

## Investing in Women Makes Sense, Yields Benefits at All Levels of Society

By *Beathur Baker and Elizabeth Kameo*

When a society spends money and other resources to improve the lives of women, children and families, the benefits are palpable and will rebound throughout that entire society.

Every year globally \$15 billion is lost because of maternal and newborn deaths, yet preventing most of these deaths would cost an estimated \$4.1 – \$6.1 billion per year, according to research prepared for the conference.

Investing in women, an empowering approach to the economic and social growth of society, is the key thrust of the global Women Deliver conference and its motto: “Invest in Women – It Pays!”

The global lobby to prioritize women’s maternal and reproductive rights and needs has come together to evaluate its progress over the last 20 years in placing women’s needs on government health and human rights agendas, influencing policy changes and implementing new social programs and other interventions.

Experts and advocates agree that progress has been far less than was hoped in 1987, when concern over women’s maternal and reproductive rights crystallized into the Safe Motherhood Initiative. Without an infusion of resources committed to this effort, it is unlikely the Millennium Development Goal set in 2000 to halve the number of maternal and newborn deaths in 2015 could be met.



Against this background, the Women Deliver conference is bringing together 1,500 experts and advocates to assess the past 20 years and build a roadmap for the future. The conference focuses on five critical areas of investment – improving women’s and newborn health, advancing human rights, expanding financial resources, building political will and promoting women in the world.

Despite some progress, maternal mortality is still the health indicator that shows the greatest disparity between rich and poor countries. One woman in every 16 in sub-Saharan Africa will die from complications of pregnancy and childbirth; in Europe, the risk is 1 in 2,400.

In the 20 years since the first global conference to address maternal health, the World Bank and others have produced research showing the value of investing in interventions that improve women’s health, including opportunities for education and economic participation. A pivotal challenge to which governments must respond is the amount of money and other resources needed for women’s maternal and reproductive health. They also need to acknowledge women as valued citizens with human rights.

More than 1 million children are left motherless and vulnerable every year, according to a background paper prepared for the conference by the International Center for Research on Women. A mother’s death also lowers family income and productivity affecting the entire family.

*“The birth of a child should be a happy moment in a mother’s life — not her last moment.”*

Jill Sheffield,  
President, Family  
Care International

*“Every minute of every day a woman dies needlessly during pregnancy and childbirth.”*

Mary Robinson,  
President of Realizing  
Rights, former  
President of Ireland

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## From the Ministers' Forum: Toward Achieving MDG 5

By Rosemary Ardayfio

One important feature of the Women Deliver Conference is the Ministers' Forum, which will culminate in a public statement of commitment to meeting Millennium Development Goal (MDG) Five by 2015 and identification of what is essential to reaching it.

The high-level delegation is composed of more than 100 representatives from 30 to 35 countries where maternal mortality and poverty are significant issues. Ministers will meet for a total of 10 hours over the first two days of the conference. The country delegations will include Ministers of Health and Planning and other parliamentarians active in the effort to reduce maternal mortality.

Immediately following today's Plenary Session, the Ministers will begin meeting with a small group of experts in maternal health to review data and analyze the efforts toward achieving MDG 5. Decisionmakers will engage in discussions on why reducing maternal mortality should be at the top of every nation's development priorities. Other topics on the Ministers' Forum agenda are which programs and interventions have been shown to work best to reduce maternal mortality and mor-

bidity; what resources will be needed, globally and at the national level, to implement effective interventions.

"We are not requesting or expecting delegations to come with prepared speeches. What we are looking for is the freshest thinking and most immediate reactions members of the group have to the presentations and to the comments of their fellow ministers and others," according to Women Deliver organizers.

The focus of today's Ministers' Forum session will be on "Effective Interventions for Maternal and Newborn Health." Dr. Daisy Mafubelu, Assistant Director General, Family and Community Health, of WHO, and Wendy Graham, principal investigator from IMMPACT/University of Aberdeen, will make presentations on concrete measures that significantly contribute to maternal health and to reduce maternal mortality, which programs have worked best and why.

