PERU
Denial of the right to maternal and child health

Summary of Amnesty International's findings and recommendations

Every eight hours a woman dies in Peru as a result of pregnancy or because of complications during labour. Forty-five per cent of deaths in the country are of children under five.

Hacia una reforma sanitaria por el derecho a la salud, II National Health Conference, 2005

Infant and maternal mortality in Peru remain high, especially in poor, rural areas. With clear political will, adequate funding and appropriate services, these deaths are preventable. Amnesty International (AI) is calling on the government to take urgent steps to address obstacles, deeply rooted in discrimination, which prevent poor and marginalized communities from accessing health services.
Peru has one of the lowest levels of investment in health in Latin America. Despite steady growth in Peru's economy in recent years, the amount spent on health per person has declined. Under-investment is particularly acute in poor, predominantly rural, areas. According to a study carried out by human rights organizations in 2005, the Peruvian government spends more than twice as much per person on health services in the more prosperous regions than in poorer departments.

The inequalities in access to health care are reflected in the contrast between infant and maternal mortality rates in richer, urban areas and those in poor rural and Indigenous communities. According to official statistics, in Huancavelica, one of Peru's poorest departments, 71 babies in every thousand died at birth in 2000; in the capital, Lima, the comparable figure was 17 babies in every 1,000. Although there has been a reduction in child and maternal mortality in recent years, this improvement has been largely confined to higher income groups.

The Seguro Integral de Salud (SIS), a health scheme introduced in 2002, should provide free maternal and infant health services for those who cannot afford to pay. In areas where levels of poverty are high the whole community is entitled to free medical care. However, the reality is that despite the scheme, many women, especially in poor rural areas, are still not able to access adequate health care.

Obstacles to accessing health services
Discrimination is a major factor which prevents women from poor and marginalized communities accessing health services. In many cases discrimination on the basis of a person's economic status is reinforced by discrimination on the basis of cultural or ethnic identity.

Many of the women interviewed by AI described how they had been treated dismissively or even abusively in health centres because they were poor or from Indigenous communities.

Most of the health centres visited by AI lacked information about rights to health care, and both users and staff were often unaware of women's entitlements. As a result poor women and children are not able to access the services which should be available to them.

People wanting to register for free medical treatment under the SIS have to fill in a complex and detailed questionnaire and, in urban areas, there are often long delays while social workers verify the information given.

Working conditions for many health professionals in rural areas are poor. Pay is low and they lack job security. Many work far from their homes and families and face heavy workloads in under-resourced and overstretched facilities. The result is demotivation and a high turnover of staff. This in turn exacerbates the problem of inadequate training and lack of understanding of the languages and cultures of rural communities.

Some health centres impose fines on families if children are born at home or if mothers do not attend prenatal clinics. These punitive fines are illegal and impose serious hardship on already poor families. They also discourage women from seeking treatment at health centres.

In some health facilities, staff refuse to issue certificates of live births for babies who were born at home or whose parents have not been able to pay a fine. Without these documents the child cannot be given a birth certificate, which is essential for obtaining identity documents. People who do not have identity documents are denied a range of civil, political, economic, social and cultural rights, including the right to register on the SIS.

The health services offered in many facilities are inappropriate and do not take into account the cultural practices and beliefs of rural communities. In some cases health professionals do not speak the languages of the communities they serve and so are unable to explain and obtain informed consent for the treatment being offered, causing anxiety and distress to the women.

Key recommendations

The Peruvian authorities should, as a matter of urgency:

1. Ensure that clear information about entitlements to free health services through the SIS is made available in appropriate languages and formats and is distributed to all health facilities which serve low-income families;

2. Review and simplify the procedures for identifying and registering those who are entitled to free health services to avoid unnecessary delays during the registration process;

3. Ensure that health centres and health professionals do not impose illegal fines on women who give birth at home;

4. Ensure that health centres issue certificates of live birth for all newborns without charge, whether or not the baby was born in a health facility or at home and regardless of whether the mother attended prenatal and postnatal check-ups;

5. Ensure health workers at all levels receive training which enables them to meet the health needs of women and children from poor and marginalized communities;

6. Promote the participation of communities in decisions about the kind of health services which they need and want and ensure that the services provided are appropriate to their cultural practices.

For more information, see Peru: Poor and excluded women – denial of the right to maternal and child health (AI Index: AMR 46/004/2006) which was launched at the III National Conference on Health, Lima, Peru, in July 2006.

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