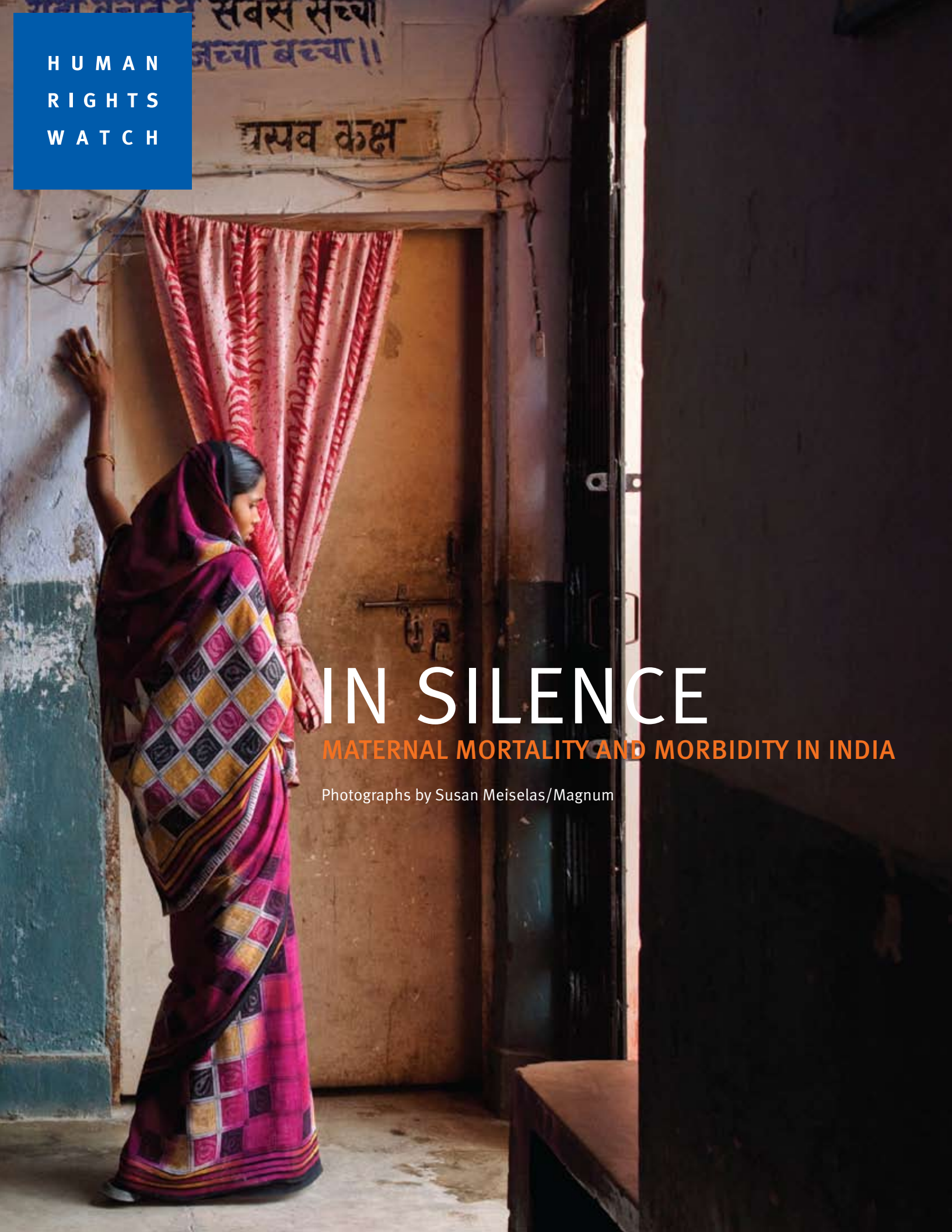


HUMAN
RIGHTS
WATCH

IN SILENCE

MATERNAL MORTALITY AND MORBIDITY IN INDIA

Photographs by Susan Meiselas/Magnum





IN SILENCE MATERNAL MORTALITY AND MORBIDITY IN INDIA

The morning of Kiran Yadav's death was like any other. The young mother of two rose early in her rural Indian village. She made tea and breakfast for her family. When her labor pains began, her family took her on a moped to a nearby clinic.

