Maternal Health and Sexual and Reproductive Rights

A Toolkit for Activists
Dear Friends,

The *Maternal Health and Sexual and Reproductive Rights Toolkit for Activists* can assist you and your community to better **understand your rights** and **take action** to claim your rights.

Included in the *Toolkit* are:

- Fact sheets to help you learn more about the issue and the human rights at stake;
- Country case studies that give examples of how communities are struggling to claim their rights;
- Postcards and ideas for activism;
- Workshop guides and exercises so that you can spread the word and take action in your community.

Amnesty International activists have **marched together with women’s organizations in the streets** in Nicaragua to demand an end to the total abortion ban in their country. In Sierra Leone, activists **led a caravan** across the country to spread the word about the need for maternal health care. In the United States, Amnesty International activists **gathered in Times Square**, New York to demand an end to maternal mortality. These are just some of the examples of our work. **Join them. Learn more. Take action.**

In solidarity,

Alain Roy
Director of Campaigns
Amnesty International Canada
What are sexual and reproductive rights and why are they important?

Sexual and reproductive rights ensure you can exercise control over your own body and life. These rights include the rights to choose who you have sex with and when; to choose whether and when you marry or get pregnant; to access information about sex, health, family planning and safe and legal abortion services and to access good quality health care, including during pregnancy and childbirth.

For the girl who is not taught about safe sex at school, for the teenager who becomes pregnant as a result of rape and has no choice about giving birth because abortion is illegal where she lives, for the woman who needs her husband’s consent to get contraception, the consequences of discrimination can be serious – even fatal.

Women and girls have the right to make their own decisions about their lives and their sexual and reproductive health. Yet the discrimination they face at every level of society, in every region of the world, means they are often denied this right. When women and girls die or are injured in pregnancy or childbirth the devastating impact of this denial of their rights is only too clear. With access to health care, information and decision-making power, these deaths and injuries are easily preventable.

More than 358,000 women die in pregnancy and childbirth every year. One every 90 seconds.

With the full realization of sexual and reproductive rights, many of these deaths can be prevented. This toolkit is designed to help you understand those rights, claim those rights and take action.
OUR CAMPAIGN AIMS

As part of our global Demand Dignity campaign, Amnesty International aims to:

- **safeguard** the **sexual** and **reproductive rights** of women and girls;
- **stop** and **prevent** the human rights violations that lead to preventable **maternal death** and **injury**.

OUR CALLS FOR ACTION:

**Active participation:** Women and girls must be empowered and able to claim their rights, with the necessary information, knowledge, skills and power to participate in shaping the laws, policies and practices that affect their lives.

**Access:** women and girls must be able to access sexual and reproductive health services and information without any barriers and to exercise their sexual and reproductive rights free from discrimination. They must be able to access justice and hold institutions to account when their rights are violated.

**Accountability and remedies:** Governments must ensure quality, accessibility, availability and cultural sensitivity of their sexual, reproductive and maternal health services. Governments must be held accountable for violations of women’s sexual and reproductive rights.

Some of the thousands of cards with solidarity messages by AI members across the world to Nicaraguan human rights defenders, displayed on the walls of the offices of the women’s rights
Women are entitled to a range of health services, including:

- primary health care services throughout a woman’s life;
- education and information on sexual and reproductive health;
- sexual and reproductive health care services, such as family planning services;
- prenatal (before and during pregnancy) and postnatal (after pregnancy) health services;
- skilled medical personnel to attend the birth; emergency obstetric care.

Health care services must be available, accessible, acceptable and of good quality.

**Availability** – the government must ensure that functioning public health and health care facilities, good and services, as well as programmes, are available. This includes hospitals, clinics and other facilities, trained medical and professional personnel, and essential drugs and equipment.

**Accessibility** – health facilities, goods and services have to be accessible to everyone without discrimination or barriers (such as cost, location, or transportation to the facility).

