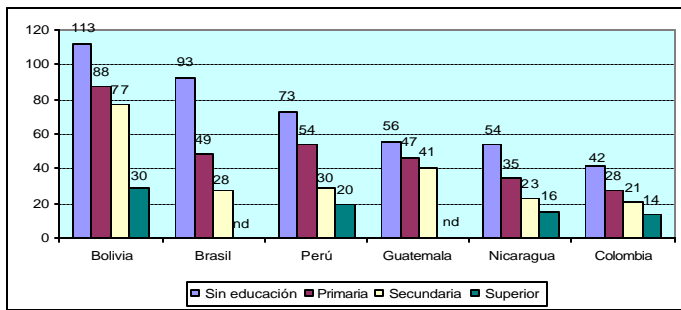
⁵ "Muertes maternas y violencia intrafamiliar contra las mujeres: repensando la salud materna en los Objetivos de Desarrollo del Milenio," OPS: 2005, <http://www.paho.org/Spanish/AD/GE/MM-violencia-MDGs.pdf>.

⁶ Child mortality is calculated as the quotient between the number of deaths in children under 1 year old in a given year and the number of live births in that year, for a given country, territory, or geographic area, expressed per 1,000 live births, as reported from the National Health . Pan American Health Organization, Health Analysis and Information Systems Area. Regional Core Health Data Initiative; Indicators Glossary. Washington DC, 2004.

⁷ http://www.developmentgoals.org/Child_Mortality.htm

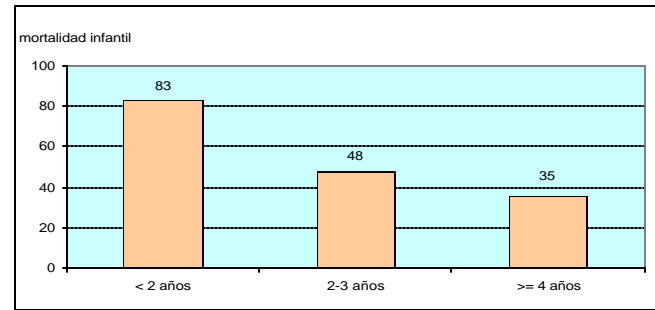
⁸ www.worldbank.org/HdNet/hddocs.nsf, February 4, 2005

Graph 3: Infant mortality 10 years before DHS, by level of mother's education



Country DHS 2000. Cited in: *The Millennium Development Goals in Latin America and the Caribbean: Challenges Actions, and Commitments*, IDB, Washington, D.C., 2004.

Graph 4: Infant mortality according to birth spacing in Latin America and the Caribbean



DHS Latin America and the Caribbean. Cited in: *Information Brief, 2002 Series, No. 2*, The Alan Guttmacher Institute.

In addition to these factors, the leading causes of child mortality, malnutrition and preventable childhood diseases, both have gender implications. It is often mothers or female family members who care for newborns and children, provide food to their families, address health and hygiene needs, and teach children how to care for themselves. If these women are unable to access and control the necessary resources to ensure their own health and well being, they will be less likely to provide the necessary care to ensure the survival of their children.

Conclusion

Gender equality and women's empowerment are integral to the reduction of maternal and child mortality and ensuring healthy mothers and children. The centrality of sexual and reproductive health to achieving all the health-related MDGs and the importance of women's empowerment and gender equality to the achievement of all of the MDGs, therefore, is not to be overlooked.

The Millennium Development Goals present an important opportunity for governments to fulfill their international commitments to human rights and development, not least of which is realizing a state of gender equality and women's empowerment that takes into account the unique realities in each country, including factors such as geography, ethnic and language diversity, and socioeconomic factors, among others. In order for this to be realized, it will require intersectoral and interagency cooperation at all levels-from local to global. The MDGs cannot be gender blind and gender equality and women's empowerment cannot be restricted to MDG 3 alone. Moreover, gender equality and women's empowerment should be pursued as ends in themselves as well as prerequisites for the achievement of all the MDGs and sustainable development.

For more information about PAHO's World Health Day 2005 activities visit: <http://www.paho.org/English/DD/PIN/whd05.htm>.

