

Introduction to Gender and Safe Motherhood

Time: 1 hour

Activity Objective:

Identify key gender-related barriers to safe motherhood

Materials

- PowerPoint Presentation: How Gender Impacts Safe Motherhood
- Video: "Step by Step: Toward Safe Motherhood"

Activity:

1. Deliver an interactive lecturette (asking questions as you deliver key points) with a PowerPoint presentation that provides a general framework/explanation of safe motherhood and lays the groundwork for how gender affects maternal mortality and morbidity. Include prevalence data for the country/region where the workshop is being held.
2. Transition to the second section of the PPT, noting that underlying these causes of maternal mortality are a number of socio-cultural barriers—especially barriers related to gender. Show the transition slide, and ask for participants' initial thoughts on gender barriers to safe motherhood.
3. Next, explain that we will show a short, 18-minute film that highlights the specific gender barriers to safe motherhood, "Step by Step: Towards Safe Motherhood." Explain that we will discuss the group's reactions and observations after the movie. Provide background on the movie, noting that it is from Mexico (with English subtitles) and was made by a non-governmental organization (NGO) named La Casa de La Mujer Rosario Castellanos.
4. After viewing the movie, give participants a couple of minutes for spontaneous discussion with others. Then facilitate a large group discussion asking the following questions:
 - What did you think about the video?
 - What emotions did it elicit?
 - Was there anything that surprised you? Shocked you?
 - What were the factors that contributed to Chayo's ultimate death?
 - Did she have any other options? What might have helped to increase her options?
 - How do the experiences shown in this video relate to other program experiences with which you are familiar?
5. Conclude the discussion by reviewing the specific data on gender factors related to maternal mortality, highlighting any points that participants may not have already covered. Use the second half of the PPT presentation and/or list key points on a

prepared flipchart for review. Be sure that the following gender-related factors have been discussed:

- **Poor maternal nutrition** is very common in many countries. Due to women's low status, they are often served less nutritious foods, where husbands and sons receive better food. Poor nutrition in girls can stunt growth and thus limit the size of pelvises. Women who are underweight are less likely to have healthy pregnancies.

Improvements in maternal weight can be achieved by delaying **age of first pregnancy**, an issue linked closely to **marital age**. Globally, more than one-third of women are married or in unions before they reach 18 years of age, and in 10 percent of countries, that is the case for more than half of all women.

(UNICEF. 2007. *The State of the World's Children 2007: Women and Children: The Double Dividend of Gender and Equality*. NY: UNICEF).

Girls ages 10–14 are five times more likely to die in pregnancy or childbirth than women age 20–24, while girls ages 15–19 are twice as likely to die. (UNICEF. 2001. *Early Marriage: Child Spouses*. Florence: UNICEF Innocenti Research Centre).

Pregnancy-related deaths are the leading cause of mortality for 15–19 year-old girls worldwide. (Otoo-Oryortey, N. and S. Pobi. 2003. "Early Marriage and Poverty: Exploring Links and Key Policy Issues." *Gender and Development* 11(2): 42–51.

- **Lack of education and information** also take a toll on women's health. Women's education is strongly correlated with positive maternal health outcomes. High rates of illiteracy/low rates of school attendance among women and girls, common in many parts of the world, contribute to high maternal mortality.
- **Restriction of women's movement** outside the home, in some societies, limits their access to services or ability to seek services.
- **Gendered division of household labor** in most societies, rooted in social norms and values, means that girls and women bear most of the domestic, farming, and childcare tasks. This work responsibility continues through many women's and girls' pregnancies and is sometimes resumed immediately after delivery. This heavy workload can have negative impacts on the mother's health.
- **Gender-based violence**, which disproportionately affects girls/women, greatly contributes to maternal mortality. Some women experience violence for the first time during pregnancy. Intimate partner violence against women may increase during pregnancy. Women who suffer intimate partner violence in pregnancy are more likely to miscarry, which can cause complications. Female genital cutting, which is prevalent in some countries, can also complicate childbirth, leading to, for example, obstetric fistula.
- In many societies women also lack **decisionmaking power** over how money and other resources are used. Women do not always have the power to spend money on their own antenatal care or to decide if the money can be spent on emergency obstetrical care and transportation to hospital/health center. Often it

is up to her male partner or other family members, especially mothers in-law. Due to a woman's low status, family members sometimes decide her health is not worth the expense.

- **Women also do not always have a say** in how many children they would like to bear, how to space their children, and in use of contraception. Women who do not space births face consequences to their health.
- **Gender barriers exist at many different levels**, including in healthcare systems and the policy arena. Sometimes gender barriers are more readily identified at the level of families and the community. Yet, they exist across multiple levels: Health systems are social institutions with complex dynamics of power, including those based on gender and other inequalities. These gender-related barriers affect the degree to which health systems can function and deliver high-quality, timely care to pregnant women. Gender discrimination also affect the degree to which policy decisions—at multiple levels from the family and community to government systems—do or do not get made to prioritize safe motherhood.
- **Women's status.** Finally, informing all of these different areas of gender barriers, are broader gender norms and inequalities that result in women's low status. Even though women are valued as givers of life, they are often devalued in other ways—especially when their health during pregnancy and childbirth are not viewed as a priority for action.

5. Ask for any final thoughts or reflections about this activity from the group. Note that, in the next activity, we will continue to refine our understanding of gender barriers related to safe motherhood and then will move to implications for how to address these barriers.