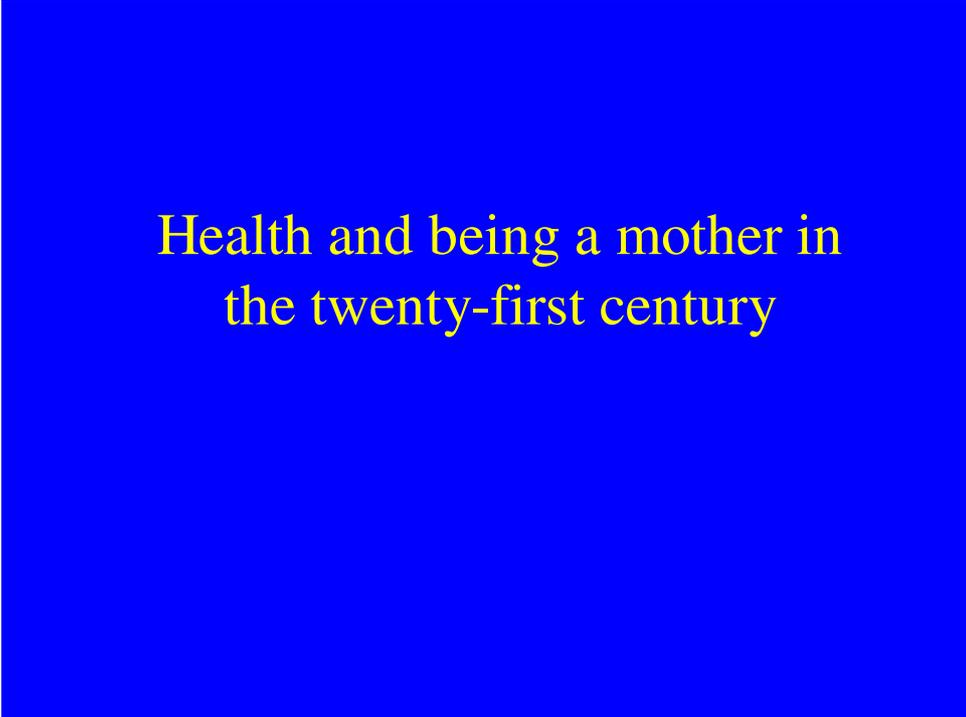


On Women's Health and Rights
Lectures, Speeches and Statements
Mahmoud F. Fathalla

Health and being a mother in the twenty-first century
The Singapore Medal lecture
International Congress, Royal College of Obstetricians
and Gynaecologists, Cairo, 2007



**Health and being a mother in
the twenty-first century**

I hesitated for some time before accepting the kind invitation to talk about the health of mothers in the twenty-first century. I have no problem talking about health. I have no problem talking about mothers. But what right has a 70-year-old man to talk about a century, in which his participation will be very limited. People like me may be expected to write their memoirs of the past, probably for nobody to read or care. They can expect polite tolerance from a young audience when they bore them with stories of the good old days. But for people who have most of their life already behind them, talking about the future must be a challenge.

**"The longer you can look back,
the further you can look
forward"**

Winston Churchill, 1944

Then I recalled what Sir Winston Churchill said in his old days, when he faced the same question. He answered back "The longer you can look back, the further you can look forward"

I hoped I may be able to sell you this argument, and I accepted the assignment.

In this talk, I have three main messages to convey to you, and I plan to give you these messages in the beginning rather than at the end of the talk.

The first message is that for women in the twenty-first century, healthy motherhood is not synonymous with safe motherhood. It implies the ability to be a mother, success in being a mother and safety in being a mother.

The second message is that with substantial progress made in the past several decades, the agenda remains unfinished. World inequity is more striking in the area of healthy motherhood than in any other public health field.

The third message is that there are signals of hope. Healthy motherhood is now at the top of the world development agenda, as an integral element of the UN Millennium Development Goals.

Now that you have heard the main messages, those in the audience who feel like having a nap at this time of the day, can safely do so. I hope that some applause at the end of the talk can wake them up.

Health and being a mother in the twenty-first century

Messages

1. For women in the twenty-first century, healthy motherhood is not synonymous with safe motherhood. It implies the ability to be a mother, success in being a mother and safety in being a mother.

