



## **GROUP OF FIFTEEN**

### **Women's Health in the Developing World**

By Alexandra Courtis

#### **Introduction**

Women's health from a global perspective can be discussed in a plethora of terms: female empowerment, gender equality, sexual health, and access to equal education to name just a few. The Group of Fifteen (G15) will focus this year, however, only one particular sector of women's health- maternal well being in the developing world. Maternal health as an international imperative has come under an increasing degree of scrutiny as international policymakers, aid organizations, and academics seek to understand underlying causes of poverty, morbidity, and economics in the developing world. For the purposes of this year's G15 debate, the term "maternal health" will refer to the health concerns and risks pregnant women, mothers, and their children may encounter in the developing world of the 21<sup>st</sup> century.

#### **Explanation of the Problem**

In 2000, in the spirit of international cooperation, the member states of the United Nations set forth the **Millennium Development Goals (MDGs)**. Unique from all prior international development objectives, these goals are succinctly defined and clearly measurable. Their achievement, slated for 2015, is focused on poverty reduction and global health. Arguably, one of the most salient goals of the MDGs is the fifth goal, which calls on the world to make motherhood safe, by "reducing the maternal mortality ratio by three quarters by 2015." In broader terms, the prospects of success of goal five rests on improvements of maternal health, defined as the health status of women during the pregnancy and post-partum periods. It is extremely helpful to consider maternal health in the developing world under the auspices of this fifth development goal, especially considering the development objectives and member nations of the Group of Fifteen.

On a global scale, maternal health is **inextricably** linked to socioeconomic development and, by extension, to the success of all of MDGs. Women in developing countries play an integral role in the cohesion and economic vitality of their families as well as those of their communities. For instance, in rural areas women are responsible for 60 to 80 percents of the food production. In addition, mothers do not only provide income for their families but are also the most likely to spend their earnings on their children. The survival of children in the develop-

**Millennium Development Goals (MDG)** - *an eight-pronged strategy designed to ensure that globalization benefits all the world's peoples*

**inextricably**- *incapable of being disentangled or untied*

ing world oftentimes hinges on the well being of the mother. In a very profound sense, the death of the mother in the developing world signals the total collapse of the family. Studies reveal that children in the developing world who lose their mother are ten times more likely to die within less than two years of the mother's death.

Motherhood has been aptly termed "one of the world's most important natural resources." It is also a resource that has been needlessly depleted. Globally, an estimated 596,000 women die every year of causes related to pregnancy and childbirth. For every woman that dies in a developing country, another 20 women, an estimated 8-20 million women annually- suffer debilitating illness rendering them incapable to care and provide for their children. These staggering numbers may offer a gross misrepresentation of the real extent of the crisis. **Professor Roger Coate** reports that according to the World Health Organization (WHO) as many as 50 percent of maternal deaths are never recorded and 62 countries do not disclose any data on the status of maternal morbidity.

Of the known deaths during pregnancy and childbirth, 99 percent occur in the developing world. Africa and Asia account for 95 percent of these total deaths. Simply stated, maternal deaths are almost exclusively a problem of the developing world. In 1990, Sub-Saharan Africa and Western Africa reported the highest mortality rates and these regions still lag far behind the Millennium Development Goal targets. Women in these two regions are 175 times more likely to die during pregnancy and childbirth than their sisters in the developing world. The glaring inequities in maternal health stand **testament** to the gulf separating the countries of the developing and developed world. The real tragedy in the developing world is that the vast majority of maternal deaths and chronic illness related to pregnancy are entirely preventable.

The societal ills of underdevelopment and poverty fuel the maternal health crisis almost entirely. Most women in developing countries enter pregnancy and childbirth lacking such basic necessities as adequate nutrition, clean water, prenatal care, and medical care during labor. When women die during childbirth or pregnancy, medical reasons may, strictly speaking, explain their deaths, but the true causes are more closely linked to the accident. For women living in developed nations, it is commonplace to have a skilled attendant present during birth. In contrast, only 58 percent of women who give birth in the developing world have access to an attendant. This leaves 53 million of women **per annum** who either give birth alone or without access to professional help. Apart from not having a skilled attendant present during birth, 38 million women also go through pregnancy without any prenatal care, and 350 million families do not have access to family planning services.

