

**For Immediate release**

**Press Note**

Public Dialogue on Maternal Health, Lucknow (UP) 28 May 2009  
Organized by Mahila Swasthya Adhikar Manch and Healthwatch Forum UP

### **Maternal Health in Uttar Pradesh**

While India is making visible "progress" in different sectors, it is common knowledge that its record in Human Development Indicators is one of the poorest in the world. Its commitments to the Millennium Development Goals are still far from being achieved especially in the context of Maternal Mortality Ratio.

According to the World Health Organization, *"A maternal death is defined as the death of a woman while pregnant or 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."*

While India has made a commitment to bring down MMR in several International and national policy documents, there fails to be any visible reduction. India still has one of the highest number of maternal deaths at 300 per 100,000 live births (UNICEF) or 254 (SRS)

, which is even higher than some of the sub-Saharan countries. The state of Uttar Pradesh has one of the highest MMR at 440 deaths per 100,000 live births, which means that nearly 30,000 women lose their lives before, during or after childbirth or abortion every year in Uttar Pradesh alone.

These deaths are significant from the context of human rights violation as many of them are preventable and are a result of denial or difficulty in access to maternal health services. Quality maternal health services are an important entitlement of people especially the poor that the state must guarantee. It is also increasingly becoming clear from latest findings, that women who are the most marginalized and most in need of these services- dalits , tribal, minorities and poor women- are the first to be denied easy access to government health facilities. Even where these services are available, questions can be raised on the quality of care provided. This state of affairs often results in poor families seeking private health care, leading to further indebtedness and impoverishment.

### **Government Policy**

There have been several international conferences which have emphasized the need of governments to shift focus from target oriented family planning to ensuring availability and access to comprehensive maternal services. Noticeable among them was the ICPD (International Conference on Population and Development- 1994). While India has on paper decided to adopt this approach, in practice there still prevails an excessive emphasis on achieving family planning targets; sometimes at the cost of providing basic services. Health workers are too busy to fulfill their sterilization targets to focus on maternal health.

One of the initiatives by the government to improve maternal mortality is to promote institutional delivery. This is based on the assumption that women are not able to access

complete maternal care at home, and hospitals with trained staff, medicines and equipment would improve the situation by providing emergency care or treatment of complications, thereby saving women's lives. As a further incentive, women get Rs.1400/- under the Janani Suraksha Yojna (JSY).

### **What the cases will show**

The testimonies being presented show that rural, poor, Dalit or tribal or minority women who do opt for institutional deliveries at government institutions may have a contrary experience. They may face denial of services, delays and demand for money. The cost of institutional delivery very often far exceeds the benefit of Rs1400/-.

When we understand preventable maternal death as a human rights violation, it becomes clear that there is no established mechanism of grievance redressal or compensation by the state for such incidents. Therefore there is need for sustained efforts in this area to bring these issues in the notice of law-makers and bring about change.

### **About the Dialogue**

28<sup>th</sup> May is the International Day of Action for Women's Health. On this day a dialogue has been organized by Health Watch Forum and Mahila Swastha Adhikar Manch with various stakeholders. The aim of the dialogue is to help establish maternal health rights as a human rights issue. Figures and national averages often fail to tell the story of individual women and their families. The aim was to create a public platform where some of these survivors and their family could tell their story and raise their questions so that there is greater consciousness about human rights violations and reproductive health rights violations women face. It is hoped that through such platforms and a larger systemic change can be brought about where women's reproductive health rights are respected.

### **About Health Watch Forum**

Healthwatch Forum is a network that does advocacy and monitoring on issues of maternal health and rights and is active on issues of quality of care, coercive population policies, reproductive rights and maternal health. Its members include lawyers, activists, civil society groups and individuals who are working on the issues of reproductive health and rights of women. The forum is actively involved in Uttar Pradesh in carrying out documentation and fact finding of cases where there has been denial or negligence of maternal health services or family planning services. It also organizes various interactions and dialogue with various state actors and media.

### **About Mahila Swastha Adhikar Manch (MSAM)**

Mahila Swastha Adhikar Manch is forum of 6000 rural women across 12 districts of Uttar Pradesh. They work towards improving the quality of maternal health services in the state through advocacy at the local, district and state level as well as monitoring at the local level. The forum has its roots in the *Poori Nagrik Poora Haq* campaign of 2006. Women from these districts of UP have shared their experiences on negligence and denial of maternal health services with legislators, two Health Ministers, and health officials. Since its formation, MSAM has locally taken up various issues of negligence and

denial of maternal health services at different levels, and are monitoring nutrition, livelihood and other entitlements in their villages.