Now for the first message: the concept of healthy motherhood

The concept of healthy motherhood

- **Ability**
 - Ability to be a mother
 - Ability not to be a mother
- **Success**
 - Successful pregnancy outcome
 - infant and child survival and healthy growth and development
- **Safety**
 - Safety from STIs
 - Safety in pregnancy and childbirth

Women in the twenty-first century have expectations from motherhood that are very different from those of their mothers and grandmothers. For a woman in the twenty-first century, the concept of healthy motherhood implies first that pregnancy should be a voluntary informed choice. Women now expect the ability to be a mother as well as the ability to avoid a pregnancy that may not be welcome. Second, when a woman makes the investment in motherhood, she expects a successful return, not only as a healthy newborn, but also as continued infant and child healthy growth and

development. Third, women expect safety in getting pregnant without contracting a sexually transmitted infection. And they expect to go safely through the journey of pregnancy and childbirth.

This broad definition of the concept of healthy motherhood is an outcome of three factors.

**Health is a state of complete
physical, mental and social well
being and not merely the
absence of disease or infirmity.**

**Constitution of the World Health
Organization, 1946**

First, it is an outcome of the increasing recognition of the concept of health in general. Health is defined in the WHO Constitution as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Applying this broad definition, health to a mother means more than absence of obstetric complications or their sequel.

Science progresses in proportion to the mass of knowledge that is left to it by preceding generations, that is under the most ordinary circumstances in geometrical proportions.

Friedrich Engels, 1963

The broad concept of healthy motherhood is also an outcome of the increasing expectations from science which, in the words of Friedrich Engels, progresses in proportion to the mass of knowledge that is left to it by preceding generations, that is under the most ordinary circumstances in geometrical proportions.

Convention on Elimination of All Forms of Discrimination Against Women (The Women's Convention)

18 December, 1979

The broad concept of healthy motherhood is also the outcome of the rising status of women. The world government community has adopted and ratified the Convention on Elimination of All Forms of Discrimination Against Women in 1979.

The ceiling of expectations of women from our profession in the twenty-first century will continue to be pushed up by advances in medical knowledge and medical practice and by increasing empowerment of women.

Health and being a mother in the twenty-first century

Messages (cont.)

- 2. With substantial progress made in the past several decades, the agenda for healthy motherhood remains unfinished. World inequity is more striking in the area of healthy motherhood than in any other public health field.**

Now we move to the second message of this talk: the world agenda for healthy motherhood.

The concept of healthy motherhood

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I plan to discuss with you the different elements of the concept of healthy motherhood, starting with the ability to be a mother.

And when Rachel saw that she bore Jacob no children, Rachel envied her sister, and she said unto Jacob: "Give me children, or else I die".

Genesis 30:1

The drive to be a mother has always been strong. It is exemplified by this quotation from the Old Testament, when Rachel saw that she bore Jacob no children, envied her sister, and said unto Jacob: "Give me children, or else I die.

A tragic teacher ,who longed for a baby”

A 34 year old primary school teacher from Southampton and her husband after trying to conceive for some years, had been told by their doctors the heartbreaking news that that they would never have a child. Depressed and discouraged, she committed suicide.

The Daily Mail 27/3/1993

Even in recent times in the UK, a teacher committed suicide when she was given the heartbreaking news that she will never have a child.

But for women in the twenty-first century, the ability to get pregnant is influenced by a number of factors.

Key findings from the World Fertility report 2003

- **A major worldwide shift in the timing of marriage to older ages has occurred. The increase has been more striking for developed countries.**
- **Both men and women are spending longer periods of their life being single.**
- **Delayed marriage among young adults has not yet resulted in noticeable reductions in the percentage of persons marrying at least once over their lifetime.**

First, as the United Nations World Fertility report indicates, there is a major worldwide shift in the timing of marriage to older ages. But men and women still get

married. With more and more women postponing their first pregnancy, they face a possible biological decline in physiological fertility and also a limited time left for the reproductive career. I still recall from my student days a statement by the late Dr Green Armytage "She who will not when she may, when she will she will have nay".

**Being a mother has become one of
America's most stressful occupations.
It's no good teaching girls to expect
careers if boys do not also learn to use
the washing machine**

Economist April 30, 2005

Second, women are now pursuing a productive and reproductive career. Motherhood became a tough job. While the role of women has changed too much, the role of men has been slow to change and accommodate. As a recent commentary in the Economist magazine put it: Being a mother has become one of America's most stressful occupations. It's no good teaching girls to expect careers if boys do not also learn to use the washing machine.

