

**ANALYTICAL REFERENCES REGARDING THE PROMOTION OF THE RIGHT  
"PROTECTION OF MOTHER, CHILD AND YOUNG PEOPLE"**

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***Abstract:** States have made legal and political commitments to special protection for women, children and young people through the expressed human rights through their national laws and membership of international human rights treaties.*

*This research paper aims to analyse the global situation regarding safe motherhood, children and young people using the indicators recommended by The Global Framework of Indicators for Sustainable Development Goals.*

This research paper is developed within the project "Human Rights in the Republic of Moldova: financial dimension and consolidation through the efficient public expenditures management" (code 20.80009.0807.35).

***Key words:** safe motherhood, children, young people, human rights.*

**JEL classification: B54, J13, K38.**

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### **1. Introduction**

According to the Universal Declaration of Human Rights (art. 25) [6] adopted in 1948, and the Constitution of the Republic of Moldova (art. 50), mothers, children and young people have the right to special assistance and protection [1]

The sources of promoting a safe motherhood are found in the human rights specified in all national constitutions and in international and regional human rights treaties, based on the Universal Declaration of Human Rights. The Universal Declaration itself was not proposed as an enforceable legal instrument, but gained legal acceptance and legal applicability through a number of international human rights conventions.

The main modern human rights treaties that also concern the rights of mothers are:

- Convention on the Elimination of All Forms of Discrimination against Women. This Convention expresses the values implied in the Universal Declaration of Human Rights and strengthens the two initial implementing covenants of the Universal Declaration [2];
- International Convention on the Elimination of All Forms of Racial Discrimination;
- Convention on the Rights of the Child.

Regional conventions on human rights are also inspired by the Universal Declaration.

Like national constitutions that have constitutional courts to monitor compliance with constitutional provisions, human rights treaties have special bodies to monitor compliance with treaty provisions. For example, the Women's Convention established the Committee on the Elimination of Discrimination against Women (CEDAW).

At the same time, the Declaration of the Rights of the Child, adopted by the UN on November 20, 1959, plays a decisive role in the protection of the rights of the child.

The declaration proclaims that every child must benefit from a social protection, granted by law, capable of ensuring a healthy development, physically, intellectually, morally, spiritually and socially, in conditions of freedom and dignity. Moreover, every child has the right to name and nationality, to social security, including food, housing, leisure and medical care, to a harmonious development of his personality. In addition, every child has the right to free and compulsory elementary education, to protection from any form of cruelty and exploitation, the right to protection against racial, religious or other discrimination. Finally, the declaration stipulates the right of children

with disabilities to treatment, education and care necessary for their condition.

Unfortunately, young people lack an official document that would specify the particularities of their rights, balancing their status between childhood and adulthood. However, the Joint Council on Youth, the central co-managed political body of the youth sector of the Council of Europe, defines a wide range of the strategic priorities of youth sector for the period 2022-23. In this context, the core areas of human rights protection of young people are:

➤ **supporting young people's participation** (in political processes; in decision-making processes at local level; in associations; in combating the climate crisis in artificial intelligence and Internet governance processes);

➤ **information and education of young people** (continuing the Human Rights Education Youth Programme, supporting and developing information, data and media literacy with children and young people, increasing the understanding and addressing the impact of the Covid-19 pandemic on young people and the exercise of social rights, including physical and mental health, mainstreaming rights-based approaches in youth policies, programmes and projects);

➤ **social inclusion and non-discrimination for young people** (Roma youth participation and combating antigypsyism, social inclusion of young refugees, enabling young people to promote peaceful societies, peacebuilding and conflict transformation, co-operation with neighbouring, volunteering and solidarity actions at local, national and regional and international levels, mainstreaming inclusiveness, equality and intersectionality, enhancing the inclusion and participation of young people in the rural communities);

➤ **promoting youth work agenda** (supporting the access to quality development and recognition of youth work and non-formal education and learning, pursuing quality development and innovation (including digitalisation) in the capacity-building activities of the Youth Department).

