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Peru: Unequal access to health services costs poor and indigenous women's lives

Hundreds of poor, rural and Indigenous pregnant women in Peru are dying because they are effectively being denied the same health services other women in the country receive, Amnesty International concluded in a new report today.

The report "Fatal Flaws: Barriers to Maternal Health in Peru" explores the high levels of maternal mortality amongst poor and Indigenous women in rural Peru and evaluates the impact of recent government policies designed to tackle the problem.

Peru has one of the highest rates of maternal mortality in the Americas. According to official figures, 185 women die for every 100,000 live births in Peru. The United Nations puts the number even higher at 240. Most of these are rural, poor and Indigenous women.

"The rates of maternal mortality in Peru are scandalous," said Nuria García, Peru researcher at Amnesty International. "The fact that so many women are dying from preventable causes is a human rights violation. The Peruvian state is simply ignoring its obligation to provide adequate maternal healthcare to all women, regardless of who they are and where they live."

Amnesty International's report highlights that pregnant women in Peru die because they face a number of barriers, including: lack of access to emergency obstetric care, unavailability of information on maternal health and lack of health staff who can speak Indigenous languages.

According to the 2007 National Census of Indigenous Peoples, nearly 60 per cent of the communities covered by the census did not have access to a health facility.

"Health services for pregnant women in Peru are like a lottery: if you are poor and Indigenous, the chances are you will always lose," said Nuria Garcia.

The mother of 24-year-old José Meneses Salazar, from Ccarhuacc, one of the poorest areas in Peru, died in childbirth nine years ago. She avoided going to check-ups out of fear that the staff would treat her badly. When she went into labour, the midwife at the nearest health post was on leave, so José's father and other relatives delivered the baby themselves. After the baby was born, the placenta did not come out and they did not know what to do. Two hours later the mother died. The baby girl survived.

Amnesty International's report also assesses the impact of a number of government policies aimed at reducing the rates of maternal mortality, including the increase of maternal waiting houses – rooms where women who live a long way from health centres can stay before the birth – greater promotion of the vertical

birth method common among Indigenous women in Peru and implementation of Quechua language teaching for health professionals.

While welcoming the new initiatives, women and health professionals consulted by Amnesty International in Peru complained they are not being effectively implemented and questioned their real impact.

Amnesty International found that even though the number of waiting houses has risen more than threefold in the last eight years, only half of them are in rural areas, where women most need of emergency obstetric care.

Women and local civil society organizations have told Amnesty International that training for health professionals on the vertical birth methods is not sufficiently widespread. According to Peru's Human Rights Ombudsperson, more than 45 percent of health staff last year said they had not received appropriate training.

Although there have been government initiatives to provide Quechua training to health professionals, its use is not widespread and many women from Indigenous communities whose first language is not Spanish cannot communicate with them.

“Official initiatives to reduce maternal mortality are good news,” said Nuria Garcia. “However, lack of clear responsibilities for implementing them and the absence of effective resourcing and monitoring puts any initiative in great jeopardy.”

Amnesty International urged the Peruvian authorities to allocate resources to maternal mortality and reproductive health care in a way that prioritizes regions with the highest mortality ratios in order to ensure that all women have equal access to access emergency obstetric care in case of complications during birth. It also recommended an increase in training for health professionals and the provision of Indigenous language support in all health centres.

For a copy of the report “Fatal Flaws: Barriers to Maternal Health in Peru”, please see:
<http://www.amnesty.org/en/library/info/AMR46/008/2009/en>