

**W**hen the first signs of labour began for 33-year-old Jaymaya\*, pregnant with her fifth child, she and her husband set off to walk to their nearest health centre, several hours from Esa'ala, their village on Normanby Island in Papua New Guinea. Contractions intensified on the way, however, and her baby was born on the side of the road. Heavy bleeding followed and Jaymaya was unable to walk any further. Her husband left to gather sticks to make a stretcher but when he returned, he found her dead beside the road.

Sadly, a case such as this is not unusual for women living on the islands around the Pacific. More than three-quarters of Pacific Islanders live in rural areas where access to the advanced healthcare Australian and New Zealand women take for granted is simply out of reach. In the Pacific region, five women die in pregnancy or childbirth every day, and almost all of them in developing Pacific Island countries. In Papua New Guinea, for example, the maternal death rate per 100,000 live births is 733. Compare that to the rates in Australia (6 deaths per 100,000 live births), New Zealand (7) and the US (14). Although some of the 22 Pacific Island countries and territories are faring better than others, they still lag well behind their developed neighbours. The Solomon Islands, for example, loses 175 women per 100,000 live births. In Kiribati that figure is 158 and in Vanuatu 148. These figures do not tell the whole story, however, because according to a report the New Zealand Parliamentarians Group on Population and Development (NZPPD) released in February, for every woman who dies, another 20 suffer serious complications.

"In my mind, no woman should have to die giving life," says Dr Sharon Camp, president and CEO of the US-based Guttmacher Institute, considered the world's leading policy research organisation in the field of sexual and reproductive health. In New Zealand to launch the NZPPD report *Making Maternal Health Matter*, Dr Camp told MINDFOOD that if all women had access to adequate prenatal care and ▶

# Dying TO GIVE Birth

Having a baby should be one of life's greatest joys, but for many Pacific Island women pregnancy often ends in tragedy.

Words by **Joanna Tovia**



STEVEN NOWAKOWSKI - NAME HAS BEEN CHANGED

**HUMAN RIGHTS**  
"No mother should have to die giving life," says Dr Sharon Camp.



Opposite, middle and right: New mothers in the Mutzing District Hospital, Papua New Guinea. Clockwise from far right: Mother and baby in Kiribati; lack of beds often forces women to sleep on the floor; women's healthcare is not a priority in the male-dominated Pacific Islands.



**UNSAFE ABORTIONS**

Contributing to the high levels of maternal deaths are complications arising from backyard abortions gone wrong. According to WHO they cause 13 per cent of maternal deaths worldwide. In the Pacific, most island nations only allow an abortion if it is necessary to save the woman's life. Desperate women, particularly unmarried teenagers and those pregnant through rape, resort to unsafe abortions to escape what is in their culture considered a shameful situation.

According to the Guttmacher Institute there are 42 million abortions carried out each year worldwide. "Of those, 22 million are considered unsafe because they take place in countries where abortions are highly restricted," says Dr Camp. "Eight million result in complications that require treatment but 3 million are going without treatment."

professionally assisted delivery in a health facility, almost all maternal deaths could be avoided. "If you look at the pregnancy-related reasons why women die, these are largely preventable deaths," she says.

According to the World Health Organisation, haemorrhage accounts for a quarter of maternal deaths; infection accounts for 15 per cent; unsafe abortion 13 per cent; eclampsia (very high blood pressure leading to seizures) 12 per cent, and obstructed labour, 8 per cent. Unavailable, inaccessible, unaffordable, or poor-quality care is to blame.

Dr Camp says the minimum care package every woman should be entitled to includes four prenatal visits, professionally assisted delivery in a health facility, postnatal care for mother and newborn and access to treatment for obstetrical emergencies and safe abortions. "That's a relatively inexpensive, low-tech package of services," she says, adding that most of these services can be provided by trained midwives.

