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Article : Unsafe Motherhood: Violations of Human Rights

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Introduction:

The “Motherhood” is considered as one of the natural and creative part of women’s life. The shift of status from a “woman” to a “mother” is glorified and given the status of deity in Indian religion and society. Unless a woman achieves the motherhood she is not considered a “complete woman.” The woman, who does not attain this status is looked down upon and isolated from community, family customs and rituals. Thus the societal, cultural pressure is on women to prove her fertility and carry the task to continue the human race.

"Motherhood and childhood are entitled to special care and protection." With UNFPA Initiative for Reproductive Health in Asia launched in 1997, young women in Asia are especially at risk, says the Fact Sheet of UNFPA. Pregnancy-related complications are the main cause of death for girls aged 15 to 19, who are twice as likely to die from childbirth as women in their 20’s. Those aged under 15 are five times as likely to die. If these statistics are to improve, women and adolescents must be accorded the right and access to good quality information and care throughout the reproductive life span. Basic antenatal care, delivery, and postpartum care, in addition, communities and families need to support girls’ education and delayed marriage and childbearing. Also essential is redressing widespread female poverty, gender discrimination and inequality, and customs or laws that restrict women's power to make decisions, including about health care. In the past, reproductive health organizations, both governmental and nongovernmental, have not given sufficient priority to human rights strategies, in the same way that human rights agencies have not given priority to maternal health concerns. With inspiration and leadership, reproductive health professionals and human rights activists could intensify their efforts to work more effectively together to stem the tide of preventable maternal mortality, and achieve an advance towards safer motherhood.

The Objectives:

The purpose and objectives of the paper is to understand the problems and magnitude of maternal mortality and morbidly.

To explore how human rights can be applied to advance safe motherhood and contribute to national initiatives to promote compliance with human rights principles.

To promote national dialogues on how a human rights approach to advance safe motherhood might be developed and applied.

To suggest the social work interventions on the issue.

The Significance of the issue:

A human rights approach to safe motherhood, acknowledges the injustice, deprivation through which the women suffers, neglect of their basic health care needs as denials

of their human rights, and seeks means by which these denials can be remedied.

The Magnitude of the Problem:

The discussion raises a number of questions and help in identifying the problems related to unsafe motherhood and the human rights. The motherhood has been defined as a special stage in their life, requires some specific needs such as biological, social, health to fulfill adequately.

Global Status and causative factors to Unsafe Motherhood:

Table.1

Source: World Health Organization/United Nations Children's Fund, *Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, UNFPA*.

According UNFPA (2000), virtually all maternal deaths (99 per cent) occur in developing countries:

Africa and Asia together account for 95 per cent of the world's maternal deaths. Less than 1 per cent (2,500) occurred in the developed regions. Every year, 529,000 women die from pregnancy-related causes. More than 80 per cent of maternal deaths worldwide are due to five direct causes: haemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive disease of pregnancy.

Most maternal deaths (61 per cent) take place during labour, delivery or in the immediate post-partum period. Some3.4 million newborns die within the first week of life. More than 10 million women a year suffer severe or long-lasting illnesses or disabilities, from obstetric fistula to infertility, depression and impoverishment caused by complications of pregnancy or childbirth.

An estimated 200 million women want to delay or avoid pregnancies but are not using family planning. An estimated19 million unsafe abortions are carried out each year in developing countries. Every year, an estimated 68,000 women die as the result of unsafe abortions and millions more suffer complications.

Four out of five maternal deaths are the direct result of obstetric complications, most of which could be averted through delivery with a skilled birth attendant and access to emergency obstetric care. Up to 15 per cent of pregnant women in ALL population groups experience potentially fatal complications during birth—20 million women each year.

Girls aged 15 - 20 are twice as likely to die in childbirth as those in their twenties. Girls under the age of 15 are five times as likely to die. Girls aged 15 -19 account for one in four unsafe abortions – an estimated 5 million each year.Complications of pregnancy or childbearing represent the leading cause of mortality for girls aged 15-19 indeveloping countries.

India’s status on unsafe motherhood

According to World Health Organization (WHO) estimates, India contributes 25% of the 529,000 global maternal deaths.

Maternal mortality is the outcome of a complex web of causal factors that include social, economic, educational, political and cultural causes as well as issues such as gender inequity, state of physical infrastructure, geographic terrain and the health system.

Table 2. Maternal mortality ratio, MM Rate India and selected States, 2004-2006

Region/State	MM ratio	MMRate
India	254	20.7
North and central		
Rajasthan	338	47.5
Haryana	186	17.4
Punjab	192	13.7
Madhya Pradesh	335	36.9
Uttar Pradesh	440	53.8
East/North-east		
Orissa	303	24.9
West Bengal	141	10.0

Bihar	312	38.4
Assam	480	34.4
West		
Gujarat	160	14.8
Maharashtra	130	9.3
South		
Andhra Pradesh	154	10.9
Karnataka	213	14.0
Kerala	95	4.9
Tamil Nadu	111	6.6

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MMR: maternal mortality ratio

Sources: Registrar General of India. *SRS Bulletin April 2009.*

The chief statistics presented in the Bulletin is the Maternal Mortality Ratio (MMR). This is derived as the proportion of maternal deaths per 100,000 live births reported under the SRS.

The table shows the highest mortality ratio 53% is in Uttar Pradesh and Second highest state is Rajasthan.

Table 3: Age Distribution of Maternal deaths, India, 2004-06

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Age Groups	Maternal Deaths Proportion

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15-19	10%
20-24	**31%**
25-29	**26%**
30-34	19 %
35-39	9%
40-44	4%
45- 49	1%

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15-49	100%

MMR: maternal mortality ratio

Sources: Registrar General of India. *SRS Bulletin April 2009*

This table shows the highest maternal deaths in 20-24 age group and 25-29 is the second highest age group.

These hundred of thousands of women whose lives come to an end in their teens and twenties and thirties, in ways that set them apart from the normal run of human experience. Perhaps 75,000 more die with brain and kidney damage in the convulsions of *eclampsia*, a dangerous condition that can arise in late pregnancy and has been described by a survivor as "the worst feeling in the world that can possibly be imagined." Another 100,000 die of*sepsis*, the bloodstream poisoned by a rising infection womb an unhealed uterus or from retained pieces of placenta, bringing fever and hallucinations and appalling pain.

The section ends by explaining that since medical causes, risk factors and underlying socio-legal conditions may vary from country to country, and even

possibly from community to community within a country, a local assessment is a desirable first step in applying human rights to advance safe motherhood.

The present paper discusses the following aspects:

1) Women's issues and human rights

Convention on the Elimination of All Forms of Discrimination against Women (1979), the competent bodies of the United Nations led by the commission, on the status of women, worked together for the elaboration of an international convention that would forbid all forms of discrimination against women. This was adopted on 18 December 1979 and entered into force 1981.

In Article 1, the convention defines discrimination against women as meaning "any distinction on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economical, social, cultural, civil or any other field."

In Article 2, states that become parties to the convention agree to pursue, by all appropriate means and without delay, a policy of eliminating discriminations against women. To ensure to end discrimination against women member countries should undertake:

1 To embody the principle of equality of men and women in their national constitution and to ensure, through law and other appropriate means the practical realization of this principle.

2 To adopt appropriate legislatives and other measures;

3 To establish legal protection through competent national tribunals;

4 to take all necessary measures

5 To modify or abolish laws, regulations, constitutions and practices which constitutes discriminations against women.

The human rights need to be respected and observed in our life, further he writes that there are vulnerable groups' viz. women and children who deserves special protection and opportunities to develop as a human being.

He noted the realities of women's life regarding chills marriage, harassment of women, difficulty for getting education, sexual exploitation, disparity between men and women. To make changes in their status he suggests measures concerning social work, social worker and governments. The article has a little emphasis on the concept of safe motherhood and related rights.

M.L.Narasaiah (2007) discussed that the death of women during pregnancy or child birth is not only a health issue but also a matter of social injustice. He elaborated rights of relevance to safe motherhood in four categories

1) Rights related to life, security and liberty of the person

2) Rights relating to the foundation of the families and of family life

3) Rights relating to healthcare and the benefits of scientific progress, including health information and education

4) Rights relating to equality and non discrimination

He suggested governments to take actions to promote safe motherhood as a human right by reforming the laws, implementation of the law and applications of human rights in national policy. The aspects of unsafe motherhood, consequences and the statistical data are not discussed.

Human Rights and Family Development

Murali Desai (1996) notes that the family is partner in social development and helps individual to achieve a higher quality of life. She identifies needs of the family and applicable him as rights instruments to meet these needs to strengthen the family .She elaborated the urbanization led the family vulnerable as shift in traditional family and weakening close ties in the family therefore problems relating to socio-economic and mental health arises. These problems are not just individual problems but family as well because they affect the family interaction and development of family members.

She discussed individual rights and responsibilities within the family, human rights and the family and family's responsibility and rights to its environment.

She acknowledges the individual rights and responsibilities within the family and environment. Further she suggests developmental approaches to protect these

human rights through family centered social work practice .Within a family, the right of women to safe motherhood as a member of family is not addressed.

Health as a Human Right

According to Ife (2001), the right to health has not been given its place in the sun, but has been viewed as secondary in the context of economic, social and cultural rights. The right to health is 'interdependent'. There are, for example, demonstrable links between one's state of health and one's enjoyment of right to life and the freedom from inhuman and degrading treatment. For human health, we need achievements of classical human right and full enjoyment of social rights to education, housing and employment (Sama, 2005).Similarly, measures aimed at promotion of health and prevention of morbidity and mortality enable people to enjoy and exercise human rights better.

The health rights emerge as human rights, it is essential to identify the structures of power that keeps the things unequal, discriminatory and rearrange them.

Vimal Nadkarni (1998) traces history of health as human rights in the context of three major approaches to human rights practice. She states that the fundamental freedoms allow us to fully develop and use our human qualities to satisfy our needs. She recognizes the health as a human right and its interdependence on other human rights t such as right to life and the freedom from inhuman treatment.

She discussed the health right as second and third generation right, for their actualization needs commitment from the government to invest adequately in the social sectors, which more developing nations are reluctant to do.

She proposes human rights approach in health social work and initiatives in hospital and out hospital health care system. She noted sexual reproductive rights of women and issues of violence discrimination against women in the health care settings but aspect of safe motherhood is rarely discussed

Violations of Human Rights of Women

Vinod Sharma (2002) elaborates, human rights are universal and they belong to all human in every society .Human rights and human dignity is the foundation of freedom, justice and peace in the world

Further he noted laws and practices governing women's status, their legal capacity and role in the family continues to deny women right. The type of discrimination

varies and found throughout the world. He describes global scenario especially South African and Middle East, Asian countries and religion and the discrimination the women encounters regarding right to education work, dress code, and segregation from public life and the violation of rights

He envisages political issues and wars, refugees, sex trade, "honor" crimes against family members and violence against women and the role of international human rights and women rights activists. He points out that the governments across the globe condemned violence and discrimination against women but failed to take adequate step against it

The international government systems and laws have discussed in length and breadth but health aspect of women life is rarely mentioned.

Social work Intervention:

As social work profession believes and puts theories into practice, in nature it is necessary to take developmental as well as remedial, approaches to promote and protect the human rights with respect to the women's issues and family. The approaches need strong networking of the family, the community, the non-governmental organizations and the state:

1) The family centered social work and health social work practice play broad roles:

Women's rights activist, social worker, researchers, health activists and NGO's propose and lobby for a nationwide family and health policy and legislation to protect these rights.

2) Promote family life education and development programmes to raise the knowledge, attitudes and skills of members for promotion of these rights.

3) The orientation of social work education institution to inculcate this human rights perspective in social work students.

4) Increase Women's access to quality care and treatment and affordable healthcare.

5) Women's choice in the utilization of health services.

6) Intervention in all acts of discrimination based on gender, caste, class, an unfair practice that denies human rights.

7) Access to health determinants such as safe drinking water, housing, sanitation, transport, education.

8) Strengthening health service system

9) Effective implementation of laws that fosters women's rights to good health and nutrition.

10) Government initiatives for reforming laws and government's political decisions to allocate adequate budget for the social sector.

Notes:

The statistics in the paper is retrieved from;

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www.UNFPA.org,

www. WHO.org

The poster is downloaded from;

www.UNFPA.org

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