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# ARGENTINA: Slow Progress in Cutting Maternal Deaths

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BUENOS AIRES, Jan 26 (IPS) - Some 300 women a year die in Argentina of complications during pregnancy, childbirth or the postpartum period, from largely preventable causes. Many of the deaths result from unsafe abortions.

According to different studies, some 460,000 to 600,000 abortions are performed each year in this country of 40 million people, almost one for every birth, even though abortion is illegal. And many poor women who are unable to afford an abortion in a private clinic end their pregnancies in dangerous unhygienic conditions.

Official data released late last year put the number of maternal deaths in 2008 at 296, 21 percent of which were caused by unsafe abortions. While down from the 306 cases registered in 2007, the figure is still high. Most alarmingly, four of the deaths involved girls between the ages of 10 and 14, and 39 of the victims were teenagers under 19.

Argentina has a maternal mortality rate of 44 for every 100,000 live births - two and a half times higher than the average in neighbouring Chile and Uruguay, and a far cry from the six per 100,000 or seven per 100,000 live births in Spain and Italy, for example.

Both national authorities and independent experts working on these issues say that at this pace, Argentina will fail to meet the United Nations Millennium Development Goal (MDG) of significantly reducing the number of maternal deaths by 2015, bringing it down to Chile's and Uruguay's current levels.

The MDGs are a set of eight goals and related time-bound targets adopted by 189 nations at the U.N. Millennium Summit in 2000. The overall aim is to tackle some of the leading development challenges and put the world on the path towards sustainable development.

Goal 5 is to improve maternal health, and the related target is to reduce maternal mortality rates by three-quarters by 2015, as compared to 1990 levels. The full list of goals covers a range of issues, including reducing extreme poverty, hunger and child mortality, promoting gender equity, and combating major diseases like HIV/AIDS and malaria.

A study by the Sexual and Reproductive Health Watch (OSSyR - Observatorio de Salud Sexual y Reproductiva) - a local organisation made up of academic centres and supported by the U.N. Children's Fund (UNICEF), the U.N. Population Fund (UNFPA) and the Pan-American Health Organisation (PAHO) - found that between 1980 and 2006 child mortality dropped by 61 percent in Argentina, while maternal deaths were reduced by 32 percent, and the maternal mortality rate has remained basically steady over the past few years.

In fact, in 2008 there was only one death less than the 2001 total of 297, and by 2006 UNICEF began to express concern about the lack of progress in lowering the maternal mortality rate, in contrast to the improvements seen in infant mortality.

On its web site, OSSyR notes that while the country's maternal mortality rate is below that of nations classified as countries with "high maternal mortality" (50-100 per 100,000 live births), at 44 maternal deaths per 100,000 live births in 2007, Argentina's is steep if compared to other social and health indicators such as its low birth rate, high coverage for prenatal health care, and high percentage of infants delivered in health facilities assisted by trained professionals.

Maternal mortality not on the agenda

According to OSSyR, the country has the necessary means to successfully address the problem, but has failed to do so because of a lack of political will. And they are not alone in this opinion.

In an interview with IPS, Dr. Mariana Romero, a researcher with the Centre for Studies on State and Society (CEDES) - which forms part of OSSyR - said that although cutting the maternity mortality rate would not require huge resources, "the issue is just not on Argentina's political agenda."

"In Chile, abortion is still illegal, but there's a family planning policy in place since the mid-1960s, which

wasn't discontinued during the (1973-1990) dictatorship, and the country's primary health care services operate in coordination with the emergency health care system," said Romero, the author of a study entitled "Making Every Maternal Death Matter".

And in Uruguay, although President Tabaré Vázquez vetoed a law in November 2008 that would have decriminalised abortion, the vast majority of the population has access to health care and family planning, and there is growing awareness about contraception, she added.

Like other experts who spoke to IPS, Romero criticised the "ineffectiveness and low visibility" of the Sexual Health and Responsible Parenthood Programme launched in Argentina in 2003 with the aim of preventing unplanned pregnancies through the distribution of free birth control.

