Commission on the Status of Women

Fifty-eighth Session

**Priority theme**

Challenges and achievements in the implementation of the Millennium Development Goals for women and girls

Statement submitted by Priests for Life, a non-governmental organization in Special Consultative Status with the Economic and Social Council

The priority theme of the 58th session of the Commission on the Status of Women— Challenges and achievements in the implementation of the Millennium Development Goals for women and girls —calls for unbiased assessments of the current state of women’s and girls’ access to health care, nutrition, education, and employment. Impediments to women’s dignity and self-worth including lack of clean water, safe cooking techniques, and sanitation must be overcome.

Priests for Life believes that attempts to inject into the development goals an ideology that considers the lives of preborn children expendable destroys consensus on how to save women’s lives and impedes progress on providing women with vital maternal health care.

**Eradicating hunger and malnutrition**

Women in particular are affected by a lack of nutritious food. Their lives, and the lives of their children, suffer the effects of malnutrition. “The proportion of people living in extreme poverty declined by half at the global level” according to the *Millennium Development Goals and Beyond 2015 Fact Sheet* on Goal #1, yet “one in eight worldwide” is still suffering from hunger.

Malnutrition is the underlying cause of death for at least 3.1 million children a year and is responsible for 45% of all deaths among children under the age of five. More than 800,000 babies—one in four newborns—die each year because they are born too soon or too small as a result of poor maternal nutrition.

Malnutrition leads to stunted growth of children. Stunted children become adults who suffer from diabetes, hypertension and cardiovascular disease, conditions that often impede earning capacity and result in lower incomes. Of particular concern, women affected by stunting give birth to children who are also likely to be afflicted by this preventable condition, perpetuating the cycle of malnutrition and poverty.

The eradication of all forms of malnutrition must be prioritized in the post 2015 agenda.

**First 1,000 days of life**

Adequate nutrition during the first 1,000 days of life— from conception to the second birthday—saves the lives of women and children and improves the prosperity of a country. A new series of reports by Lancet, *Maternal and Child Nutrition,* issues an urgent plea to governments to make nutrition during the first 1,000 days of life, and for all women of child-bearing age, the center of the new development goals.

As stated in the Lancet report Maternal and child nutrition: building momentum for impact, “The new evidence provided in the Maternal and Child Nutrition Series strengthens the case for a continued focus on the first 1,000 days. Investments within this window can help meet crucial goals: the prevention of undernutrition, overweight, and poor child development outcomes with longlasting effects on human capital formation.”

This unique “window of opportunity” affects the life and health of the preborn child for her or his lifetime while also affecting the mother’s health. Adequate nutrition for pregnant women, lactating mothers, and all women of child-bearing age needs to be prioritized in food programs, for the sake of women, children, and nations.

**Prioritize nutrition for women of child-bearing age**

National governments through the Scaling Up Nutrition (SUN) Movement, endorsed by United Nations Secretary General Ban Ki-moon, are taking action to ensure that the right policies are in place to implement programs to improve nutrition for women. If women of child-bearing age are well-nourished they are healthier and able to provide nourishment for the child in the womb to ensure healthy physical and cognitive development. Healthy children thrive and grow up to be healthy adults better equipped to make meaningful contributions to their families and society.

The Lancet report, Only collective action will end undernutrition, emphasizes the importance of preparing adolescents and women of reproductive age for pregnancy and placing this urgency at the center of the post 2015 agenda:

We are in a race against time to eradicate the global scourge of undernutrition. Undernutrition cripples global economic growth and development, and future global prosperity and security are intimately linked with our ability to respond adequately to this urgent challenge. Its results stunt the physical growth and life chances of millions of people, and for Africa and Asia estimates suggest that up to 11% of national economic productivity is lost to undernutrition.

