MDG 5: Far from Simple, Far from Certain

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"The best judge of whether or not a country is going to develop is how it treats its women. If it's educating its girls, if women have equal rights, that country is going to move forward. But if women are oppressed and abused and illiterate, then they're going to fall behind." – **Barack Obama**[10]

'Improve maternal health'. This was the 5th goal at the UN Millennium Summit in 2000 when all 193 countries of the United Nations ratified the United Nations Millennium Declaration. The aim was to decrease maternal mortality by 75% and to provide universal access to reproductive health care by 2015[1]. With only three years to go until the 2015 deadline, only 23 countries are on target[2].

940 women die each day from pregnancy-associated complications[3]. That's over 350,000 women per year, or the equivalent of the populations of Cork, Galway and Limerick cities[4], dying from mainly preventable causes. The top 5 causes of death, accounting for over 80%, are haemorrhage; sepsis; unsafe abortion; obstructed labour; and pregnancy-related hypertensive disorders[5]; all of which should have a low mortality if recognised and treated appropriately. For every woman that dies, more than 20 others suffer from serious complications related to pregnancy or childbirth, such as chronic infection and obstetric fistulae[6]. In Sierra Leone, the lifetime chance of a woman dying in childbirth is 1 in 8[7]. It is one of the top five countries with the highest maternal mortality ratios, along with Afghanistan, the Central African Republic, Malawi and Chad[8], each of which have a MMR of over 1000 per 100,000 population. This is not just a health issue. This is a violation of Article 25 of the Universal Declaration of Human Rights which enshrines the right to medical care, emphasising that '*motherhood and childhood are entitled to special care and assistance*'[9].

The Millennium Development Goals cannot be achieved in isolation. The eight goals work in tandem. Poverty (MDG 1 & 7), lack of education (MDG 2 & 3), gender inequality (MDG 3) and lack of access to health services are all intertwined in preventing MDG 5 from being achieved. Number 3 is particularly important in achieving all the other goals. It endeavours to 'Promote Gender Equality and Empower Women'. Unless women are treated as equals within their communities and families, none of the other issues that are precipitating maternal mortality can be fully addressed.

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Part of MDG 3's aim was to abolish the gender discrepancy in all levels of education by 2015. In 2008, 96 girls were enrolled in school for every 100 boys. This is an improvement compared to 91 in 1990.[11] Education is vital for independence in the future.

Women account for only 19% of elected representatives in parliaments. Only nine of the 151 elected heads of state and 11 of the 192 heads of government are women[12]. In Ireland only 15% of TDs are female[13], while in Rwanda 56% of parliament seats are held by women[14]. Therefore female participation in politics may not necessarily correlate with a lower MMR, but worldwide this trend shows the inequality between genders. MDG 5 can never be achieved when women are still seen in many countries as second-class citizens. Prior to the Marital Power Act of 2007, women in Botswana still needed their husband's consent to own property or to apply for loans[15]. In Kyrgyzstan, only 15% of women have complete control over their property, inhibiting them from personal independence.

If women are made to be solely dependent on their fathers, brothers or husbands for income and survival, they can never truly have a voice. Gender equality is essential for women to make their own decisions regarding reproduction and to demand that their right to health care is not withheld.

Poverty

Even in the most developed countries, women from lower socio-economic backgrounds and ethnic minorities have higher maternal mortality rates. Amnesty International recently published a study which shows that African-American women in the US are four times more likely to die due to pregnancy-related causes than Caucasian women[16]. Women from poorer backgrounds have less access to reproductive healthcare and present later to antenatal clinics, which leads to worse outcomes for both mother and baby. Globally, poverty stops women accessing vital healthcare[17]. Even in countries where maternal healthcare is supposed to be free, women may be expected to pay for medicines and medical supplies. In January, there were reports claiming that women were being detained for not paying hospital fees in Zimbabwe, despite free access being announced by the Zimbabwean government in October[18]. The cost of even getting to a clinic is too much for some families, especially in isolated communities. Transport costs account for almost 50% of the total spent on a normal delivery in Tanzania[19]. In Sierra Leone, the government is encouraging communities to create a pooled fund for obstetric emergencies but even giving to this fund can push families further into poverty[20]. Seasonal variation in income can also have a huge impact on a family's ability to pay, especially in rural farming communities.

