

**“IT IS MY
ASPIRATION THAT
HEALTH FINALLY
WILL BE SEEN NOT
AS A BLESSING TO
BE WISHED FOR,
BUT AS A HUMAN
RIGHT TO BE
FOUGHT FOR”**

**Former United Nations
Secretary-General Kofi Annan**

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**MATERNAL HEALTH
IS A HUMAN RIGHT**

**AMNESTY
INTERNATIONAL**



More than half a million women die needlessly each year from complications related to pregnancy and childbirth – **one every minute**. Many others suffer disabling injuries.

Most maternal deaths could be prevented by **high-quality, accessible, affordable and timely medical care**.

It is sometimes too easy to forget the women and their families behind the shocking statistics. Whether living in the richest or poorest countries in the world, these women are people's **mothers, sisters, wives and daughters**. They leave families behind them. Each preventable death is a personal tragedy. The reality is that maternal mortality is neither inevitable nor excusable, as these cases demonstrate.

Violations of women's rights at all levels contribute to maternal deaths.

Such violations include violence within the family and community, discrimination, restrictions on the right to control whether and when to have children, and financial, social and cultural barriers preventing women getting essential care. Women are dying as a result of policies and decisions which leave them without the care they are entitled to at the time when they need it most.

Women have the right to have access to services and information that could save their lives and those of their children. **Governments are responsible** for providing those services. And governments should be held answerable if they fail to do so.

SIERRA LEONE

**“WE THINK ANTENATAL
AND POSTNATAL CARE
SHOULD BE
FREE FOR WOMEN.
THIS WOULD PREVENT
SO MANY
DEATHS”**

Sarah, Adama Turay's sister



Sarah Kabbia with her two-month-old niece Maya at their home in Kroo bay in Freetown. Adama Turay, Sarah's younger sister, died at the age of 33 while giving birth. Sarah, now solely responsible, says it is a struggle to pay for food for the baby each day.

Adama Turay died in December 2008, several hours after she delivered her first child.

Early in her pregnancy, Adama had been attending the local antenatal clinic for check-ups, but she had to stop going because she could not afford the fee for each visit.

“The fear of what it would cost prevented her from seeking the medical attention that she really needed”, said Sarah.

In her eighth month her body became swollen, but she and her family just thought she was putting on weight from her pregnancy and did not recognize it as a possible symptom of complications. She delivered a baby girl with a traditional birth attendant, but immediately after the delivery she began to vomit and complain of chills. She then started to bleed.

The family knew something was wrong and began to look for money to get her to hospital. They managed to raise money and negotiate a price they could afford with the taxi driver, but during the 40-minute ride in the taxi to the hospital in the capital, Freetown, she died.

“I think she died because we did not have the money and therefore did not go to the hospital in time”, explained Adama's sister, Sarah.

USA

**“I STARTED FEELING REALLY BAD
– MY HEART.
I COULDN’T BREATHE –
I THOUGHT GOD,
I’M DYING...
THE NURSE DIDN’T RESPOND –
I DON’T KNOW IF SHE DIDN’T
UNDERSTAND ME,
SHE DIDN’T SPEAK SPANISH...
I TOLD HER HOW I FELT
BUT I GOT NO RESPONSE.”**



© Amnesty International

Maria and her one-year-old daughter. To this day she has had no explanation of what went wrong during her time in hospital – all she knows is that there was a crisis shortly after the delivery.

Maria has five children. She did not have access to public financial support during any of her five pregnancies because of her immigration status and because she had no proof of income. Without public assistance, she was unable to afford any antenatal care.

When she went into labour in 2008 with her youngest child, the nearest hospital she went to turned her away because she had not received any antenatal care. The second hospital she visited admitted her at midnight, but she did not see a health care worker for more than six hours.

“At 6 or 7am I spoke to an interpreter via the phone because they wanted to check my insurance. I asked him ‘Please, please send someone...please tell them the baby is coming.’ Everyone spoke English. I was so afraid. At last a nurse came in and examined me...”

Maria gave birth to the child, but soon after she delivered her baby she began to feel unwell. Health staff initially ignored her calls for help.

