

Make Women Matter: Five Stories of Female Empowerment

A series of five short documentaries from the frontline of maternal health, offering a unique insight into the challenges and choices facing young women in Africa and Asia as they strive to improve their life chances and advance safe motherhood in their communities.



Brenda's Battle 9mins 25secs

A mother of four, Brenda is a woman with a mission – to speak out and to put a stop to unsafe abortions. 13% of all maternal deaths are the result of unsafe abortion, with millions more left injured, disabled or infertile. Despite the fact that abortion has actually been legal since 1996 in South Africa, too many women are still risking their lives by having unsafe abortions offered by bogus doctors. Brenda is a Community Based Educator from a provincial town who has made it her mission to visit women, everywhere from colleges to taxi ranks, to educate them about sexual health, contraception and safe abortions and through this empower them to make choices that ultimately save and improve lives. No easy task in a country where such talk is taboo.



Bwindi's Babies 7mins 35secs

In the middle of Uganda's impenetrable forest on the border with Rwanda and Congo, there is a remarkable maternity unit run by an extraordinary woman. Elizabeth Nabadda is the midwife in charge of maternal health at Bwindi Community Hospital. Most of the pregnant women in Elizabeth's care dig in the fields to feed their families, many are illiterate and some have had to walk hours to get to her, but once in the hospital they get the same high-quality emergency obstetric and ante-natal care as the richest and most educated women in the country, thanks to a life-saving maternity insurance scheme which costs each pregnant mum just one dollar.: "We have taken a vow to save life" says Elizabeth "If you can't save life you are in the wrong profession". This film tells the story of how one mother and baby have their lives saved by Elizabeth and the team at Bwindi.



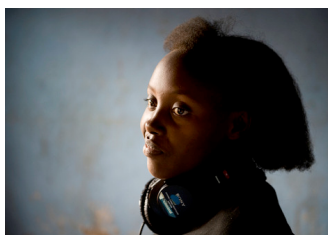
Zainabu's Big Decision 7mins 15secs

Zainabu lives in a mud-walled hut in a small village in Sierra Leone. Married at fifteen and with nine surviving children, Zainabu wants to do the best for them but she definitely doesn't want any more! Through the eyes of Zainabu and her husband Sulley we learn about the different views that couples may have about family planning and contraception. Women like Zainabu are well aware of the health risks of pregnancy and childbirth, and the physical and financial strain of big families, while her husband sees their large family as a status symbol and a blessing from God. He and his friends even worry that the availability of contraception will make women more promiscuous. Despite their conflicting ideas, Zainabu decides to visit the clinic and ultimately makes some decisions that change her life.



A Tale of Two Mothers 8mins

As mothers living and working in Dhaka, Bangladesh, Khadeza and Jahanara would seem to have a lot in common, but in reality their lives are worlds apart. Khadeza works in a garment factory which funds a twice weekly visit by a mobile family planning and sexual health clinic. As a result of this free service, Khadeza and her husband have been able to plan their family; she can afford to educate her son and is in a position to make choices about her own life and future. For Jahanara life is very different, she and three of her seven children work but still struggle on a daily basis to make ends meet. Jahanara can't afford to keep her children at school and has to borrow money to see a doctor if one of them is ill. For her life is simply a matter of making it from one day to the next.



Love and Life, Live on Air 8mins 40secs

Living and working in the Ugandan capital Kampala, feisty twenty-year-old Doreen educates teenagers about sex and relationships through her innovative weekly radio programme. But Doreen has important decisions of her own to make about her sex life. While she has a steady boyfriend and spends her time giving advice about sex to other young women, she is in fact still a virgin. We follow her as she interviews people around Kampala who talk frankly about their relationship experiences, meets a family planning nurse, and talks to her friend Jackie who lost her virginity at sixteen and subsequently found herself HIV positive and pregnant. At the same time we gain an insight into Doreen's family life which is based on strong traditional values.

