MATERNAL MORTALITY
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Using This Guide

Community Cinema is a rare public forum: a space for people to gather who are connected by a love of stories, and a belief in their power to change the world. This discussion guide is designed as a tool to facilitate dialogue, and deepen understanding of the complex issues in *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*. It is also an invitation to not only sit back and enjoy the show – but to step up and take action.

This guide is not meant to be a comprehensive primer on a given topic. Rather, it provides important context, and raises thought provoking questions to encourage viewers to think more deeply. We provide suggestions for areas to explore in panel discussions, in the classroom, in communities, and online. We also provide valuable resources, and connections to organizations on the ground that are fighting to make a difference.

For information about the program, visit [www.communitycinema.org](http://www.communitycinema.org)

**NOTE TO READERS:**
This discussion guide gives an overview of the entire two-hour *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* film, and then provides specific background information and resources for the country segment that deals with Maternal Mortality in Somaliland.
Working in documentary film has always been an adventure, a pleasure, and a roller coaster ride—but rarely does a project come along that changes one’s entire worldview.

Making *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* has truly been a life-changing endeavor and an honor. The concept for the transmedia project was originally brought to me by my fellow executive producers: Jamie Gordon and Mikaela Beardsley. Mikaela had recently produced the film *Reporter* about the intrepid *New York Times* columnist Nicholas Kristof. She was very excited when, in conversations in the field, he talked about his upcoming book to be co-written with his wife Sheryl WuDunn addressing the struggles and triumphs of women and girls in the developing world that they had personally encountered over years of reporting.

That book turned out to be the groundbreaking work, also titled *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*, which became an international bestseller. The game-changing element of the book is the focus on personal stories that allow readers to deeply connect with individual, true stories of women and girls facing horrendous difficulty and inequity. It tackles head on issues such as maternal mortality, sex trafficking, gender-based violence, and forced prostitution—and illustrates the hope offered by the life-changing opportunities of education and financial empowerment. The storytelling nature of the subject-driven narrative leant itself beautifully to documentary film.

As a New Yorker, I knew of Nick’s work as a journalist for *The New York Times*, and of the highly regarded Pulitzer Prize-winning articles that Nick and Sheryl had written together during their tumultuous years as reporters based in China, but I had never met either of them. Nick and Sheryl believe in the power of social media and the potential of this subject matter to reach new and diverse audiences through multi-platform content. This is where the larger concept of the transmedia project inspired by their book came from.

Now, the project is launching on multiple platforms, with a four-hour television series for PBS and international distribution through Fremantle Media; a one hour film for Community Cinema; free curricula developed for Community Classroom, over 20 short films and educational modules made in partnership with some of the project’s more than 54 NGO partners worldwide; mobile games for India and Africa (executive produced with Games for Change with the support of USAID); a social-action Facebook game; and two websites—one housed on PBS.org and another advocacy-based site at halftheskymovement.org.

“We wanted to create a unique experience that goes beyond “issue” filmmaking to simply tell incredible stories.”

From the Filmmaker

Maro Chermayeff
As a filmmaker, the centerpiece of the project for me was the documentary series. Filmed in ten countries, the series is inspired by Nick and Sheryl's work—but also goes beyond the page to film new and immediate stories that lend themselves to the drama that television demands. Our approach was to orchestrate 2-week trips to six different countries, following Nick as he reported on an agent of change working to better her own life or the lives of women in her community. Joining Nick on each leg of the journey was a different actress who had experience advocating for social issues, but who was not an expert in the specific issue we were following in that location. Rather, she was there to act as the eyes and ears of the audience, allowing an intimate and honest way into some of these tough and demanding stories. We had the good fortune to be joined by Eva Mendes in Sierra Leone, Meg Ryan in Cambodia, Gabrielle Union in Vietnam, Diane Lane in Somaliland, America Ferrera in India, and Olivia Wilde in Kenya.

The experience of the shooting was some of the most difficult I have ever experienced in over twenty years of producing and directing large and complicated series. Having directed a ten-hour series aboard the USS Nimitz on a six-month deployment to Iraq (PBS, *Carrier*), run away with a traveling circus (PBS, *Circus*), and made a film about toxic waste being dumped on a Native American community (HBO, *Mann v. Ford*), I was prepared for and yet still stunned by the conditions in which most people in the world live. I was especially affected by the experiences of women living under these conditions. From rough terrain to blistering poverty, the situations were incredibly challenging and the issues were often heartbreaking. For example, children being raped as early as two and three years old in post-conflict Sierra Leone or the staggering reality of trafficking and sexual slavery of young girls in Cambodia. But the women we worked with were some of the most amazing, courageous, and admirable women I have ever known. The tears often flowed. Two of the more emotional experiences occurred while trying to help the fourteen-year-old Fulamatu seek justice against the uncle who raped her and two of her friends, only to watch the case crumble, and during the harrowing brothel raid in Cambodia with the fiery Somaly Mam that freed several under-age girls being held in slave-like conditions where they were forced to work as prostitutes with 10-30 clients per day.

Working with Nick and Sheryl was an invaluable and amazing opportunity as a director. I was so impressed by Nick in the field as he tenaciously sought out the story and by Sheryl's incredible ability to see the big picture and address the large global issues. I knew I wanted to honor their work. We all felt from the start that it should be an epic production, visually stunning and visceral, showing the amazing places we visited and people we met in all their beauty. We wanted the reality of their world to be accessible and yet, at times, shocking—an edge-of-your-seat adventure with global significance. We wanted to tell true stories, yet also deepen people's experience and understanding of the issues women and girls face in the developing world. We also believed, and Nick and Sheryl were deeply committed to showing, that the stories could and should be uplifting and empowering. Even in the darkest of circumstances, we found the most startling humanity and confirmation of the human spirit's resilience. People who engage with all of our content—on the multiple platforms available—will be angry, motivated, inspired, and most important, feel connected to the subjects and themes. We wanted to create a unique experience that goes beyond "issue" filmmaking to simply tell incredible stories about the capacity of human beings to persevere against all odds and the restorative power of opportunity in parts of the world that are not "over-there," but a small leap from our own backyard.
The Film

In 2009, Pulitzer Prize winning-journalists Nicholas Kristof and Sheryl WuDunn published a ground-breaking book about the oppression of women and girls worldwide. That book was *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*—an instant bestseller that immediately catalyzed an already burgeoning movement to eradicate gender inequality.