The second day's morning presentation will be on "The Resource Gap for MDG 5: Challenges and Opportunities" and will highlight the existing funding gap and the magnitude needed to actually achieve MDG 5. Presenters

will be Dr. Yoka M.G. Brandt, Deputy Director General in the Ministry of Foreign Affairs, the Netherlands, and Aparnaa Somanathan of the World Bank's Human Development East Asia and Pacific Region.

Friday afternoon's presentation, "Creating Commitment: What Will Convince Decisionmakers," will be by Dr. Khama Rogo of the World Bank and Anne van Lancker, Member of the European Parliament. They will focus on what needs to be done in advocacy to generate the much needed political will to drive the effort towards attaining MDG 5.

The United States will be represented at the conference by a bipartisan delegation of congresswomen, led by Rep. Lois Capps, co-chair of the Congressional Caucus for Women's Issues.

"People often assume that motherhood is the most natural thing in the world and there's nothing to worry about, but clearly there's something to worry about when a woman dies every minute in childbirth," she said. "We simply have to do better for our mothers and their families, both in the United States and around the world."

### Credits

This newsletter has been made possible through Women's Edition, an activity of the Population Reference Bureau (PRB) launched in 1993 that brings together senior women editors and producers from influential media organizations around the world to examine and report on issues affecting women's reproductive health and status in society.

The mission of Women's Edition is to inform policy decisions through accurate and timely media coverage that reflects women's needs and perspectives. By providing information to millions of women in developing countries on issues that affect them, Women's Edition also attempts to shape public discussion of the problems and helps women make informed decisions on matters related to their livelihood.

The articles presented in this newsletter are the work of the Women's Edition journalists attending the conference.



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## Reducing Maternal Mortality by Involving the Community

By Pamela Asigi, Taru Bahl, Pushpa Jamieson

*One approach to reducing maternal deaths is through community-based healthcare, which focuses on primary and preventive care at the most local level. In May 2007, the Population Reference Bureau brought journalists from its global Women's Edition network to visit Jamkhed, India, about 250 miles east of Mumbai, to learn how a community-based strategy at the Comprehensive Rural Health Project had improved life in the area.*

Life in Jamkhed and surrounding villages has changed dramatically over the past three and a half decades. In 1970, virtually no woman used family planning or received prenatal care. Serious pregnancy-related complications were common, and maternal death rates were high. Today, prenatal care is nearly universal, maternal death rates have plunged, and use of family planning is on par with that of developed countries.

Much of the improvement is credited to the Comprehensive Rural Health Project (CRHP), the vision of two Indian doctors.

The project integrates preventive and primary health care, good environmental practices, and socioeconomic development to attack the problems that cause disease and ill health and improve the quality of life of the poor and marginalized. Fundamental to CRHP's approach are raising the status of women and breaking down caste barriers. The core of the project is a cadre of village health workers who were trained by the project in basic maternal care and spread their knowledge throughout their communities.

The project's founders, Drs. Raj and Mabelle Arole, believed that simply dictating to people what they should and should not be doing was not as effective as giving villagers the knowledge and tools to take responsibility for their own

health. They spent much of their time in the beginning getting to know the culture, traditions and practices of the villagers and finding out what they wanted.

The visit helped the journalists understand a community-based approach to health care, which prompted them to look for similar programs in their own countries..

When journalist Pushpa Jamieson returned to Malawi from the visit to Jamkhed, she took note of a report by the Ministry of Health that showed one of the main contributing factors to high maternal deaths in her country is weak community involvement in health programs.

Malawi has one of the highest maternal mortality rates in the world with an estimated 1,120 deaths per 100,000 live births. Other factors that contributed to this high rate are limited utilization and availability of maternal health care services, shortage of skilled medical staff, a weak system for identifying obstetrical complications early and transporting emergency cases to hospitals and clinics.

Malawi health officials explained to her that they were refocusing some of their efforts to meet the health needs in rural areas by working directly with the villagers.



