Submission to

The Office of the UN High Commissioner on Human Rights

For the Study on

Preventable Maternal Mortality and Morbidity and Human Rights

By

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This submission draws attention to the particular needs and vulnerabilities of adolescents and young women in relation to preventable maternal mortality and morbidity, and is structured around three main points –

i. Causes of preventable maternal mortality and morbidity
ii. Gaps in the international response to preventable maternal mortality and morbidity
iii. Steps that can be taken by the Human Rights Council to fill these gaps

I. Causes of preventable maternal mortality and morbidity

Social taboos related to sexuality, particularly young people's sexuality, hinder their ability to exercise basic human rights including access to information, education and services related to sexual and reproductive health. Young women, predominantly those who are not married, are often discouraged from seeking sexual and reproductive health services because of disapproval by healthcare providers[1] related to their age and gender. These reasons and other social, cultural and economic factors contribute to adolescents and young women often being ill-equipped to make informed decisions and take actions related to contraception, conception, pregnancy, child-birth and other aspects of family planning.

Early marriage of adolescents and young women results in lack of power to negotiate condom use with husbands as well as lack of access to other forms of contraception, greater risk of sexually transmitted infection including HIV, and early child-bearing.[2][3]

Early child-bearing poses great risk to young women and girls' right to life and health. Young women aged 15 to 19 are twice as likely to die during child birth as women in their 20s, and those aged under 15 as five times more likely to die.[4] In fact, pregnancy is a leading cause of death for young women aged 15 to 19, with complications of childbirth and unsafe abortion being the major factors.[5] Obstructed

[1] UNFPA. 2003. State of World Population.
[2] International Center for Research on Women. 2006. Too Young to Wed. Washington, DC.
[3] WHO. 2006. Pregnant Adolescents.
[4] UNICEF. 2000. The Progress of Nations.
[5] UNFPA. 2004. State of World Population.

labour is common among very young women giving birth for the first time, and results in death or fistulas.

Young women seeking abortion of unwanted pregnancies often face many social, legal and procedural barriers to access safe abortions including parental or spousal consent requirements, discriminatory attitudes of healthcare providers, lack of confidentiality, social support and access to information about safe abortion services. As a result, young women often have to resort to seeking unsafe abortion services. Young women aged 15 to 19 account for at least one-fourth of the estimated 20 million unsafe abortions and nearly 70,000 abortion-related deaths each year.[6]

Women's low status in many societies often results in inadequate nutrition and healthcare access for girls and young women. Nutritional deficiencies can lead to anaemia, which is an indirect cause of maternal mortality, and can be prevented. Approximately half of adolescent girls in the developing world are anaemic.[7]

II. Gaps in the international response to preventable maternal mortality and morbidity

Greater attention and priority are needed towards the rights of adolescents and young women, including those who are not married, to access sexual and reproductive health information and education that is accurate and services and commodities that are safe and affordable. States need to take actions to remove legal and social barriers that hinder such access. In doing this, States need to consult young women and partner with youth-led civil society organisations and movements working on youth sexual and reproductive health and rights, particularly youth-led ones.

Social taboos around sexuality, especially young people's sexuality, need to be addressed and eliminated, as do discriminatory attitudes towards youth. Sexual and reproductive health providers need to be sensitised and trained to not discriminate on any basis including age, gender and socio-economic status. States need to ensure that no discrimination is practiced in the delivery of health services and therefore no

[6] Ibid.
[7] WHO. 2006. Pregnant Adolescents.

obstructions exist for young women to achieve their right to the highest attainable standard of health.

III. Steps that can be taken by the Human Rights Council to fill these gaps

The Council must pass a resolution on adolescent girls and young women's health wherein an appropriate percentage of national health budgets are committed to reduce pregnancy and child birth related deaths and morbidity in this population, improve their nutritional status and access to sexual and reproductive health, and an appropriate percentage of national budgets are committed to eliminating gender inequality. States must also commit to reform national laws and policies that discriminate against women and youth, and enact anti-discrimination laws.

During Universal Periodic Reviews, States must report on maternal mortality and morbidity situation in their countries, with distinct information about adolescents and young women. Additionally, States must ask the State under review questions regarding young women's access to sexual and reproductive health, nutritional status and maternal mortality and morbidity, and make suitable recommendations.

The Council must encourage the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Health to include maternal mortality and morbidity in their reporting to the Council, and to hold a consultation with civil society organisations working on youth sexual and reproductive health and rights to collect their perspectives on the issue.