Women and girls are at the heart of this message. As the bearers and carers of children, their health and economic potential is entwined with that of future generations. Unless girls grow well in early childhood and adolescence and enter into motherhood well nourished, are lent support during pregnancy, protected from heavy physical labour, and empowered to breastfeed and provide good food for their babies and toddlers, the intergenerational cycle of undernutrition will not be broken.

**Maternal health**

Increased interventions and efforts to bolster maternal health have proven successful over the last two decades. According to a 2012 United Nations report *Trends in Maternal Mortality: 1990 to 2010,* the number of maternal deaths worldwide has dropped in half from 543,000 to 287,000.

Progress is being made in eliminating maternal mortality and morbidity, but the lives of women continue to be jeopardized by a lack of access to health care for prevention and treatment of disease including malaria, HIV/AIDS, hepatitis, anemia, malaria, cardiovascular disease, tuberculosis, epilepsy, and diabetes, all contributing to maternal death.

Life-affirming programs have saved lives. Complications from childbirth such as severe bleeding— the number one cause of maternal death—have been treated and prevented. Skilled childbirth attendants have recognized obstetric emergencies and saved women from obstetric fistulas. Mothers have been saved by clean blood transfusions and antibiotics to treat infection.

More women’s lives will be saved when pregnant women in rural areas, especially in sub-Saharan Africa, receive pre-natal care and give birth assisted by skilled birth attendants. According to *the Millennium Development Goals and Beyond 2015 Fact Sheet* on Goal #5, “Globally, 47 million babies were delivered without skilled care in 2011”; “Only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits.”

Access to skilled birth attendants, and pre-natal care, including nutrition and vitamins will protect both the mother’s and the child’s health.

**Child mortality**

Child mortality burdens mothers’ hearts and minds as 18,000 children tragically lose their lives every day around the world. The rate of child mortality has dropped by 47% according to the *Millennium Development Goals and Beyond 2015 Fact Sheet* on Goal #4, but still 6.6 million children underage five died in 2012—mostly frompreventable diseases. This unacceptable fact is particularly tragic for women in sub-Saharan Africa, where “one in ten children die before age five, more than 15 times the average for developed regions.”

In 2012, close to three million babies died during the first month of life and half of these deaths occurred on their first day of life. Nearly 1 million newborns died in the first minute after birth because they could not take their first breath. Simple resuscitators for low resource areas can save the lives of newborns and spare their mothers heartache and sorrow.

Child health begins in the womb. Birth is an event in a child’s life, not her or his beginning.

**Improving maternal health and child mortality**

The provision of health care services that respect and affirm the dignity of each and every human life are essential to continued progress in reducing both maternal and child mortality. Evidence shows that the provision of basic life-affirming maternal health care—which necessarily excludes abortion—enables reduction in maternal deaths and protection of both mothers and children.

Life at all stages of the life cycle must be valued and respected, including preborn girls targeted for destruction in sex selective abortion or newborn females killed at birth. Discrimination against the youngest females leads to discrimination against all women.

Health care in any form, including maternal health or reproductive health, that includes access to abortion is not really health care. Abortion ends the life of one patient and may injure the other physically, mentally, emotionally and spiritually. Programs which include access to abortion treat women’s unique reproductive capabilities as a problem rather than recognizing and assisting the universally valued role of mother.

Programs that promote the well-being of women must also protect children’s lives—before and after birth. Our commitment to human rights springs from our commitment to the protection, affirmation, and defense of all human persons – those born and those residing in the womb–as the Declaration of the Rights of the Child and the Convention on the Rights of Child explicitly remind us.

The intrinsic dignity of life from conception to natural death is the foundation of human rights. All life is sacred. The human rights of all members of the human family—without exception—were recognized in 1948 in the Universal Declaration of Human Rights, including the right to life for everyone. To make one’s humanity negotiable means that other rights that flow from one’s humanity are negotiable, too. Fundamental respect for human life—and human rights—cannot be negotiable nor can protection be contingent on sex, race, disability, wantedness, or condition of dependency.