Make Women Matter



Marie Stopes International, with the support of a grant from the European Commission, is leading a groundbreaking new advocacy and communications campaign around five short films entitled Make Women Matter. The films highlight the reasons why we are currently so far off the target for Millennium Development Goal 5 (MDG5). This goal, which was set in 2000, aims to improve maternal health, reducing by three quarters the maternal mortality ratio and achieving universal access to reproductive health, by 2015.

www.makewomenmatter.org

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In an ideal world, women and men should be treated equally, be entitled to the same rights, and have access to equal resources. In practice, women often live in conditions of inequality and discrimination, which put their health and well-being at risk. This inevitably affects their sexual and reproductive health, as well as their children's lives, and compromises progress towards Millennium Development Goal 5 (MDG 5).

Poverty

Poverty remains stubbornly “feminised”. According to some estimates, women represent 70% of the world's poor.¹ Women are more likely than men to suffer from hunger, disease, environmental degradation and impoverishment. Additionally, in many countries, women and girls lack the institutional protections of property and inheritance rights that could allow them to overcome this chronic poverty.² In these circumstances and today's turbulent times of financial crisis, rising food prices, climate change and political instability, it is women and girls who are disproportionately affected. It is girls who will be removed from school because families can no longer afford to pay for them; it is women who will go without food so the family can eat; it is women and girls who will be denied healthcare because it is too expensive.

Health

Women and girls are more likely to be malnourished than their male counterparts, and in times of food shortages, they are usually the first to go hungry. In a warming world where droughts and food security are increasingly matters of concern, these inequalities represent a serious challenge to women, especially in developing countries. Women's inability to negotiate safe sex and refuse unwanted sex is closely linked to the high prevalence of HIV/AIDS.³

Violence

In many parts of the world, women and girls are more likely to suffer from violence and STIs. At least one out of every four women in the world is beaten, coerced into sex or otherwise abused. Violence against women impoverishes individuals, families and communities, thus reducing the economic development of each nation.³

Work

Women around the world work more hours a day than men yet are paid less.⁴ They are responsible for most of the child care and home maintenance activities. Eight out of 10 women workers are considered to be in vulnerable employment in sub-Saharan Africa and Asia, with global economic changes taking a huge toll on their livelihoods.¹

Conclusion

Women are, in many ways, drivers of development yet the poorest women pay the highest price with their health and sometimes their lives. Investing in women's health is an investment in their well-being, their family's prosperity and their community; this year over 350,000 women and girls will die unnecessarily as a result of pregnancy and childbirth, many more will suffer illness, injury and disability.⁵ To achieve MDG 5 we must Make Women Matter.

REFERENCES

¹ http://www.unifem.org/gender_issues/women_poverty_economics/

² http://www.unifem.org/gender_issues/women_poverty_economics/land_property_rights.php

³ http://www.unifem.org/attachments/gender_issues/violence_against_women/facts_figures_violence_against_women_2007.pdf

⁴ <http://www.globalissues.org/article/166/womens-rights>

⁵ http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf

THE GLOBAL IMPACT

Many women in developing countries are not in a position to exercise their own choices over their sexual and reproductive health because of cultural barriers and lack of access to healthcare, services and education.

Complications from pregnancy and childbirth are a leading cause of death and disability, and disproportionately affect girls and women in the developing world. Globally, it is estimated that more than 350,000 women die in pregnancy or childbirth each year:¹

- the adult lifetime risk of dying in pregnancy and childbirth is low in developed regions, just one in 4,300. In sub-Saharan Africa women have a one in 31 risk.¹ The *Global Facts on Maternal Health* factsheet provides more information by country (available at www.makewomenmatter.org/learn)
- maternal age and marital status are two factors that have been found to affect maternal risk. Young girls, and in particular those who are unmarried, are particularly vulnerable as they have limited information and access to modern contraception and good maternal healthcare. In some countries women do not have access to sexual and reproductive healthcare as, due to traditional cultural values and religious beliefs, they are supposed to observe abstinence until married
- only 62% of births in developing countries are attended by trained health personnel.³

In many poor African countries one mother dies for every 100 children born²

THE RIGHT TO CHOOSE

Every day, an alarming number of communities in the developing world are losing mothers, wives, daughters, sisters and friends, as a result of pregnancy and childbirth. Pregnancy should not be a potential death sentence, and women have the right to choice. There are solutions; and the tools and knowledge already exist to allow women all over the world to have choice. With access to quality family planning services, modern contraception, and appropriate care during pregnancy and childbirth, women are empowered to make choices; choices which could ultimately save hundreds of thousands of lives every year.

