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Maternal and Child Health – Human Rights Based Approach

KEY WORDS: Maternal, Child, Human Rights

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ABSTRACT

A healthy population is one of the significant factors that play a crucial role in the holistic development of the family leading to more strengthened nation. The higher the ratio of the healthy populace, the stronger the nation would be. But in country like India, health and related safety measures is of little concern. In the newly industrialized country like India the larger number of people suffers from health crisis and women are the most vulnerable. There is a need to learn the importance of women's heath in the development process. In India, women shares nearly 58.64 million, nearly half of the population. One thing that is most considerable is reproductive health of women. Reproductive health is a major concern as most of the women suffer from various kinds of pregnancy and birth related failures. Maternal and Child Health is an important part of sexual and reproductive health. For India, maternal tragedies are one of the worst phenomena. Women during child birth and pregnancy suffer most due to lethargic attitude of health staffs, absence of stronger health policies and its proper execution, poor health education, gender bias and health infrastructure. The time demands an alteration of thought process among male counterpart to visualize woman health indispensable for prosperity and not considering them only as a single source of progeny. A change in Macho Mentality will certainly help to trim down the maternal tragedies as woman suffers spousal harassment during the pregnancy and afterwards. This paper highlights maternal and child health with respect to human rights, health and human rights, human rights based approach to improving maternal health.

No one human being should have power to impact another human being's right to self-determination... It is the prerogative of a woman to be self-determining when it comes to her health, when and when not to become a parent, and the health decisions of her family."

DR. WILLIE PARKER

Around the world, one woman dies every 90 seconds in pregnancy or childbirth - that's more than 350,000 women every year. The vast majority of these deaths are preventable.

Access to affordable and relevant health services and to accurate, comprehensive health information are fundamental human rights. Yet, gender-based discrimination, lack of access to education, poverty, and violence against women and girls can all prevent these rights from being realized for women and girls - challenges that are often particularly acute when it comes to sexual and reproductive health rights and safe motherhood.

All women have the right to accessible, affordable and adequate health care that takes into account their cultural needs. They have the right to access health care without discrimination. And they have the right to health care that responds to their particular needs as women. Sexual and reproductive health encompasses a range of prevention and treatment services. Examples include: accurate information about HIV transmission; the ability to choose whether and when to get pregnant; response to violence against women; and services for sexually transmitted infections and reproductive tract illnesses, such as cervical cancer. Access to these services is part and parcel to the universal right to the highest attainable standard of health, yet, because these services are basic care only for women and girls, their protection requires special attention.

One of the most important fronts in the struggle for women's human rights is around sexual and reproductive autonomy, and the coercive and often violent ways in which that autonomy is suppressed. For example, women and girls may be forcibly sterilized because they have HIV, were born with intersex conditions, or are a member of a repressed ethnic group, or they may be subjected to virginity testing. Sometimes coercion takes the form of a lack of access to basic health care and contraception. Lack of education about pregnancy or access to trained caregivers for ante-natal care and assisted delivery are driven by gender–based discrimination. In addition, violence against women increases during pregnancy.

Women's right to reproductive health entails the government's responsibility in providing available, accessible, acceptable, and high-quality reproductive health care services, as well as ensuring that women can make free decisions regarding their sexuality and reproduction (Amroussia, Goicolea & Hernandez, 2016).

MATERNAL AND CHILD HEALTH: INDIAN CONTEXT

Mothers and children not only constitute a large group, but they are also the most vulnerable in a developing country like India. Women of childbearing age (15-44years) constitute 22.2% and children under 15 years of age about 35.3% of the total population, and together they constitute 57.5% of the population. According to the latest report of India's Sample Registration System (SRS), the maternal mortality ratio (MMR), in the period 2011-13 has declined to 167 per 100,000 live births from 212 in 2007.The advance is largely due to key government interventions such as the Janani Shishu Suraksha Karyakaram (which encompasses free maternity services for women and children, a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance and management of health services at all levels) and other schemes and measures.

The primary causes of maternal deaths are hemorrhage (mostly bleeding after childbirth), hypertension during pregnancy (pre-eclampsia and eclampsia), sepsis or infections, and indirect causes mostly due to complications caused by pre-existing medical conditions and pregnancy. Apart from these, the other determinants, such as, early marriage and child bearing, low literacy, economic constraints, and cultural misconceptions may also influence maternal mortality. The main causes of infant mortality in India are perinatal conditions, respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases, and congenital anomalies.

MATERNAL AND CHILD HEALTH — FROM HUMAN RIGHTS PERSPECTIVE

Maternal health is a human rights issue that has implications for the rights to life, health, equality, nondiscrimination, privacy, freedom from cruel or degrading treatment, and equitable distribution of the benefits of scientific progress, among others. The Indian health context of maternal and child health brings to the fore, the urgent need of assessing it from the human rights perspective that ". . . every woman, every newborn, everywhere has the right to good quality care. . . Good maternal health is a human right, as well as a pre-condition and a determinant of newborn, child, and adolescent health, and of sustainable development more generally."