**Acceptability** – all health facilities, goods and services must be respectful of medical ethics and be culturally appropriate.

**Quality** – health facilities, goods and services must be scientifically and medically appropriate and of good quality. This requires skilled medical personnel, scientifically approved and unexpired drugs, and hospital equipment.
Maternal Health and Sexual and Reproductive Rights
Definitions and Key Terms

Maternal Mortality is the death of a woman in pregnancy or childbirth, or the death of a woman within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management (but not from accidental or incidental causes).

The Maternal Mortality Ratio measures the number of maternal deaths during a given time period per 100,000 live births.

The Maternal Mortality Rate measures the number of maternal deaths in a given period per 100,000 women of reproductive age.

Maternal Morbidity is a serious disease, disability or physical damage caused by pregnancy-related complications.

Family planning: The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through contraception (which includes any means capable of preventing pregnancy) and through the treatment of involuntary infertility.

A skilled birth attendant is a health professional, such as a midwife, doctor or nurse, who has been trained to manage uncomplicated pregnancies, childbirth and the immediate postnatal period. Skilled birth attendants can identify and manage complications in women and newborns, and refer women to specialists when necessary.

Emergency obstetric care: The provision of antibiotics and other medicines, facilities for operating, the capacity to perform procedures such as the manual removal of the placenta (lining of the womb) and to stabilize the woman and the newborn.
COUNTRY CASE STUDIES: NICARAGUA

Violations of sexual and reproductive rights are widespread in Nicaragua. The government criminalized all forms of abortion in all circumstances in 2008 – even for child rape victims. The ban forces women and girls to turn in desperation to clandestine or self induced abortion, endangering their lives and health – and risking prosecution and imprisonment.

Rape and sexual abuse are prevalent in Nicaragua and the majority of victims are young and female. More than two thirds of all rapes reported between 1998 and 2008 (9,695 of 14,377 cases) were committed against girls under the age of 17; almost half involved girls aged 14 or under.

Young survivors of rape or sexual abuse get little or no government support to rebuild their lives. The vitally important task of providing young rape survivors with the psychological and other support they need is carried out by non-governmental organizations. The admirable work done by these organizations is limited - shelters are few and far between and women’s centres receive no government funding.

For girls who report sexual abuse or rape to the police, the justice system often fails them at every step: from reporting to investigation to court hearing. The Nicaraguan authorities do not produce any statistics to show how many of the reported cases end with convictions for perpetrator. This lack of data makes it impossible for the Nicaraguan authorities to properly identify weak points in the legal process, and without this information, it is unlikely that the problem can be properly tackled.

While sexual violence against girls occurs across all social classes, girls living in poverty often have more limited access to justice and support, meaning that they are more likely to face obstacles to their recovery and in re-building their lives.

The situation in Nicaragua is so serious that five UN expert committees have called on the government to address the issue of violence against women and girls. Still, the government has taken no action to comply with their recommendations to date.
Call to Action

Amnesty International is urging the Nicaraguan authorities to immediately to comply with its international and national legal obligations to protect women and girls human rights. Amnesty International is calling on the authorities:

- to decriminalize abortion in all circumstances and ensure doctors can provide safe and accessible abortion services to rape victims and women and girls whose lives or health would be at risk from the continuation of pregnancy;
- to protect the right to freedom of speech of those who speak out against the ban and those who provide support to affected women and girls;
- to issue a decision on the constitutionality of the law in Nicaragua’s Supreme Court;
- to develop, fully resource and implement a national plan to combat sexual violence against children;
- to ensure full reparation, support and care to survivors so they can rebuild their lives.

Progress

Abortion ban: This law has been challenged both within Nicaragua and by the international community. A number of Nicaraguan NGOs have filed an appeal against the ban, but the Nicaraguan Supreme Court has still not issued a judgment. An increasing number of Nicaraguan National Assembly deputies support a bill to decriminalize abortion in certain circumstances.