One of the obstacles preventing this basic level of care around the world is funding. If the US\$12 billion now being spent on this area of healthcare were doubled, Dr Camp says 70 per cent of maternal deaths and more than half of newborn deaths could be prevented,

a small dollar amount when put in perspective. "Wall Street last year spent [US\$20.3 billion] on bonuses for all those fine people who brought us the global recession," she says.

The proportion of spending on maternal health matters has plummeted as a proportion of global aid, much of which is now being directed towards HIV and AIDS. "AIDS is an important thing to be dealing with but it has so dominated health assistance budgets that we've underinvested in other services including those that would save women's lives," says Dr Camp.

**GENDER INEQUALITY**

Discrimination against women and gender inequality are primary causes of poor maternal health in the Pacific region where women are typically treated as subordinate to men. "They do not have equal power and status in the household, their health and rights are threatened by widely tolerated violence and lack of legal protection, and they do not enjoy equal access to healthcare, services and information," writes the Secretariat Of The Pacific Community (SPC) in its submission to NZPPD. Recent surveys show just how little say women have in decisions over their health. Only 18 per cent of married

women in the Marshall Islands, 37 per cent in Tuvalu and 28 per cent in the Solomon Islands are reported to independently make their own health decisions.

Even where adequate healthcare services are available, Dr Camp says when husbands are the principal decision makers, women's healthcare doesn't tend to be a priority, particularly given the fact that government-funded healthcare often doesn't exist and families bear the burden of paying for it themselves.

The SPC reports that women are commonly unable to leave violent or sexually abusive marriages because men own the land, earn the money and give reasons such as "discipline" and "wife disobedience" to explain incidents of domestic violence. In many Pacific Island countries marital rape is not a crime and laws against domestic violence have only been initiated in Samoa and Vanuatu.

*"If you look at the pregnancy-related reasons why women die, these are largely preventable deaths."*

PHOTOGRAPHY BY PEDRAM PIRNIA & STEVEN NOWAKOWSKI IS PROVIDED BY ASIA PACIFIC ALLIANCE NEW ZEALAND COALITION

Dr Camp says there are strong links between intimate partner violence and unintended pregnancies. "Women have little control over the timing of pregnancy and whether to have sex, and where women are in a dependent situation it's much more difficult to walk away from violence or coercion," she says. "There are very few sources of income in developing countries for poor women. They are dependent even for the food they put on their families' plates; they are dependent on male relatives for land on which to grow the food."

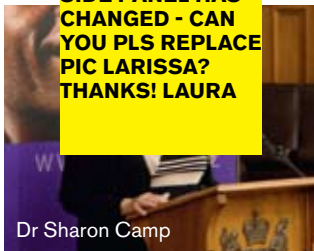
Given access to better education and employment opportunities through programs such as micro-credit (where people are lent money to establish their own small business – setting up a stand to sell food or buying a sewing machine to make and sell clothes, for example) Dr Camp says women are in a much better position to be able to walk away from domestic violence and to get the healthcare they and their children need. "It's amazing what they can do with a small amount of money," Dr Camp says, adding that women have a much better record of paying back micro-credit loans than men.

Solomon Islands midwife Kathleen Gapirongo told MiNDFOOD gender inequality and cultural norms need to change for maternal mortality rates to improve. "Mothers need to be aware of their reproductive health rights and to make informed choices ... but in our Melanesian culture women tend to be so quiet and they don't speak up for their rights," she says.

Even in locations with access to contraception, women rarely have a say in whether it will be used, how many children she has and how close together she has them. "Men make the decisions about contraception," Gapirongo says. Big families are also a Pacific Island tradition, despite the impact feeding and educating many children has on poverty levels. "Families treasure having more kids, especially when they grow old – they are the ones that take care of them."

Dr Camp says sexual and reproductive health should be considered a matter of human rights. The right to control the timing and number of pregnancies she has and the right to deliver safely are among the most important of ►

**SIDE PANEL HAS CHANGED - CAN YOU PLS REPLACE PIC LARISSA? THANKS! LAURA**



Dr Sharon Camp

## DEATH RATE IN DECLINE?

A recent study published in *The Lancet* has reported a marked drop worldwide in the number of maternal deaths each year. Despite the improved global rate which dropped from about 526,300 in 1980 to about 342,900 in 2008, the figures show that the Pacific Islands still have a long way to go.