Stephoe PC, and Edwards RG.
1978. Birth after the
reimplantation of a human
embryo.

Lancet ii, 366.

Third, with the advances in technologies of assisted reproduction, women in the twenty-first century find it difficult to accept infertility as a fate. The absence of sperm in semen can be substituted by sperm donation, or by use of testicular sperm. The absence of an ovum can be replaced by ovum donation. A blocked Fallopian tube can be by-passed by in-vitro fertilization. Women are hearing stories of postmenopausal women getting pregnant, and of mothers carrying the babies of their daughters.

**"The predestinators send in their
figures to the fertilizers, who give
them the embryos they ask
for."**

Aldous Huxley, *Brave New World*, 1932

The ceiling of expectations of mothers has been rising with the advances in assisted reproduction, pre-natal diagnosis, and pre-implantation genetic diagnosis. They not only expect to have children when they want. They expect to have the children they want. Some mothers in the twenty-first century will be going after 'designer babies'. The "Brave New World" fantasy of Aldous Huxley when people ordered their designer babies may not be too far from the corner in the twenty-first century.

The concept of healthy motherhood

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We move to the next element in the concept of healthy motherhood, the ability not to be a mother. Not every pregnancy is welcome. Throughout human history, women have felt a need to control when they can be mothers. The lack of tools did not prevent them from trying to "doctor themselves", often risking their health, their future fertility, and even their lives in the process. Men, on the other hand, had the power and the means to control sexual relations and fertility.

"To freedom of speech and worship and freedom from want and fear- listed by President Roosevelt in the 1940's- a fifth one "freedom from the tyranny of excessive fertility" should be added."

Sir Dougal Baird

The fifth freedom of Sir Dougal Baird has become within reach of women. The contraceptive revolution of the past few decades has given women, for the first time, access to methods of contraception that they can use without the need for cooperation of their male partners, methods that can be used outside the bedroom, methods that are not coital-related, methods which provide long-term protection while still being reversible, and above all methods that are highly effective when used properly.

Worldwide, 635 million women aged 15-49 who are married or in union are using contraception.

World Contraceptive Use 2003

United Nations Department of Economic and Social Affairs Population Division, 2004

The fruits of the contraceptive revolution have reached hundreds of millions of people all over the world: people from the skyscrapers of Manhattan, to the peri-urban slums

of Latin America, to the rural communities of the Indian subcontinent; people of all socio-economic strata; people of different cultures, religious beliefs, and value systems; and people at different stages in their reproductive lives, who want to postpone a first pregnancy, to space pregnancies or to put a voluntary end to childbearing.

World Contraceptive Use 2003

Percentage of married women of reproductive age

World	61
More developed regions	69
Less developed regions	59
Africa	27
Asia	64
Latin America and the Caribbean	71

United Nations Department of Economic and Social Affairs

According to United Nations estimates, about 61 percent of married women of reproductive age are currently using contraception. Contraceptive use has increased substantially in developing countries over the past decade. The percentage, however, varies widely in different regions.

Nine out of every 10 women using contraception rely on modern methods.

World Contraceptive Use 2003

United Nations Department of Economic and Social Affairs Population Division, 2004

Nine out of every 10 women using contraception rely on modern methods.

Total fertility rate 2000-2005

- **World** **2.65**
(about half the level in 1950-1955)
- **Developed countries** **1.56**
- **Least developed countries** **5**
- **Rest of the developing world** **2.58**

Fertility has been voluntarily brought down to low levels, allowing the woman to emerge from behind the mother. The “Total Fertility Rate” is a summary measure of fertility. It represents the average number of children a hypothetical group of women would have over their childbearing years (15-49) if they survived to age 50 and experienced current age-specific fertility rates. The average woman in the twenty-first century expects to have less than three children in her reproductive career. In developed countries, and in several developing countries, including China, fertility

has now reached below replacement level, the rate at which each generation has only enough children to replace itself and thus is the level at which population eventually stops growing.

The above data provide the positive side of the picture of women using modern methods of contraception and having control on their fertility. There are two negative sides of the picture.

Unmet need for family planning remains high in developing countries

	percent
sub-Saharan Africa	23
Northern Africa, Asia and Latin America and the Caribbean	16

First, there is still a major unmet need for family planning. The widely used indicator of unmet need for family planning is the percentage of women of reproductive age who are married or in union, who need family planning (because they report that they want no more children or want to delay the next pregnancy by two years or more), but are not using contraception. In sub-Saharan Africa, the percentage is 23, while in Northern Africa, Asia and Latin America and the Caribbean, the unmet need is 16 percent.