International and Regional Advocacy: The two reports on Nicaragua were accompanied by submissions to the UN Committee Against Torture, the Committee on Economic, Social and Cultural Rights, Committee on the Convention of the Rights of the Child, and Universal Periodic Review of the UN Human Rights Council. There was also a special audience at the Inter-American Commission on Human Rights.

Support for survivors: A network of Women and Children’s Police Stations were established across Nicaragua to provide special services for women, children and teenagers. The number of Police Stations for Women and Children nationwide has increased from 23-37 over recent years. Unfortunately, the stations are not available in all parts of Nicaragua and most lack resources, with officers who cannot afford fuel to travel and investigate reported cases of sexual violence. Most stations also do not have private rooms where survivors can give their testimony. Currently, specialized legal and psychological support for survivors is available through non-governmental organizations such as IXCHEN.
COUNTRY CASE STUDIES: PERU

Hundreds of poor, rural, Indigenous women in Peru are dying because they are being denied the same health services other women in the country receive. Peru has the second highest rate of maternal mortality in South America, despite being a middle-income country. The current level of maternal mortality in Peru is between 185-240 deaths per 100,000 live births. According to the Peruvian Ministry of Health, women in rural areas are twice as likely as those in urban areas to die from causes related to pregnancy.

Pregnant women in Peru die because they face numerous barriers to health care services including: cultural barriers, accessibility barriers, and unequal access to contraception.

Cultural Barriers: A main cultural problem for access to health is language. Many Indigenous women in Peru either speak Spanish as a second language, or do not speak it at all. Despite this, information about health care is overwhelmingly provided in Spanish, and interpreters are not readily available at health centres. Many health professionals in rural areas speak only Spanish and so may not understand the women they treat. Many Indigenous women report being treated disrespectfully by health workers. The health facilities and techniques used for giving birth can also be disturbing for women accustomed to different traditional birthing procedures. This may lead women to avoid health clinics, choosing instead to give birth without a skilled birth attendant.

Accessibility Barriers: Often there are no adequate roads, or means of transportation for women in rural areas, which stops women from travelling to health centres in an emergency. In 2008 most rural areas did not have health facilities that could provide emergency services, and in 2007 59% of Indigenous communities surveyed did not have any health facility at all. While free maternal health care is available in Peru, legal identity documents are required to access it. The 2007 census of Indigenous Peoples reported that 18% of Indigenous women do not have such documents.

Other barriers include: unequal and inequitable access to contraception resulting in an unmet need for contraception among 10% of women. This disproportionately affects women in rural areas (13%) and women in the poorest sectors of society (19%). Peruvian law proscribes free distribution of emergency contraception in the public healthcare system, which generates inequalities in access to this essential medicine, especially in cases of rape. A recent rise in the age of consent from 14 to 18 has led some young women who become pregnant to avoid seeking medical assistance for fear of legal repercussions.
Call to Action

Amnesty International is calling on the Government of Peru to adopt, fund, and implement a national strategy to prevent and reduce maternal mortality. The Government of Peru must:

- provide adequate resources to maternal and reproductive health care, with a priority on skilled birth attendance, emergency obstetric care, and referral systems in the poorest regions;
- remove economic, physical, and cultural barriers that prevent poor, rural, and Indigenous women from accessing essential health care;
- involve women in decision-making about maternal health care and family planning;
- provide clear accessible information in appropriate languages about sexual and reproductive rights and health;
- reform all legislation that prevents women from accessing emergency obstetric care and revoking all norms that criminalise abortion;
- guarantee access to medical services for all women who become pregnant as a result of rape, sexual assault or incest and subsequently have an abortion;
- ensure adequate monitoring of the health care system to increase accountability.