The landmark PBS documentary series *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* aims to amplify the central message of the book—that women are not the problem, but the solution—and to bolster the broad and growing movement for change. Using the story of the book and its impact as a launchpad, the documentary zeroes in on the lives of girls in some of the countries around the world where gender inequality is at its most extreme and explores the very real ways in which their oppression can be turned to opportunity.

### Episode One

#### Gender-Based Violence
Sierra Leone | Eva Mendes

#### Sex Trafficking
Cambodia | Meg Ryan

#### Education
Vietnam | Gabrielle Union

### Episode Two

#### Maternal Mortality
Somaliland | Diane Lane

#### Intergenerational Prostitution
India | America Ferrera

#### Economic Empowerment
Kenya | Olivia Wilde


*Half the Sky: Turning Oppression into Opportunity for Women Worldwide* is a production of Show of Force and Fugitive Films in association with Independent Television Service (ITVS). *Independent Lens* is jointly curated by ITVS and PBS and is funded by CPB with additional funding provided by PBS and the National Endowment for the Arts.

*Half the Sky: Turning Oppression into Opportunity for Women Worldwide* is inspired by Nick Kristof and Sheryl WuDunn’s book of the same name.
Episode One

In Episode One we follow Nicholas Kristof and three American actresses to developing countries where gender discrimination is at its most extreme. We explore the shocking extent of gender-based violence in Sierra Leone with Eva Mendes, the global crisis of sex trafficking as experienced by women and girls in Cambodia with Meg Ryan, and the need for and power of educating girls in Vietnam with Gabrielle Union, where she visits an innovative education program that is transforming, not only the lives of the country's poorest and most vulnerable girls, but also the futures of their families and their communities. Featuring commentary from Sheryl WuDunn and interviews with some of the world's leading advocates for gender equality—including Hillary Clinton, Michelle Bachelet, and Gloria Steinem—Half the Sky: Turning Oppression to Opportunity for Women Worldwide offers a nuanced and moving account of this century's most pressing problems, and an uplifting, actionable blueprint for change.

Gender-Based Violence

Our first stop is Sierra Leone, a country recovering from years of colonial oppression and a terrible civil war and which is still suffering from rampant gender-based violence. Guided by Amie Kandeh, the passionate and dedicated coordinator of the International Rescue Committee’s Women’s Protection and Empowerment Program in Sierra Leone, Kristof and actress Eva Mendes come face-to-face with the enormous challenges women and girls face in a country where rape is practically the norm—challenges embodied by Fulamatu, a buoyant 14-year-old who hopes one day to become a bank manager. When we meet Fulamatu she was raped repeatedly by a local church pastor—a family friend who is close enough to be officially considered her uncle. She had risked the shame of telling her parents and the ridicule of her community to break her silence and press charges against the perpetrator. The outcome is a sobering object lesson in the insidious effects of gender-based violence, and the urgent need to end impunity for the violators.

Sex Trafficking

As interviews with WuDunn and some of the world’s leading advocates for gender equality explain, in many parts of the world cultural attitudes and traditions are used to justify the low status of girls, rendering them vulnerable to all manner of exploitation and abuse. This is nowhere more evident than in Cambodia, where the pernicious global problem of sex trafficking is perhaps at its worst. Actress Meg Ryan joins Kristof in Phnom Penh as he catches up with Somaly Mam, one of the women profiled in the book Half the Sky: Turning Oppression into Opportunity for Women Worldwide—a woman who was herself a child sex slave and who now has dedicated her life to rescuing and rehabilitating others. As Mam’s story merges and mingles with those of the girls in her charge, the horrors of sex trafficking are writ large—so too is the awesome resilience of the human spirit and the vast, untapped potential that resides in each and every one of Mam’s girls.

Education

That potential, WuDunn and our luminary advocates tell us, is the key to bettering our world: tap into those girls and they will change the future. The clarity of that equation, the elegant cause-and-effect of it, animates Episode One’s final sequence, in Vietnam, where former Microsoft executive John Wood’s organization Room to Read is transforming the lives of the country’s poorest and most vulnerable girls. Hosted by Bich Vu Thi, program officer of Room to Read’s Girl’s Education program, Kristof and actress Gabrielle Union get to know a few of the program’s stars and encounter firsthand the incredible obstacles which stand between these girls and their bright futures. Still, these girls are almost miraculously undaunted—and fiercely determined to change both their circumstances and those of their families. The ripple effect of their education even now is making itself felt—and there is no doubt that with a little bit of help, a little encouragement and support, these girls and the tens of millions of others like them in the developing world will be a powerful army for change.

Combining vivid, visceral on-the-ground stories with the commentary of a vast and impressive roster of experts, advocates, and agents of change, Episode One takes us deep into the lives of girls in the developing world and makes us witness to their seemingly impossible struggles—at once challenging and inspiring us to be a part of the vital, urgent project to empower them once and for all.
Episode Two

Episode Two continues our journey to the hot spots of gender oppression around the world and highlights the courageous work of some of the extraordinary women and men who are taking a stand in the face of incredible odds. This episode focuses our attention on the role of women in their families and their communities—examining the fundamental obstacles that hinder their potential, and charting the ripple effect that results when that potential is harnessed.