Bidyawati, sister-in-law of Kiran Yadav, holds Kiran's newborn son. Kiran died because she did not get the emergency care she needed. Gopalpur, Uttar Pradesh.



Her son’s birth seemed fine. She kissed her healthy newborn and cuddled him. Then she began to bleed. But the clinic had no blood bank, no surgeon and no way to treat her hemorrhage. Her family rushed her by taxi to a local hospital for emergency care, but by the time she was finally admitted, Kiran had bled to death.

Unfortunately, tens of thousands of births end this way for Indian women every year. India has economic drive and towering ambitions – and unacceptably high rates of maternal mortality. In theory, the Indian government guarantees free hospital stays and emergency obstetric care, but too often those are lacking in practice. The national health program offers women cash incentives to deliver in health centers rather than at home. But poor women are still dying in alarming numbers.

Many families who witness these deaths say that fate brought tragedy upon them. They don’t know how to lodge complaints against the health system or seek redress for their loss. They feel powerless and confused.

But 75 percent of pregnancy-related deaths can be prevented with the proper treatment. Indian women are not dying because of destiny, or even because of lack of government resources, but because they don’t get access to the right obstetric care.

Safe childbirth isn’t expensive to provide. It doesn’t require state-of-the-art facilities or cutting-edge treatment. It depends on adequate basic care and emergency treatment delivered by staff with appropriate medical training. And it depends on knowing when and where women and girls are not getting necessary care and following up with decisive action to see that they do.

Women have a right to basic health care and the Indian government has the responsibility to provide them with minimum and improving levels of care. Maternal mortality is a human rights issue that the Indian government is well-equipped to take on. But while it has taken important steps in the right direction, there is much more New Delhi should do.



(Top) Relatives mourn the loss of Kiran Yadav, who died after giving birth. Gopalpur, Uttar Pradesh.

(Bottom) The cremation site of Kiran Yadav.



A woman waits to deliver her baby at a Primary Health Center. Dewa, Uttar Pradesh.



(Top) A woman recovers after delivering her baby at Barabanki District Hospital. Barabanki, Uttar Pradesh.

(Bottom Left) A guard at the gate of the maternity ward at the Barabanki District Hospital.

(Bottom Right) An ambulance arrives at the Barabanki District Hospital for a delivery.



UTTAR PRADESH – WOMEN AT RISK

Human Rights Watch conducted research into maternal mortality in India between November 2008 and August 2009. The investigation included field research and interviews with victims, families, medical experts, officials and human rights activists in Uttar Pradesh and elsewhere in India.

Uttar Pradesh, India's most populous state, has one of the highest maternal death rates in the country. It's a region where women and girls with common pregnancy complications end up unable to get life-saving blood transfusions or cesarean sections.

Pregnant women in rural areas routinely use bicycles, motorcycles, handcarts, auto-rickshaws, and tractors to travel to clinics. Families are often unable to afford fast enough transport from their distant villages. When complications occur at these clinics, there's often no quick and affordable way to move women to health centers equipped to provide emergency care.

Even when they are able to get transportation, some women are bounced from one health facility to another before reaching a clinic or hospital that can provide the necessary emergency care.

To make matters worse, women are asked to pay for procedures and services that should be free.

Staff at community health centers and district hospitals in Uttar Pradesh told Human Rights Watch that they commonly referred women with pregnancy complications to facilities more than 100 kilometers (60 miles) away for blood transfusions or cesarean sections. In many cases, postnatal care is non-existent, even though many maternal deaths occur in the 72 hours following childbirth.

So it's not surprising that many women, like Kiran, bleed to death on their way to the hospital or after giving birth.



A woman with her newborn at Barabanki District Hospital.



(Top) A painting on a wall announces a government program that gives women cash incentives for their hospital deliveries. Barabanki, Uttar Pradesh.