It is evident that the high unacceptable MMR and IMR is a question of equity, be it in India or any other developing country. The lowest

socio-economic strata in India, especially women and children, are grossly deprived of health care facilities leading to poor health outcomes as accessibility to basic health care depends on the socio-economic status of an individual. They are deprived of essential determinants of health, such as safe and secure shelter, safe water supply and sanitation, environmental health and hygiene, and access to food. The untreated ailments are higher in rural areas than in urban areas, among females than males, and the socially and economically excluded dalit and tribal communities than among the non-dalits and non-tribals.

From the perspective of human rights, women are entitled to certain rights simply by being human. This means, as the various international treaties on human rights and Christian teaching emphasize, each human person, endowed with intelligence and free will, has rights and duties that are universal and inviolable, and, therefore, altogether inalienable. Each human person "has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care, rest, and, finally, the necessary social services."

The UN Declaration on Human Rights (Article 25.1) states:
Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Art. 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by India in 1979, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This includes the State's responsibility to take measures towards the reduction of the stillbirth-rate and of infant mortality, and for the healthy development of the child, etc. "Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity." Additionally, the right to health is recognized, inter alia, in article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination of 1965, in articles 11.1 (f) (ratified by India in 1968) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women of 1979 (ratified by India in 1993) and in article 24 of the Convention on the Rights of the Child of 1989 (ratified by India in 1992).

The components of the highest attainable standard of health are: Availability, Accessibility, Acceptability and Quality. These components reiterate women's rights from the perspective of maternal and child health/safe motherhood to scientifically and medically appropriate (*quality*) healthcare; effective functioning public health and health care facilities, goods, services, and programs in sufficient quantity (availability); accessibility without any discrimination of affordable (economic) physical facilities and services, ethically and culturally appropriate, sensitive to age and gender (acceptability). Each woman is also entitled to the required information needed to make an educated decision.

Woman's right to health also implies, inherently, the underlying principles of participation and inclusion, equality and non-discrimination, accountability and capacity development of duty bearers (responsible parties) in relation to health (policy makers, hospital managers, health professionals, inspectors, and parliamentarians, among others) to meet their obligations and of rights-holders (women and children) to claim their rights. The accountability of the duty bearer implies categorically that the State and the others concerned must respect a woman's right to health, including safe motherhood (without interfering directly or indirectly). Duty bearers have the obligation to protect it by taking measures that prevent third parties, including her own family, community, religion, private and public health facilities, health personnel under whose care they are entrusted, from interfering in the exercise of her rights. Duty bearers have the obligation to fulfill women's and children's right to health by adopting appropriate legislative, administrative, budgetary, judicial, promotional, and other measures to fully realize the right to health.

It is true that in India, government programs and various interventions under the National Health Mission have brought down maternal and infant mortality. There has been a remarkable increase in institutional deliveries. However, this surge in institutional deliveries does not necessarily mean a proportionate reduction in maternal and infant mortality. For this, one needs to ensure a proportionate increase in investment in quality public health facilities and human resources, affordable and accessible, especially to the socially and economically marginalized. This will significantly contribute towards India's achieving Universal Health Coverage / Sustainable Development Goal 3: "Ensure healthy lives and promote well-being for all at all ages" leaving no one behind.
Mere technological advancement, increase in facilities like emergency obstetric care (EmOC) and skilled birth attendants, without them being equitably and available to rural and poorer women, may in reality, only mask poor quality care. This may be all the more true where birth facilities lack basic resources such as water, sanitation, and electricity. "It is unethical to encourage women to give birth in places with low facility capability, no referral mechanism, with unskilled providers, or where content of care is not evidence-based. . ."

The health systems in the country have to focus not only on the reduction of maternal mortality but also on maternal morbidities, resulting from poor quality of maternity care. Respectful care at birth is very important. The attempts to "normalize" labor room abuse cannot be accepted but must be fought against by all means, without which all other attempts to improve maternal and newborn health care services will become futile. In this process of advocating quality maternal and child health services, not only women but equally also men need to be involved. Men can play an important role in changing attitudes that restrict women's access to health care and economic opportunities and in reducing violence against women.

APPLYING HUMAN RIGHTS BASED APPROACHED TO MATERNAL AND CHILD HEALTH

Around the world, women and girls continue to have a high risk of illness, injury, and death during pregnancy or childbirth. Despite numerous commitments to address issues that fuel this risk, health systems often do not prioritize maternal health and violations of women's rights are common.

Women and girls must have access to comprehensive maternal health care that includes: family planning; essential medicines; skilled, rights-based, and respectful maternity care; HIV prevention and treatment; and, safe voluntary abortion services.

Young women and girls are at heightened risk of complications and death during pregnancy and childbirth. These complications are the leading cause of death among girls 15-19 in low- and middle-income countries. Child marriage and taboos on adolescent sexuality contribute to teen pregnancies by denying girls the power, information, and tools to postpone childbearing.

