



## “MOTHERS & HEALTH”: MMM CONFERENCE REPORT

Make Mothers Matter celebrated International Women’s Day 2016 by organising a conference on “*Mothers and Health*” on the 7<sup>th</sup> and 8<sup>th</sup> of March at the European Economic and Social Committee in Brussels.

Nearly 150 participants from EU institutions, UN agencies, academia and NGOs from all over the world gathered to discuss the challenges and good practices, showing how mothers can be changemakers to promote a sustainable health for themselves and their children.

The presentations and discussions covered a range of issues including maternal health, nutrition, HIV, health literacy, and innovative practices to promote women and children’s physical and mental health. You can follow the debate at [#MMM4Health](https://twitter.com/MMM4Health).

### The untapped potential of mothers in health and policy

**Anne-Claire de Liedekerke, President of MMM**

*“Mothers are crucial and underexploited resources for sustainable development”*

*« Good practices presented during the conference are strong incentives for decision makers to consider mothers as partners to identify and implement solutions in health related issues »*

Since its creation in 1947, Make Mothers Matter has asserted that **mothers are changemakers** and should be supported and included as key partners in development projects and goals.

Everyone tells mothers what they should do, but no one is truly listening to them. **Working with mothers** is an **innovative**, although obvious, way to meet global health challenges and to achieve sustainable and potentially systemic results.

**Mothers must be empowered to be changemakers.** Because of their unique societal role, mothers are in an ideal position to foster development in their communities. As our speakers demonstrated, when mothers are integrated as partners, projects regarding maternal and children’s health and nutrition are widely implemented in communities with a sustainable impact. In order to do so, they must be informed, educated, supported and protected by the law.





## March 7: Mothers and their Health

### 1. **Madi Sharma** Member of the EESC and social entrepreneur

*“You must be the change you want to see. No excuses.”*

- Mothers face a lot of pressure and stress both in the workplace and in their home, the **mental wellbeing of mothers** must be part of the conversation around their health.
- **Domestic violence** poses a threat to mothers’ and children’s health: one in three women is victim of violence in her life, and one in five children faces child abuse.
- **Pay gap and pension gap:** a woman earns 20% less than a man for the same work, and the pension gap in the EU amounts to 40%.
- **We need to achieve equal representation for women.** In the EU only, women are underrepresented: they make only 15% of people on corporate boards, and 25% of representatives in decision-making bodies. This makes it difficult to put mothers’ and children’s issues on the agenda. We need more women in positions of power in order to efficiently tackle these issues.
- **Small groups of people can bring about substantial change.** The experience of the [Self Employed Women’s Association \(SEWA\)](#) in India can be looked at as an inspiring example of how ordinary women can achieve extraordinary things, if they work together.
- **Mothers: from homemakers to changemakers.**

### 2. **Dr. Marleen Temmerman** Chair, Dept. Obstetrics & Gynaecology, Aga Khan University East Africa and former WHO Director, Department of Reproductive Health and Research

*“Women are half of humanity, and they make the other half.”*

- **The causes of maternal mortality are known and treatable.**  
“Women are not dying of diseases we can’t treat... they are dying because societies have yet to make the decision that their lives are worth saving.”  
*Professor Mahmoud Fathalla.*
- One in three maternal deaths could be avoided just by providing access to **contraceptives.**
- **Societal mobilization is needed to close the gap between research and implementation.** The main obstacle towards better maternal health is lack of societal will. We know what needs to be done; now we have to make sure the

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solutions are implemented. Civil society groups are extremely important: they must mobilize and join forces to push this agenda forward.

- A **cultural change** is needed. We must teach gender equality to both women and men, in order to build a society where the lives of women and girls are valued and their contribution to society is recognized.
- Every mother should have **access to the basic care** that can save her life.
- **The world we want by 2030:** the survival, health and wellbeing of women, children and adolescents are essential to achieving all the SDGs.