REPRODUCTIVE HEALTH ISSUES

Birth spacing

Having children too close together has long been associated with increased risk of mortality for infants, children and mothers.⁴ The World Health Organisation recommends an interval of at least 24 months between births.³ Despite this recommendation, a woman's need for modern contraception is often left unmet in many poor countries. Effective birth spacing and family planning can help save the lives of mothers and babies, whilst reducing unwanted pregnancies and unsafe abortions.⁵

Contraception

Ensuring that women have access to modern contraceptives is imperative to reducing maternal deaths from pregnancy and childbirth. It is estimated that in 2008, 600 million women in the developing world were using modern contraceptives, which prevented 188 million unintended pregnancies, 1.2 million newborn deaths, and 230,000 maternal deaths.⁶ The use of contraception has increased in all developing regions however it still remains low in Sub-Saharan Africa, because of a variety of economic and cultural factors; for instance the lack of a reliable and adequate supply of good-quality contraceptives to health facilities and weaknesses in the supply chain.⁵

Unsafe abortion

Unsafe abortion is a major threat to women's health, particularly in countries where abortion is restricted or illegal, putting women at serious risk of severe injury and death:

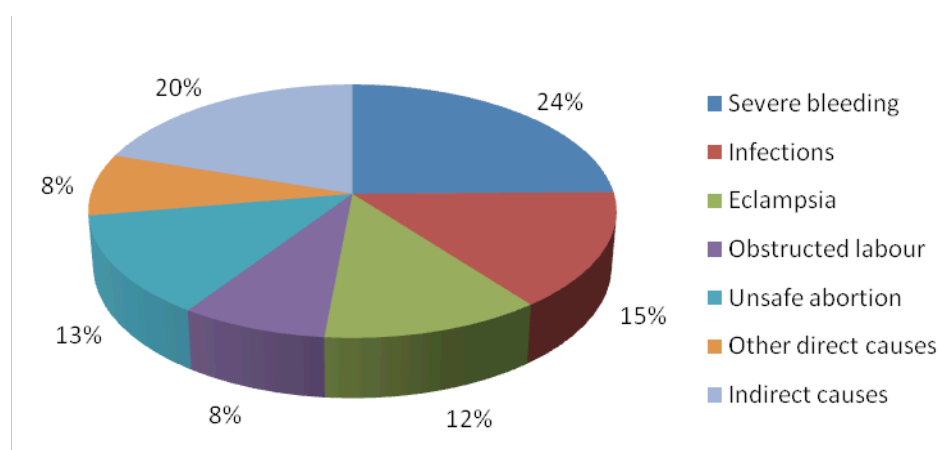
- unsafe abortions account for 13% of maternal deaths globally⁵
- of the estimated 200 million pregnancies every year, 20 million end in unsafe abortions⁵
- at least a quarter of the estimated 20 million unsafe abortions per year are performed on women aged 15 to 19⁵
- in some countries, as many as 25% of maternal deaths are due to unsafe abortion.⁵

Complications of pregnancy and childbirth

Each year, more than 350,000 women die as a result of pregnancy or childbirth.¹ There is a wide range of complications that can occur during pregnancy, childbirth or after the birth but the four major killers are:⁷

- severe bleeding (mostly bleeding after the birth)
- infections (also mostly soon after delivery)
- high blood pressure in pregnancy (eclampsia)
- obstructed labour.

