

In Focus

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Safe motherhood

Death and illness resulting from complications of pregnancy and childbirth are distressing symptoms of poverty and disadvantage. When a woman in a developing country becomes pregnant, her chances of dying can be up to 200 times higher than those of a pregnant woman in an affluent society. To heighten awareness and concern about the neglect of women's health, particularly in the developing world, the World Bank, the World Health Organization, and the United Nations Fund for Population Activities jointly sponsored an international conference on Safe Motherhood, held in Nairobi, Kenya, on 10–13 February 1987. Decision-makers from many developing countries considered what needs to be done to alleviate the desperate situation. The President of the World Bank addressed the conference, and **World Health Forum** is pleased to publish the full text of his speech below.

Sometimes we forget that development is the work of women as well as men. We meet today to reaffirm that simple truth and to act on it. The Safe Motherhood Conference recognizes a reality so basic that it has been easy to overlook. We have come together to remedy that oversight. But we are not here just to publicize a problem: we are here to attack it, to save lives and to build better ones.

Thanks to the vision and hospitality of our host, the Government of Kenya, we can put our shared resources of knowledge and experience to the service of women's health.

Thanks to the support of the World Health Organization, the United Nations Fund for Population Activities, the United Nations Development Programme and all the other donors, we can make this conference the beginning of a new commitment to common decency and common sense: common decency tells us that it is intolerable that 1400 women die every day in the process of carrying or delivering their children; and common sense tells us that these needless deaths waste not only precious lives but precious human resources.

All over the world, women are the sustaining force of families, communities, and nations. In the Third World women must also be full, forceful partners in sustaining development.

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It is appropriate that we acknowledge this truth in Africa. For somewhere on this continent, between 140 000 and 280 000 years ago, some biologists believe there lived a woman whom they call Eve and see as a common ancestor of all humanity. If so, her chromosomes are the shared inheritance of everyone living today. They link us all to one another. They make us not just “riders on the earth together, brothers on that bright loveliness in the eternal cold”, but brothers and sisters with a single family history and a single destiny.

We can take charge of that destiny. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families’ futures and their nations’ futures more secure. The first step is towards better health for childbearing women, a life-saving step towards safe motherhood, a life-giving step towards sustained human development.

We all know the statistics: almost half a million maternal deaths a year in the developing world, 80% of them in southern Asia and sub-Saharan Africa. Women in

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poorer countries often face over 100 times the risk of death in pregnancy that women in developed countries face. They begin childbearing much earlier, end later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, and how small an investment in

basic health care and improved nutrition is needed to bring large returns in survival, strength and progress.

Those findings can be our guides to action. Those statistics must prompt us to act. For statistics, it has been said, only represent people with the tears wiped off. Let us look, dry-eyed, at the people behind the numbers.

The women of the Third World are the poorest of the poor, but their work can make the difference between poverty and hope. It is their backs that are bent in the fields to till, plant, weed, fertilize and harvest; their backs that are bent at the well to draw water and to carry it home; their backs that are bent under loads of firewood and the weight of young children; and their backs that are bent over cooking fires, looms, market stalls and sickbeds.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy, of roads and power lines, of schools and hospitals, of factories, ports and irrigation projects. We have assumed that the benefits of these programmes would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up.

In developing nations—but not in those nations alone—too many women are at the bottom. Their arms hold the family together; their hands build the foundation of stable, growing communities. But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up. It already has, only not far

enough or fast enough. At the end of the United Nations Decade for Women, the World Conference here in Nairobi in 1986 recorded satisfying advances. But those, like my wife, who attended that meeting, left it conscious of how much remains to be done to equip women to participate effectively in development and to share in its rewards.

Female enrolment in schools has quadrupled since 1950, but in the developing nations six out of every ten school-age girls are still at home, not in class. Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in many of the poorest nations, 80% of the women over 25 have had no schooling at all. It is in those regions, as well, that women do the hardest work for the least pay: often, for no pay.

While women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and under-rewarded. In Africa, women produce as much as 80% of the food supply but earn little income and own even less property. When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to be excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods. But the resources they are able to invest—in seed, livestock, tools and household technology, for example—are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunity. Sustained development must bridge that gap. It must

not only create opportunity, but expand access to it.

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts

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on their behalf have been uncertain: frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank's commitment

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational.

