

REPRODUCTIVE HEALTH

A matter of life and death

References

CURRENT SITUATION
(latest available data)

Better situation
Above average
Below average
Worse situation
Insufficient data

EVOLUTION
(since 1990 or closest available year)

Significant progress
Slight progress
Stagnant
Regression
Major regression

Summary: CURRENT SITUATION (colour) EVOLUTION (arrow-icon)	COUNTRIES (BCl value, 0-100)	WOMEN AGED 15-49 ATTENDED AT LEAST ONCE DURING PREGNANCY BY SKILLED HEALTH PERSONNEL (%)	BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)	ESTIMATED MATERNAL MORTALITY RATIO (per 100,000 live births)	CONTRACEPTIVE USE AMONG CURRENTLY IN UNION WOMEN AGED 15-49 (%)	
	Afghanistan (52)	52*	14*	1800	10*	- SC in (*
\rightarrow	Albania (94)	81*	100* →	92	60* →	in the indic SOURCES: Women ay pregnancy GlobalAtlas - STAT com
	Algeria (94)	79*	95	180	61 ->	ES:
\rightarrow	Angola (62)		45*	1400	6* ←	in the indicator definition. SOURCES: Women aged 15-49 atten pregnancy: Global Health GlobalAtlas). Except for (+ STAT compiler (www.me
	Antigua and Barbuda (—)		100 11		53*	defini defini al He ept f
	Argentina (98)		99* 11	77	65*	atten atten alth or (+
TI .	Armenia (96)	93*	98* →	76	53* ←	ded : Atlas) Der
	Australia (99)		100* 11	4		at leading with mognitude and
	Austria (—)			4	51*	ast or local community of the local community
H .	Azerbaijan (85)	70*	97 ←	82	55* →	(*) Data reter to years or periods other than mose specified in the indicator definition. SOURCES: SOURCES: Women aged 15-49 attended at least once during pregnancy: Global Health Atlas, WHO (www.who.int/GlobalAtlas). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys).
	Bahamas (99)		99 11	16		turin, who.i Heal
	Bahrain (99)		99* 11	32		nt/ nt/ St Str
\rightarrow	Bangladesh (57)	49* →	20 →	570	58* →	urvey s).
	Barbados (99)	89*	100* 11	16	55	v3 E
\rightarrow	Belarus (99)		100* II	18	73* →	<
	Belgium (99)		99*	8		Reproduced www.
\rightarrow	Belize (93)		91 ->	52	56* →	oduc v.wh ograp v.me v.me rnal rnal oase, (ww
\rightarrow	Benin (68)	88*	74	840	17 11	tive I o.into ohic a asur mort Dep. w.wl
\rightarrow	Bhutan (78)		51*	440	31* →	Healt reprand I edhs ality artmartmartmartmartmartmartmartmartmartm
\rightarrow	Bolivia (80)	79* →	60,8* →	290	58* →	h an oduc dealt lealt.com ratio ratio
←	Bosnia and Herzegovina (—)	99*	100 11	3	36 ←	Reproductive Health and Research, WHO (www.who.int/reproductivehealth/). Except for (+) (www.who.int/reproductivehealth/). Except for (+) Cemographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health Individuals. Department of Reproductive Health and WHO (www.who.int/reproductivehealth/).
\rightarrow	Botswana (92)	99* →	99*	380	44*	seard nealth rvey: esss prod productivel
\rightarrow	Brazil (92)		97* 11	110	77* 	ch, V N/). E s - S urve: uctiv uctiv healt
	Brunei Darussalam (100)		100* 11	13		VHO TAT TAT ys). ys). h/).
\leftarrow	Bulgaria (99)		99 11	11	42* ←	ot for comp comp alth
\rightarrow	Burkina Faso (64)	73* →	54	700	17 →	Reproductive Health and Research, WHO (www.who.int/reproductivehealth/). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health Indicators Database, Department of Reproductive Health and Research, WHO (www.who.int/reproductivehealth/).
\rightarrow	Burma/Myanmar (76)		68* →	380	34* →	Reproductive Health and Research, WHO (www.who.int/reproductivehealth/). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health Indicators Database, Department of Reproductive Health and Resear WHO (www.who.int/reproductivehealth/).
H .	Burundi (58)	93*	34* →	1100	9* ←	rch,
	Cambodia (66)	69*	43,8*	540	40* →	
\rightarrow	Cameroon (70)	83*+ →	63 11	1000	29 →	For of the www.
	Canada (99)		100* 11	7		rld B mor he di w.soi initio
	Cape Verde (93)		89*	210	53*	World Bank (www.worldbank.org). For more detailed information on the reference years of the data see complete tables at: www.socialwatch.org/statistics2008 Definition of indicators at the end of this table.
\rightarrow	Central African Republic (65)		54 →	980	19 →	ailed ae co atch indic
\rightarrow	Chad (42)	43*+	15* →	1500	3* ←	info imple .org/ ators
\rightarrow	Chile (100)		100* 11	16	61* →	rmat statis
\rightarrow	China (90)		98 ->	45	90* →	nk.or ion c ables stics:
\rightarrow	Colombia (90)	94*+ →	96* →	130	78* →	rg). on th at: 2008
\rightarrow	Comoros (79)		62*	400	26* →	e ref this
	Congo, DR (69)		61*	1100	31*	eren
	Congo, Rep. (79)	87*+	83* ←	740	44*	е.
	Cook Islands (90)		100* 11			World Bank (www.worldbank.org). For more detailed information on the reference years of the data see complete tables at: www.socialwatch.org/statistics2008 Definition of indicators at the end of this table.
\rightarrow	Costa Rica (94)		94 ←	30	96*	
\rightarrow	Côte d'Ivoire (79)	84*	57	810	13 11	