## **2. Applied research methodology**

This research applies Global indicator framework for the Sustainable Development Goals [4] as a tool for analyzing the human rights situation in the context of the promotion of the right "protection of mother, child and young people".

Identifying the causes of maternal mortality and morbidity are considered essential benchmarks in promoting safe motherhood from the perspective of respect for human rights. The Global Framework of Indicators for Sustainable Development Goals recommends the following indicators related to the concept of motherhood:

- Maternal mortality rate (indicator 3.1.1.);
- Rate of births attended by qualified medical staff (indicator 3.1.2.).

In line with the objectives of the 2030 Agenda for Sustainable Development, these indicators allow the monitoring of Objective 3.1. expected to be achieved by 2030 - reducing the global mortality rate to less than 70 deaths per 100,000 live births.

Furthermore, The Global Framework of Indicators for Sustainable Development Goals specifies several objectives and indicators relate to children's rights:

- Objective 1. Reduce poverty in all its forms everywhere, evaluated by the indicators: „1.2.2 Proportion of men, women and children of all ages living in poverty according to national definitions” and „1.3.1 Proportion of the population covered by social protection systems, by sex, distinguishing between children, the unemployed, the elderly, people with disabilities, pregnant women, newborns, victims of accidents at work and the poor and vulnerable”;
- Objective 2. End hunger, achieve food security and improve nutrition and promote sustainable agriculture, analyzed by the indicators: „2.2.1 Prevalence of stunting (height for age <- 2 standard deviation from the median of the World Health Organization (WHO) Raising standards for children) among children under 5 years of age” and „2.2.2 Prevalence of malnutrition (weight for height > +2 or <-2 standard deviation from the median WHO Standards for Parenting) in children under 5 years of age, by type (dissipation and overweight)”;
- Objective 3. Ensuring a healthy life and promoting the well-being of all at all ages, evaluated by the indicators: „3.2.1 Mortality rate under 5 years” and „3.2.2 Neonatal mortality rate” and

„3.8.1 Coverage of essential health services (including reproductive, maternal, newborn and child health)”;

- Objective 4. Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all, represented by the indicators: „4.1.1 Proportion of children and young people at different educational levels” and „4.2.1 Proportion of children under 5 who are developing in health, learning and psychosocial well-being by sex”;
- Objective 8. Promoting sustained, inclusive and sustainable growth, full and productive employment and decent work for all, evaluated by the indicator „8.7.1 Proportion and number of children aged 5 to 17 employed in child labor, by sex and age”;
- Objective 11. Inclusive, safe, resilient and sustainable cities and human settlements, analyzed by the indicators: „11.2.1 Proportion of the population with convenient access to public transport, by sex, age and persons with disabilities” and „11.7.1 Average share of built-up area of open-air cities for public use for all, by sex, age and persons with disabilities”
- Objective 16. Promoting peaceful and inclusive societies for sustainable development, ensuring access to justice for all and building efficient, accountable and inclusive institutions at all levels, represented by the indicators: „16.2.1 Proportion of children aged 1 to 17 who have suffered physical punishment and / or psychological aggression by carers in the last month” and „16.2.2 Number of victims of trafficking in human beings per 100,000 inhabitants, by sex, age and form of exploitation”.

Apart from this, The Global Framework of Indicators for Sustainable Development Goals recommends the following indicators related to the young people:

- The proportion of children and young people at various educational levels (indicator 4.1.1.);
- Participation rate of young people and adults in formal and non-formal education and training in the last 12 months, by sex (indicator 4.3.1.);
- Proportion of young people and adults with information and communication technology (ICT) skills, by type of skills (indicator 4.4.1.);
- Proportion of young people (aged 15 to 24) who are not in education, employment or training (indicator 8.6.1.);
- Existence of a national strategy developed and operationalized for youth employment, as a separate strategy or as part of a national employment strategy (indicator 8.b.1.);
- Proportion of young women and men aged 18 to 29 who have experienced sexual violence up to the age of 18 (indicator 16.2.3.).