Veteran journalist and *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* co-author Nicholas Kristof is once again accompanied by a three celebrated American actresses who offer fresh and personal perspective on the issues in each country. Kristof travels to Somaliland with Diana Lane to examine maternal mortality and female genital mutilation, to India with America Ferrera to explore intergenerational prostitution, and with Olivia Wilde to Kenya, where the transformative power of economic empowerment is changing women’s lives and is laying the groundwork for the next generation. In the process, the film considers the central role of women in the health and stability of their families and communities and establishes their critical role in the global efforts to eradicate poverty and achieve peace. Featuring on-camera commentary from Sheryl WuDunn and some of the world’s most respected and outspoken advocates for gender equality—including Melanne Verveer, Zainab Salbi, and Desmond Tutu—Episode Two underscores the fundamental obstacles to women’s progress and prosperity and celebrates women’s boundless capacity to better our world.

**Maternal Mortality**

The episode begins in Somaliland—an unrecognized country, populated mainly by nomads, where the average woman today has a 1-in-12 chance of dying in childbirth. Joined by actress Diane Lane, Kristof reconnects with Edna Adan, founder of the Edna Adan Maternity Hospital in Hargeisa. A spry 70-something woman often and rightly described as a “force of nature,” Adan is almost single-handedly revolutionizing the experience of childbirth in her country—providing medical care to women who would otherwise have none, training midwives, and fighting tirelessly against female genital mutilation—a traditional practice still common in much of Africa (and elsewhere), which severely compromises a woman’s ability to deliver a child. In Somaliland, the challenges women face in the developing world are starkly apparent: Poverty and tradition conspire to undermine a woman’s health, directly threatening her life, and having a lasting impact on her children’s survival and ability to thrive.

**Intergenerational Prostitution**

As WuDunn and our cast of gender equality advocates argues, tradition is, in many ways, the greater evil. In too many places in the world, tradition still is used to marginalize women, to keep them down and in their place. This vicious cycle repeats itself generation after generation, damaging and ending lives and undermining the ability of thousands of women improve their quality of life and live their full potential. The key—as Kristof and actress America Ferrera discover in India—is intervention by someone from the inside: someone like Urmia Basu. A social worker and an educated, middle-class Bengali, Basu has dedicated her life to stopping the cycle of intergenerational prostitution in India, where 90 percent of girls born to sex workers follow in their mothers’ footsteps. What she is up against is neatly illustrated by one of the young girls in her care, Monisha, who is on the brink of being wrenched out of school and likely sold to a brothel by her own family—a family that belongs to a sub-caste of sex workers. What keeps Basu going is girls like Sushmita—and more to the point, women like Sushmita’s mother, Shoma, who has lived the utter brutality and desolation of prostitution every day of her life and desperately wants a different fate for her daughter. Shoma’s hope for her child is the seed of real and lasting change.

**Economic Empowerment**

When women have equal control over their finances and the financial decision-making on the personal, community, and national levels, everyone benefits. WuDunn and the many contributors who lent their voices and considerable expertise to *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* all stress that putting money in the hands of a poor woman changes everything. During their visit to Kenya, Kristof and Olivia Wilde witness the impact of the economic empowerment of women firsthand. In this episode’s final segment, they explore the impact and challenges of microfinance and the ways is transforming the lives of women and those around them. We begin with Jane Ngoiri, a former sex worker-turned-dressmaker who is now able to send her four children to school, where they are each at the top of their class, and end with Rebecca Lolosoli, a Samburu woman who built a safe haven for women on the slender thread of a jewelry-making business. Kristof and Wilde see for themselves the dramatic and tangible transformation that can be set in motion by a woman with a little money of her own and a system of support to help her make the best use of her financial and personal resources. Replicate the experiment several million times, and the world will be an entirely different place.

The episode—and the film—ends with an urgent call to action, an invitation to the viewer to take up the central moral challenge of our time, and to join a movement that will tap the immense potential of women to create a more peaceful and more prosperous world for us all.
Background Information

Edna and Her Hospital: Maternal Mortality in Somaliland

It is dangerous to be a pregnant woman in Somaliland.

Somaliland is a semidesert territory in Africa on the coast of the Gulf of Aden that declared independence from Somalia after the overthrow of Somali military dictator in 1991. Since then, the territory has lobbied hard to win support for its claim to be a sovereign state but has still not received official international recognition. Due to its status, international aid donors have found it difficult to provide support and resources to address widespread development needs, including the need for maternal health services.

The health of the people of Somaliland is among the worst in Africa—country’s maternal and infant mortality rates are among the highest in the world. The difficulty of childbirth is compounded by various factors including lack of access to trained health professionals, high rates of malnutrition, and the prevalence of female genital mutilation, all of which increase the chances of complications before and during labor. While the rate of maternal mortality is among the highest in the world, it has declined from 16 deaths per 1,000 live births in 1997 to approximately 10 per 1,000 births in 2006, in part because of the work of Edna Adan and her hospital in the capital, Hargeisa.

Adan spent over three decades working with the World Health Organization (WHO) as an adviser on maternal and child health and served as both Minister of Social Welfare and Minister of Foreign Affairs for Somaliland. After her retirement from the United Nations (UN), Adan used her pension and other personal assets to build the hospital in an effort to address the grave health problems that endangered the lives of women and children in her country.

The Edna Adan Maternity Hospital in Hargeisa was established in 2002 to provide quality medical services for women and children. As the first licensed nurse-midwife in her country, Adan dedicated herself not only to treating women, but also to training the next generation of midwives, who now provide services to women in the most remote and under-resourced areas of the country. Since its founding, the hospital has delivered over twelve thousand babies, treated over fourteen thousand patients, and trained over seven hundred students, many of them in nursing and midwifery but also in other disciplines such as laboratory technology and pharmacy technology. Thanks to ongoing support from donors such as the U.S. charity Friends of the Edna Maternity Hospital, the United Nations Population Fund (UNFPA), and the UK Department for International Development (DFID), the hospital has now expanded to provide care for all members of the community, and is the only referral and teaching hospital in Hargeisa.