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Summary: CURRENT SITUATION (colour) EVOLUTION (arrow-icon)	COUNTRIES (BCl value, 0-100)	15-49 ATTENDED		ESTIMATED MATERNAL MORTALITY RATIO (per 100,000 live births)	CONTRACEPTIVE USE AMONG CURRENTLY IN UNION WOMEN AGED 15-49 (%)	
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H II	Cuba (99)		100 11	45	73 11	NOTE: (*) Data re in the indice in the indices. SOURCES: Women ag Atlas, WHC Health Surv
	Cyprus (99)		100*	10		tare ndica DES: DES: n age NHO Surv
←	Czech Republic (99)		100 11	4	72* ←	NOTE: (*) Data refer to years or in the indicator definition. SOURCES: Women aged 15-49 atten Attas, WHO (www.who.int Health Surveys - STAT cor
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	Djibouti (75)		93	650	18	rs or ition.
	Dominica (97)		99* 11		50*	perio ded a Glob
\rightarrow	Dominican Republic (88)	98*+ 11	96 →	150	61 ->	ods o at lea alAtti
II.	Ecuador (83)	56* ←	80* ←	210	73*	other st or as). E
\rightarrow	Egypt (88)	71*+ →	74*	130	59* →	than ice d
\rightarrow	El Salvador (79)		69*	170	67* →	thos uring it for redhs
	Equatorial Guinea (59)	70+	63*	680	C+	NOTE: (*) Data refer to years or periods other than those specified in the indicator definition. SOURCES: Women aged 15-49 attended at least once during pregnance Atlas, WHO (www.who.int/GlobalAtlas), Except for (+) Demog Health Surveys - STAT compiler (www.measuredhs.com/acce
\rightarrow	Eritrea (67)	70*+	28* →	450	8* 11	emo
	Estonia (99)	00*	100* 11	25	45*	NOTE: (*) Data refer to years or periods other than those specified in the indicator definition. SOURCES: Women aged 15-49 attended at least once during pregnancy: Global Health Atlas, WHO (www.who.in/GlobalAtlas), Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys).
- 11	Ethiopia (54)	28*+ 11	6* II	720	15* →	lobal hic ar
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	France (99) Gabon (82)	94*	86*	520	82* → 33*	
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\rightarrow	Guinea (66)	82*+	38* →	910	9* →	Ith po Data Ww.w d Hea surv ducti alth a ehea
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\rightarrow	Honduras (78)	92*+	67	280	65 →	nent uctive STA- cator
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_	Iceland (100)			4		eproi lth/). npile tabas
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\rightarrow	Indonesia (84)	92* →	66*	420	57* →	ve e
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	Ireland (100)		100* II	1		ntrace d 15- rld Barne da ne da
_	Israel (100)			4		aptiv -49: ' ank (e det ta se n of i
	Italy (99)		99*	3	60*	e ust Worl www ailed ae co
\rightarrow	Jamaica (95)		97* →	170	69* →	Contraceptive use among currently in union women aged 15-49: World Development Indicators 2008 website, World Bank (www.worldbank.org). For more detailed information on the reference years of the data see complete tables at: www.socialwatch.org/statistics2008 Definition of indicators at the end of this table.
←	Japan (99)		100* 11	6	52* ←	ong velop ldbar rmat rmat ta
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\rightarrow	Lao, PDR (58)	44*	19* →	660	32* →	ics20
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Summary: CURRENT SITUATION (colour) EVOLUTION (arrow-icon)	COUNTRIES (BCI value, 0-100)	WOMEN AGED 15-49 ATTENDED AT LEAST ONCE DURING PREGNANCY BY SKILLED HEALTH PERSONNEL (%)	BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)	ESTIMATED MATERNAL MORTALITY RATIO (per 100,000 live births)	CONTRACEPTIVE USE AMONG CURRENTLY IN UNION WOMEN AGED 15-49 (%)	
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	Macedonia (96)		98* →	10	14	NOTE: (*) Data refer to years or in the indicator definition. SOURCES: Women aged 15-49 atten Attas, WHO (www.who.int Health Surveys - STAT con
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\rightarrow	Malawi (62)	93*+ →	54 11	1100	42	iods at le balAt
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	Mauritius (98)		99*	15	76* II	Glob. phic. surv
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	Micronesia (—)		88* ←		45*	alth
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	Mongolia (95)		99*	46	66 11	
_	Montenegro (—)		99*			Births attended by skilled health personnel: Reproductive Health indicators Database, Department of Reprodu Health and Research, WHO (www.who.int/reproductivehealth/). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health Indicators Database Department of Reproductive Health and Research, WHO (www.who.int/reproductivehealth/).
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	Oman (99)		98 →	64 320	32*	Births attended by skilled health personnel: Reproductive Health indicators Database, Department of Reproductive Health and Research, WHO (www.who.int/reproductivehealth/). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health indicators Database, Department of Reproductive Health and Research, WHO (www.who.int/reproductivehealth/).
	Pakistan (64)		54	320	28* →	tive
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	Papua New Guinea (68) Paraguay (85)				73*	Contraceptive use among currently in union women aged 15-49: World Development Indicators 2008 website, World Bank (www.worldbank.org). For more detailed information on the reference years of the data see complete tables at: www.socialwatch.org/statistics2008 Definition of indicators at the end of this table.
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	Saudi Arabia (97)		93	18	21*	static
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	Sierra Leone (61)	82*	43*	2100	5* 11	