### **3. Obtained results and discussion**

According to UN estimates, the overall maternal mortality ratio, from 2000 to 2017, decreased by 38% - from 342 deaths to 211 deaths per 100,000 live births, the average annual reduction rate reaches 2.9%. Although it is substantial, it is less than the half of the annual rate of 6.4% needed to reach the global sustainable development target of 70 maternal deaths per 100,000 live births.

The analysis of the data for the region "Europe" according to the classification of the World Health Organization, which includes about 50 countries, both in the European Union and the CIS countries and those that are no longer part of these bodies, shows that the recorded level of Maternal deaths per 100,000 live births is below the expected level according to the strategic objectives of sustainable development, the highest level being recorded in Kyrgyzstan (2017) of 60 maternal deaths per 100,000 live births. In the Republic of Moldova this indicator has reached the level of about 20 maternal deaths per 100,000 live births (Figure 1).

At the same time, the analysis of the data in dynamics, namely for the period 2000-2017 reveals that the average rate of change of this indicator is negative, which we see as a positive trend, as it demonstrates the improvement of safe maternity conditions for women in the region "Europe". In the same context, we note that in countries such as Belarus, Kazakhstan, the maternal mortality rate has fallen, on average, by more than 10%. In the Republic of Moldova, this rate decreased by 4.72% in the period of 2000-2017.

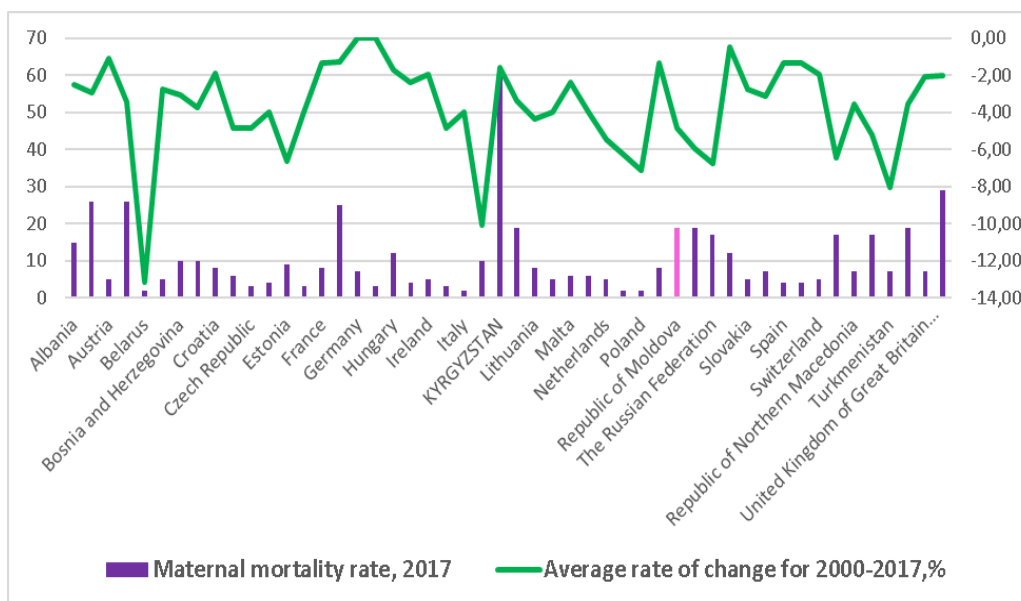


Figure 1. Maternal mortality rate per 100,000 live births in 2017 compared to the average rate of change in the period 2000-2017 for the geographical region of the World Health Organization "Europe" in 2017

Source: developed by the author based on data provided by the World Health Organization <http://mmr2017.srhr.org/>

The analysis of the birth rate in which qualified medical staff participates reveals limited access in the regions of the world - Central and West Africa, South-East Africa and South Asia, where the rate is below the global average of 81% (Figure 2). Regarding the "Europe" region, the average rate reaches the level of 99%, and the analysis by country indicates a variation between 95-100% (Figure 3).