Sources:
- www.ednahospital.org
- www.directrelief.org/WhereWeWork/Somalia/EdnaAdanHospital.aspx
- www.bbc.co.uk/news/world-africa-14115069

Individuals Featured in Maternal Mortality in Somaliland

**Nicholas Kristof**
Journalist and Co-Author of *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*

**Sheryl WuDunn**
Journalist and Co-Author of *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*

**Diane Lane**
Actress

**Edna Adan**
Director and founder of the Edna Adan Maternity Hospital in Somaliland

**Jayne Peters**
Visiting Head Nurse for the Edna Adan Maternity Hospital

“She’s just this force of nature.”
- Nicholas Kristof, *Half the Sky: Turning Oppression into Opportunity for Women Worldwide*
Female Genital Mutilation

Female genital mutilation (also known as infibulation, female circumcision, or genital cutting) is a complex and controversial topic—bound up in tradition, religious beliefs, and cultural identity—that has a direct effect on women and girls’ reproductive and maternal health.

Female genital mutilation (FGM) is generally performed on girls between the ages of 7 and 11 as a ritual practice marking the transition to womanhood. The reasons given for practicing FGM vary among communities but it is most commonly performed to control woman’s sexuality and ensure a her virginity before and fidelity after marriage. Although FGM is not sanctioned by either Islam or Christianity, religion is often used to justify the practice.

The act involves the removal of part of the external female genitalia, and in its most severe form, the subject has all of her genitalia removed. The wound is then stitched together, leaving a small opening for urination, intercourse, and menstruation. The act is generally performed without anesthetic and is extremely painful and often traumatizing for girls who are subjected to it with out prior knowledge and against their will. An estimated 135 million girls living today have undergone FGM, with consequences ranging from infection (including HIV) to sterility, and another 2 million girls are at risk each year.

Female genital mutilation can have grave consequences during childbirth. As Adan indicates in the film, women who have undergone FGM are at higher risk for obstructed labor, are twice as likely to die during childbirth, and are more likely to give birth to a stillborn child than other women. The highest maternal and infant mortality rates are in FGM-practicing regions. FGM is a reflection of gender inequality and discrimination, a form of violence against women and girls. Although all the countries in which FGM is practiced have legislation making it illegal, the complete lack of enforcement and prosecution of the perpetrators means FGM continues to thrive.

Although female genital mutilation is primarily performed in Africa and the Middle East it is also prevalent in immigrant communities in Europe, Australia, and the United States, despite being illegal. In 2010, in an effort to address the thousands of mutilations performed on girls in the United States every year, the American Academy of Pediatrics (AAP) made a controversial suggestion that the federal government allow physicians to perform a ceremonial pinprick or “nick” on the female child’s genitalia. This would be a nominal acceptance of the family’s request for full ritual cutting and would be performed in conjunction with education regarding the immediate and long-term harms of FGM. They argued that current federal law makes any nonmedical procedure conducted on the genitals of girls illegal, which has had the unintended consequence of driving some families to take their daughters to other countries to undergo FGM. Although the goal would be to reduce the probability that the family will take the child overseas for full cutting, many opponents of FGM have denounced the statement suggesting that a medically sanctioned compromise such as this would legitimize the practice rather than deter it.

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» www.nytimes.com/2010/05/07/health/policy/07cuts.html
» www.unfpa.org/gender/practices2.htm

“It is painful, unwanted, undesirable, uncalled for.”
— Edna Adan, Founder of The Edna Adan Maternity Hospital
Maternal Mortality

Maternal mortality has been identified as a global crisis and the greatest health inequity of the 21st century. Around the world, at least one woman dies from complications related to pregnancy or childbirth every minute, and 99% of these deaths occur in developing countries – more than half in sub-Saharan Africa and almost one third in southern Asia. Of the approximately five hundred thousand women who die every year, the vast majority suffer from treatable conditions that become fatal due to inadequate access to medical care, a lack of accurate reproductive health information, and widespread gender-based discrimination.

What are Maternal Mortality and Maternal Morbidity?

WHO defines maternal mortality as the death of a woman while pregnant or within 42 days of the end of pregnancy from any cause related to or aggravated by the pregnancy or its management. For every maternal death there are approximately 30 times as many cases of pregnancy-related illness or disability, referred to collectively as maternal morbidity. An estimated 10-15 million women suffer from long-lasting conditions ranging from depression to organ damage and infertility, and often face social censure as a result.

Fast Facts

- Every day, between eight hundred and fifteen hundred women die from preventable causes related to pregnancy and childbirth.
- Approximately 99 percent of all maternal deaths occur in developing countries and maternal mortality is higher among women living in rural areas and among poorer communities.
- The United States has a higher ratio of maternal deaths than at least 40 other countries, even though it spends more money per capita for maternity care than any other.
- More than one million children are left motherless every year due to their mother’s death and these children are 3 to 10 times more likely to die within two years.
- Only 57 percent of women in developing countries give birth with a skilled medical professional present and in sub-Saharan Africa, only 40 percent of women give birth with a trained professional present.
- About 80 percent of maternal deaths are caused by one of the following causes: severe bleeding, infections, unsafe abortion, hypertensive disorders (pre-eclampsia and eclampsia), and obstructed labor.
- An estimated 135 million girls living today have undergone FGM and another 2 million girls are at risk each year.
- Almost 14 million girls between the ages of 15 and 19 give birth every year, accounting for nearly 10 percent of all childbirths.
- By 2015, another three hundred and thirty thousand midwives will be needed to achieve universal reproductive health coverage for expecting mothers.
- Between 500,000 and 2 million women in the world are currently living with fistulas. This number grows every single year by 30,000–50,000 new cases.

