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© Salud sin Límites Perú

DEADLY INEQUALITIES

MATERNAL MORTALITY IN PERU

**MATERNAL HEALTH
IS A HUMAN RIGHT**

**AMNESTY
INTERNATIONAL**



Every year, more than a thousand Peruvian families bury a mother, a sister, a wife because pregnancy-related complications have led to a preventable death. Most of these women are Indigenous, poor or live in remote rural areas.

Peru remains one of the countries with the highest maternal mortality ratios in Latin America. The deep inequalities in Peruvian society are reflected in widely different maternal mortality ratios between women in rich and poor areas. According to the Peruvian Ministry of Health, women in rural areas are twice as likely as those in urban areas to die from causes related to pregnancy.

Maternal mortality could be greatly reduced if the barriers that prevent or delay women accessing emergency obstetric services were removed. These barriers are highest for women from excluded or remote communities.

The deaths, and the inequality that underlies them, constitute violations of women's human rights, including the right to the highest attainable standard of health. The Peruvian government has failed to put in place a health system that can respond adequately to the basic needs of a dispersed, multilingual and multicultural population.

Despite recent government reforms aimed at lowering maternal mortality, the overall progress reported is the result of improvements in urban rather than rural areas. This reflects an unequal distribution of health resources that exacerbates rather than ameliorates underlying social inequalities.

DISCRIMINATION AND EXCLUSION

Poverty is the most important factor that determines if a pregnancy will lead to loss of life. But poverty cannot be separated from discrimination in Peru. Indigenous communities are disproportionately represented among the rural poor and Indigenous women face the double exclusion of their gender and ethnicity.

Health spending is unequally distributed in Peru in ways that systematically favour urban, coastal areas and perpetuate neglect of the poorest, rural departments. The poorest regions of Peru are also the regions with the highest levels of pregnancy-related

deaths. Government figures indicate that over 50 per cent of births in rural areas are still not attended by a skilled professional, an essential component in a safe delivery.

By law, those living in poverty should have to pay only 1 nuevo sol (US\$0.30) to join the public health insurance scheme and receive certain free medical services, including obstetric care. However, lack of money is one of the main reasons cited for not attending health centres. Many people living in poverty do not know what they are entitled to and are in fact asked to pay for transport and medical costs.

There are other factors that discourage women from seeking vital medical care during their pregnancy.

Trust and communication are key to encouraging women to use health facilities. Health staff are routinely assigned for brief periods in rural areas, and have neither the time nor inclination to learn the local language or understand the customs. Eduardo, a nurse working at the health clinic in San Juan de Ccarhuacc, Huancavelica department, said: "The predominant reason that women do not go to the health centre is fear... Every year they change the staff. The mothers get used to one person and the change is drastic."

Lack of communication can seriously affect access to maternal care and its quality. Criselda, the wife of Fortunato, a construction worker in San Juan de Ccarhuacc, speaks only Quechua. She went to the health centre when she suffered abdominal pains after a fall in the field, but, according to Fortunato, the doctor did not understand what she was saying, and sent her home saying that all was well. She miscarried two days later. Fortunato and Criselda believe that the doctor may not have picked up her symptoms accurately because she could not speak Quechua, and interpreters are not provided to facilitate communications between doctors and patients.

Lack of cultural acceptability, including respect for traditional birthing positions, also makes women reluctant to deliver in health facilities. Consultations between communities and health workers have helped change attitudes in some places, but too often health workers remain reluctant to incorporate traditional customs into maternal health care.





Top: A pregnant woman in a maternal waiting house where she can rest until it is time to go to the nearby health facility to give birth.

Below: Before and after the birth, women can rest in the company of their family in maternal waiting houses next to the health facility.

OBSTACLES TO ACCESS

Vast areas of Peru are covered by difficult terrain – mountains in the Andes and jungle in the Amazon region. In both cases, pregnant women in rural communities often face severe problems in reaching a clinic that can provide essential treatment. There is only one ambulance covering an area of Huancavelica department with seven health facilities, and there are sometimes two or three emergencies at the same time.