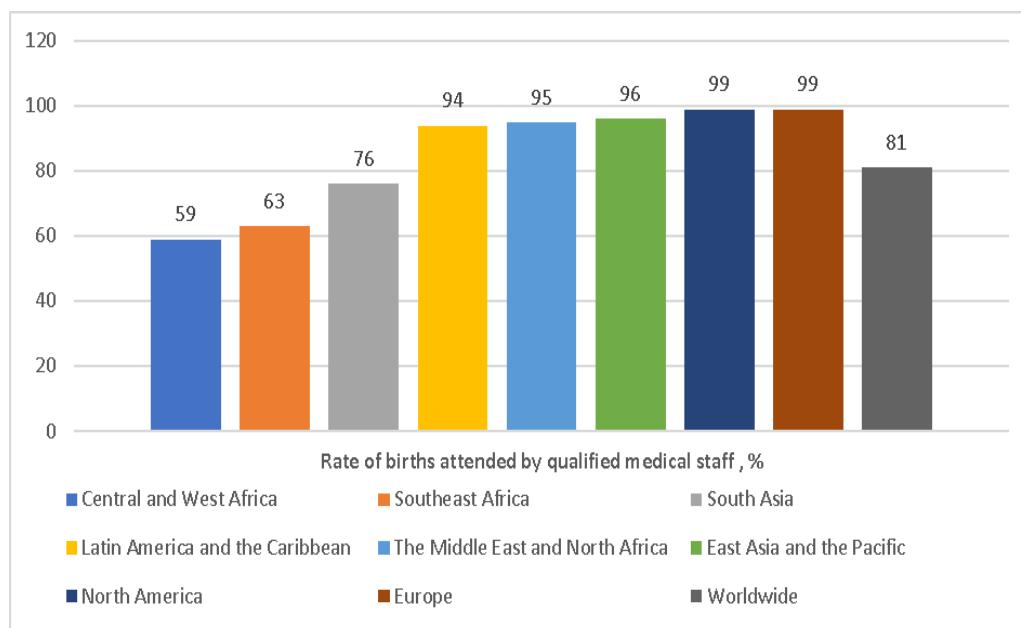


Figure 2. Level of birth rate attended by qualified medical staff by region, %

Source: developed by the author based on data provided by the UNICEF <https://data.unicef.org/topic/maternal-health/delivery-care/>

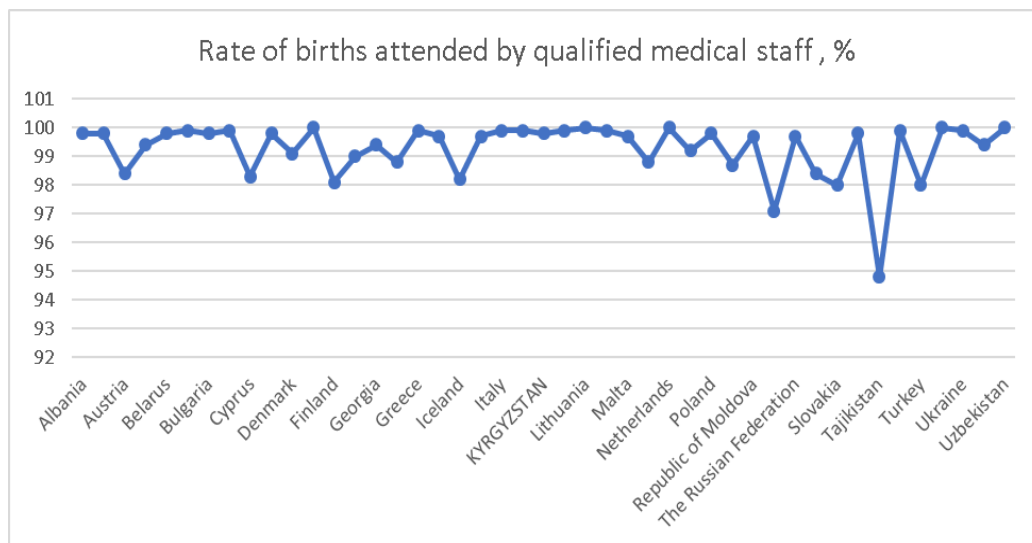


Figure 3. Level of birth rate attended by qualified medical staff for the geographical region of the World Health Organization "Europe" in 2017,%