### 3. Irene Nkosi mothers2mothers (South Africa)

*“Don’t give a woman a fish; teach a woman how to fish.”*

- Mothers2mothers trains **HIV positive mothers to educate other mothers with HIV** so that they can have HIV negative children and stay healthy. **Mentor mothers** guide women through pregnancy and childbirth, and help them follow the right steps so that their babies can be born HIV negative.
- Since **mentor mothers have a personal life experience** of life with the virus, they can talk about it from a very human perspective, in a way many health care workers cannot. This helps mothers overcome the stigma and preserve their self-confidence.
- Mentor mothers lead by example. They show other HIV positive women that, with the right medication and the necessary care, they can not only survive but also thrive, and **become an invaluable resource** for both their children and their communities.
- Being a mentor mother is **empowering**. By helping other women, they build a productive life for themselves, they assert their value, and they **get recognition** for their precious work.
- Mentor mothers are resources, and after training, they compensate for the lack of medical assistance in their communities.

### 4. Dr. Frank de Paepe Memisa (Belgium)

*“Mothers’ health is the best indicator to evaluate a healthcare system.”*

- We must promote **accessibility to high quality health care services for those who are the most vulnerable**. This is true for mothers in Africa and in disadvantaged communities everywhere.
- In regions where **commuting to a hospital is difficult** because of poor infrastructure, it is crucial to help communities find the most suitable method to transport

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pregnant women to the hospital. Ambulances are fine, but where the roads are not paved, motorbikes and riverboats can be more effective.

- **Caesarean section** should be performed whenever it is needed. Women in Africa often do not have access to a C-section that could save their life, while in Europe often doctors perform unnecessary C-sections when natural childbirth would be possible.
- Examples of good practices:
  - *AZUR Développement* in the Democratic Republic of Congo formed a group of women to improve their health and that of their children particularly regarding HIV AIDS. Azur makes women evaluate the quality of health care services provided by the government.
  - *Action d'Espoir* in the Democratic Republic of Congo created a group of women survivors of sexual violence and abuse. This allows women to share their experiences and **support each other** in their healing process. It also gives them access to microcredits.

#### 5. **Ana Maita Mame Pentru Mame – MMM Member (Romania)**

*"We need to be more vocal, we need to be loud. Maybe we shouldn't be that polite anymore."*

- It is important **to make childbirth a positive experience**, not a traumatic one.
- Romanian women must be informed about the medical issues related to pregnancy and childbirth, and be consulted about the medical procedures they are subjected to.
- The **relationship between mothers and medical staff** should be one of honest exchange and mutual trust: the patients must be allowed to ask questions and express preferences and **make their own birth plan**.
- **Fathers should be allowed to be present** in the labour room and during childbirth.
- **Children should not be separated from mothers** right after birth without a medical cause, it harms early attachment between mother and child and it delays the start of natural breastfeeding.

#### 6. **Aliette Abraham OTITSARA – MMM Member (Madagascar)**

*"Existing is not enough, we must affirm ourselves."*

- The well being of mothers demands a global approach in which **physical, mental, spiritual, emotional and social** aspects are taken into consideration.





- In Madagascar, mothers have to juggle professional obligations, unpaid care work they perform at home, and the emotional work needed to hold the different generations of their extended family together. As a result they are often, tired, stressed and vulnerable.
- **Mothers are the first agents of their own well being.** Otitsara gives them a secure space where they can listen to each other, relax, find support in the group and regain their self-confidence.
- Addressing mothers' well being also means coping with various issues such as family, school, the workplace and religion.

#### **7. Bolly Kouassi Aide à la Jeunesse Africaine Défavorisée – MMM Member (Ivory Coast)**

*“Nobody listens to teen mothers.”*

- **Girls from 12 to 18 years of age** who get pregnant, often are rejected by their families. Emotional stress and distress affects their health and that of their babies. Facing their teens and motherhood all at once is a huge challenge. The first care AJAD offers them is **psychological help**.
- AJAD supports them throughout pregnancy, birth and postnatal care: nutrition, accommodation, health, baby care training, and economical empowerment...
- It has a programme called **“père occasionnel”** (occasional father) where grown men can volunteer some of their time to help the girls care for their babies and provide a male figure for the child.
- AJAD helps the girls' access to resource generating activities through work in a cooperative and microfinance programs.