“I started crying out and screaming, ‘I can’t breathe!’ The nurse came into the room and called the doctors – everyone came running back in. They put monitors on my heart and forehead and apparatus on my chest, they gave me oxygen, injected me with insulin – and then I was out.”

Maria was discharged after three days, but she still doesn’t know what happened or what went wrong: **“No one ever explained.”**

**“THE HOSPITAL
IS LIKE A
CHAMBER OF COMMERCE.
IF YOU ARE POOR,
YOU ARE LEFT;
IF YOU CAN PAY,
YOU ARE TREATED.”**

Mahmoudou, Fatou’s brother.



© Ben Idriss Z

The sister and friend of Fatou, who died after delivering twins, look at photos of her.

Fatou died 13 days after delivering twins. She had experienced a difficult pregnancy and delivery. Only one child survived, the other was stillborn.

A week after Fatou had been discharged from hospital with her newborn she began to complain of headaches. She was readmitted to hospital. For a week Fatou and her husband paid fees for medicines and tests. Fatou’s health continued to deteriorate. Thirteen days after delivery, she began to shake and was taken to the emergency ward in Ouagadougou, the capital.

“At the hospital, I kept waiting and then I asked why they were not taking care of her. I was told; ‘You must first take care of your wife’. Then I realized that I had to pay”, said Ali, Fatou’s husband.

Ali was asked to pay for blood tests, syringes, gloves, bleach, alcohol and medicines. A pregnant woman is not supposed to pay for these items, and obtaining all of these products delayed Fatou’s treatment. Fatou was getting worse and worse. **“I was asked to pay for another prescription which I bought but it was too late.”** Fatou died in hospital.

PERU

**“THERE SHOULD BE SOMEONE
IN THE HEALTH POST
WHO CAN SPEAK QUECHUA
AND CAN EXPLAIN THINGS
TO THE WOMEN,
SO THEY GO BACK HOME
HAPPY AND WITH NO WORRIES,
KNOWING
WHAT TO DO.”**

Fortunato, Criselda’s husband

© Amnesty International



Criselda and Fortunato, who believe that they might not have lost their baby if the doctor had been able to understand what Criselda was saying.

Criselda, who is 22 years old, had been attending her antenatal check-ups at the local health post in San Juan de Ccarhuacc, Huancavelica department, one of the poorest regions of the country.

At seven months pregnant, in mid-2008, she fell and hurt herself while tending her family’s animals. She started feeling pains after her fall and went to the health post for a check-up. The doctor said she was fine and sent her away but she miscarried two days later.

Criselda only speaks Quechua, an Indigenous language spoken by some five million people in Peru. The vast majority of Peruvian doctors only speak Spanish as they rarely come from areas or communities where Indigenous languages are spoken. Criselda and Fortunato believe that the doctor may not have picked up her symptoms accurately because she could not speak Criselda’s language.

“Women here don’t speak Spanish... We want those who work here (in the health post) to speak Quechua, they would explain to the women this is how you are, this is how you should take the pills... That’s what we lack.”

GOVERNMENTS MUST ACT NOW

■ End preventable deaths of women

Maternal deaths from the most common emergencies are largely preventable, but only if emergency services are provided. Emergency obstetric care must be available to all women who need it. Services must be affordable and physically accessible.

■ Make maternal health care accessible to all

It is an affront to human dignity that pregnant women die in large numbers because they cannot afford the health care they need. When costs are a barrier to essential primary health care and other life-saving reproductive and maternal health care, they must be abolished.

■ Respect and protect women's right to control their reproductive and sexual lives

Women have the right to determine with whom, when and how to have intimate relations. They have the right to information about and access to contraception. They have the right to freedom from sexual violence. Women's voices must be heard when decisions are being made about maternal health care and family planning.

■ Include the excluded in the statistics

The Millennium Development Goals are an opportunity for global mobilization against maternal death that must not be missed. Realizing these goals requires political will. It also requires that government statistics include the excluded – that reports on Millennium Development Goal targets break down data in ways that distinguish the marginalized, for example by geography, race, ethnicity, age and caste.

An Amnesty International briefing "*Dying too young: Maternal mortality claims the life of one woman every minute*" is available at demanddignity.amnesty.org
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Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

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