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- www.makewomenmatter.org
- mdgs.un.org/unsd/mdg/Data.aspx
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- www.globalfistulamap.org

“In much of the developing world, women don’t even have the basic right to go see a healthcare professional...It’s discrimination and often it leads to death, so it’s discrimination to death.”

– Sheryl WuDunn, Half the Sky: Turning Oppression into Opportunity for Women Worldwide
The Health Divide

For a woman in a developing country, giving birth can be one of the biggest threats to her life. In poor countries, pregnancy and childbirth are among the leading causes of death while in industrialized countries, maternal deaths are far less common. In Somaliland 1 in 12 women die from pregnancy-related causes and in Niger the situation is even more dangerous, with 1 in 7 women dying during or soon after childbirth. In comparison, the mortality rate in Japan is 1 in 12,200 and in Ireland it is a remarkably low 1 in 47,600.

Even within industrialized countries there is a disparity between maternal mortality rates for women in different communities. The health divide is especially apparent in the United States, where African American women are almost four times more likely to die during or soon after childbirth than Caucasian women. As a result, The United States’ average maternal mortality rate is relatively high at 1 in 4,800 making it more dangerous to give birth in the USA than in 49 other countries.

What are the Causes of Maternal Mortality?

Women die as a result of medical complications that arise during and following pregnancy and childbirth, often because the medical care and resources needed to treat these conditions are too far away, unavailable, inadequate, or unaffordable. The major complications that account for 80 percent of all maternal deaths are:

- **Hemorrhaging:** This is severe bleeding, mostly occurring after childbirth.
- **Sepsis:** This is a toxic condition that can result from infections, most commonly occurring after childbirth.
- **Pre-eclampsia and Eclampsia:** Pre-eclampsia is a set of symptoms – including high blood pressure – that occurs during pregnancy and can be a precursor to eclampsia, a life-threatening condition that includes seizures and coma during labor.
- **Obstructed labor:** This refers to difficult labor, which may be caused by an obstruction or constriction of the birth passage, or abnormal size, shape, position, or condition of the fetus.
- **Unsafe abortion:** This refers to the termination of a pregnancy that is performed by a person who lacks the necessary skills and is performed in an environment that does not meet minimum medical standards.
- **Indirect causes:** Approximately 20 percent of maternal deaths result from diseases or physical traumas unrelated to pregnancy that are aggravated by pregnancy, such as anemia, malaria, hepatitis, diabetes, HIV/AIDS, and physical and sexual abuse.

What is Obstetric Fistula?

Obstetric fistula is a hole between the birth canal and bladder and/or rectum that is caused by prolonged, unrelied obstructed labor, leaving a woman incontinent of urine or feces or both. Fistulas occur most frequently during a first birth, to young women in rural areas of the poorest countries who bear children without access to any medical help.
Why Do Women Die?

Understanding the medical causes of maternal mortality only gives us part of the story. Research has shown that approximately 80 percent of maternal deaths could be averted if women had access to basic maternity and health care services.

Underlying the medical causes of maternal death is a complex web of social, political, and economic forces that undermines women’s access to essential maternal health care and reproductive health information. A high maternal mortality rate indicates not only that a country’s healthcare system is inadequate but also that the fundamental rights to life and health for women are being violated. Contributing factors to maternal mortality include:

- Poverty
- Gender-based discrimination
- Limited access to quality health care
- Limited access to family planning
- Limited access to education
- Adolescent maternity
- Cultural practices (including FGM)

Poverty

Being poor limits a woman’s access to information and health care and poses major challenges to improving women’s survival and quality of life. Factors such as malnutrition, disease, lack of clean water, and inadequate medical care make pregnancy and childbirth a dangerous experience for women living in extreme poverty. Malnutrition alone is believed to account for 60 percent of avoidable maternal, child, and infant mortalities in Nigeria.

Gender-Based Discrimination

In addition to highlighting the gap between rich and poor and the disparity between nations, maternal mortality rates are also an effective measure of women’s place in society. In countries where women lack access to education, economic opportunities, social supports, and leadership and decision-making opportunities, maternal mortality rates are substantially higher. When women are devalued there is less interest in investing in their health and less political will to enact laws and enforce policies that protect their well-being and their human rights.

Limited Access to Quality Health Care

Many women do not use health services during pregnancy and childbirth because their families simply cannot afford the costs. Key factors that continue to contribute to the large number of women dying during pregnancy and childbirth include the following: too few or untrained health workers, a lack of equipment and supplies, unavailability of transportation, not having enough money, and a lack extended services including family planning and postnatal care.

Limited Access to Family Planning

If women had only the number of pregnancies they wanted, at the intervals they wanted, maternal mortality would drop by about one-third. However, women around the world continue to have large families either due to a lack of access to family planning information and contraception or as the result of social pressures, high child mortality rates, or the need for children to help support the family. In some cultures, son preference also influences fertility choices and a woman may feel pressured to reproduce until she has a boy, increasing her risk of pregnancy-related illness or death. Having fewer, healthier children can help to reduce the economic burden on poor families and help to break the cycle of poverty.

“No woman in this day and age should die of eclampsia, should die of obstructed labor, anemia. Every single one of her problems had a solution.”

– Edna Adan, Founder of The Edna Adan Maternity Hospital, in response to the death of a patient.