#### **8. Philip Biswas Rural Reconstruction Foundation – MMM Member (Bangladesh)**

*“We must empower people to capitalise on local resources.”*

- Bangladesh has high maternal and child mortality rates. Huge progress has been made in the last 15 years, decreasing maternal deaths by 66%. But still, in 2015, 5,550 Bangladeshi women died of pregnancy related causes.
- 70% of Bangladeshi women suffer from **malnutrition**, and 71% of them **give birth at home** without any medical support.





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- It is necessary to promote **health literacy** among people in rural communities, to make women aware of the importance of receiving professional care (doctors and midwives) during pregnancy and childbirth.
- Health risks can be reduced with better **hygiene** (access to clean water is crucial), access to contraceptives, **vaccines**, and mass deworming.
- **Nutrition programs in schools** sponsored by the government have proven effective in fighting malnutrition among children.
- It is imperative **to increase women's participation in community clinic committees** and build their capacity to advocate for improved maternal and newborn health services.

### 9. **Liz Kelly AIMS Association for Improvement in the Maternity Services (Ireland)**

*"When a baby is born a mother is also born."*

- In Ireland, many women experience disrespect and abuse by medical staff during pregnancy and childbirth.
- AIMS gives these women a voice. They want: "Universal Safe Respectful Professional Woman centered care".
- Ireland is not the 'safest place to have a baby':
  - Lack of transparency and statistics
  - Under-reported maternal and infant deaths
  - Absence of choice of care models
- More **transparency** is needed around national data and statistics about maternal and child mortality.
- Mothers and pregnant women must have access **to information about their rights regarding pregnancy and childbirth**.
- Listening to mothers and pregnant women is fundamental. For this reason, AIMS has a **hotline** where women can contact them from anywhere at any time.

### 10. **Hélène Bonhomme** blog "Fabuleuses au foyer" (France)

*"Society divides mothers into working mothers and stay-at-home mothers. There is in fact, only one kind of mother: the one who does what she can with what she has."*

- **We live in a society that puts enormous pressure on mothers.** Everybody gives them unsolicited advice, they are continuously told what they must and must not do.
- This increasing pressure is due to 3 factors:

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- The **divide** between working and stay at home mothers
- **Contraception**: it is assumed that mothers choose to have children, so what are they complaining about?
- **Comparison**: Social media convey images and poses about “perfect mothers” and do not reflect mothers’ everyday life. This does not help mothers to feel self-confident.
- They must ignore these pressures: mothers have many reasons to be proud and love what they do.
- **Every mother is unique in her own special way. Mothers are fabulous!**

## March 8: Mothers and their children’s health

### 11. Laurence Bosteels President of MMM Belgium

*“Mothers’ obesity during pregnancy has long-term effects on the health of their children.”*

- Research carried out in different European countries through the [DORIAN project](#) shows a link between maternal obesity and health problems for children later in life: a propensity to develop diabetes, cardiovascular and cerebrovascular diseases.
- Obesity is a major health issue in the EU, with over 30 % of women of reproductive age being overweight and 20 % obese. Babies born to obese mothers are exposed to perturbed insulin levels due to the mothers’ insulin resistance.
- The role of MMM in the DORIAN project was to disseminate the results, **sharing the knowledge derived from scientific research with policy makers** and with “end users”, that is, mothers themselves.
- We need **obesity prevention strategies** that target women of childbearing age, provision of mental and psychological support to pregnant women, and cooperation between gynaecologists and nutritionists.

### 12. Dr. Marie Laure Frelut Paediatrician, founding member and former President of ECOG (European Childhood Obesity Group) (France)

*“Sharing the knowledge about prevention of children’s obesity”*

- **Child obesity** has become a major issue in Europe, and families must be informed with the aim to prevent it.
- In order to make the information easily accessible, **ECOG published a [free eBook about obesity prevention](#)**.
- A Mother’s obesity and smoking habit increase the probability of the child being obese; breastfeeding reduces it.