Let me mention a few specific steps the World Bank will undertake.

- We will prepare action plans on women in development for our lending programmes in selected countries, so that our agricultural, industrial, educational and health programmes promote women's progress along with other development goals.

- We will emphasize issues affecting women in our dialogues with member countries.
- We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.
- We will develop programme initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.
- We will help promote both formal and informal education for women and girls.
- We plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries, with approximately 12–14 new operations per year. Lending for population, health and nutrition could reach US\$ 500 million per year, about twice our level in 1984–85.

Women's health is basic to women's advance in all fields of endeavour. And as a mother's health is the bulwark of her family, it is the foundation of community and social progress. Working for safe motherhood, we

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will be working for steady development on all fronts. Maternal health care—improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family

planning—is an investment in development. It is an affordable and productive investment.

A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centres can save thousands of mothers and children. We know that such measures can succeed, particularly in conjunction with other development programmes to improve women's incomes, food supplies and education.

Imaginative health care

A few hundred miles from my birthplace, a privileged young American woman set out some 60 years ago to bring health to the impoverished, isolated mothers in the backwoods of eastern Kentucky. In 1925 Mary Breckinridge, who had lost a child of her own at birth, founded the Frontier Nursing Service, sending midwives on horseback over the hilly trails of one of America's poorest regions.

The problems she faced would be familiar to most mothers and to most medical personnel who treat them in developing nations: women too young and too old to have children safely, too poorly fed, too far from hospitals, and too vital to the support of their families to die in childbirth. The Frontier Nursing Service faced all those challenges and overcame them. After 58 years and 20 000 births with only 11 maternal deaths, its success also included the counselling that helped cut the area's birth rate dramatically. "The glorious thing about it", Mrs Breckinridge said, "is that it has worked".

Imaginative health care can also work in the Third World. The World Bank believes it is

feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach.

- First, stronger community-based health care, relying on nonphysician health workers to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.
- Second, stronger referral facilities—a few hospitals and health centres to act as a back-up network for complicated deliveries and obstetrical emergencies.
- Third, an “alarm” and transport system to transfer, within a survival time-frame, women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about US\$ 2 for each person a year, compared to an average of US\$ 9 now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunization and child care. We can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Costa Rica and Sri Lanka, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies.

We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programmes must

enrich the quality of life, as well as prolong life itself.

Safe motherhood—an investment in the future

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being—education in work skills,

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education in nutrition, education in timing and spacing pregnancies, and education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside—from local and national leaders, from women’s groups and civic organizations, from the news media, schools and universities, even from the theatre. But the efforts that poor women make themselves to take charge of their productive and reproductive lives are what will matter the most.

Throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programmes must help realize this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity,

and control over their own earnings we can ensure greater dignity and productivity for women, thus fostering sensible decisions about childbearing and health care and guaranteeing that the next generation will be a happier, healthier one.

Unhappily, the reverse is also true: families where mothers die in childbirth are families that disintegrate; communities where women are treated as expendable are communities that waste vital resources. Family, communities and nations that help provide for women's health are providing wisely for their own future.

Almost 200 years ago, the English writer and reformer, Mary Wollstonecraft, wrote that "progress in human virtue and improvement in knowledge" depended on women being "more rationally educated" (1). Mary Wollstonecraft, who died in childbirth, would agree that rational education for women begins with the knowledge that gives mothers the strength to bear children safely and to nurture them in hope. The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge — its dissemination and application — is our new investment in the strength and progress of women.

I shall conclude as I began: development is women's work; like women's work, it is never finished. This conference, indeed, is just a beginning of our work for safe

motherhood. It must stimulate not just thought and rhetoric, but effective action.

The World Bank has presented a programme for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organization to undertake operational research that will support the development of country programmes and projects in the maternal health field. We plan a contribution of US\$ 1 million towards the proposed three-year budget of US\$ 5 million.

We believe that through the joint efforts of the developing countries, the World Bank, other donors, nongovernmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000. We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives — to offer hope.

The goal is modest. We can reach it. Together, let us begin. ☐

Reference

1. **Wollstonecraft, M.** *A vindication of the rights of woman*. London, J. Johnson, 1792 (chapter 3).

See WHO Notes & News, p. 262, for an account of the conference.