



## World Day of Prayer and Action for Children

### ABCs for Action and Advocacy

## MATERNAL AND CHILD HEALTH

Protecting children goes hand-in-hand with safeguarding mothers and their well-being. Here are some facts and action ideas to support your advocacy for mothers and children.

### A: THE BIG PICTURE

#### GLOBAL SUMMARY

**The women** Every minute, a woman dies of complications related to pregnancy and childbirth. This adds up to approximately 1,000 women per day; 358,000 women per year; and 10 million women over a generation. Most of these deaths occur in developing countries in sub-Saharan Africa and South Asia. Fewer than half of pregnant women in developing countries have adequate prenatal care. In some countries of these regions, fewer than half of births occur in a health facility.

Moreover, for every death, approximately 20 women suffer from injury, infection, disease or disability as a result of complications arising from pregnancy or childbirth. A chart showing the global distribution of causes of maternal death, 1997–2007, appears in UNICEF's *Progress for Children* report, on p.27. ([http://www.unicef.org/publications/index\\_55740.html](http://www.unicef.org/publications/index_55740.html)) Most maternal deaths are from causes that can be prevented.

**The children** Every year, more than one million children become vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

Children from the poorest communities in those countries are doubly at risk of dying before the age of five. In 2009, one in 7 children in sub-Saharan Africa died before reaching her or his fifth birthday. Worldwide, 8.1 million children died before the age of five.

On average, child mortality is more than twice as high for the poorest 20 per cent of households as for the richest 20 per cent.

**Young mothers** Young adolescents are more likely to die or have complications in pregnancy and childbirth than women in their twenties, and their children have higher risks of disease and death. When a mother is under 18, her baby's risk of dying before age 1 is 60 percent higher than when a mother is 18 years or older. Early marriage, often joining a young woman to a much older man, contributes to many adolescent pregnancies. And around the world, girls from the poorest households are three times as likely to get married before age 18 as girls from the wealthiest households.

**Our goal** Goal 5 of the Millennium Development Goals (MDGs) is to reduce by three-quarters between 1990 and 2015 the maternal mortality ratio.

## REGIONAL UPDATES: A CLOSER LOOK

**Where you live determines the risk.** Maternal mortality is vastly different from one part of the world to another. Women risk dying from treatable or preventable complications of pregnancy and childbirth during their lifetime at a vastly higher rate in developing countries.

- In developing countries, 450 women in every 100,000 die in childbirth. In fourteen of these countries, at least 1,000 women die for every 100,000 live births. These countries include: Afghanistan, Angola, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone and Somalia.

- In more developed regions of the world, the maternal mortality rate is 1 in 7,300. This means that in Sweden, one out of every 17,400 women dies from pregnancy during her lifetime. But in Nigeria, one out of every seven women dies from pregnancy related causes.

**Almost all maternal deaths – 99 per cent – occur in developing countries.**

- More than half of these deaths occur in sub-Saharan Africa and one-third in South Asia. Together these two regions account for 85 per cent of all maternal deaths.

- In sub-Saharan Africa, a woman's risk of dying from pregnancy or childbirth is 1 in 22. The adolescent birth rate is highest here, declining only marginally since 1990. Fertility in that region is high at all ages, and early pregnancies are common, mostly because marriage occurs at very young ages.

**Income and geography affect mortality also.** Within countries, the risks are very different between women with high and low income and between rural and urban populations.

## B. THE WORK IN PROGRESS

### PROGRESS TO DATE

Since 1990, maternal mortality has been reduced by more than a third worldwide. Every day 1,500 women used to die from pregnancy or childbirth complications, and now the number is 1,000 per day. In the developing world, between 1990 and 2005, maternal deaths in Southern Asia declined by more than 20 per cent. In the same time period, Eastern Asia, Northern Africa, and Southeast Asia showed declines of 30 per cent or more. Still, the number of deaths in these regions remain unacceptably high. And little progress has been made in sub-Saharan Africa, where women face the greatest lifetime risk of dying from pregnancy and childbirth.

Since 1995, every region has improved in having more skilled health personnel available – doctors, nurses or midwives – to assist with deliveries. However, in Southern Asia and sub-Saharan African, more than half of all births still take place without the help of trained attendants.