(Bottom Left) Dr. Usha, in charge of the delivery room at the Barabanki District Hospital.

(Bottom Right) A woman waits to deliver at Barabanki District Hospital.



REFORMS DON'T GO FAR ENOUGH

The government acknowledged its problem and took steps to improve public health systems, with several initiatives specifically targeting maternal care.

Recent government data suggests some success: a decline in maternal deaths between 2003 and 2006. This decline, however, is small in relation to the scope of the problem, and camouflages disparities. The encouraging numbers don't tell the whole story.

Some states – such as Haryana and Punjab – actually show an increase in maternal mortality. And disparities based on income, caste, place of residence and other arbitrary factors persist within states, including those that appear to be improving access to care for pregnant women and mothers. Poor maternal health is prevalent in many communities, particularly among the marginalized Dalits (so-called “untouchables”), other lower castes, and tribal communities.

In our research in Uttar Pradesh, we found that one key reason the problems continue is that authorities simply do not know enough about where, when, and why maternal deaths are occurring. Systems for reporting and investigating deaths and injuries are not working: authorities lack the right tools to monitor the healthcare system and decide what needs fixing.

While accountability measures may seem dry or abstract, we found that they literally can be a matter of life and death.



Women wait for pre-natal checkups at Barabanki District Hospital.



(Top) Komal holds the ID of her mother, Kiran Yadav, who died after childbirth.

(Bottom Left) Bidyawati, Kiran's sister-in-law, cuts the first peppermint harvest.

(Bottom Right) The backyard of Kiran's family home.



THE CHALLENGE: SAVING WOMEN'S LIVES

There's no single solution for reducing maternal deaths in India. But as first steps, the Indian government should require that healthcare providers report all pregnancy-related deaths.

And the government should insist that all maternal deaths are investigated at the district level. Such investigations should identify health-system failures and barriers to care and consider how to make the health system function better.

The Indian government should provide an avenue for women and their relatives to raise concerns about healthcare and have problems resolved. It should put in place an early response system, such as an emergency helpline, to help families avert maternal deaths. It should set up a grievance mechanism by creating accessible, independent, facility-based or regional ombudsmen, and it should provide redress to women or their relatives when they are harmed by health-system failures.

INDIA AND ITS PLACE INTHE WORLD

India is not alone in its fight against maternal mortality and morbidity. More than 500,000 women and girls die annually across the world, some 20 percent of them in India. Millions more report injuries, infections, and disabilities sustained in childbirth. Ninety-nine percent of the deaths occur in developing countries, particularly in Sub-Saharan Africa and South Asia.

Nine years ago, 189 countries came together and endorsed the United Nations General Assembly Millennium Declaration outlining eight millennium development goals, one of which is a 75 percent reduction in maternal mortality by 2015. Countries came together once again in 2009 and resolved at the United Nations Human Rights Council to adopt a human rights approach to preventable maternal mortality and morbidity. Governments and donors have devoted intensive research, resources, and services to achieving this shared global priority, but countries like India are falling behind. This need not happen. With its prowess in technology and science, India should lead the way in eliminating the scourge of preventable deaths in childbirth.



Rekha poses for a photo with her newborn and family after her delivery at Barabanki District Hospital, Barabanki, Uttar Pradesh.

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Pregnancy is not a disease. Yet tens of thousands of Indian women needlessly die every year because of pregnancy, childbirth, and unsafe abortions. Many die uncounted, without leaving a trace of what happened to them. Families accept these deaths as destiny or fate, unaware most maternal deaths can be prevented with access to appropriate healthcare.

India is an emerging global superpower, but far too many women and girls continue to face severe barriers while trying to access life-saving healthcare. Safe childbirth doesn't require state-of-the-art facilities or cutting-edge treatment. It depends on adequate basic care and emergency treatment delivered by staff with appropriate medical training. And it depends on knowing when and where women and girls aren't getting necessary care and following up with decisive action to see that they do. It's something the Indian government is well equipped to do.