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» www.un.org/millenniumgoals/maternal.shtml
» www.unfpa.org/public/mothers
» siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/2816271095698140167/LuleAchievingtheMDGFinal.pdf
» www.makewomenmatter.org
» mdgs.un.org/unsd/mdg/Data.aspx
» www.care.org/campaigns/mothersmatter/index.asp
» www.gendercide.org/case_maternal.html
» www.mothersdayeveryday.org
Limited Access to Education
When women are better educated they have a better chance of surviving childbirth. Education is associated with smaller family size, increased use of contraception, and increased use of medical facilities. Educated women are also more likely to have wage-earning jobs that give them greater decision-making roles in a family’s finances and enable them to save money and afford health care when it is most needed. According to the World Bank, for every one thousand girls who get an additional year of education, two fewer women will die in childbirth.

Adolescent Maternity
Cultural and religious traditions such as child marriage contribute greatly to adolescent maternal mortality rates. Currently, an estimated 51 million girls under the age of 18 are married, and over the next decade, it is estimated that another 100 million girls will become child brides. Studies show that adolescents aged 15 through 19 are twice as likely to die during pregnancy or childbirth as those over age 20, and girls under age 15 are five times more likely to die. In Pakistan, the major cause of the high maternal mortality ratio of 1 in 362 is child marriage.

Cultural Practices
In addition to FGM, there are many cultural practices that undermine women’s reproductive rights and compromise their health. Pregnant women in the poorest countries are often tended to by family, women in the community, or traditional birthing assistants, who may have little or no medical training and who may use traditional practices that would be ineffective for complicated pregnancies or could worsen a mother’s condition. Seeking medical help may be stigmatized as a sign of weakness and taboos surrounding labor could keep women isolated and unable to seek assistance or transportation when they need it most. Pregnant women in Benin would rather suffer days of obstructed labor than ask for help during childbirth and risk being seen as weak. In parts of Ghana, troubled labor is seen as a sign of infidelity, so women put off calling for emergency care while they try to appease the gods to help with their delivery.

The Impact of Maternal Mortality
When women suffer and die, children also suffer and die and the entire family and community feels the effects. Research on the ripple effect of maternal mortality suggest that the death of a mother has serious consequences for the stability, health and productivity of her family and the entire community, including:

- **Child Mortality:** More than 1 million children are left motherless every year due to maternal deaths and children who have lost a mother during childbirth are 3 to 10 times more likely to die within two years.
- **Nutrition:** In poor families, motherless children are much more likely to have their growth stunted due to malnutrition and suffer from diseases related to vitamin deficiency.
- **Education:** Children whose mother die have lower school enrollment and one study shows that the death of a prime-aged female adult in the family—whether or not she was a parent—resulted in delayed school enrollment of both boys and girls aged 7 to 11 and early dropouts among children aged 15 to 19.
- **Household management:** When women die it is often difficult for the household to survive. Men may be unaccustomed to managing the household budget and affairs and older children often have to drop out of school in order to help support the family.
- **Poverty:** When an adult family member—particularly a mother—dies, families may face economic insecurity or poverty. A poor family is more susceptible to malnutrition, infectious diseases, and lack of education. These circumstances in turn continue the cycle of death and poverty.

Sources:
- [www.unfpa.org](http://www.unfpa.org)
What’s Needed to Improve Maternal Health?

Improving maternal health for women around the world requires coordinated efforts by international and local institutions to raise public awareness, address gender-based discrimination, increase political will, and allocate resources for preventing and responding to factors that cause maternal mortality. The following interventions have been among the most effective strategies:

- **Improving the availability of quality medical services pre- and postbirth.** This includes better-trained traditional and formal health care providers (midwives, nurses, and doctors) and more readily available emergency services, particularly in rural areas. Two of the most successful and cost-effective strategies have been training midwives to handle difficult births that would usually require a doctor and establishing mobile clinics that can reach the most remote communities. In 2005, the United Nations Population Fund (UNFPA) set up mobile clinics in Pakistan and by 2008 they had received nearly eight hundred and fifty thousand patients. The mobile units managed to provide skilled birth attendance to 43 percent of pregnant women in remote areas, which is 12 percent higher than the national average.

- **Improving maternal nutrition during and after pregnancy.** This improves maternal health and is a strong predictor of the quality of health a newborn baby will have once they are born. A study in Nepal found that giving Vitamin A supplements to pregnant women reduced maternal mortality by as much as 40 percent.

- **Providing secondary education for girls.** This has been shown to significantly increase the likelihood that mothers will have healthier pregnancies and improves the survival rate of newly born babies. According to the World Bank, for every one thousand girls who get an additional year of education, two fewer women will die in childbirth.

- **Counseling and treatment for pregnant women and mothers with HIV/AIDS or other infectious diseases and conditions such as malaria.** This helps to ensure that health care providers are prepared to address complications that may arise during pregnancy as a result of these conditions and that safer practices are utilized during mother-to-infant contact. In 2008 alone, over sixty thousand HIV infections among at-risk babies were prevented because their HIV-positive mothers received treatment.

Maternal Mortality and the Millennium Development Goals

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under Millennium Development Goal 5: Improve Maternal Health (MDG 5), countries committed to achieving universal access to reproductive health by 2015 and reducing maternal mortality by three-quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by almost 50 percent, but in Africa and southern Asia, complications during pregnancy and childbirth remain the most frequent cause of death for women, and in some countries the number is increasing. In Niger, a woman stands a one-in-seven chance of dying in childbirth.

Despite progress in regions where maternal health has been made a priority, only 23 countries are on target to meet MDG 5. In an effort to speed up progress, UN Secretary-General Ban Ki-moon launched the Global Strategy for Women’s and Children’s Health during the United Nations MDG summit in September 2010, aimed at saving the lives of more than 16 million women and children over the following four years.

Sources:
- apps.who.int/ihd/pregnancy_childbirth/antenatal_care/nutrition/focom/en/index.html
- www.un.org/millenniumgoals/maternal.shtml
- www.who.int/topics/millennium_development_goals/maternal_health/en/index.html
Topics and Issues Relevant to the film.