Great progress has been made in many areas of child survival and development during the Millennium Goals time frame. The global under-five mortality rate has been reduced from 90 deaths per 1,000 live births in 1990 to 65 in 2008. In 2009, 8.1 million children under five died, down from 8.8 million in 2008, and 12.4 million in 1990.

In more than 60 developing countries, at least 90 per cent of primary school aged children are in school and each year the lives of an estimated 2.5 million children under five are saved as a result of immunization for vaccine-preventable diseases.

UNFPA (United Nations Population Fund), UNICEF, WHO and the World Bank have joined forces in the 'Health 4+' alliance – later joined by UNAIDS – to aid countries with the highest rates of maternal and newborn mortality. The agencies and their partners are working to increase the proportion of births attended by skilled health personnel and to extend antenatal care coverage for mothers and newborns. ([http://www.unicef.org/policyanalysis/index\\_56188.html](http://www.unicef.org/policyanalysis/index_56188.html))

UN Secretary-General Ban Ki-moon also launched a global drive -- “Every Woman, Every Child” – on 22 September 2010 to save the lives of millions of women and children by improving access to basic health care. More than \$40 billion of support pledged from around the world. ([http://www.update.un.org/apps/news/photostories\\_detail.asp?PsiD=67](http://www.update.un.org/apps/news/photostories_detail.asp?PsiD=67)[http://www.update.un.org/apps/news/photostories\\_detail.asp?PsiD=67](http://www.update.un.org/apps/news/photostories_detail.asp?PsiD=67))

## WORK TO BE DONE: NEW EQUITY MODEL AS OF 2010

At the UN's global three-day summit on the MDGs in September 2010, a newly released study shows that the MDGs can be reached faster with investment that focuses on the most disadvantaged. The study, 'Narrowing the Gaps to Meet the Goals,' finds that helping the world's poorest could save the lives of more mothers and children – and do so in an efficient way.

Most maternal deaths can be prevented if births are attended by skilled health personnel – doctors, nurses, midwives and auxiliary midwives – who are regularly supervised, have the appropriate equipment and supplies, and can refer women in a timely manner to emergency obstetric care services when complications are diagnosed.

The coverage of skilled attendance at delivery has increased in all regions. Despite this, less than half of births in South Asia and sub-Saharan Africa are attended by skilled health personnel. A chart showing the percentages may be found in *UNICEF's Progress for Children* report on p. 27. ([http://www.unicef.org/publications/index\\_55740.html](http://www.unicef.org/publications/index_55740.html))

## WHAT WORKS: NOTES FROM THE FIELD

**1. Equip the workers.** The *Kangaroo Mother Care* program shows mothers how to keep their newborns warm with continuous skin-to-skin contact. By keeping mother and newborn together, *Kangaroo Mother Care* also encourages mother and child to bond emotionally and enables the baby to breastfeed at will, giving the baby the energy to produce its own body heat. In many cases, the program reduces the need for incubators, which are prohibitively expensive in developing countries (<http://www.savethechildren.org/publications/success-stories/success-story-kangaroo.html>)

**2. Use record-keeping to stay on track.** In the 1950s, Japan's Mother and Child Health Handbook fostered detailed record-keeping on medical care received prior to birth through age 6 of the child. Along with pre-natal care, competent medical attention during pregnancy and other factors, the book

contributed to a decline in Japan's infant mortality rate from 60 per 1,000 live births in 1950 to 5 per 1,000 live births in 1985.

**3. Conditional cash transfers (CCTs).** This new strategy is used widely in Latin America, to combat poverty and give poor households more access to life skills and knowledge. Many CCTs support prenatal and postpartum care, which can result in more women using health facilities.

## **C. TAKE ACTION IDEAS**

### **Act to reduce early marriage**

**Why is early marriage so widespread?** Adults living in poverty often view child marriage as a strategy for economic survival, protection of girls, and a stabilizing factor in their society. In many countries, it may be prohibited in the civil or common law, but be widely condoned by customary or religious laws and practices. Birth registration may also be irregular, so that the age at marriage is not always known.