The application of human rights based approaches in the areas of women and children's health is increasingly gaining acceptance among a diverse range of stakeholders.

The deaths and injuries suffered by women and adolescent girls in pregnancy and childbirth, as well as by infants and young children, are largely preventable, yet they still occur at alarming rates.

Under international human rights law, governments have legal obligations to maintain the highest possible standard of health and health care for women, children and adolescents. There is also increasing evidence that systematic application of human rights standards and principles contributes to health.

The Human Rights Council has recognized that applying rights

based approach to the reduction of maternal and child mortality and morbidity is key to making meaningful progress in this area.

A HUMAN RIGHT BASED APPROACH TO IMPROVING MATERNAL HEALTH AND CHILD HEALTH

Accountability:
Governments must create mechanisms of accountability to enforce the right to safe and respectful maternal health care, including monitoring and evaluation of policies and programs, corrective action when violations are found, and remedies for women and families.

Transparency:
People should have access to information that enables them to make decisions about their health care choices, or understand how decisions affecting their health are made. This includes transparency in budgeting and funding allocations.

Participation:
All people have a right to participate in decision-making processes that affect their right to safe and respectful maternal care, including decisions about government policies and distribution of health resources.

Empowerment:
Women and girls must be valued and engaged as agents and rights-holders when it comes to decisions or actions that affect their sexual and reproductive lives.

Non-Discrimination:
The right to safe and respectful care should be ensured without discrimination of any kind, regardless of whether the discrimination is committed purposefully or results from seemingly neutral policies and practices.

Equity:
Health care resources, goods, and services must be distributed and accessed based on a model of equity, which is based on need and remedying historical injustice, rather than a model of equality.

Universality:
Health care goods and services must be available to everyone, without exception or distinction based on any discriminatory ground.

REFERENCES:

1. Campbell OMR, Calvert C, Testa A, Strehlow M, Benova L. Keyes E, et al. The scale, scope, coverage, and capability of childbirth care. The Lancet. Sept 2016; 388 (10056): 2193 – 2208.
2. Human rights-based approach to reduce and eliminate preventable mortality and morbidity of children under 5 years of age: technical guidance. WHO & UN Human Rights Office of the High Commissioner Website. Retrieved from http://www.ohchr.org/Documents/Issues/Women/WRGS/Health/TGApplicationHumanRights.pdf
3. Khanna R. (2013). Understanding maternal health from a gender and rights perspective: a training module for advocates and practitioners. Retrieved from: http://www.sahaj.org.in/uploads/4/5/2/5/45251491/understanding_maternal_health_from_a_gender_and_rights_perspective.pdf
4. Mishra I.M. (2015). Maternal and child health programme. Retrieved from http://www.slideshare.net/INDRAMANIMISHRA/maternal-and-child-health-programme 46306252?utm_source=slideshow02&utm_medium=ssemail&utm_campaign=share_slideshow_loggedout
5. National Health Mission (NHM). Child Health. Ministry of Health and Family Welfare. Govt. of India (2015). Retrieved from: http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization.html
6. National Institute of Public Cooperation and Child Development. An analysis of levels and trends in maternal health and maternal mortality ratio in India (2015). New Delhi. Retrieved from: http://nipccd.nic.in/reports/mhmm.pdf
7. Press Information Bureau. Achievements under millennium development goals (2015). New Delhi: Ministry of Health and Family Welfare, Govt. of India. Retrieved from http://pib.nic.in/newsite/PrintRelease.aspx?relid=123669
8. Right based maternal health. Change-Center for Health & Gender Equity Website. Retrieved from http://www.genderhealth.org/the_issues/maternal_health/
9. Taylor R, Hartman K, Guillen PA, Ayala A. Human rights maternal health and human rights: national and global perspectives (2012). Samuel Dash Conference. New Jersey: Human Rights Institute, George Town Law; 2012. Retrieved from: https://www.law.georgetown.edu/ academics/centers-institutes/human-rights-institute/events/ upload/2012-Maternal-Health-and-Human-Rights-Outcome-Document.pdf
10. The Lancet. Maternal health: an executive summary for The Lancet's Series. The Lancet Series. Maternal Health (2016). Retrieved from: http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/maternal-health-2016/mathealth2016-exec-summ.pdf
11. UN. CESCR General Comment No. 14: The right to the highest attainable standard of health (Art. 12). Retrieved from: http://www.refworld.org/pdfid/4538838d0.pdf
12. UN. Universal declaration of human rights. New York: General Assembly resolution 217 A, United Nations; 1948 December 10. Retrieved from: http://www.un.org/en/universal-declaration-human-rights/
13. UNICEF India. Maternal health. New Delhi: United Nations International Children's Emergency Fund – India. Retrieved from: http://unicef.in/Whatwedo/1/Maternal-Health#sthash.vQi20Z2e.dpuf
14. WHO. World health statistics 2016: monitoring health for SDGs. Geneva: World Health Organization. Retrieved from: http://www.who.int/gho/publications /world_healthstatistics/ 2016/en/