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- **Overfeeding, too much screen time, and not enough sleep** are the major risk-behaviours linked to obesity in children and adolescents.
- **Learning positive behaviours at a young age**, such as healthy eating habits and regular physical activity, has lifelong benefits. It reduces the risk of becoming overweight and having health issues as an adult.

**13. Dr. Finnian Hanrahan** Research programme manager in public health sector, DG Research, European Commission.

*“The research community must listen to women.”*

- Research **needs to involve more women and more people from low-income countries**. Solutions must be sought **with them, not only for them**, if we want to succeed.
- Ireland, for example, counts on a good healthcare infrastructure, but pregnancy and birth healthcare often fails to take into account the preferences of women. The system as it is now is paternalistic and imposed on women. **Women are not asked what they want.**
- The European Commission will soon announce a call for submissions for the €2 million [Horizon Birth Day Prize](#). Entries for the prize can come from any part of the world and must offer **innovative ways to effectively reduce maternal and child mortality**.
- **Universal health coverage is possible**. It sounds expensive, but in reality, the costs resulting from a lack of access to good healthcare services are greater.

**14. Dr. Octavian Bivol** Deputy Director EU office, UNICEF

*“A child’s first years are crucial for his or her life-long well-being.”*

- Investing in the health of a child during the first three years of life is a global priority. Problems that affect the child's health in this period, such as **malnutrition** and **excessive stress**, impair the child’s physical and neurological development.
- **Healthy early development strongly influences**: stunting, obesity, mental health, heart disease, competence in literacy & numeracy, economic participation and well-being.
- **Brain architecture** is built in a **“bottom up” sequence**: higher capacities are more difficult to develop if lower capacities have not emerged appropriately.
- Toxic stress in children is often related to violence against children and domestic violence. In many families, violence against women is seen as normal, and physical





punishment towards children is deemed to be an educational tool. **There is a clear link between experiencing violence at an early age and lifelong health risks.**

- **Caregivers play a critical role** in determining children's chances for survival and healthy development.
- Initiatives must involve different types of intervention, integrating health services, social services, child protection services, and the community at large.
- UNICEF Lady Health Workers programme involving mothers has proven successful in educating pregnant women in antenatal care and mothers on child health and nutrition.

### **15. Raphaëlle Chaillou Vivons en forme (France)**

*"To fight obesity we must change the environment children grow in."*

- The French program [Vivons en forme](#) addresses child obesity by helping families **change their lifestyle** in collaboration with local actors and municipalities.
- The programme has proved effective in several French cities and towns (250 cities/communes have participated). Its main strength is that it is not only targeted to individual kids or households, but focuses on the mobilisation of the whole community, starting with the family, to **subvert the obesogenic environment children live in**, and promote healthy eating habits and regular physical activity.
- The program is based on the **multipliers effect**, people are trained and then pass on to others their knowledge about how to introduce exercise and healthy eating habits in the daily routine of families.
- The programme involves **different societal actors**, including local authorities (city mayors), municipal services, doctors and health professionals, the food and restoration sector, teachers and other professionals in the field of sport and education. There is a special focus on the most vulnerable members of society.
- A new campaign aims at raising awareness of the importance of children getting enough hours of sleep: **sleep deprivation** is a major factor increasing the probability of developing obesity.

### **16. Valerie Unite 1001 critical days campaign (Great Britain)**

*"A conscious parenthood begins before birth."*

- 1001 Critical Days is a British manifesto that highlights the importance for child development, of the period that goes from conception to age 2, when a baby's brain is developing fastest, and when he or she is most susceptible to forming strong bonds of attachment with a primary carer.



