

AI Index: PRE 01/265/2009
09 July 2009

Peru: Maternal Health and Mortality - Facts and Figures & Case Studies

Facts and Figures

According to Peruvian government figures, 185 women die for every 100,000 live births in Peru. The United Nations puts the number at 240 – one of the highest in the Americas. (UNFPA)

27 per cent of deaths of women from pregnancy-related causes occurred during pregnancy; 26 per cent occurred during the birth itself; and 46 per cent during the first six weeks after giving birth (Ministry of Health, Department of Epidemiology, 2007).

The five main causes of pregnancy-related deaths in Peru are: haemorrhage, pre-eclampsia, infection, complications following abortion and obstructed birth (Ministry of Health, Department of Epidemiology, 2007).

In 2007, only 36.1 per cent of the women in the poorest sectors of society who gave birth between 2002 and 2007 stated that the last time they had given birth was in a health facility. The comparable figure for women in the richest sectors of society was 98.4 per cent (National Institute of Statistics and Information - INEI).

59.1 per cent of the communities covered by the 2007 national census of Indigenous Peoples did not have a health facility. Of those that did, 45.4 per cent had no more than a first aid post; 42.3 per cent had a health post (one of the most basic classifications of health facilities); and 10.9 per cent had access to a health centre (the next more equipped type of facility after a health post). (2007 National Census of Indigenous Peoples).

Although only just over a third of Peru's population lives in rural areas, the rural population makes up more than 57.7 per cent of those living in poverty (National Institute of Statistics and Information, 2008).

The Peruvian government announced that improving maternal and infant health was one of its five strategic goals for its budget for social policy in 2008 and that it hoped to reduce maternal mortality to 120 in every 100,000 births by 2015. (Presupuesto por Resultados, Ministry of Finance).

Case Studies

JOSÉ MENESES SALAZAR

Twenty-four-year-old José Meneses Salazar from San Juan de Ccarhuacc, Huancavelica province, is the oldest of nine children. He told Amnesty International that his mother died in childbirth in 1999 when he was

15. She had not wanted to go to the health centre for check-ups because she feared the staff would not treat her well there. When she went into labour, the midwife at the San Juan de Ccarhuacc health post was on leave, so José's father and other relatives delivered the baby themselves. However, after the baby was born, the placenta did not come out and they did not know what to do. Two hours later his mother died. The baby girl survived.

José described the huge impact that his mother's death had on the family. His father subsequently abandoned the family. His mother's death and his father's departure meant José had to take on responsibility for the family and for the smallholding, which in turn meant that he had to give up his education. His sister also had to give up school in order to help out. As a result she can barely read or write.

José now lives with three of his younger siblings, his wife and two young sons of his own. As a result of his mother's experience, he has supported his wife in going for ante-natal check-ups and took her to the maternity waiting house before she gave birth. He told Amnesty International that the health centre desperately needs more staff and equipment, especially a scanner, so that they can see how the foetus is developing and predict more accurately when the baby will be born. He hopes that they will get permanent health workers who stay in the community. He also hopes there will be better provision for transporting women to other health centres in emergencies.

YOLANDA SOLIER TAIPE

Yolanda Solier Taipe is 33 years old and pregnant with her seventh child. She lives about an hour away from the health post in Ccharhuacc on a track that cannot be used by cars.

“The greatest difficulty I have is the distance between my house and the health post. I've got to walk up the mountain to go to my pregnancy check up. Another difficulty is that I can't move fast ...; that's my difficulty, as well as the fact that my house is not near a road and I have to walk a lot. I would ask you to support us in the construction of roads and send this request to our authorities.

[...] I had my other children there [at the maternal waiting house], all of them. I walked there, but there we don't have anything; neither food, nor anywhere to prepare our food; nor can we stay, those of us who have come from far away... it is only to give birth and not for any care after the birth.”

ROSA QUICHCA VARGAS

Rosa Quichca Vargas is 24 years old and pregnant with her fifth child – two of her children died, one in childbirth and one in the first few days after birth, possibly of pneumonia. She lives almost an hour's walk away from the health post in Ccarhuacc on a road that cannot take vehicles other than possibly a motorbike.

“The first time she [the doctor] didn't understand what I said to her. I went back and again she didn't understand. The third time she asked me for my family planning card and I went back with it...I couldn't speak [to her]...When we went with my husband, he got the doctor to understand [that I was pregnant].”

“We're scared when they speak to us in Spanish and we can't reply... I start sweating from fear and I can't speak Spanish...what am I going to answer if I don't understand Spanish? It would be really good [if they could speak in Quechua]. My husband, when he goes to Lima, leaves me with the health promoters so that they can accompany me. They take me to my check ups and speak to the doctor.”