Causes of maternal death⁸



REFERENCES

- ¹ http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf
- ² <http://devdata.worldbank.org/atlas-mdg/>
- ³ http://www.who.int/making_pregnancy_safer/events/2008/mdg5/factsheet_sba.pdf
- ⁴ http://www.who.int/making_pregnancy_safer/documents/birth_spacing.pdf
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- ⁶ <http://siteresources.worldbank.org/INTPRH/Resources/376374-1261312056980/RHActionPlanFinalMay112010.pdf>
- ⁷ http://www.who.int/topics/maternal_health/en/
- ⁸ http://www.who.int/whr/2005/whr2005_en.pdf

**MAKE
WOMEN
MATTER**

**MDGs &
Maternal
Health**



WHAT ARE THE MILLENNIUM DEVELOPMENT GOALS?

In September 2000, 189 world leaders met at the United Nations Millennium Summit and agreed to meet eight Millennium Development Goals (MDGs) by 2015. A milestone in international cooperation, these efforts to provide access to basic human rights are improving the lives of hundreds of millions of people worldwide. The eight Millennium Development Goals (MDGs) are to:

1. Eradicate poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. **Improve maternal health**
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development



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millennium campaign

MDG 5 – IMPROVE MATERNAL HEALTH

The aims of MDG 5 are to:

- reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- achieve universal access to reproductive health by 2015.

Unfortunately, maternal health remains the MDG target for which progress has been most challenging. Recent estimates suggest that maternal mortality has fallen since 1990 but at a rate well short of the 5.5% annual reduction needed to achieve the MDG targets.¹

WHY DO WE NEED TO IMPROVE MATERNAL HEALTH?

- globally, more than 350,000 women die in pregnancy or childbirth each year¹
- in sub-Saharan Africa, one in 22 women has the risk of dying during pregnancy or childbirth over a lifetime, compared with about one in 8,000 women in the developed world.²

WHAT DO WE NEED TO DO TO IMPROVE MATERNAL HEALTH AND REACH MDG 5?

Women do not need to die during pregnancy and childbirth. There are solutions, and the tools and knowledge do exist. To reach MDG 5 we must:

- ensure access to quality family planning services through the expansion of health education and the availability and supply of modern contraceptives
- eradicate unsafe abortion practices and provide access to medical abortions by qualified health professionals
- ensure skilled health professionals are available for pre/post natal care and during childbirth
- empower women to make choices through education about sexual and reproductive health.

FOR MORE INFORMATION

<http://www.who.int/mediacentre/factsheets/fs290/en/index.html>

<http://www.endpoverty2015.org/goals/maternal-health>

<http://www.unmillenniumproject.org/documents/TF4Childandmaternalhealth.pdf>

REFERENCES

¹ Hogan MC, Foreman KJ, Naghavi M, Ahn SY, Wang M, Makela SM et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet*, 2010, 375:1609-23.

² http://www.who.int/topics/millennium_development_goals/maternal_health/en/



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Global Facts on Maternal Health

KEY FACTS:¹

- **99%** of maternal deaths occur in developing countries, primarily Africa and Asia
- in the UK, the maternal mortality ratio (MMR) (the number of maternal deaths per 100,000 live births) is **just 12** and women have a **one in 4,700 chance** of maternal death
- the lifetime risk of dying in pregnancy and childbirth in sub-Saharan Africa is **one in 31**, compared to an average of just **one in 4,300** in developed countries
- in developed countries there are typically **fewer than 10** maternal deaths for every 100,000 live births and in the poorest countries of African and Asia the ratio can be **100 times higher**
- **65% of all maternal deaths** in 2008 occurred in just **11 countries** including Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan, Sudan, and the United Republic of Tanzania
- **Greece** leads the way as the safest place to give birth with **two deaths per 100,000** live births and **Afghanistan** is at the bottom of the list, where women have an estimated **one in 11** lifetime risk of dying in pregnancy or childbirth.

COUNTRY RANKINGS FOR MMR:¹

Top 5	MMR 2008	Bottom 5	MMR 2008
Greece	2	Afghanistan	1,400
Sweden	5	Chad	1,200
Italy	5	Somalia	1,200
Iceland	5	Guinea-Bissau	1000
Denmark	5	Liberia	990

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¹ http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf