

## *Claiming our Rights*

### *Surviving Pregnancy and Childbirth in Mali*

The right to survive pregnancy and childbirth is grounded in women's right to life, the most fundamental of human rights guarantees. This right remains unrealized in Mali, where pregnancy and childbirth take the lives of thousands of women every year. Contributing to these deaths are everyday denials of the rights to health care, non-discrimination, and reproductive self-determination.

Pregnancy-related deaths—most of which are preventable—cut short young lives, render thousands of children motherless, and take away the wives, daughters, sisters, and friends of countless others. Yet maternal mortality, though acknowledged as a tragedy, is widely accepted as an unavoidable risk for women in Mali, a condition of womanhood.

This report approaches maternal mortality as a deprivation of basic human rights. It considers the manner in which laws, policies and pervasive social norms contribute to maternal mortality in Mali and calls for concerted, urgent action on the part of the government and the international community to ensure women's safety on their journeys through pregnancy and childbirth.



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*Claiming Our Rights: Surviving Pregnancy and Childbirth in Mali*



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*Center for Reproductive Rights and  
Association des Juristes Maliennes*

## 2 Claiming Our Rights

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*photo by Laura Katzive*

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**+ CENTRE DE SANTE  
D'ARRONDISSEMENT  
REVITALISE (C.S.A.R) DE LOULOUNI**

<b>TARIFICATION</b>	<b>AIRE</b>	<b>HORS AIRE</b>
<b>CONSULTATION INFIRMIER</b>	<b>200<sup>FCFA</sup></b>	<b>300<sup>FCFA</sup></b>
<b>ACCOUCHEMENT</b>	<b>1000<sup>FCFA</sup></b>	<b>2000<sup>FCFA</sup></b>
<b>PETITE CHIRURGIE</b>	<b>2000<sup>FCFA</sup></b>	<b>3500<sup>FCFA</sup></b>
<b>CONSULTATION PRENATALE</b>	<b>500<sup>FCFA</sup></b>	<b>1000<sup>FCFA</sup></b>
<b>VACCINATION</b>	<b>100<sup>FCFA</sup></b>	<b>100<sup>FCFA</sup></b>

Fees for nurse consultations, childbirth, minor surgery, prenatal care, and vaccinations at the health center in Loulouni. 500 CFA francs is approximately USD .80.

*photo by Laura Katzive*



# Table of Abbreviations and Glossary

ABBREVIATION	COMPLETE TERM and DEFINITION
<b>African Child’s Rights Charter</b>	African Charter on the Rights of the Child: Regional human rights treaty protecting the rights of children in Africa
<b>American Convention</b>	American Convention on Human Rights: Regional human rights treaty in force in the Americas
<b>Banjul Charter</b>	African Charter on Human and Peoples’ Rights: Regional human rights treaty in force in Africa
<b>Beijing Conference</b>	1995 United Nations Fourth World Conference on Women: Global conference on women’s human rights
<b>Beijing Platform</b>	Beijing Declaration and Platform for Action, United Nations Fourth World Conference on Women: Consensus document adopted by nations participating in the Beijing Conference
<b>Cairo Programme</b>	Programme of Action of the United Nations International Conference on Population and Development: Consensus document adopted by nations participating in the International Conference on Population and Development
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women: International treaty codifying states’ duties to eliminate discrimination against women
<b>CEDAW Committee</b>	Committee on the Elimination of Discrimination against Women: UN body charged with monitoring states’ implementation of CEDAW
<b>Children’s Rights Convention</b>	Convention on the Rights of the Child: International treaty upholding the human rights of children

<b>Civil and Political Rights Covenant</b>	International Covenant on Civil and Political Rights: International treaty protecting individuals' civil and political human rights
<b>Commune</b>	Local governmental unit at which level management of community health centers is overseen
<b>Community Health Center</b>	Primary health-care centers, financed by the residents of the communes they serve
<b>Economic, Social and Cultural Rights Covenant</b>	International Covenant on Economic, Social and Cultural Rights: International treaty protecting individuals' economic, social and cultural human rights
<b>Economic, Social and Cultural Rights Committee</b>	Treaty body that monitors state compliance with the Economic, Social and Cultural Rights Covenant
<b>European Convention</b>	European Convention for the Protection of Human Rights and Fundamental Freedoms: Regional treaty on human rights within the European Union
<b>Fact-finding</b>	A methodology employed to expose human rights violations, seek accountability for responsible parties, identify and secure a remedy for those whose rights have been violated, and help develop an effective advocacy strategy
<b>FC/FGM</b>	Female Circumcision/Female Genital Mutilation: Collective name given to several different practices that involve the cutting of female genitals
<b>HRC</b>	Human Rights Committee: Treaty body that monitors state compliance with the Civil and Political Rights Covenant
<b>Maternal death</b>	"Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any

cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes”<sup>1</sup>

<b>Maternal mortality</b>	Death of a woman resulting from conditions related to pregnancy, delivery and related complications
<b>Matrone (birth attendant)</b>	Provider of assistance at childbirth. Some basic training completed but not considered “skilled attendant” under international standards.
<b>Ministry of Health</b>	Ministry of Health, the Elderly and Solidarity
<b>Practices that are harmful to women</b>	Cultural practices harmful to women’s health and rights, including child marriage and FC/FGM
<b>Reproductive Health Policy</b>	Policy adopted by the Malian government in 2000 that identifies the elements of essential reproductive health care
<b>State registered nurses (Infirmiers d’état)</b>	Health-care professional with basic medical training not specialized training to assist during childbirth
<b>Ten-Year Health Plan</b>	Ten-Year Health and Social Development Plan, adopted in Mali in 1998
<b>Trained midwife</b>	Trained provider of obstetric health-care services; considered a “skilled attendant” under international standards
<b>UN Agencies</b>	Organizations within UN system, including UNDP, UNFPA, UNICEF and the World Bank that pursue global development goals within their individual mandates
<b>UNDP</b>	United Nations Development Programme: UN agency devoted to funding and supporting development initiatives in low-income countries

<b>UNFPA</b>	United Nations Population Fund: UN agency devoted to funding and supporting population and reproductive health programs in low-income countries
<b>UNICEF</b>	United Nations Children's Fund: UN agency devoted to advocating for the protection of children's rights
<b>Universal Declaration</b>	Universal Declaration of Human Rights: UN human rights instrument at the foundation of modern international human rights law
<b>USAID</b>	United States Agency for International Development: U.S. government body responsible for funding and overseeing U.S. foreign assistance programs worldwide
<b>WHO</b>	World Health Organization: UN agency devoted to researching and promoting public health worldwide
<b>Women's Commission</b>	Commission for the Advancement of Women: Created in Mali in 1993 to oversee development of a national policy for the advancement of women
<b>Women's Ministry</b>	Ministry for the Advancement of Women, Children and the Family: Replaced the Women's Commission in Mali in 1997
<b>World Bank</b>	International lending institution providing financial assistance and technical support to low-income countries around the world

# Executive Summary

The right to survive pregnancy and childbirth is grounded in women's right to life, the most fundamental of human rights guarantees. The number of deaths attributable to pregnancy and childbirth in Mali reveals that for women, the right to life has yet to be realized. Contributing to these deaths are everyday denials of the rights to health care, non-discrimination and reproductive self-determination.

Several factors have impeded women's enjoyment of their right to health care that is available, accessible, acceptable, and of good quality. Availability of care is undermined by a lack of facilities and shortages in material supplies and human resources. Health-care accessibility has been hampered by women's lack of information and, relatedly, the prevalence of misconceptions and myths about pregnancy and childbirth. Acceptability of care has been compromised by health care providers who treat women, particularly low-income women, disrespectfully and remain unresponsive to their needs. Finally, quality of care has suffered as a result of a lack of needed health systems evaluations and inadequate continuing education and provider regulation.

Discrimination against women in Mali takes several forms, all of which contribute to women's vulnerability during pregnancy and childbirth. Formal laws and policies, such as the early minimum legal age of marriage and the exclusion of women from policy- and decision-making roles, marginalize women and reflect a lack of government responsiveness to women's physiological conditions and needs. Practices that are harmful to women, namely female circumcision/female genital mutilation (FC/FGM), affect women's physical ability to endure childbirth. Finally, women's low status within the family further jeopardizes their lives in a health-care context that is poorly equipped to address complications of pregnancy and childbirth.

Women's lack of reproductive self-determination in Mali begins with societal perceptions of women as primarily mothers and nurturers. It is reinforced by women's lack of access to family planning methods. The law and medical providers further undermine women's autonomy by demanding authorization for certain procedures from husbands and requiring minors to obtain parental authorization for

family planning methods. Finally, women's ability to seek care in the first place is impeded by their lack of decision-making power within their families.

Under international and regional human rights instruments, international consensus documents, and national laws, the government of Mali has a legal obligation to address each of the factors contributing to women's risk of death during pregnancy and childbirth. Binding international legal instruments also identify a responsibility belonging to all members of the international community to work toward realization of these rights for women all over the world.

The government of Mali has not turned a blind eye to the challenge of guaranteeing survival of pregnancy and childbirth. Policies and government institutions recognize the need to improve women's status and increase access to health care. The policies adopted by the government of Mali reflect a rights-based approach to women's empowerment and health, particularly their reproductive health. While this approach could be even more forcefully articulated in binding legal instruments, the current policy framework provides a strong basis for government accountability for ensuring women's right to survive pregnancy and childbirth. What is needed now is concerted action to make legal and policy guarantees a reality for the women of Mali.

# Recommendations

The government of Mali has an obligation under international law to address women's risk of death during pregnancy and childbirth. The findings of this report, when analyzed against a human rights framework, suggest a number of legal and policy approaches to ensuring women's survival of pregnancy and childbirth in Mali. The factors contributing to maternal mortality are many and they relate not only to health-care delivery, but also to discriminatory social and cultural practices that serve as barriers to care. Survival of pregnancy and childbirth can be assured where legal reform and other measures are accompanied by a concerted effort to improve women's health and status. Accordingly, recommended actions for the government of Mali include programmatic responses, legal reform, and greater enforcement of existing legal and policy protections. The government of Mali does not act alone in these efforts; international and regional organizations and donor agencies also play a crucial role. Several suggestions for future action—mostly drawn from interviews with women in Mali, health-care providers, NGOs and policymakers—are offered below.

## TO THE GOVERNMENT OF MALI:

### Ministry of Health

#### Invest in maternal health and emergency obstetric care.

**Allocate additional funding.** Improve existing health-care facilities, including by establishing facilities in areas accessible to all rural and urban women who experience obstetric complications and require urgent, life-saving care.

**Address material shortages at clinics.** Ensure that obstetric health-care facilities have adequate supplies of medications, blood and other materials necessary for providing care appropriate to their role within the health infrastructure.

**Establish emergency referral and transportation plans.** Help develop referral systems and mutual insurance plans in consultation with local providers and communities to ensure that women who develop obstetric complications have the capacity to reach emergency obstetric facilities in a timely manner.

**Expand family planning services.** Invest in expansion of family planning services and information for all Malian women, taking steps to ensure access to such services and information for rural women and adolescents.

**Address unsafe abortion.** Ensure safe and accessible abortion where legally permissible. Make post-abortion care available in all government hospitals and primary health-care centers. Allocate funds to the training of health-care personnel and the equipping of health-care facilities to ensure skilled and safe performance of these procedures. In addition, evaluate the health and resource impact of Mali's restrictive abortion law and champion legal reform.

**Counter the impact of health sector reform measures.**

Carefully evaluate health sector reform measures that negatively affect women's ability to survive pregnancy and childbirth. In particular, examine the effects of the devolution of responsibility for health-care delivery and the imposition of user fees for maternal health-care services. Address the effect of these measures on all women, with special attention to the most vulnerable, including low-income, rural, illiterate, adolescent, and other at-risk women.

**Help identify needed health system improvements.**

Conduct studies on pregnancy complications and maternal deaths, in order to better understand the causes of maternal mortality and thereby maximize the health sector's ability to promote survival of pregnancy and childbirth.

**Track incidences of maternal mortality.**

Ensure systematic collection and tracking of the number and causes of maternal deaths in Mali and tailor government interventions to address shortcomings in health-care provisions reflected in the data.



**Make health centers women-friendly.**

Strengthen norms and procedures aimed at ensuring that health-care facilities are welcoming to and respectful of adolescents, unmarried women and other vulnerable groups in order to promote their increased use of those facilities. Draw on input from the population served in developing these norms.

**Strengthen medical training programs.**

Provide medical providers at every level with more rigorous medical training on a periodic basis to ensure improved quality of care. Commit financial and human resources to such training.

**Strengthen health-care standards.**

Adopt a charter on the rights of patients and take additional measures to promote women's awareness of their rights in the health-care context. In so doing, adopt appropriate disciplinary standards and enforce them against providers who violate them, including those who make illegal demands for supplemental payments or place other inappropriate conditions upon the delivery of health care. Support the capacity of associations of health-care professionals (*les ordres*) to promote quality health care and to oversee providers, sanctioning them when they violate the medical professions' codes of ethics.

**Ministry of Justice****Investigate malpractice.**

Where medical malpractice may have occurred, investigate and prosecute those responsible for violations of Penal Code provisions covering sub-standard delivery of medical care, including obstetric care. Work with women's organizations with legal expertise to ensure that victims of malpractice who wish to pursue civil claims have legal representation.

**Law reform addressing reproductive health.**

Support adoption of a comprehensive reproductive health law that, among other things, allocates resources to promote maternal health.

**Promote the use of law to address the underlying causes of maternal death.**

For example, support adoption of a new Family Code to reform discriminatory provisions of the Code of Marriage and Guardianship; in particular, raise the minimum legal age of marriage for women from 15 to 18. Work to curb demand for FC/FGM by promoting the adoption of legislation.

**Ministry for the Advancement of Women, Children, and the Family**

**Empower women to claim their reproductive rights.**

Raise awareness among women, their families, and their communities about reproductive rights, including the human right to survive pregnancy and childbirth. Address common myths about pregnancy, childbirth and maternal health care. Participate in education and outreach programs aimed at encouraging families and communities to abandon practices that are harmful to women, including FC/FGM.

**Champion a concerted approach among government ministries.**

Convene an interministerial commission to address how government interventions, including resource allocation and improved legislative and policy implementation, can address discrimination against women and promote women's survival of pregnancy and childbirth.

**TO THE UNITED NATIONS, WORLD BANK AND OTHER UN AGENCIES:**

**Strengthen international norms.**

Continue to develop international legal norms and standards relating to maternal survival. Further develop indicators to measure progress in guaranteeing the rights to life and health.

**Evaluate the impact of recommended health sector reforms.**

Examine the effects of international donor support for decentralizing health-care delivery and imposing user fees for maternal health-care services. Recognize and work with the Malian government and other governments to reverse the impact of

these reforms on the most vulnerable, including low-income, rural, illiterate, adolescent, and other at-risk women.

#### **TO THE INTERNATIONAL DONOR COMMUNITY:**

##### **Earmark resources to address maternal mortality and its underlying causes in Mali.**

**Target structural barriers to health care access.** Allocate aid funds to build and improve Mali's health infrastructure. In particular, assist with the constructing, equipping and staffing of the community health centers and public hospitals. Help community health centers further develop their systems of reference.

**Facilitate provider training and education.** Support programs for continuing education for health providers aimed at building skills and improving quality of care by running training seminars, offering scholarships and hosting conferences for health-care providers.

**Promote public education and information sharing on health.** Support programs for making health information available and accessible to the general public, including educational programs on women's health. For example, assist in the creation of awareness-raising campaigns about the importance of skilled attendants at delivery.

**Address discrimination against women.** Support programs run by the Women's Ministry and women's NGOs to address all forms of discrimination against women.

**Support the advocacy efforts of national NGOs.** Provide financial and technical assistance to NGOs that are working to influence government policy in the area of maternal health and women's equality.

**Take a coordinated approach.** Establish a working group that includes all major donor agencies and governments, the Malian government, and key NGOs to assess resource and technical assistance needs and develop coordinated plans to more effectively curb the causes of maternal mortality.

**TO AFRICAN REGIONAL BODIES:**

In all regional development and human rights platforms, emphasize maternal survival as a key human-rights and development priority for Africa. Apply diplomatic pressure to member states to address seriously the direct and underlying causes of maternal mortality.