“Meeting with some of the influential leaders in the community has been helpful to find out what they need to ensure that women have a safe delivery,” Diana Khonje, an official in the ministry's Reproductive Health Unit,

told her. “After meetings with some communities, we have been able to provide shelter nearer to the hospital facilities for expectant mothers to live while waiting for delivery.”

Pamela Asigi, a Kenyan television journalist, was surprised at some of the

*“Meeting with some of the influential leaders in the community has been helpful to find out what they need to ensure that women have a safe delivery.”* Diana Khonje, Ministry of Health, Malawi

striking similarities that existed between India's rural landscape and Kenya's remote, far flung villages. Access to health services, the challenge of motivating doctors to work in rural areas, and the traditional cultural and social roles played out between men and women were starkly similar. Jamkhed offered solutions in the way it had integrated all dimensions of development to achieve the broader health goals.

After reporting on Jamkhed's successes in her weekly health program, she was flooded with calls asking for details. One of the calls was from the African Medical Research Foundation inviting her to visit a similar project in Butula, Western Kenya, where they had trained local women in basic maternal health, taught them to ride bicycles, and supplied them with bikes so they could spread their newfound knowledge door to door more easily.

An Indian reporter, Taru Bahl with the Mint newspaper, found ties to the Jamkhed project within the National Rural Health Mission, which has been focusing on the Asha (like Jamkhed's village health worker) to provide the bridge between health providers and those who need health services. Particularly relevant are the NRHM's efforts to devise ways to get medical students to spend a few years in rural areas. Her report on the Jamkhed model has been scheduled for publication.

More information about CHRP can be found at [www.jamkhed.org](http://www.jamkhed.org)

## Violence During Pregnancy Adds to Maternal Risk

By Claudia Izaguirre Godoy

“He hit me in the belly and made me miscarry two babies... I went to the Loayza Public Hospital with heavy bleeding and they cleaned me up.”

Those dramatic words were spoken by a Peruvian woman, one of the 24,000 women interviewed in ten countries for the World Health Organization’s *Multi-country Study on Women’s Health and Domestic Violence against Women*.

According to the study, released two years ago, the percentage of ever-pregnant women physically abused during at least one pregnancy ranged from a low of 1% in Japan to a high of 28% in Cusco, a Peruvian province more famous as the home of Machu Picchu.

Earlier this week, Charlotte Watts, PhD, head of the Health Policy Unit in the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine, spoke about this shocking maternal risk to members of Women’s Edition in London for the Women Deliver conference. As one of the five key members of the Core Research Team for the

WHO Study, Professor Watts has had close encounters with violence against women in many countries, particularly violence during pregnancy. According to the multi-country study, in developing countries the driving force behind this violence might be low economic status, alcohol and drug abuse, or the cultural environment of a particular society. The

cause can differ from country to country and even from rural to urban areas and among various education levels.

Watts will be actively involved in the Women Deliver conference, as a moderator of session 142-Violence during Pregnancy Action Needed, today, 11:00 h; and Friday in session 141-Women, Violence and HIV/AIDS, at the same time.

The WHO multi-country study collected data also in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Samoa, Serbia and Montenegro, Thailand, and Tanzania. In all sites, over 90% were

abused by the biological father of the child the woman was carrying, most of whom were living with the abused woman at the time.

The majority of women who experienced violence during pregnancy—including being kicked or punched directly in the belly—reported that the violence predated the pregnancy.

Generally it is assumed that in societies of both developing and industrialized countries pregnancy can and should be a period of protection. However, this is not consistent across all cultures.

Watts warned about the danger of not controlling or stopping this phenomenon which can be a factor in induced abortions, miscarriages, and even maternal mortality.

Even though there are ongoing efforts by advocates, authorities, civil society, NGOs, and women in general on this issue, the data gathered by the WHO multi-country study illustrate that there is still a serious job to do.



Dr. Charlotte Watts,  
London School of Hygiene  
and Tropical Medicine