Yolanda, a 34-year-old mother of eight, lives on the outskirts of San Juan de Ccarhuacc, almost an hour's walk from the health centre. The winding path that runs between her house and the clinic is impassable by car. Complications during the birth of her third child meant she had to be transferred to the city of Huancavelica, the capital of the department.



Casimira, a volunteer community health worker in Ccarhuacc, said: "There is no transport. The women arrive on stretchers made of canes and blankets."

Accessible, available information, including information on how to spot signs of complications in pregnancy, is a vital part of enabling women to make informed decisions about their reproductive health. But information is not always provided to women in remote areas, in particular those who do not speak Spanish.

In most health centres, both staff and users lack information about people's rights to available, accessible, acceptable and quality health care.

There are other information gaps for women in the communities and for the health workers assigned to remote areas as part of their career requirement in the public sector. Giovanna, a doctor from Lima assigned to the health centre in Ccarhuacc, said that she felt singularly ill-prepared for her posting: "It would have helped if I had had more information before arriving in Ccarhuacc. About the situation and

A family leave the health facility in Occopampa, Huancavelica department, with their new baby.

Cover: Family outside their home in Occopampa, Huancavelica department, one of the poorest areas in Peru.

about the women's histories." She added that it would have been useful to have had training on traditional birthing practices.

Unsafe abortions cause a significant proportion of maternal deaths in Peru, where abortion is criminalized except when necessary to save the life or health of the mother. The Peruvian government has an obligation, under its own laws, to provide abortions to women whose health would be seriously jeopardized if the pregnancy continued. However, the regulations are vague and it is not made clear to women or health staff when abortions are legal. As a result, women who need such abortions have no easy access to them and many resort to dangerous clandestine abortions. Women suffering from post-abortion complications are also reluctant to seek necessary care because they fear sanctions at health care facilities.

Young women in particular may fear police harassment at health centres. In 2006, the legal age of consent for sexual relations for girls was raised from 14 to 18. The change was motivated by concern about sexual abuse of children but potentially deters young women from seeking health care during pregnancy and childbirth. More than 183,000 babies were born to girls between the ages of 15 and 19 in 2007.

MONITORING AND EVALUATION

Data on maternal mortality in Peru remains insufficient and incomplete. The statistics on access to health care and maternal mortality are not disaggregated to show the differences in maternal mortality and access between rural and urban areas. There is significant under-reporting, as doctors tend not to report maternal deaths because of concerns that they might be accused of malpractice.



Lack of systematic data on the availability and use of emergency obstetric care is a significant barrier to devising effective programmes to address maternal mortality. Without this information, it is also much harder to hold the authorities accountable for their failure to protect and ensure women's rights to life and health. The obligation to monitor and evaluate public policy on public health issues – such as high levels of maternal mortality – is part of Peru's international human rights obligations.

CONSEQUENCES

The effects on a family and on a community of the death of a mother in childbirth are profound and long-lasting.

The mother of José from Ccarhuacc died in childbirth in 1999 when he was 15 years old. When she went into labour, the midwife was on leave, so José's father and some of his mother's 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's father sank into depression and alcoholism after his wife's death. José had to take on responsibility for his eight brothers and sisters and for the family's plot of land, and both he and his sister had to give up school in order to help out.

ACTION

Amnesty International is calling on the government of Peru to adopt, fund and implement a national strategy to prevent and reduce maternal mortality. This must include:

- Allocating adequate resources to maternal and reproductive health care, with a priority on skilled birth attendance, emergency obstetric care and referral systems in the poorest regions.
- Removing economic, physical and cultural barriers which prevent poor rural and Indigenous women from accessing essential health care.
- Involving women in the decisions that affect their health: women's voices must be heard when decisions are being made about maternal health care and family planning.
- Providing accessible information in appropriate languages about sexual and reproductive rights and health.
- Ensuring adequate monitoring of the health care system to enhance accountability.

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