## About this Series

*Claiming our Rights* is the first in a series of four reports focusing on women's right to journey safely through pregnancy and childbirth. The series will examine countries in sub-Saharan Africa, Eastern and Central Europe, Latin America, and South Asia. Each report will be researched and written collaboratively by the Center for Reproductive Rights and a partner non-governmental organization (NGO) from the country under study.

This series is meant to build upon a growing body of work addressing safe pregnancy and childbirth as a matter of human rights.<sup>2</sup> Use of the language of "rights" has important legal implications. It brings into focus governments' binding obligations under national and international law to ensure a woman's safety throughout pregnancy and childbirth. Failure to meet these obligations may constitute noncompliance with treaty commitments and other binding international norms, as well as national-level constitutional and legislative obligations.

Each report in this series will provide an in-depth analysis of international and national human rights norms that establish a woman's right to safe pregnancy and childbirth in a given country. The reports will also take a "human rights fact-finding" approach. Fact-finding is a methodology employed to expose human rights violations, seek accountability from responsible parties, identify and secure a remedy for those whose rights have been violated, and help develop an effective advocacy strategy.<sup>3</sup> The results of our fact-finding will be complemented by an examination of national laws and policies that contribute to the risks of pregnancy and childbirth.

*Claiming our Rights* focuses on the most tragic outcome of unsafe pregnancy and childbirth: maternal mortality. A maternal death is "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."<sup>4</sup> Every year, more than half a million women worldwide die from pregnancy-related causes.<sup>5</sup> Globally, 1 in every 75 women dies from caus-

es related to pregnancy or childbirth. The majority of these deaths occur where women's access to health care, food, and sanitation is most lacking. In least-developed countries, 1 in every 16 women dies of pregnancy-related causes. In industrialized countries, the figure plummets to 1 in 4,085.<sup>6</sup>

The lesson in the numbers is that most maternal deaths are entirely preventable. But the international community has yet to approach death during pregnancy and childbirth with appropriate urgency. Indeed, a government's arbitrary taking of a life is universally understood to be a breach of its most basic duty under international human rights law. It is time for governments and the international community to view the preventable loss of women's lives during pregnancy and childbirth as no less a breach of binding international legal obligations.

By grounding safe pregnancy and childbirth in international human rights law, this series will lay a foundation for evaluating governmental compliance with binding human rights norms, based on an examination of the facts in a given country. And behind every fact and statistic is the story of a woman. This series is as much a tribunal for these women's often suppressed voices as it is a legal advocacy tool for the activists who speak with them.

# Introduction

Mali ranks among the countries in which a woman who becomes pregnant and gives birth faces the highest risk of death. Every year, about three thousand Malian women lose their lives in the course of pregnancy and childbirth.<sup>7</sup> Pregnancy-related deaths—most of which are preventable—cut short young lives, render thousands of children motherless, and take away the wives, daughters, sisters, and friends of countless others. Yet maternal mortality, though acknowledged as a tragedy, is widely accepted as an unavoidable risk for women in Mali, a condition of womanhood. A discussion is emerging about what role the government of Mali and the international community can play in preventing these needless deaths.

This report engages in that discussion and goes further by asserting not only that government action can prevent maternal mortality, but that the government of Mali has a legal obligation to take such action. The assertion is based on an examination of binding international and national legal instruments guaranteeing universal human rights. The government of Mali has demonstrated its commitment to protecting these human rights, both in its ratification of international treaties and in its adoption of broadly protective constitutional and other legal provisions.

The situation on the ground, however, reveals the magnitude of the challenge facing the government. While recent health-care reforms have aimed to improve access to obstetric health care throughout the country, vast segments of the population continue to live out of reach of potentially life-saving care. The dangers of pregnancy increase for women living outside urban areas. Social and cultural factors—including pervasive discrimination against women—contribute to women’s vulnerability during pregnancy and childbirth.