With perfect use of contraception, there would still be nearly 6 million accidental pregnancies per year. With typical, real- life use of contraceptives, an estimated 26.5 million unintended pregnancies occur each year because of inappropriate use or method failure.

World Health Organization, 2003

Second, on the negative side of the picture is the abortion dilemma. Abortion will not be eliminated. Even with perfect use of contraception, there would still be nearly 6 million accidental pregnancies per year. With typical, real- life use of contraceptives, an estimated 26.5 million unintended pregnancies occur each year because of inappropriate use or method failure.

Of the 46 million pregnancies that are terminated each year around the world, approximately 60 per cent are carried out under unsafe conditions. 68000 women die every year

2005 World Health Report

What is tragic is that of the 46 million pregnancies that are terminated each year around the world, approximately 60 per cent are carried out under unsafe conditions and an estimated 68000 women die every year.

WHO added this year the regimen for medication abortion to its complementary list of essential drugs.

The concept of healthy motherhood

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The next element in healthy motherhood is the element of success. Women expect a successful return on their investment in motherhood. In my old days, we used to teach about obstetric management for a precious baby, a baby expected by the contradictory term "elderly gravida" or after a long period of infertility. The reason for the obstetric teaching was not to take risk when the chances for another baby are not big. For women in the twenty-first century, every baby is a precious baby. It may be her only planned baby, or one of only two.

The outcomes of a year's pregnancies

Live births	133 million	63%
Induced abortions	46 million	22%
Miscarriages and stillbirths	32 million	15%

World Health Report 2005.

Out of an estimated 211 pregnancies that take place every year, 63 percent end in a livebirth, 22 percent are terminated by induced abortion and 15 percent end in miscarriage or stillbirth.

The concept of healthy motherhood

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Women expect the successful return on their investment in motherhood not only as a livebirth. Success has to continue with infant and child survival and healthy growth and development.

The child survival revolution of the 1980s contributed to steady decreases in child mortality in some populations, but much remains to be done. More than 10 million children will die this year, almost all of whom are poor. Two-thirds of these deaths could have been prevented if effective child survival interventions had reached all children and mothers who needed them.

Lancet Child Survival Series, 2003

Despite the substantial reductions in the number of deaths observed in recent decades, around 10.6 million children still die every year before reaching their fifth birthday. Almost all of these deaths occur in low-income and middle-income countries. Most of these deaths are still attributable to just a handful of conditions and are avoidable through existing interventions.

The greatest risks to life are in its beginning

10,000 newborn children die every day.

99% of deaths in the first month of life (the neonatal period) occur in developing countries.

Three quarters of neonatal deaths occur in the first week of life with the highest risk on the first day.

Of all infant deaths, more than half occur in the neonatal period.

Of all deaths in children under the age of five years, nearly 40% occur during the first month of life.

The above figures do not include the 3.3 million stillbirths per year

The greatest risks to life are in its beginning. A neonatal death is not only the death of a baby. It is a tragic loss for a mother on a major investment she has made. Neonatal deaths have received deserved attention only relatively recently. Newborns will no longer be unnoticed in the twenty-first century. Data from a recent series in the Lancet show the following:

10,000 newborn children die every day.

Of all deaths in the first month of life (the neonatal period), 99 per cent occur in developing countries.

Three quarters of neonatal deaths occur in the first week of life with the highest risk on the first day.

Of all infant deaths, more than half occur in the neonatal period.

Of all deaths in children under the age of five years, nearly 40 per cent occur during the first month of life.

The above figures do not include the 3.3 million stillbirths per year

Lifetime risk of a mother experiencing a neonatal death

	(%)
World	8
More developed regions	<1
Less developed regions	17

State of the World's newborns, 2001

Eight percent of mothers will experience a neonatal death. In less developed regions, the percentage is 17 percent. In more developed regions, the risk is less than one percent.

Major direct causes of neonatal deaths globally

Infection	36 %
Premature birth	28 %
Asphyxia	23 %

The major direct causes of neonatal deaths globally are infection, premature birth and asphyxia. All are related to pregnancy and childbirth.

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As an integral component of healthy motherhood, women expect to be able to get pregnant without exposing themselves to the risk of contracting a sexually transmitted infection (STI). Unfortunately, barrier methods to protect against STIs also block sperm entry and prevent pregnancy. Moreover, women do not have women-controlled methods of protection, which they can use without the male partner's cooperation.

It is only recently that the need to develop vaginal microbicides for the protection by women has received attention and an infusion of funding. A number of products are in the research and development pipeline. Hopefully, some of these products will be available to women in the second decade of the twenty-first century.

One of the most disappointing aspects of public health during the past 25 years has been the great increase in the incidence of infections caused by sexually transmissible agents. By definition, STIs affect both men and women. STIs, however, discriminate against women. Generally, spread is more from man to woman than from woman to man. A medium for infection is provided by the seminal fluid and the mobile sperm, in addition to the friction against the delicate vaginal mucosa. Lesions in women are often hidden and frequently asymptomatic. The symptom of discharge is so common in women that its significance may be missed. Sequelae are more serious in women, and include infertility, ectopic pregnancy, and even carcinoma of the cervix. Transmission to the foetus or newborn is a possibility with several STDs. The social stigma is more in women. This may prevent women from seeking medical help and an early diagnosis. In addition, a woman is more likely to seek multiple sexual partners because of need and not of pleasure.

New cases of non-viral sexually-transmitted infections in 1999

	Million
• Gonorrhoea	62
• Chlamydial infection	92
• Syphilis	12
• Trichomoniasis	174
• Total	340

UNAIDS, 2002

Reliable data on the worldwide incidence of STIs are not available. UNAIDS and WHO estimate that 340 million new cases of non-viral sexually transmitted infections occur every year. This estimate does not include Herpes Virus and Human Papilloma Virus infections.

Feminization of the AIDS pandemic

Since 1985, the percentage of women among adults living with HIV/AIDS has risen from 35 per cent to 48 per cent.

Globally, there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV/AIDS.

Women and HIV/AIDS: Confronting the Crisis

A joint Report by UNAIDS/ UNFPA/ UNIFEM, 2004

The AIDS pandemic, which appears to have commenced in the late 1970s or early 1980s, as a disease mostly of men, is now becoming a major threat for the health of women and children in developing countries. Women with HIV infection also run a high risk of passing the virus to their newborns.

Since 1985, the percentage of women among adults living with HIV/AIDS has risen from 35 per cent to 48 per cent.

Globally, there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV/AIDS.

Feminization of the AIDS pandemic (cont.)

Young women, who now make up over 60 per cent of 15-to 24-year olds living with HIV/AIDS.

Globally, young women are 1.6 times more likely to be living with HIV/AIDS than young men.

Women and HIV/AIDS: Confronting the Crisis
A joint Report by UNAIDS/ UNFPA/ UNIFEM, 2004

Of particular concern are the dramatic increases in HIV infection among young women, who now make up over 60 per cent of 15 to 24 year olds, living with HIV/AIDS. Globally, young women are 1.6 times more likely to be living with HIV/AIDS than young men are.

The concept of healthy motherhood

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Now we come to the most dramatic element in the concept of healthy motherhood: a safe journey of pregnancy and childbirth.

"I am going to the sea to fetch a new baby, but the journey is long and dangerous and I may not return."

Tanzanian mother, about to give birth,
to her older children (local folklore)

In Tanzanian folklore, a mother, about to give birth, tells her older children "I am going to the sea to fetch a new baby, but the journey is long and dangerous and I may not return". She is right. Where nothing is done to avert maternal death, "natural" mortality is around 1000-1500 per 100 000 births, an estimate based on historical studies and data from contemporary religious groups who do not intervene in childbirth. Women have been risking their life to give life throughout human history. Without their sacrifices, our human species would not have survived. The number of women who silently died in the battle for our survival is probably more than the number of men who died in human battles of destruction. If women were still experiencing "natural" maternal mortality rates to day- if health services were discontinued, for example- then the maternal death toll would be four times its current size, totaling over two million maternal deaths per year worldwide. Three quarters of these deaths are currently avoided throughout the world: nearly all the "natural" maternal mortality in developed countries, but only two thirds in the South-East Asia and Eastern Mediterranean Regions and only one third in African countries.

Risking death to give life

Maternal mortality is currently estimated at 529 000 deaths per year.

In the twenty-first century, women are still risking death to give life. Maternal mortality is currently estimated at 529 000 deaths per year.

The tragedy of the death of mothers in the twenty-first century is that these women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving. It is a question of how much the life of our mothers is considered worth.

Maternal deaths per 100 000 live Births, 2000

- World 400
- More developed regions 20
- Less developed 440
- Less developed (Excl. China) 530

2005 Women of our world

Maternal mortality ratio, expressed as maternal deaths per 100 000 live Births,

is estimated at 400 in the world at large. In less developed countries, excluding China, is 530, compared with only 20 in more developed regions.

Lifetime chance of dying from maternal causes

	1 in
• World	74
• More developed regions	2800
• Less developed	61

2005 Women of our world

A more descriptive indicator of the risk which women face is the lifetime chance of death during pregnancy and childbirth. In the world at large, it is 1 in 74. In more developed regions, it is 1 in 2800.

Obstetric fistula affects more than two million women worldwide. There are an estimated 50 000 to 100 000 additional cases each year.

2005 World Health Report

Maternal mortality measures are just proxy indicators for the morbidity and suffering which women go through. According to the World Health Organization, of the 136

million women who give birth each year, some 20 million experience pregnancy-related illness after birth. The range of morbidities varies from the mild to the severe. Obstetric fistula, a disgrace on the global health field in the twenty-first century, affects more than two million women worldwide. There are an estimated 50 000 to 100 000 additional cases each year.

Percent of births attended by skilled personnel

- World 61
- More developed regions 99
- Less developed 57
- Less developed (Excl. China) 51

2005 Women of our world

Population Reference Bureau, Washington D.C.

In the twenty-first century, many women still go through the dangerous journey of pregnancy and childbirth with the company of a skilled birth attendant. The keyword is skilled. There is a saying in some developing countries: "*Any fool can catch a baby*". Unfortunately in our twenty-first century world, there are still millions of women who can turn only to fools to catch their babies.

The percent of births attended by skilled personnel, as most recently reported in the 2005 Report of Women of our World was 61 percent in the world, 99 percent in more developed regions, 57 percent in less developed regions and 51 percent in less developed (excluding China).

Egypt: A success story

The maternal mortality ratio has been reduced by more than 50% in eight years, from 174 in 1993 to 84 per 100 000 live births in 2000.

Major efforts to promote safer motherhood doubled the proportion of births attended by a doctor or nurse and improved access to emergency obstetric care.

I do not want to leave the subject of safe motherhood without a mention of one success story: Egypt. The maternal mortality ratio has been reduced by more than 50% in eight years, from 174 in 1993 to 84 per 100 000 live births in 2000. Major efforts to promote safer motherhood doubled the proportion of births attended by a doctor or nurse and improved access to emergency obstetric care. I hope the old man may be forgiven to go back in memory to 1981-82, when the movement to reduce maternal deaths was started by the WHO Regional Office in Alexandria. We were inspired by the success of the RCOG system for confidential inquiries in maternal mortality, and tried to copy it. The late Dr John Tomkinson and myself were asked to preach the system to the health authorities in the region. Dr Tomkinson was recruited to preach in Egypt. It was thought he would be more effective than a national, while I was sent to preach the system in Syria and Sudan. We did not have much success at the time, even with the slogan of "No Name, No Blame". I am happy that the Ministry of Health in Egypt has now established a system to track maternal deaths in the country.

In the international development field, there has always been a debate on whether maternal and child mortality is a question of context or of care. Contextual factors include a healthy environment, education, women's empowerment and poverty. It can be difficult to disentangle these contextual effects from the contribution of the care provided through health systems. The current consensus is that both health systems and the environment (care and context) play their part, but that the balance may be different for the health of mothers from that of their children, maternal mortality depending more on health systems' efforts and less on contextual factors than child mortality.

2004 Mothers' Index (Ranks of 119 countries)

Top 10 countries

Sweden
Denmark
Finland
Austria
Netherlands
Norway
Australia
Canada
UK
USA

Bottom 10 countries

Central African Republic
Mauritania
Chad
Sierre Leone
Yemen
Guinea- Bissau
Ethiopia
Mali
Burkina Faso
Niger

To take account of both contextual and care factors, and adopting a broad concept for healthy motherhood, Save the Children issues a report each year on the State of the World's Mothers. The report uses indicators of care as well indicators of context, for both the woman and the child. Contextual factors include education (literacy rate and primary enrollment ratio), environment (access to safe water) and empowerment (per cent of women's participation in national legislature). Based on a composite scoring system, the 2004 report of the State of the World's Mothers ranked 119 countries (including 19 developed countries). The top positions were taken by Sweden and other European countries. United Kingdom came in 8, and the USA 9. Singapore was 16 and Egypt was 77. The bottom positions were countries in sub-Saharan Africa and Yemen.

Health and being a mother in the twenty-first century

Messages (cont.)

3. **There are signals of hope. Healthy motherhood is now at the top of the world development agenda, as an integral element of the UN Millenium Development Goals.**

My third and last message is about hope.

“Fate has allowed humanity such a pitifully meager coverlet, that in pulling it over one part of the world, another has to be left bare.”

R. Tagore, 1893

The great Indian poet and Nobel laureate Tagore remarked that fate has allowed humanity such a pitifully meager coverlet, that in pulling it over one part of the world, another has to be left bare.

That was more than one hundred years ago.

“Our generation represents the first age since the dawn of civilization in which people have dared to think it practicable to make the benefits of civilization available to the whole human race.”

Arnold Toynbee, 1972

Things have changed. As noted by the great historian Arnold Toynbee, our generation represents the first age since the dawn of civilization in which people have dared to think it practicable to make the benefits of civilization available to the whole race. Apart from global consciousness, the world has never been richer and science is continually opening new frontiers.

At the Millenium Summit in 2000, representatives from 189 countries committed themselves toward a world in which sustaining development and eliminating poverty would have the highest priority. The Millenium Development Goals (MDGs) summarize these commitments and have been commonly accepted as a framework for measuring development progress.

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Millenium Development Goals

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERWOMEN

Target: Eliminate gender disparity in primary and secondary education and at all levels of education no later than 2015.

GOAL 4: REDUCE CHILD MORTALITY

Target : reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

GOAL 5: IMPROVE MATERNAL HEALTH

Target : reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Of the eight MDGs, three can make the world more favourable and fair to mothers. Goal 3 is to promote gender equality and empower women, with a target to eliminate gender disparity in primary and secondary education and at all levels of education no later than 2015.

Goal 4 is to reduce child mortality, with a target to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Goal 5 is to improve maternal health, with a target to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Millenium Development Goals

Where do we stand with only a decade to go?

Maternal mortality

- Maternal mortality remains shockingly high in every developing region of the world, reflecting the low priority for women's needs and inadequate access to emergency obstetric care.

UN Millenium Project 2005

Where do we stand about the MDGs with only a decade to go? To track progress on the MDGs and to map a way forward, the UN commissioned the Millennium Project with task forces of experts. The report of the Millennium Project was issued this year. The United Nations General Assembly will be reviewing progress in achieving the MDGs this month.

The verdict in the report of the Millennium project was that maternal mortality remains shockingly high in every developing region of the world, reflecting the low priority for women's needs and inadequate access to emergency obstetric care.

Millenium Development Goals

Where do we stand with only a decade to go?

Maternal mortality

The best available evidence suggests that sub-Saharan Africa, Southeast Asia, South Asia, and Oceania are unlikely to meet the targets on current trends.

The world is falling short of the goals

UN Millenium Project 2005

While data on maternal mortality are unreliable and do not permit time-series analysis, the best available evidence suggested that sub-Saharan Africa, Southeast Asia, South Asia, and Oceania are unlikely to meet the targets on current trends. The verdict is that the world is falling short of the goals

Does this mean that we give up hope? Not me. I cannot give up on a beautiful dream of a world where motherhood is safe for all women. I happen to be an incurable optimist. I guess that when the powers that be were assembling the genes in my DNA, the human pessimism gene was temporarily out of stock. Rather than delaying my birth, I was allowed to get away without it. But I also have objective reasons for hope. The world is taking notice. Women are abandoning the language of silence and are speaking up for their rights. Then there is the health profession, Ob/Gyn's and midwives who are taking seriously their social responsibility.

As our generation is handing the torch over to a younger generation of obstetricians, we trust that they will never give up on our collective social responsibility for healthy motherhood for all women. We trust they will never give up hope that it can happen in their time.

**Hope is a good breakfast,
but it is a bad supper.**

Francis Bacon

But let me end with this quotation from Francis Bacon. "Hope is a good breakfast, but it is a bad supper". Hope is good if you take it and go to work on it. Hope is bad if you take it and go to sleep on it.

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