Source: developed by the author based on data provided by the World Bank <https://data.worldbank.org>

Almost half of all deaths in children under 5 are attributed to malnutrition, which increases the risk of dying from common infections, as well as increasing the frequency and severity of these infections and delaying recovery. Poor nutrition in the first 1,000 days of a child's life can also lead to low growth, which is associated with impaired cognitive abilities and poor performance at school and work [5]. The global socioeconomic crisis caused by the COVID-19 pandemic pushed 130 million more children into monetary poor households by the end of the 2020. According to projections for 2021, the total number of children living in poor households globally could reach just over 725 million in the absence of any mitigating policies or could be reduced at most to 700 million. Nearly two-thirds of these children live in sub-Saharan Africa and South Asia (Figure 4).

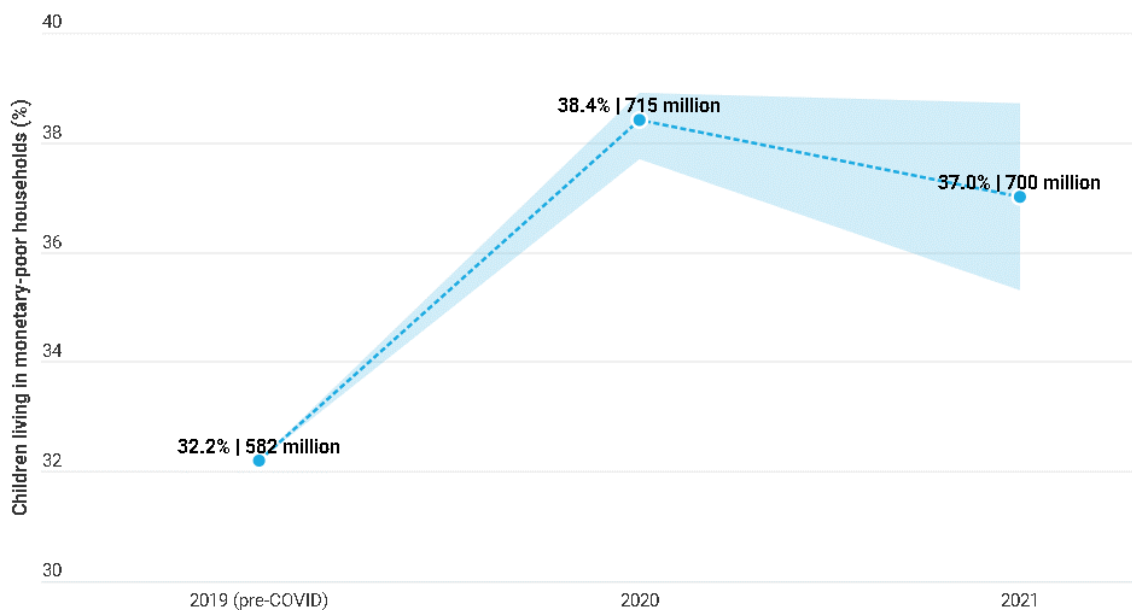


Figure 4. Prevalence and number of children living in monetary-poor households, 2019 – 2021 (projected)

Source: *Children in Monetary Poor Households and COVID-19; Projections as of November 2020.*

In 2019, 21.3 percent, or more than one in five children under the age of 5 worldwide, saw a small increase. Analyzing the data from the years 2000 and 2019, we notice that the prevalence of decreasing the decrease globally decreased from 32.4% to 21.3%, which we appreciate positively, and the number of affected children decreased from 199.5 million to 144.0 million. Worrying data on child malnutrition come from South Asia and sub-Saharan Africa.

In 2019, globally, 47 million children under the age of five lost weight (6.9%), of which 14.3 million experienced severe weight loss (2.1%). In 2019, more than half of children whose weight has fallen below normal limits come from South Asia and a quarter from sub-Saharan Africa. The high prevalence of weight loss in South Asian children of 14.8% urgently requires intervention with appropriate treatment programs [5].