Progress

The Peruvian government has taken steps over the past few years to address some of the inequalities in health care services and to reduce the barriers that poor, Indigenous and campesina (peasant farmer) women face in accessing maternal health care. These include increasing facilities that are designed to bring women from rural communities closer to health centres, promoting the use of culturally appropriate birthing techniques, language training for health professionals and more targeted budgeting for health policies. The government has also built a number of maternal waiting houses so that women from rural communities can stay closer to health services when they near their delivery date.
MATERNAL HEALTH IS A HUMAN RIGHT
WORKSHOP GUIDE

Goals:
- participants understand the right to health and sexual and reproductive rights;
- participants know more about maternal mortality;
- participants understand how maternal health and sexual and reproductive rights fit into Amnesty International’s mandate to promote and protect human rights;
- participants take action.

Materials:
- flipchart with markers
- pens for each group
- copies of the case study
- worksheets
- actions

Outline

- **Introduction**: Provide background and overview of session outline

- **What are sexual and reproductive rights**: Ask participants what they think is included in each of these categories. Have a volunteer write these out on two separate pieces of chart paper to be posted where all can see it

- **Presentation**: explain what sexual and reproductive rights are and why they are important; explain the right to health

- **Case study**: Divide the room into groups of 3-6. Hand each group a copy of the case study and discussion questions, a copy of the “Right to Health” and “International Human Rights Framework for Maternal Health” included in the Toolkit. Have each group record the human rights violations that they see in the case study, and the instruments available for advocacy

- **Discussion**: ask participants what surprised them and what they found interesting about the discussion of the case study; ask participants about their own experiences; ask participants to identify a sexual and reproductive rights issue on which they want to take action
I. What is Maternal Mortality?
[Maternal Mortality is the death of a woman in pregnancy or childbirth, or the death of a woman within 42 days of termination of pregnancy, from any cause related to or made worse by the pregnancy (but not from accidental causes).]

II. How is it measured?
[The Maternal Mortality Ratio measures the number of maternal deaths during a given time period per 100,000 live births during the same time-period.]

III. Why is it important?
[More than 358,000 women die in pregnancy and childbirth every year. One every 90 seconds. Almost 16 million girls between the ages of 15 and 19 give birth every year, accounting for nearly 10% of all childbirths.]

IV. What causes maternal mortality?
[The top five causes for maternal mortality in the world are: severe bleeding, infections, unsafe abortion, high blood pressure caused by the pregnancy which can lead to seizures (called: pre-eclampsia and eclampsia), and obstructed labor. Delayed treatment is a major cause of maternal mortality. Reasons for delayed treatment include: cost; failing to recognise the urgent need for medical attention; lack of information about the risk factors; the mother’s lack of authority within the family to make decisions; distance, bad roads or lack of transport; shortage of trained staff at medical facilities; lack of necessary equipment or drugs; lack of electricity, water or basic supplies.]

V. What are sexual and reproductive rights?
[Sexual and reproductive rights are the rights to choose who you have sex with and when; to choose whether and when you marry or get pregnant; to access information about sex, health, family planning and safe and legal abortion services and to access good quality health care, including during pregnancy and childbirth. These rights ensure you can exercise control over your own body and life.]

VI. What is the right to health?
[Women are entitled to a range of health services, including: primary health care services throughout a woman’s life; education and information on sexual and reproductive health; sexual and reproductive health care services, such as family planning services; prenatal (before and during pregnancy) and postnatal (after pregnancy) health services; skilled medical personnel to attend the birth; emergency obstetric care.]

VII. What can be done?
[Active participation: Women and girls must be empowered and able to claim their rights, with the necessary information, knowledge, skills and power to participate in shaping the laws, policies and practices that affect their lives.

Access: women and girls must be able to access sexual and reproductive health services and information without any barriers and to exercise their sexual and reproductive rights free from discrimination. They must be able to access justice and hold institutions to account when their rights are violated.