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Summary: CURRENT SITUATION (colour) EVOLUTION (arrow-icon)	COUNTRIES (BCI value, 0-100)	WOMEN AGED 15-49 ATTENDED AT LEAST ONCE DURING PREGNANCY BY SKILLED HEALTH PERSONNEL (%)	BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)	ESTIMATED MATERNAL MORTALITY RATIO (per 100,000 live births)	CONTRACEPTIVE USE AMONG CURRENTLY IN UNION WOMEN AGED 15-49 (%)	
←	Singapore (91)		100 II	14	62* ←	- GE P W S in (* NC
	Slovakia (97)		100 11	6		NOTE: (*) Data refer to years or periods other than those specified in the indicator definition. SOURCES: Women aged 15-49 attended at least once during pregnancy: Global Health Atlas, WHO (www.who.int/GlobalAtlas). Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys).
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	Suriname (86)	91*	71*	72	42*	ecifie
	Swaziland (77)		74*	390	48*	۵.
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\rightarrow	Thailand (96)		97 ->	110	77 →	Births attended by skilled health personnel: Reproductive Health indicators Database, Department of Reproductive Health and Research, MHO (www.who.int/reproductivehealth/), Except for (+) Demographic and Health Surveys - STAT compiler (www.measuredhs.com/accesssurveys). Maternal mortality ratio: Reproductive Health Indicators Database, Department of Reproductive Health and Research, WHO (www.who.int/reproductivehealth/).
	Timor-Leste (60)		19*	380	10* →	led h dicat d Re tiver h Su n/acc o: Re of Re or ho.i
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	United Kingdom (99)		99*	8	82 II	Contraceptive use amou aged 15-49: World Deve World Bank (www.world For more detailed inforr of the data see complet www.socialwatch.org/si
\rightarrow	United States of America (99)		100* →	11	73* II	orld www.w
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\rightarrow	Uzbekistan (—)		100 11	24	65 →	Contraceptive use among currently in union women aged 15-49: World Development Indicators 2008 website. World Bank (www.worldbank.org). For more detailed information on the reference years of the data see complete tables at: www.socialwatch.org/statistics2008
\rightarrow	Vanuatu (87)		92* →		28*	n on es at cs20
	Venezuela (95)		95* 11	57	77*	the r
\rightarrow	Vietnam (90)	70*	88	150	76 →	unic ators refere
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\rightarrow	Yemen (61)	34* →	20* ←	430	23* →	years
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H H	Zimbabwe (80)	94 11	69 11	880	60 →	

DEFINITION OF INDICATORS:

Women aged 15-49 attended at least once during pregnancy by skilled health personnel (%): Percentage of women aged 15-49 years attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwi

Last available data: 2001-2006; evolution since 1990.

Methodological notes and guidelines at the end of the section.

Births attended by skilled health personnel (%): Percentage of births attended by skilled health personnel

(doctors, nurses or midwives). Last available data: 2001/2006; evolution since 1990 or closest possible year. Estimated maternal mortality ratio (per 100,000 live

births): Annual number of deaths of women from pregnancyrelated causes per 100,000 live births. Due to changes in the model of estimation, 1995 and 2005 data are not comparable. Last available data: 2005.

