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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern and further actions and initiatives

Statement submitted by Priests for Life, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



Statement

The priority theme of the fifty-eighth 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. According to the fact sheet on Goal 1 of the Millennium Development Goals, the proportion of people living in extreme poverty declined by half at the global level. 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 per cent 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 The Lancet on 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 childbearing age the centre of the new development goals.

As stated in the report, new evidence strengthens the case for a continued focus on the first 1,000 days. Investments within this window can help meet crucial goals, such as the prevention of undernutrition, overweight and poor child development outcomes with long-lasting 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 childbearing age

needs to be prioritized in food programmes for the sake of women, children and nations.

Prioritize nutrition for women of childbearing age

National Governments, through the Scaling Up Nutrition movement endorsed by the Secretary-General, are taking action to ensure that the right policies are in place to implement programmes to improve nutrition for women. If women of childbearing 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 who are better equipped to make meaningful contributions to their families and society.

Only through collective action will we end undernutrition, emphasize the importance of preparing adolescents and women of reproductive age for pregnancy and place this urgency at the centre 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. For Africa and Asia, estimates suggest that up to 11 per cent 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, unless they are given support during pregnancy, protected from heavy physical labour and empowered to breastfeed and provide good food for their babies and toddlers, then the intergenerational cycle of undernutrition will not be broken.

Maternal health

Increased interventions and efforts to bolster maternal health have proved successful over the past two decades. According to a 2012 report of the World Health Organization on trends in maternal mortality from 1990 to 2010, the number of maternal deaths worldwide during that period has fallen 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, anaemia, cardiovascular disease, tuberculosis, epilepsy and diabetes, all of which contribute to maternal death.

Life-affirming programmes 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 prenatal care and give birth assisted by skilled birth attendants. According to the fact sheet on Goal 5 of the Millennium

Development Goals, globally, 47 million babies were delivered without skilled care in 2011 and only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits.

Access to skilled birth attendants and prenatal 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 per cent since 1990, according to the fact sheet on Goal 4 of the Millennium Development Goals, yet 6.6 million children under age five died in 2012 — mostly from preventable diseases. This unacceptable fact is particularly tragic for women in sub-Saharan Africa, where one in ten children die before the age of five, more than 15 times the average for developed regions.

In 2012, close to 3 million babies died during the first month of life and half of those 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. Programmes that include access to abortion treat women's unique reproductive capabilities as a problem rather than recognizing and assisting the universally valued role of mother.

Programmes 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 defence 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 the 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.