The reality is that a high number of unsafe abortions continue to be performed in Argentina, where the interruption of pregnancy is only legal in cases of rape or risk to the mother's life - although even in these extreme cases, doctors tend to demand judicial authorisation, with the consequent delay and threats to the mother's mental or physical wellbeing.

"There is no clear and explicit policy that prioritises the issue of maternal deaths," Romero said. "To bring down the number of deaths, the Programme needs a higher profile, as well as supplies, trained human resources, and monitoring. Without political will, there is no visibility."

When the latest maternal mortality figures were released in December, former health minister Ginés González admitted that "it is the indicator that has seen the least progress of all the Millennium Goals," and this lack of progress "amounts to failure."

"The strategies deployed to reduce these deaths are falling short," González said.

For his part, the government's undersecretary of community health, Guillermo González, acknowledged that the 2015 target for the goal will not be met, but said that the Health Ministry expected to cut the maternal mortality rate by one-third by 2011 - that is, down to 3.3 deaths for every 10,000 live births.

According to González, "We haven't worked hard enough on four basic issues": a shortage of blood banks to cover cases of severe blood loss, the difficulties in early detection of patients with high blood pressure,

the lack of timely treatment for infections, and insufficient efforts to reduce abortion-related complications.

The undersecretary of community health said that "Sixty percent of all pregnancies in Argentina are unwanted."

Experts blame that on the inefficiency of the Sexual Health and Responsible Parenthood Programme, which is in charge of providing family planning resources and services.

Aimed at reducing deaths caused by unsafe abortions, Argentina has a protocol for the treatment of patients who come to the hospital for abortion-related complications. Nevertheless, such cases accounted for 21 percent of maternal deaths in 2008.

A look at figures at the provincial level shows that in districts where access to medical care is more difficult, the proportion of maternal deaths caused by abortion complications is double the national average. In 2008, 44 percent of all maternal deaths in Entre Ríos and 39 percent in Chaco were caused by complications from abortions.

This follows a common trend worldwide. Maternal mortality constitutes one of the greatest inequalities in health, more so even than infant mortality, according to both the 2009 MDG progress report, released in July 2009, and UNICEF's "The State of the World's Children 2009" that focuses on maternal and newborn health and was launched in South Africa on Jan. 15.

"Maternal mortality," the MDG report says, "is among the health indicators that show the greatest gap between the rich and the poor - both between countries and within them. Developed regions report nine maternal deaths per 100,000 live births compared to 450 maternal deaths in developing regions, where 14 countries have maternal mortality ratios of at least 1,000 per 100,000 live births."

And according to UNICEF, "the average lifetime risk of a woman in a least developed country dying from complications related to pregnancy or childbirth is more than 300 times greater than for a woman living in an industrialised country."

"It's appalling," said Marta Alanis, president of Católicas por el Derecho a Decidir - a partner of the U.S.-based group Catholics for Choice - which sits on the advisory board working with the national

government's sexual health programme.

"The programme has major shortcomings," she told IPS. "It faces all sorts of hurdles - lack of supplies, red tape and administrative problems, obstacles that are rooted in ideological beliefs.

"Many officials are letting their religious beliefs guide their government and legislative actions, and that's also true in the case of some doctors in their practices," she said.

To illustrate the hurdles women face in gaining access to birth control, she pointed out that at a health centre in Córdoba, her home province, there's a sign that says no contraceptives will be provided to women who have not undergone screening for cervical cancer.

"If more women-friendly programmes were effectively available - programmes that offer emotional support as well - many of these deaths could be prevented; but this way they're only scaring women away," Alanis said.

"Sex education efforts are needed to prevent unplanned pregnancies; in cases where abortion is legal, the procedure must actually be available; and abortion should be decriminalised in all cases until the twelfth week of pregnancy," she said.

"Only then will we bring down the number of maternal deaths caused by unsafe abortions, which almost always affect the poor," she concluded.

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