A screening of Maternal Mortality in Somaliland can be used to spark interest in any of the following topics and inspire both individual and community action. In planning a screening, consider finding speakers, panelists, or discussion leaders who have expertise in one or more of the following areas:

- Women's Empowerment
- Gender Issues
- Reproductive Health
- Maternal Mortality
- Female Genital Mutilation
- Global Poverty
- International Development
- Millennium Development Goals

Thinking More Deeply

1. What insights did Maternal Mortality in Somaliland give you about the status of maternal health around the world? What information surprised you the most?

2. Does maternal health matter in your life? Why or why not? What is the story or your birth or the birth of your children? How did your experience compare to the women in the film?

3. Why is it important to address the issue of maternal mortality? Discuss how it affects children, families, communities and nations.

4. How does women’s health affect men? How is maternal health connected to the cycle of poverty?

5. Is it important that Edna Adan is from Somaliland? Why or why not? In what ways would the impact of the hospital in the community have been different if an international organization or a foreign individual established it?

6. Do wealthy countries have a responsibility to help poor countries improve their maternal health care? Why or why not? Do you think individuals from wealthy countries or international organizations can be effective in the developing world? What are the benefits and challenges?

7. If a country pursues a strategy of professionalizing midwifery as the “first line” support for prenatal care and delivery as Adan’s hospital has in Somaliland, what are the other elements of the health care delivery that need to be in place? Do you think it is it more effective to train more doctors or educate more midwives?

8. What more could or should the United States do to improve maternal health? What impact, if any, do the high maternal mortality rates in the poorest countries have on the social and economic health of our country? Could global maternal mortality be a national security issue for the United States? Why or why not?

9. What is the maternal mortality status of the United States? Were you aware of the health divide in this country? What maternal health services are offered in your community? Are they accessible to everyone? How can you help to improve local maternal health services?

10. Female genital mutilation is a highly controversial topic, bound up with tradition, religious beliefs, and cultural identity. For this reason there has been reluctance on the part of the international community to come out strongly against the practice. In the film, Sheryl WuDunn says, “When there is a practice that is so offensive, it is ok to say ‘this is wrong.’” Do you agree with Sheryl? Why or why not? What role, if any, could you play in ending the practice of FGM?

11. In the film, Diane Lane talks about the fact that some people prefer to call the practice genital cutting instead of genital mutilation. Do you think it matters what the act is called? What are the implications of each of these two terms? Why would one be preferred over the other? What term do you think is most appropriate?

12. Although performing FGM is illegal in the United States, thousands of girls living here are subjected to it each year. Do you think parents have the right to raise their children in their cultural traditions even if the practice is illegal in the United States? What impact do you think the ceremonial “nick” suggested by the American Academy of Pediatrics would have on the practice? Is that an acceptable alternative? Why or why not?

13. Edna Adan has said that “a fistula is one of the most humiliating things that can happen to a person.” What are the implications for a woman’s future if her fistula is left untreated? How would her life different if she had access to treatment?
Suggestions for Action

Together with other audience members, brainstorm actions that you might take as an individual and that people might do as a group. Here are some ideas to get you started:

1. Join the global movement to end maternal mortality and improve maternal health. Visit the *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* movement website (www.halftheskymovement.org) to learn more about the issue and find out how host a screening with your friends and family, community, or organization and facilitate a discussion of the film and the book-selling book that inspired it.

2. Harness the power of your social network. Create an online discussion group focused on the maternal mortality crisis. Connect with your community through services such as Facebook, Google+, and Twitter, and share resources, regular updates, and information on events where you can take collective action. You can also start a board on Pinterest focused on the maternal health crisis and share articles, notable websites, and images that highlight the issue.

3. Help improve maternal health in your community. Research local reproductive and maternal health services and identify areas where improvements, resources and volunteers are needed. Reach out to community councils and local politicians to inform them of the health challenges women face everyday. Organize a community event such as a walk, a block party, or a school fair to help raise awareness of the needs of women in your area, attract volunteers, and connect underserved women with services and organizations who can offer support. The following website can help you contact your local elected officials: www.usa.gov/Contact/Elected.shtml

4. Find out more about how empowering women can help end poverty. In September 2000, the United Nations signed the Millennium Development Goals (MDGs) with the aim of halving the number of people living in poverty, reducing child mortality, fighting disease, and improving social and economic conditions in the world’s poorest countries by 2015. Learn more about the Millennium Campaign’s focus on women and find out how you can help:


   End Poverty 2015: www.endpoverty2015.org

   The “Get Involved” section of the UN MDGs website: www.un.org/millenniumgoals/getinvolved.shtml

5. Join the fight to end maternal mortality in the areas of the world where women suffer most. The Edna Adan Maternity Hospital is changing the landscape of maternal health care in Somaliland. Visit www.ednahospital.org to find out how you can support their work and raise awareness about the challenges women face there. In addition to the crisis in Somaliland, two-thirds of the world’s maternal deaths occur in ten countries: India, Nigeria, the Democratic Republic of Congo, Afghanistan, Ethiopia, Bangladesh, Indonesia, Pakistan, Niger and Tanzania. Connect with Doctors Without Borders (www.doctorswithoutborders.org) to learn more about their important work in these countries and find out about volunteer and internship opportunities and how you can join their campaigns to improve women's health worldwide. Start a movement on your own community by writing a letter to the editor of a local newspaper or making a presentation at a community group. Join The Fistula Foundation’s Circle of Friends and become an ambassador for fistula by hosting friends or colleagues for a discussion group. Find resources and activities that you can host in your home, church or office to educate people about fistula. www.fistulafoundation.org/whatyoucando/circleoffriends

6. Get involved in an area chapter of CARE and connect with the Centre for Development and Population Activities (CEDPA). CARE and the CEDPA are among the many organizations and campaigns that have partnered with the Women & Girls Lead initiative of Independent Television Service (ITVS) to improve the lives of millions of people around the world. See www.womenandgirlslead.org for more details.