The report, conducted by the University of Washington and the University of Queensland in Brisbane, analysed maternal mortality in 181 countries from 1980 to 2008 and cited lower pregnancy rates, more education for women and the increasing availability of skilled birth attendants among the main reasons for the improvement.

*The New York Times* reported that some advocates for women's health wanted the results delayed, worried the figures, which were lowered overall by improvements in populous countries such as China and India, would detract from their cause. In India there were 408-1080 maternal deaths per 100,000 live births in 1980 and by 2008 154 to 395. In China, the figures dropped from 144-187 deaths per 100,000 in 1980 to 35-46 in 2008. To put the figures in perspective, Papua New Guinea still has 733 deaths per 100,000.

With the Pacific Health Summit in June and the United Nations Health Assembly in December, advocates are hoping to win support for more foreign aid. Dr Flavia Bustreo, director of the Partnership for Maternal, Newborn and Child Health was quoted as saying, "For 20 years the safe motherhood movement has been conveying an impression of no progress. To hear confirmation of improvements is good news ... if you don't show results that's the worst position you can be in."



**FUNDING CRISIS**  
The amount spent on maternal health has plummeted.

these rights. Without maternal health becoming a political priority, however, maternal health is unlikely to get the attention it deserves. But the potential is certainly there. According to the NZPPD report, a dedicated political will in countries such as Sri Lanka and Malaysia to increase resources for maternal health and skilled birth attendants has seen dramatic improvements in maternal health within a decade. But Pacific Island governments have the fewest female parliamentarians of any region in the world and there is a direct correlation between the number of women parliamentarians and reproductive risk, according to the report.

In the Solomon Islands, which has one of the highest maternal mortality rates in the region, Gapirongo says there are currently no women in parliament. "If we did have, they would take up issues concerning women," she says. "The government in the Solomon Islands needs to put maternal health on the agenda."

### SKILLS SHORTAGE

Like many Pacific Islands, in the Solomon Islands there are simply not enough trained midwives and obstetricians to support the population. Gapirongo now teaches at the midwifery program which was established in 2001 in an effort to train more nurses to become midwives. "But we still have not met the Ministry of Health's goal of providing a midwife at every [hospital] shift," she says. Although the job of a midwife can be tough – especially when a woman faces difficulties giving birth on a remote island where communication and transport to a hospital is a major challenge – Gapirongo says the best thing about it for her is that even when she goes on vacation

she can still help the mothers in her village. "It's a rewarding job, especially when you're the first one to catch the baby."

Community health workers and traditional birth attendants are relied on in many regions where there is a skills shortage. In the Eastern Highlands Province of Papua New Guinea, for example, there are no midwives in any of the health centres, despite a population of 400,000. As an example of what can go wrong as a result, The Pacific Society for Reproductive Health (PSRH) tells of a 29-year-old who had her second baby at Henganofi Health Centre. She was discharged the same day she gave birth but began to bleed the next day at home. When she returned to the health centre she went into shock and lost consciousness. An examination found she had an unsutured tear. She did not respond to resuscitation and died a few hours later.

Other reports are just as shocking. A 30-year-old first-time mother was induced at Mt Hagen hospital with a growth-restricted baby at term but developed foetal distress in labour and was given a C-section. She was "restless" the next night and later had to be resuscitated. She was found dead on the bed two days later with a pool of blood between her legs. According to PSRH, post-operative care at Mt Hagan hospital is a challenge – only four midwives work at this hospital despite it having to handle 5000-6000 births each year. **MF**

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#### VISIT

**KEYWORDS:** WONS, CERVICAL Nursing and health-promotion organisation, WONS, is using mobile health clinics to reach Auckland's Pacific communities.