Socioeconomic obstacles to maternal health have most certainly hindered the successful implementation of international efforts to im-

**Professor Roger Coate**  
- A professor of political science at the University of South Carolina focusing on international relations and

**testament-** an expression of conviction

**per annum-** yearly

prove maternal health. As Professor Coate notes in his assessment of MDG Five and international coalitions to promote women's health "only limited progress has been made in reducing maternal mortality over the last two decades, with the most improvements being in countries with low or moderate levels of maternal morbidity." The **recalcitrant** nature of the problem underlines the need for an intensified effort on the part of the developed world, facilitated through organizations such as the G15 among others. Currently, a number of intergovernmental organizations and United Nations agencies have already moved in this direction by redefining their goals and increasing their monetary allocations towards programs that support and encourage maternal health. For instance, in 2004 the World Health Organization, in collaboration with the **United Nations Children's Fund (UNICEF)** and the **United Nations Population Fund (UNFPA)** initiated a \$10 million program to train reproductive health experts and female medical health care providers in developing nations.

The challenge, however, remains for developed nations to pick up the mantle of world leadership in support of Goal Five. The scaling numbers of maternal mortality speak louder than any argument on the humanitarian imperative. On altruistic grounds alone, the most developed nations need to exercise their moral authority to bring maternal health to the top of the global agenda. Furthermore, the fulfillment of goal five supports numerous security and foreign policy aims for the developed world. For example, the Strategic Plan of the US Department of State and the US International Development Agency for every fiscal year between 2004-2009 states that US security is closely linked to the advancement of world development. The last US Strategic Plan states more precisely as one of its aims to actively "work to improve the long term capacity of local institutions, including the private sector, to provide quality reproductive and maternal health care" abroad.

Unfortunately, as perhaps is too often the case, the policies of industrialized countries do not always align with their strategic goals. Looking on the Bush administration in the United States, funding to numerous international programs protecting maternal and children's health was cut. In 2004, the Bush administration withheld funds allotted by Congress to the UNFPA on the claim that the UNFPA's work in China assisted "coercive government-run family planning programs." By withholding these crucial funds, the US was one the only country to have denied funding to UNFPA due to non-budgetary concerns during its 36-year existence. Although the US's funding to UNFPA has since been partially reinstated, it currently remains nowhere near the full funding the UNFPA needs per annum to follow through with its programs on maternal health. This recent history involving the US and UNFPA is just one of many examples in which politics involving industrialized nations has hindered international objectives in the sector of maternal health and

**recalcitrant-** *obstinately defiant of authority or restraint*

**United Nations Children's Fund (UNICEF)** - *An international organization that works for children's rights, survival, development and protection*

**United Nations Population Fund (UNFPA)** - *An international organization that specializes in providing supplies and services having to do with reproductive health*

reducing female morbidity. The G15 as a **consortium** of developing nations with a keen interest in industrialization and socioeconomic development can serve an incredibly important role in fostering discussions with developed countries on this topic and even innovating new solutions to the problem.

**consortium-** *a group of two or more people, group, or businesses working together towards a common goal*

## Focus of the Debate

For the countries of the developing world to become credible advocates for global maternal health and the reduction of female morbidity, the G15 should attempt to advance a framework of solutions that stress two sets of factors: one focusing on immediate interventional in local communities with high female mortality and another focusing on overall reforms in medical care, reproductive health and education. The benefit of addressing these two factors is that it affords an opportunity to set health priorities for redressing the most urgent aspects of maternal health. While it is expected that the G15 will address this subject in comprehensive terms, delegates should remember that issues surrounding this subject area are linked to cultural and societal traditions that will serve as significant obstacles to any proposed plan to remedy the crisis of maternal morbidity in the developing world. These potential cultural barriers suggest that any proposed plan of action should also include long-term solutions for issues surrounding maternal health. While not expressively discussed in this briefing, you should feel free to pursue further research in more culturally sensitive subjects surrounding maternal health in preparation for this year's debate. Regardless of your country policy, however, it will remain your responsibility to speak about these sensitive issues in respectful and non-offensive terms. Only a select few of these culturally sensitive topics will be allowed for debate during the upcoming G15 meeting and are listed in more explicit detail in a subsequent section of this briefing.

## NGO Perspectives

### *Greenpeace*

Greenpeace is an extremely influential non-governmental organization in the sector of sustainability, environmental protection, and climate change awareness. As such, its mission does not directly intersect with maternal health and morbidity. With that said, delegates in the G15 should not be deterred from collaborating closely with Greenpeace during the course of the debate on this topic. As stated earlier in this briefing, maternal health is inherently linked with socioeconomics and, in particular, nutrition being as it is often a mother's responsibility to pre-

pare food for her children. Greenpeace is incredibly active regarding advocacy that calls for sustainable agriculture and use of environmental resources. Women with families in the developing world are a key demographic in respect to **animal husbandry** and practices involving food preparation. In addition, malnutrition can have extremely deleterious effects on pregnant women and infant children. It may be of significant interest for G15 delegates to reach out to Greenpeace during the course of this year's debate to seek out opportunities for developing joint initiatives in this sector.

**animal husbandry-  
agricultural practice of  
breeding and raising  
livestock**

### *Amnesty International*

Amnesty International (AI) is a non-governmental organization that is well known for its work on human rights advocacy. AI is extremely active in supporting women and children's rights globally and, in particular, is very outspoken on the topic of equal access to health-care. Amnesty's stance on women's health is significantly more liberal than most non-governmental organizations- specifically on the subject of abortion and more sensitive subjects that relate to family planning and access to contraceptive use. Regarding potential coordination with NGOs, Amnesty is the first organization the G15 should consider contacting as AI has spent a considerable amount of funds and political capital making the topic of women's health in the developing world a more prominent international issue. In addition to numerous advocacy drives for gender equality, Amnesty holds an annual awareness month for violence against women and prominently encourages the implementation of the **Convention on the Elimination of All forms of Discrimination against Women (CEDAW)**.

### *Heritage Foundation*

The Heritage Foundation is a conservative American think tank that has traditionally played an incredibly important role in developing Republican Party policies on both national and international issues. The Heritage Foundation is a prime example of a non-governmental organization or advocacy group that may not be fully in support of funding or supporting many initiatives in the sector of maternal health-mainly those that encourage education on and increasing accessibility to abortion. Because the Heritage Foundation is not explicitly in favor of large scale government spending and programs, representatives from this NGO may not be supporters of US funded government programs to assist women's education and health initiatives abroad. While the Heritage Foundation deals strictly with US policies it is a good example of conservative perspectives that may exist either in majority or minority form in many of the developing countries that are members of the G15. As such, dele-

**Convention on the  
Elimination of All  
forms of Discrimina-  
tion against Women  
(CEDAW) - A docu-  
ment that was adopted  
in 1979 by the UN Gen-  
eral Assembly is often  
described as an interna-  
tional bill of rights for  
women**

gates from the G15 may wish to seek out the perspectives of Heritage Foundation representatives during the course of debate to gain further insight on groups that may be opponents of maternal health initiatives.

## Possible Solutions

During the course of debate, the G15 should look towards developing a concrete set of objectives to implement in the sector of maternal health. The field of maternal morbidity in the developing world has received considerable attention from scholars in the field of public health, gender equality, international affairs, and medicine. Some of the most prevalent academic perspectives on how this issue should be addressed have been outlined for your benefit below.

At the local level, the principal factor for improving **maternal longevity** is to increase survivability during childbirth by improving conditions of delivery and prenatal care. Relying on the human resources within a community can be the most useful approach to improving these conditions. Midwives, which are extremely common community members of the developing world, can be trained to improve their skills and other, non-medical, personnel can be enlisted and trained to serve as birthing attendants. Dr. Benjamin Sachs emphasizes that the “education of birth attendants is an urgent issue and one of the keys to reducing maternal morbidity in the developing world.” In addition, providing midwives and birth attendants with some basic tools such as sterilized gloves, antibiotics, and medications for post-partum **hemorrhage** can save lives at a very minimal cost. Educating women on issues of nutrition and hygiene can have a significant impact in saving their lives and those of their newborn children. For the successful implementation of local approaches, it is of paramount importance to retain a high degree of flexibility when devising solutions to help deal with contingencies specific to the country and culture in question. This is a particularly important point to keep in mind given public perception of the G15 as a somewhat distant consortium of the world’s most developed countries.

Long-term approaches towards improving maternal health should seek to build integrated public health systems in developing nations with an emphasis on medical infrastructure, education, and reproductive health. For this to be achievable, however, governments of industrialized nations would have to commit political capital and monetary resources on building hospitals and maternal clinics in rural areas. A critical component to improving maternal health would further require education in reproductive health, general literacy, children’s health, and more importantly family planning and modern contraceptive use.

**maternal longevity-**  
*the amount of years a mother lives after she has given birth*

**hemorrhage-** *the copious discharge of blood*

## Questions for Policymakers

The issue of maternal morbidity and female health is an incredibly important subject that requires swift and concerted international action. With this said, for the purposes of the G15 debate during this conference, it is expected that delegates approach this topic in a discerning fashion. Not all members of the G15 are necessarily supportive of investing funds towards maternal health initiatives due to cultural, political, and economic reasons. If you find yourself in such a position, you should attempt to stay true to your country policy while keeping an open mind about points brought up by other delegates during the debate. The goal of discussion on this topic is not to develop a unanimous declaration in support of increasing support towards maternal health but rather to attempt to understand and discuss the role developing nations as a whole can play in dealing with this subject.

Specifically, delegates may wish to address some of the following questions regarding maternal health in the developing world: To what extent should developing nations take the initiative in developing new programs to address maternal health and morbidity? How should developing nations reach out to the industrialized world for monetary or other support in achieving goals relating to this subject? How can developing nations assist each other in decreasing the maternal mortality rate in their respective countries? What sort of coordination can be developed, in the form of educational programs or otherwise, within the G15? What should be the main approach the G15 should take to address the issue of maternal health and morbidity in the rest of the developing world? How can the G15 take a role of leadership in respect to this subject?

## Conclusion

Addressing the crisis of maternal morbidity in the developing world is a process that will take at least a few more decades. Yet while the Millennium Development Goal of reducing the maternal morbidity ratio by three quarters may be unachievable in 2015, concerted **vigilance** by the international community on this issue has the potential to save thousands of lives annually. The crisis of maternal morbidity and maternal health issues is a daily concern for women in the developing world and can have a huge impact on these women's children and families. The G15, as a gathering of developing nations, is in a unique position to address this subject. In the past, the issue of maternal health in the developing world has been discussed by industrialized nations without much input from countries experiencing these issues themselves. This year's

**vigilance-** *watchfulness*

debate on behalf of the G15 has great potential to make the views of the developing world heard and acted upon.

## Guide to Further Research

As stated previously, there are several supplementary topics that relate to maternal health that you may wish to research in further detail on your own. Again, these are topics that are culturally charged in many nations and will require a degree of sensitivity if brought up during the course of the debate. I have only listed a few of these subject areas here and would request that you limit further research to these particular topics. While other issues are significant, they may not be appropriate for G15 debate during the conference. The extra topics open for debate are as follows:

- AIDS & maternal and infant mortality
- Planned parenting and contraceptive use
- Human trafficking and women's health

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