Accountability and remedies: Governments must ensure quality, accessibility, availability and cultural sensitivity of their sexual, reproductive and maternal health services. Governments must be held accountable for violations of women’s sexual and reproductive rights.]
Identifying violations of the right to health: The Case of Aziza

Aziza was a 39-year-old woman who lived in a small rural community. She had five children and worked hard to support them. Food was scarce and Aziza became malnourished and anemic. Although she did not want another child, she became pregnant again. She had never been told about reproductive and maternal health or family planning. There was no health post in the village.

When the baby started to come, Aziza began bleeding heavily. Neither the traditional birth attendant, nor her mother-in-law recognized the seriousness of the problem. Aziza collapsed. The nearest hospital was 15 kilometers away. The family could not afford to pay for transport or health fees so they borrowed money. When they reached the hospital they were told that the hospital did not have the medical equipment and drugs that Aziza needed. Both Aziza and her baby died.

Group discussion:

1. Identifying violations of the right to health
   - What are the problems that lead to maternal and infant mortality?
   - What factors led to the death of Aziza and her baby?

2. Review the government’s obligations
   - What health facilities and services should the government provide for Aziza?
   - What should the government do to prevent maternal mortality?
   - What kind of concrete steps should the government take to enable women to realize their sexual and reproductive health rights?
   - How can the government ensure that Azmina and others like her can participate in decision-making regarding the quality and provision of services?
   - What kinds of education programs should the government provide?

3. Identify actions or omissions that may amount to right to health violations and explain the violation clearly
   - What regional and international standards apply?
   - Which human rights obligations has the government failed to carry out?

4. Take action
   - What can you do to prevent this from happening again?
   - Who can you approach?
   - What will you ask them to do?
Films
Sierra Leone
“No Women Should Die Giving Birth: Maternal Mortality in Sierra Leone”
http://www.youtube.com/watch?v=oHjwc4a57Vo
“Belle Woman Dae Suffer” Music Video
http://www.youtube.com/watch?v=2nsBhJfCMJl
Sierra Leone Caravan - Burkina Faso Caravan
http://www.youtube.com/watch?v=i-E9RL6OXys

Burkina Faso
“Donner La Vie...End Maternal Mortality in Burkina Faso
http://www.youtube.com/watch?v=qYKtWOy1dyU

USA
“Stop preventable pregnancy-related deaths!”
http://www.youtube.com/watch?v=LWbibo57x-g&feature=relmfu
“Maternal Death Clock Ticks in Time Square”
http://www.youtube.com/watch?v=yLv9P3LKzfU
“Stop the Maternal Death Clock”
http://www.youtube.com/watch?v=JxsvVEOJHn8

Peru
“Signatures Delivery Against Maternal Mortality”
http://www.youtube.com/watch?v=GSPlwiqX2XU
“Demand Dignity for Mothers!”
http://www.youtube.com/watch?v=oHjwc4a57Vo&feature=results_main&playnext=1&list=PL86CAA781BD0A08D3

Reports:
From promises to delivery - putting human rights at the heart of the Millennium Development Goals

Women’s Lives, Women’s Rights: Campaigning for maternal health and sexual and reproductive rights

Burkina Faso: Giving life, risking death: Time for action to reduce maternal mortality in Burkina Faso

Sierra Leone: At a crossroads: Sierra Leone’s free health care policy

Indonesia: Left without a choice: Barriers to reproductive health in Indonesia

USA: Deadly delivery: The maternal health care crisis in the USA

Demand Dignity: Dying too young: Maternal mortality claims the life of one woman every minute
SEXUAL AND REPRODUCTIVE HEALTH IS A HUMAN RIGHT

DEFEND THE RIGHTS OF WOMEN AND GIRLS

Take Action

For more information visit amnesty.ca or contact your local Amnesty International office.

Young demonstrator with butterfly at the day of action to legalize abortion in Nicaragua. © Fondo Centroamericano de Mujeres, 2011.

Cover: Women, girls, men and boys take to the streets in Nicaragua on the Day for the Decriminalization of Abortion in Latin America and the Caribbean, 28 September, 2011. © Amnesty International (photo: Grace Gonzalez)

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