These women are also at an increased risk of infections such as malaria and typhoid, because of lack of sanitation and basic things such as mosquito nets. Poverty also impacts on nutrition. Malnutrition often affects female children more so than other family members. Approximately 50% of girls in developing countries are nutritionally anaemic[21]. Anaemia potentiates the complications of haemorrhage, as an already low blood count means even a small bleed could be life-threatening. Uneducated women are less likely to know that adequate nutrition is essential to a healthy pregnancy. Poverty and lack of education go hand in hand and impact dramatically on health. Women's health especially suffers, which further cements the inequalities women face.

Education

"Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family." – ***Kofi Annan***

Educated women are less likely to have large families, decreasing the risk of complications associated with pregnancy. They are more likely to be able to work and therefore are wealthier. Literacy is a major factor in increasing awareness and knowledge surrounding peri-natal care. They are also more likely to be empowered to ask for and receive the care they deserve. This includes the availability of quality antenatal care, and having a skilled birth attendant present during labour.

Knowing when to ask for help is one of the most important determinants of survival. In the developing world 37% of women give birth without a skilled birth attendant[22]. Although this number has decreased since 1990, it is still too high. The majority of these women live in remote villages and rely on family members to help them through their labour. Those living in isolated communities are more likely to be uneducated and unempowered. They may not even realise that they are entitled to healthcare. Medical facilities are often too far away to save these women if complications do arise. Women and their families, due to lack of education, may also be unaware of warning signs that should prompt urgent medical attention.

Teenage Births

Adolescent mothers are a particularly vulnerable group. 15 to 19 year olds are twice as likely to die during pregnancy as those over 20 and those younger than 15 are at five-times the risk[23]. Complications of pregnancy account for the main causes of death for girls aged 15 to 19 years old globally[24]. In Yemen, 14% of girls are married by the age of 15 and 52% by 18 years old[25]. Women who marry early generally have more children. There are many social pressures to prove fertility. They also have children at shorter intervals which increases the risk of death or disability due to childbirth[26]. Younger girls have not matured physically or psychologically and are at an increased chance of prolonged, obstructed labour. Without emergency obstetric care, the outcome is often death for both mother and baby.

Child marriages occur for a number of reasons. In some communities, especially in Africa and Southern Asia, it is a tradition that girls marry soon after puberty. In others it is an effort to reduce financial burdens on a family or as a form of protection of their daughter's purity. Regardless of the reason behind it, marriages before the age of 18 without proper consent are in violation of the Convention of the Rights of the Child[27]. In these societies, when girls marry they are then seen as adults leaving behind any added protection they would have as children in the eyes of the law. This means that although it would be illegal for a grown man to have sex with a 14 year old, as long as it is within a marriage it is condoned.

In many areas where teenage marriage is common practice, young girls are married to much older men. This can contribute to unequal power-sharing within the household. Teenage wives are less likely to be allowed to make decisions for themselves, including visiting family and friends and whether or not they work. They also have less access to contraception and reproductive services without their husband's say-so[28]. Young girls are more accepting of domestic violence, including marital rape, which increases the number of pregnancies and complications.

Lack of education potentiates early pregnancies. In Niger, 75% of women are illiterate. 80% of women are married before the age of 18[29]. Higher levels of education have been shown to be protective against early marriages[30]. In societies where girls stay at school, they are less likely to be married against their will at a young age. In Tanzania, girls who went to

secondary school were 92% less likely to be married by the age of 18 than those girls who only completed primary school in a 2005 report by UNICEF. This again emphasises the importance of education in the empowerment of women. In developed countries, increases in education and career choice, coupled with more effective means of contraception, means that the number of teenage births halved between 1970 and 2001[31]. However, progress has slowed down in lowering teenage pregnancies in less developed countries[32].

Contraception

"Birth control is the first important step woman must take toward the goal of her freedom. It is the first step she must take to be man's equal. It is the first step they must both take toward human emancipation." – ***Margaret Sanger***[33]

Contraception is a vital component to lowering maternal mortality and morbidity rates. It is estimated that 1 in 10 pregnancies result in unsafe abortions[34]. Adolescent girls in developing countries alone undergo between 2.2 and 4 million unsafe abortions each year. 40% of these occur in sub-Saharan Africa. It is estimated that 13% of all maternal deaths are due to unsanitary or unsafe abortion practices and lack of appropriate follow-up[35]. The majority of abortions take place due to lack of knowledge about modern contraceptive methods or lack of access to them. The use of reliable forms of contraception is lowest among the young, the poor and the uneducated. Worldwide at least 215 million women would prefer to postpone or prevent becoming pregnant but they do not have access to modern or effective forms of contraception. A lack of modern contraception accounts for nearly 82% of all unintended pregnancies[36]. It has been estimated that if reliable contraception was provided to all those who wanted it, it would reduce the number of maternal deaths by 33%. Women have the right to make the choice about whether they want children or not. Education and empowerment would guarantee that this right is upheld. Contraception is also necessary in order to decrease another huge contributor to maternal mortality: HIV.

