

Real Stories About Women and Girls: Putting a Face on *Women Deliver*

Targeted investments can save the lives and improve the health of real women, mothers and newborn babies around the world – real people like these:

Leonora Pocaterrazas and Albina Chambe, Bolivia

In Bolivia, indigenous tradition often means women give birth at home, fully clothed, squatting on the floor, with only family members to help. When Albina Chambe, 15, went into labour in a poor suburb of La Paz, her fiancé Grover, only 18 himself, wanted to take his wife to a hospital. But Albina's mother had delivered 13 children at home, without skilled assistance, and argued that Albina should follow tradition.

Soon, however, Albina's pains worsened, so Grover half-carried Albina on a 20-minute uphill climb to the nearest dirt road. He spent more than a day's pay for a taxi to the hospital. There a medical team safely delivered Luz Belen, the couple's new baby girl.

Leonora Pocaterrazas, 21, was not so lucky. When she went into labour in the high mountain village of Columpapa Grande, weeks ahead of schedule, her husband wasn't ready. "She told me she was in pain. I gave her a massage and then I went to ask my sister for help," he told visitors. "When I got back she had already had the baby."

The sister couldn't stop Leonora's bleeding, and the baby wasn't breathing. "The baby was too small. He died half an hour later," the husband said. Leonora died as well, leaving three other children behind.

For lack of measures against such risks over their lifetimes, one in every 89 Bolivian women will die in pregnancy or childbirth – one of Latin America's highest rates. UNFPA, the United Nations Population Fund, supports Bolivian government efforts to integrate skilled midwives and healthcare providers into the country's health system so that women at risk, like Leonora, are brought to hospitals in time for emergency care that can save their lives – and those of their newborns and their other children.

Fatima M., Afghanistan

Fatima's story illustrates the dire consequences a mother's death has for her family and her community. She and her husband Ahmed already had nine children and were barely surviving on his salary as a security guard when she became pregnant again. He nearly lost his job taking care of the family during her difficult pregnancy. Then Fatima died giving birth to twin boys in a Kabul hospital. Because Afghanistan's shattered health care system multiplies their lifetime risks, one in every eight Afghan women will die in this way, from complications of pregnancy and childbirth.

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Invest in women – it pays



Fatima's hospital expenses put Ahmed deeper into debt, so he took their 13-year-old son out of school to work. The twins had to be fed on goats' milk and expensive infant formula and they were often ill with diarrhea or acute respiratory infections, the most common killers of infants worldwide. The family's 11-year-old daughter was taken out of school to care for them. At seven months, the smaller twin died of a respiratory infection.

Ahmed remarried, adding to his debt and poverty, so he married off his oldest daughter when she turned 13. She became pregnant at 15, before her body was ready, and suffered an agonizing obstructed labour. Her baby was born brain-damaged and she was left with an obstetric fistula, an opening between her vagina and bladder that made her incontinent. The resulting wetness and odor caused her acute humiliation. Her husband abandoned her, and she had to return to her father's home to continue a life of poverty.

Kakenya Ntaiya, Kenya

Kakenya Ntaiya's story shows how education can change all the cards in the hand a young girl is dealt at birth. The oldest of eight children of a Maasai tribal family, she was engaged to be married when she was five years old. She grew up caring for cattle and her siblings in a small village 20 miles from the nearest paved road. She often was the only person to help her mother give birth in their hut. She was expected to undergo ritual circumcision at puberty, leave school and marry the man her parents had chosen.

Kakenya had other ideas. She told her father she would undergo the circumcision only if she could stay in school. Her father agreed, and at 13 she joined the estimated 2 million women who have suffered female genital cutting worldwide.

Undeterred, Kakenya finished high school with top marks and decided she wanted to attend college – in the United States. No girl in her village had ever done that. So she negotiated again, this time with the village elders. If they let her go, she promised, she would come back and help build a school and a maternity hospital.

It worked. The village women united to raise the money to send Kakenya to the United States. They knew pregnancy in Kenya often means death: one in every 39 women will die there of complications in pregnancy and childbirth, one of the world's highest rates.

Kakenya graduated from Randolph-Macon Women's College in 2004, and her mother came from Kenya to attend the ceremony. Kakenya went on to a PhD program in education at the University of Pittsburgh, determined to become a leader in helping others get an education in Kenya. She has now raised more than US\$75,000 toward the school she promised to build in her village.

Kakenya's success has inspired millions of people. She has been the subject of a *Washington Post* series, a BBC documentary and many magazine articles. She married in 2006 and is expecting her first child in September 2007.

"Now all the village women want their daughters to stay in school," she tells audiences throughout the world.