**What are its effects?** Girls and boys who marry young are cut off from chances for education and personal growth. For girls, it is likely to lead to a lifetime of domestic and sexual subservience. They almost certainly become prematurely pregnant, with childbearing often leading to tragic outcomes: increased risk of premature labor and dying, complications during delivery, low birthweight, and newborn death.

**What are the worldwide implications?** Early marriage is a violation of human rights. The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights and in many subsequent human rights instruments. Yet, girls aged 15 to 19 are giving birth to 15 million babies a year.

#### **Act at household levels**

Inform parents and young people. Empower them to resist early marriage and to have other options in their lives.

#### **Act at community levels**

1. Establish or expand non-formal educational programmes in places where girls have left school or have lost out on formal education. Help them catch up on the intellectual and personal growth offered by schooling.
2. Find ways for schools to:
  - a. Employ more female teachers
  - b. Have in-school childcare facilities
  - c. Improve the relevance of their curriculum and quality of teaching

- d. Institute penalties for male teachers who seduce girl students
  - e. Introduce flexible schedules to allow girls to meet domestic responsibilities
  - f. Involve community members in the operation of schools
  - g. Provide separate sanitary facilities for boys and girls
3. Give parents cash incentives to keep their daughters in school
  4. Organize campaigns about schooling for girls and how the community will benefit
  5. Urge government ministries to build schools closer to communities to alleviate parental concerns about the safety of their girls.

### **Act at regional, national and international levels**

1. Organize a campaign to raise the legal age of marriage
2. Promote an effective registration system for recording births, marriages and deaths
3. Set up small scale studies about the implications of early marriage; publish the findings
4. Urge government and civil society institutions to develop and implement systems to prevent and discourage early marriage
5. Use Universal Children’s Day to raise awareness about the harmful effects of early marriage
6. Work with men, male leaders and men’s groups to promote attitudinal changes.

### **Make a community map for mothers**

What local hospitals and clinics can help pregnant women in case of emergency? Where are they located, and how can pregnant women get there? Community mapping is an activity that can be used to identify safe and accessible health centers. For more information, see “Community Mapping for Pregnant Women and New Mothers.”

### **Support local health services and professionals**

Ask your religious and community leaders how you can work together to support health professionals in such areas as:

1. Access to emergency obstetric care
2. Comprehensive prenatal care: four prenatal visits which include tetanus vaccinations, prenatal HIV testing, screening, treatment for infections, lifesaving information and warning signs

3. Enhanced access by women to adequate nutrition, affordable basic health care, clean water and sanitation
4. Enough funding to do the job well
5. Financial incentives (e.g. cash grants) to encourage pregnant women to deliver babies at health institutions.
6. Increased number of births attended by skilled health personnel
7. Post-natal care for mothers and babies.
8. Quality and timely care by trained health workers during and after pregnancy
9. Stronger health care systems for maternal and childcare services

## **Take action for maternal health**

Share these facts and action ideas with others to inform them and encourage action. Use the World Day of Prayer and Action for Children (Universal Children's Day, 20 November), as a chance to have a community discussion on the issues. Work with volunteer groups in your community or overseas to protect children and safeguard maternal health. Raise awareness and provide leadership where you can. Your advocacy can save lives!

## **RESOURCES**

1. Countdown to 2015: Maternal, Newborn and Child Survival Report  
<http://www.countdown2015mnch.org>
2. New York Times Op-ed column "Crisis in the Operating Room"  
<http://www.nytimes.com/2009/07/30/opinion/30kristof.html>
3. Save the Children  
<http://www.savethechildren.org/programs/health/child-survival/survive-to-5/health-worker.html>
4. UN Millennium Campaign  
<http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf>
5. UN News Centre  
Photo stories: Every Woman, Every Child  
UN launches global strategy on women and children's health  
[http://www.update.un.org/apps/news/photostories\\_detail.asp?PsID=67](http://www.update.un.org/apps/news/photostories_detail.asp?PsID=67)
6. UNICEF  
<http://www.unicef.org/health/>
7. World Health Organization  
[http://www.who.int/making\\_pregnancy\\_safer/topics/maternal\\_mortality/en/index.html](http://www.who.int/making_pregnancy_safer/topics/maternal_mortality/en/index.html)

## ENDNOTES

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