   The “CARE in Your Community” section of the CARE website: www.care.org/getinvolved/regional/index.asp

   The Centre for Development and Population Activities (CEDPA): www.cedpa.org
www.halftheskymovement.org – This is the official website for the *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* movement, as well as for the book and film of the same name.

www.ednahospital.org – Located in Somaliland, the Edna Adan Maternity Hospital provides maternity and general medical services and works to train fully qualified health care professionals and midwives to work throughout the country.

www.careinternational.org – CARE International is an organization that is fighting poverty and injustice in more than 70 countries around the world and helping 65 million people each year find routes out of poverty.

www.cedpa.org – The Centre for Development and Population Activities (CEDPA) works through local partnerships to give women tools to improve their lives, families, and communities. CEDPA's programs increase educational opportunities for girls, ensure access to lifesaving reproductive health and HIV/AIDS information and services, and strengthen good governance and women’s leadership in their nations.

www.everymothercounts.org – Every Mother Counts is an advocacy and mobilization campaign to increase education and support for maternal mortality reduction globally.

www.amnestyusa.org/our-work/campaigns/demand-dignity/maternal-health-is-a-human-right – The international human rights organization Amnesty International has a campaign titled “Maternal Health Is a Human Right” that is focused on maternal health issues globally, and includes a report called “Deadly Delivery,” which refers to the maternal health care crisis in the United States.

www.globalhealth.org – The Global Health Council is the world’s largest membership alliance dedicated to saving lives by improving health throughout the world.

www.ippf.org – The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights in over 180 countries.

www.mariestopes.org – Marie Stopes International is a leading provider of sexual and reproductive health care services to six million people every year in more than 40 countries.

www.msf.org – Médecins Sans Frontières, also known as Doctors Without Borders, is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, health care exclusion, and natural or man-made disasters.

www.who.int/pmnch/en – The Partnership for Maternal, Newborn, and Child Health is a partnership to support the global health community in working successfully toward achieving Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health).

www.popcouncil.org – The Population Council is an organization that conducts research worldwide to improve policies, programs, and products in three areas: HIV and AIDS; poverty, gender, and youth; and reproductive health.

www.savethechildren.org – Save the Children is an organization that works to save and improve children’s lives in more than 50 countries worldwide.

www.unfpa.org/public – The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man, and child to enjoy a life of health and equal opportunity.

www.whiteribbonalliance.org – The White Ribbon Alliance for Safe Motherhood is an international coalition to ensure that pregnancy and childbirth are safe for all women and newborns in every country around the world.

www.womendeliver.org – Women Deliver is a global advocacy organization bringing together voices from around the world to call for action to improve the health and well-being of girls and women.

www.worldvision.org – Recognizing women and girls as critical partners in development, the Christian humanitarian organization World Vision works to equip, protect, and advocate for women in nearly one hundred countries, including programs to train midwives in countries with high maternal mortality figures.
Resources

A Message from New Video
New Video, a Cinedigm company, is a leading entertainment distributor and the largest aggregator of independent digital content worldwide. New Video’s Docurama Films is proud to offer Half the Sky: Turning Oppression into Opportunity for Women Worldwide as part of its roster of acclaimed, award-winning documentaries. Here are ways in which grassroots organizers and home video consumers might utilize the DVD to spread the message of the film and benefit their organizations:

• **Affiliate Program:** New Video offers a free Affiliate Program that allows organizations or individuals to earn a 10 percent referral fee off every DVD purchased through a unique tracking link on their websites, social media properties, and signatures. ([www.newvideo.com/about/affiliates](http://www.newvideo.com/about/affiliates)) New Video is very hands-on with enrollees, helping them reach their highest potential within the program: calling out the “donation” from the program, messaging that purchasing directly supports the independent film community, etc.

• **Wholesale Orders:** Bulk orders start at just ten units (nonreturnable), with discounts increasing at tiered intervals. Great for fundraising incentives, membership premiums, etc.

• **DVD Giveaways:** New Video can offer a small quantity of DVDs for giveaways in exchange for promotion on social media and web properties.

• **Member Discounts:** New Video can create unique discount codes for organizations to offer its members a discounted rate on the DVD.

• **Social Media Engagement:** New Video can post or retweet organizations that are spreading the word about a release or engaging in a giveaway or screening event.

Please contact Vanessa at vvarous@newvideo.com if you are interested in the above options.
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ITVS
Independent Television Service (ITVS) funds, presents, and promotes award-winning independently produced documentaries and dramas on public television and cable, innovative new media projects on the Web, and the Emmy® Award-winning series Independent Lens on PBS. ITVS receives core funding from the Corporation for Public Broadcasting, a private corporation funded by the American people. Women and Girls Lead is a strategic public media initiative to support and sustain a growing international movement to empower women and girls, their communities, and future generations. To learn more, visit itvs.org/women-and-girls-lead

SHOW OF FORCE
Dedicated to creating feature documentaries and television series events of the highest caliber, Show of Force is known for dynamic, character-driven storytelling that consistently engages, entertains, and inspires. Show of Force is a media production company represented by CAA (Creative Artists Agency), with 20 years of combined experience and excellence between partners Maro Chermayeff and Jeff Dupre. They have produced over 20 hours of television and media content per year with a staff of excellent young producers and are the recipients of numerous awards and accolades for their work on both U.S. and international media broadcasts. Show of Force is the production company overseeing the multiple platforms of the Half the Sky: Turning Oppression into Opportunity for Women Worldwide movement. To learn more, visit showofforce.com