### **MATERNAL MORTALITY IN MALI AT A GLANCE**

- Complications arising from pregnancy and childbirth are responsible for one-third of the deaths of Malian women aged 15 to 49.<sup>8</sup>
- While comprehensive data is lacking, the United Nations estimates the country's maternal mortality ratio at 630 maternal deaths per 100,000 live births.<sup>9</sup>
- One of every 19 women in the country loses her life after becoming pregnant.<sup>10</sup>
- Only 26% of all births are assisted by skilled attendants.<sup>11</sup>

This report details factors contributing to maternal mortality in Mali and highlights shortfalls in the government's effort to address these factors. Our aim is to hold the government of Mali to the commitments it has made to women's survival. This report examines how Mali's legislative and policy framework could be strengthened to support this goal. But we also acknowledge that the government cannot effect immediate and lasting change without the support of other actors. Our recommendations therefore target international and regional organizations, as well as donor governments.

### **OBJECTIVES OF THE REPORT**

This report identifies factors contributing to maternal mortality in Mali based on fact-finding conducted by the Center for Reproductive Rights and the *Association des Juristes Maliennes* (AJM). It examines these findings against a human rights framework, grounded in international and national law. This framework provides the basis for the report's recommendations.

Evaluating the Malian government's compliance with its international legal obligations to uphold women's right to survive pregnancy and childbirth is a complex task. The government's stated commitment to promoting maternal health is not in question. What remains to be examined, and evaluated in light of binding human rights norms, is the extent to which that commitment touches the lives of the many thousands of Malian women who become pregnant every year.

Such an evaluation requires the participation of various sectors of civil society,



including health-care professionals, public health experts, and advocates for women's rights. For example, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have worked with non-governmental experts to develop guidelines for evaluating governmental provisions for essential obstetric services. These guidelines focus on the number of health facilities providing lifesaving care for women with obstetric complications, the geographical distribution of these facilities, the use of these facilities by pregnant women, the adequacy of the lifesaving surgery being provided in these facilities, and the quality of these services.<sup>12</sup>

Members of civil society working to promote social justice and women's equality can complement these inquiries to provide a fuller picture of the barriers to survival of pregnancy and childbirth for women in Mali. Specifically, NGOs can draw attention to the experiences of women in health-care facilities and uncover the gender dynamics within families and communities. These stories can be told by women themselves or by the health-care providers and activists who are familiar with the challenges women face. Surviving relatives of women who have died during pregnancy or childbirth can also recount the experiences of the women behind the statistics.

## **GLOBAL CONTEXT**

Every year, over half a million women worldwide die from the complications of pregnancy and childbirth.<sup>13</sup> The vast majority of these maternal deaths occur among the world's poorest women. More than one-quarter of all adult women in low- and middle-income nations suffer from pregnancy- or childbirth-related illnesses and injuries.<sup>14</sup> This means that for women aged 15 to 49 who reside in such countries, complications of pregnancy and childbirth are the leading cause of death.<sup>15</sup> In statistical terms, a woman's lifetime risk of dying from pregnancy is as follows: 1 in 16 in Africa; 1 in 110 in Asia; 1 in 160 in Latin America and the Caribbean; 1 in 2,000 in Europe (including Central and Eastern Europe); and 1 in 3,500 in North America.<sup>16</sup>

Members of the international community, including the World Health Organization (WHO), the United Nations Population Fund (UNFPA), UNICEF, the World Bank, and several NGOs, have taken joint action to strengthen programs

aimed at ensuring “Safe Motherhood.” The interagency group promotes the implementation of a comprehensive package of services to advance safe motherhood, which includes antenatal care and counseling, skilled care during labor and delivery, post-partum care, family planning, abortion-related care, reproductive health education and services, and community education.<sup>17</sup> In addition, WHO has launched the “Making Pregnancy Safer” initiative, whose mission is to assist governments and partner agencies to ensure that “safe motherhood is prioritized within their policies and budgets, and that evidence-based norms and standards of care are appropriately applied.”<sup>18</sup>