HIV

In 2008, over 64,000 maternal deaths were caused by HIV infection[37]. This accounts for 1 in 5 deaths, and is a main factor for the lack of decrease in MMR in eastern and southern areas of Africa. Approximately 16.6 million women worldwide are infected with HIV and over 76% of these reside in sub-Saharan Africa[38]. HIV contributes to both direct and indirect maternal mortality. It is directly associated with increased numbers of anaemia, postpartum haemorrhage and sepsis. HIV-positive women are also more susceptible to opportunistic infection such as TB, malaria and Pneumocystis carinii pneumonia, which may progress faster in pregnancy[39]. Appropriate treatment of HIV with antiretrovirals is essential to decrease its bearing on maternal mortality. Education is once again an important factor in the fight against HIV. A survey of married women in Yemen showed that only 60% of women interviewed had heard of AIDS[40]. It also showed some of the misconceptions and discriminatory views about HIV/AIDS, including the belief that HIV can be passed on by mosquito bites and that teachers who are HIV-positive should not be allowed to continue working. These kinds of biases are detrimental to the fight against AIDS. People are less inclined to avail of testing and treatment when these beliefs are prominent. In many societies, it is acceptable for men to have multiple partners. Young women are also at an increased risk of violence and rape, which increases their risk of contracting the virus. Gender inequalities may also impede women's ability to get tested and treated and overall HIV/AIDS disproportionately affects women[41]. Societal norms are a huge contributor to this fact.

Involving men

Maternal mortality is not an issue that can be tackled by women alone. Parenthood is a partnership and so too should the process of becoming parents. Men are more prominent in local and national governments worldwide than women and so play a key role in implementing legislation and assigning funds to reproductive health projects. As religious, community and political leaders, they can control access to reproductive information and services. To effectively include men in this process, it is important that gender prejudices are addressed. In many societies, children are taught that aggression and dominant behaviour towards women are acceptable for men. They are not encouraged to take an active caring role in their families and so may find it difficult to communicate effectively with their wives, especially in terms of contraception and family planning. In Harare, Zimbabwe, Padre is a forum for men that are encouraging the breakdown of traditional gender roles. A poster in its headquarters bears the slogan 'Men Do Cry'. Similar projects are being supported by the UNFPA in many developing countries, encouraging men to support their wives through pregnancy and beyond[42]. In Niger, over a hundred 'Schools for Husbands' meet together twice a month to discuss specific reproductive issues in their local regions. Since the introduction of the schools in the Zinder province 4 years ago, the numbers of women accessing the local maternity services has increased dramatically. An important aspect of these projects is the backing of local authorities as well as traditional and religious leaders, including the Sultan of Zinder[43].

Conclusion

MDG 5 aims to improve maternal health. It is a complex and multifaceted process. A profound societal change in attitudes towards women is a fundamental part of achieving this goal and MDG 3 rightly promotes equality between men and women. This is integral to any process.

Low education levels with associated information deficits, along with poverty, increase a woman's chance of dying in childbirth. Inequality also prevents women accessing contraceptive information and services, which also increases the rates of pregnancy and HIV infection.

As previously stated, all the Millen-

nium Development Goals must be achieved in tandem. However, MDG 3 is particularly pertinent in the achievement of MDG 5. Unless gender equality can be achieved, women will always be poorer. They will be more likely to be victimised. They will always have less access to education and poorer access to services than their male counterparts, and this includes access to reproductive health. This is why MDGs 3 and 5 are so intricately linked.

MDG 5 is a fundamental right. It is imperative that we all support disadvantaged women through any and all ways that will help effect the changes for full MDG 5 implementation.

"When women thrive, all of society benefits, and succeeding generations are given a better start in life" – ***Kofi Annan***

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See You Next Year!