Contraceptive use among women currently in union aged 15-49 (%): Percentage of women in union aged 15-49 years currently using contraception.

Last available data: 2001/2006; evolution since 1991.

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REPRODUCTIVE HEALTH

A matter of life and death

eproductive health problems are still the main cause of illness and death for women in reproductive age throughout the world. According to the United Nations Population Fund (UNFPA) a woman per minute dies in childbirth due to avoidable causes and for each death there are 20 or more women who have permanent health disorders from complications arising when giving birth.

Every year half a million women lose their lives and more than 10 million find they will be unable to lead a full life. This is particularly worrying in poor countries, where most of the unwanted pregnancies, abortions performed in poor conditions, HIV/AIDS infections, deaths and permanent maternal damages occur.

Poverty and inequity related to sex exclude millions of women from the free exercise of their reproductive rights, while mortality and morbidity derived from maternity worsen their poverty situation. This makes the governments of the world more predisposed to committing themselves to prioritize, in the political agenda, the rights of women in general and their reproductive health in particular.

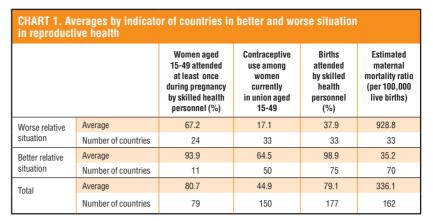
The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which came into force in 1981, related the rights of women, among them reproductive health, as the right to enjoy life in decent conditions. The policies to promote, plan and invest in the field of reproductive health cannot be treated independently from the actions that the Millennium Development Goals hope to achieve, particularly those referring to the reduction of poverty and hunger in the world.

Likewise, after the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women, there was a drive for the adoption of a series of policies to foster a greater coverage of reproductive health services, integrating family planning services in pre- and post-natal care to prevent unwanted pregnancies, labour services provided by skilled personnel, adequate obstetric assistance and prevention of sexually transmitted diseases and HIV/AIDS.

The information in the table "Reproductive health: A matter of life or death" brings to the fore the huge distance in progress between countries. Chart 1 shows that the distance between the average values in countries in the better and worse relative situation is still very significant. The greatest differences surface in the percentage of births assisted by skilled personnel: while the better positioned countries can be considered to have made assistance practically universal (98.9%), at the other end of the spectrum 62% of births do not receive specialized attention.

It is also alarming to confirm the maternal mortality gap: in the countries in the better relative situation an average of 35 women die per 100,000 live births, while in countries with greater deficiencies 929 lives are lost owing to causes related to pregnancy and labour.

There are also differences in the access to modern contraceptive methods to prevent unwanted



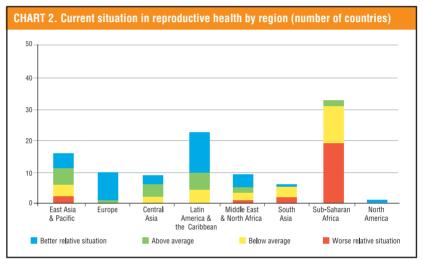


CHART 3. Current situation and evolution in reproductive health (number of countries)									
	←	←	п	\rightarrow	\rightarrow	Total			
Worse relative situation	1	1	5	12	5	24			
Below average	0	3	5	7	11	26			
Above average	0	3	4	5	9	21			
Better relative situation	0	9	7	16	4	36			
Total	1	16	21	40	29	107			

pregnancies: for every six women who use contraceptives in the group of more developed countries, less than two have access to these methods in the countries in the worse relative situation.

The highest number of maternal deaths is closely associated with the lack of assistance at childbirth, and the increase in the number of deaths in countries with a high lack of attention during labour is significant. It is therefore possible to make a positive impact in the reduction of the maternal mortality rate through policies aimed at universalizing assistance at childbirth by specialized personnel.

Scenarios by region

Today's reproductive health scenario is very uneven per region (Chart 2). In Sub-Saharan Africa, more than half the countries are in the worse situation. If this category is added to the following (which includes countries below the average), the rate for the region is 87% or 9 out of 10 countries in the worse situation or below the world average.

The rest of the countries in the worse situation in this field are in East Asia and the Pacific, South Asia and the Middle East and North Africa. In Central Asia, Latin America and the Caribbean, North America and Europe there are no countries in the group of the worse situation in reproductive health; and the two latter regions are the most advanced in the world.

The evolution indicators (Chart 3) shows that most countries have progressed slightly or significantly in the last few years; although there is also a significant proportion of stagnant countries – including critical scenarios – but, no doubt, the most worrying situation is that of countries in unfavourable scenarios whose indicators register regression.

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