## **METHODOLOGY**

Research took place primarily during the months of December 2000 and January 2001 in the regions of Bamako, Sikasso, Ségou, and Mopti. Follow-up research was conducted between the months of February and May 2001. Facts were gathered primarily through interviews and through visits to hospitals, community health centers and other health-care facilities. Approximately 765 interviews were conducted by staff of both the Center for Reproductive Rights and AJM over the course of the fact-finding phase. Among those interviewed were government officials, health-care providers, members of the NGO community, women who had given birth, and those close to women who had died during pregnancy or childbirth. AJM identified the women asked to recount their experiences of giving birth with the help of contacts in the targeted regions. Every effort was made to locate a diverse group of interviewees for this portion of the fact-finding. Most of those interviewed, however, were women who had participated in government- or NGO-sponsored organizing events or income-generating activities in or near urban centers. They were therefore not entirely representative of the many rural women whose lives are primarily confined to their villages and immediate environs and who face the greatest barriers to reproductive health care, including trained assistance during childbirth. References to interviews and other supporting data appear in the endnotes of this report. In some cases, names have been withheld to ensure the privacy of interviewees, particularly of women who shared their experiences during pregnancy and childbirth and of those who spoke of the loss of close relatives and friends.

Representatives of AJM conducted additional interviews during the fall of 2002



Mauritania

Algeria

**Republic of Mali**

Niger

• MOPTI

• SÉGOU

✚ BAMAKO

• SIKASSO

Burkina Faso

Senegal

Guinea

Benin

Sierra Leone

Ghana

Nigeria

Liberia

Côte d'Ivoire

Togo

to gather longer testimonials from relatives of women who died during pregnancy and childbirth. Three of those testimonials appear in this report, in Chapters I, II and III. None of the people mentioned in these testimonials are featured in the images that accompany these stories.

### **STRUCTURE OF THIS REPORT**

Recommendations, an executive summary and an introduction to the series precede this introduction. Chapter I provides the results of the fact-finding conducted for this report and aims to examine the country-specific realities that must be addressed in order to ensure that women in Mali have safe and healthy pregnancies. Chapter II provides an overview of the international and national legal foundations protecting a woman's right to survive pregnancy and childbirth. It covers the textual bases of this right, discusses the nature of governments' obligation to ensure its enjoyment, and considers how to measure government compliance with its duties. Chapter III discusses the policy approach Mali has taken thus far to promote women's status and health, examining the extent to which these policies comport with international and national legal standards. General information on Mali's geographic, demographic and political context is provided in Appendix A. Appendix B provides excerpts from international legal instruments that, taken together, establish a right to survive pregnancy and childbirth.





## Fatoumata's Story

# Trying for Another Boy

*Her name was Fatoumata. She was my mother. She died 12 years ago, when I had just turned 16. I'll never forget.*

*She was our father's second wife. She had already had eight children, six of them girls, but she wanted to have more boys. She was over 45 years old. For us, pregnancies are to be hidden and a woman never tells other members of her family that she is expecting. It was only when my mother's pregnancy became visible that I learned about it, at the same time as everyone else. With time, I understood that she was happy because she was hoping to have a third boy. Often she would joke that the baby she was expecting would be an old woman's child and that it would be her last.*

*My mother was an obstetric nurse in a maternity hospital and worked until the day she went into labor. She loved to chat with her co-wife and her friends, who often came to the house after work.*

*I think it was toward the eighth month that she started to worry. She kept saying that she was getting nervous because this pregnancy was different from the others she had experienced. She prayed to God that everything would go well. Her co-wife reassured her, saying that no pregnancy was like any other, that she herself had given birth six times and each had been a different experience. My mother said that in any case, she put herself in God's hands.*

*One morning, from what I understood, labor had begun. In fact, since the night before, she had been suffering. At around 4 p.m., she was taken to the local maternity hospital where she worked, which wasn't far away. She wasn't able to give birth. She was transported to the national hospital at 6:00 p.m. and had a cesarean section. She died during the operation. The baby was a boy, but he was already dead.*

*I don't know what the conditions were like at the hospital, but I know she was treated well because she herself was a health-care provider and was accompanied by her friend, a midwife. She had begun to hemorrhage. I learned later that her uterus had ruptured.*

*I was my mother's first daughter, so we were very close. This is very important in*

*our community. My mother had already made me responsible for a lot of things, especially for taking care of my brothers and sisters. After her death, I lost all of my bearings. I became very ill and I still haven't fully pulled myself together. Everyone in the family felt lost, even my mother's co-wife, for whom my mother did so much and who did the same in return. My father felt an enormous amount of pain. He remarried right away on the advice of relatives, with the idea that a new wife could help his other wife raise us. That was a huge mistake because it only made our lives worse. Some of my sisters were sent into foster care.*