- The 1001 Critical Days manifesto is supported by a growing group of Members of Parliament from all sides, that is pressing ministers to adopt it as the basis for Government policy across a number of departments led by Health. The objective is to support and enable parents to have and raise children with the social and emotional resources that form a strong foundation for their future life.
- Neuroscience shows that **pregnancy and the first 2 years of age** are crucial for a child's long-term development and his future physical, emotional and mental health.
- In addition, **parents' emotional and mental health** and particularly mothers' health and the quality of the bond between parents and children are critical for their healthy development.
- Therefore, besides physical health, the manifesto calls for support and care for the **emotional health of mothers and their babies**.
- **20% of women** develop a **mental health problem** during pregnancy or within a year of giving birth
- **Breaking the cycle:** violent behaviour can be transmitted from generation to generation, thus promoting the emotional wellbeing of parents and preventing exposure to mistreatment is of the utmost importance from the very beginning of life.
- A study on late stage pregnancy and unborn babies has found that **learning can occur from week 34 of the pregnancy**.
- Therefore **investing on the first 1001 days** can have a high return on the future wellbeing of societies and should be a priority for every country.

### **17. Juliana Ngozi Okeke Women Initiative for Peace and Good Governance (Nigeria)**

*"HIV positive children must feel like they are still a part of something."*

- In Nigeria there are 3.2 million people living with HIV. 380,000 of them are children.
- Due to the stigma attached to AIDS, **HIV positive children are often rejected** by their communities and even by their own mothers.
- Because of both the disease and the social stigma, mothers often do not know how to care for their HIV positive children. They **need specific training**.
- WIPGG, partnering with local government, gives mothers training about life with HIV and nutrition. They get taught **how to give their children psychological and emotional support**. The programme has proved successful, and in 2015 the level of child rejection dropped.

### **18. Sophie Pélissié du Rausas Enfance sans drogue – MMM member (France)**

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*"It is easier to not start using drugs than to quit."*

- **Mothers and fathers are first educators and best specialists of their children.** This is why Raymond Yans, President of INCB (International Narcotics Control Board) asked mothers, as well as teachers, to act in order to prevent the first intake of drugs.
- In order to do so, parents and educators have a responsibility to educate themselves about drugs, because it is a debated issue and they must be able to have argued discussions with their children so that they can say "no".
- The information we get from the media can be unclear or contradictory.
- Cannabis is often a **"gateway drug"** for adolescents. For this reason, its usage must be prevented. Even if it seems innocuous, it is not.

### **19. Véronique Hundscheid Mama Café (Netherlands)**

*"All mothers are welcome."*

- A **Mama cafe** is a local meeting point for mothers and pregnant women, where they can exchange experiences and information about motherhood and childrearing. It is always **child-friendly** and **organized by mothers for mothers**. It can be at a real cafe, but also at somebody's house or in a childcare centre.
- It is **an opportunity for women to share knowledge and personal experience** on a number of topics such as **health, nutrition, etc., and build social bonds**.
- It is always **educational**, because it's important to give the right information to mothers, both before and after birth.
- There are mother-father meetings sometimes. The plan is to create **daddy cafes** too.
- The coordination of the **Mama Cafe network** supports the local Mama cafes by sharing its professional expertise and information on issues that interest mothers such as health. In addition, the network organizes three or four big events every year for everyone to get together.
- The network made of **115 local mama cafes in the Netherlands** is still growing.

### **What people said about the conference...**

*"It was a great pleasure for me to discover an open minded association, with a well structured approach of the difficulties encountered by mothers."*

Marie-Laure Frelut Paediatrician, founding member and former President of ECOG (European Childhood Obesity Group)

*"Your work is precious and so important"*

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Hélène Bonhomme blog "Fabuleuses au foyer"

*"The high quality debates between the assistance and the speakers have confirmed that looking after women and future mothers is the best way of solving the social problems that we face."*

ANEP-France (Association Nationale d'Education Prénatale)

*"The discussions that took place and the people and organisations I met left me feeling inspired, informed and impassioned to do more."*

Sarah Lapham, Board Member Maternity Action UK

*"A wonderful experience and opportunity to see and become aware of the wider network and the invaluable work that Make Mothers Matter does on both a local and global level. [...] I enjoyed very much the presentations and the discussions and brought so much learning and information home. I particularly like the dynamic and wide variety of information and groups represented and the global aspect of the work."*

Liz Kelly, AIMS Ireland

*"Keep up the good work"*

Marleen Temmerman, Chair, Dept. Obstetrics & Gynaecology, Aga Khan University East Africa and former WHO Director, Department of Reproductive Health and Research