Regarding overweight prevalence, the 2019 data show that the highest level of prevalence was recorded in the Middle East and North Africa - 11%, followed by Eastern Europe and Central Asia with 10.8% and North America with 8.9%. The lowest overweight prevalence in 2019 was found in South Asia, 2.5%, followed by West and Central Africa, 2.6% (Figure 5).

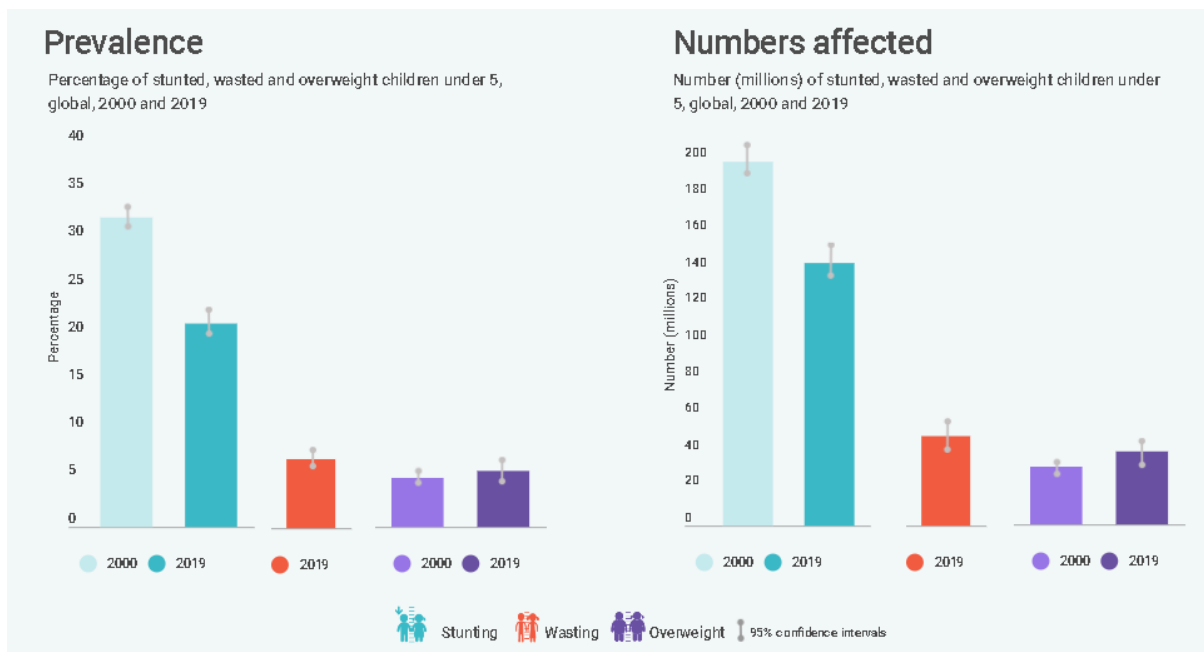


Figure 5. Malnutrition prevalence in 2000 and 2019

Source: UNICEF, WHO, World Bank, Joint Malnutrition Estimates, March 2020 edition.

East Asia and the Pacific had the highest number of overweight children in 2019, with 10.4 million affected, followed by the Middle East and North Africa, with about 5.4 million overweight. Overall, the two Asian regions (East and Pacific Asia and South Asia) account for almost two out of five overweight children in the world. North America is the only region that has seen a statistically significant increase in the number of overweight children between 2000 and 2019.

Most regions of the world reduced the under-5 mortality rate by at least half between 1990 and 2019. Of all countries, 44% (85 countries) reduced their under-5 mortality by at least two-thirds during this period, 34 of them are low- and middle-income countries, indicating that while the burden of infant mortality is unevenly distributed around the world, improving the survival of children is possible even under resource-constrained conditions. Children continue to face regional and income disparities in terms of chances of survival, with the highest level of under-5 mortality in Africa - 76 deaths per 1,000 live births (Figure 6).

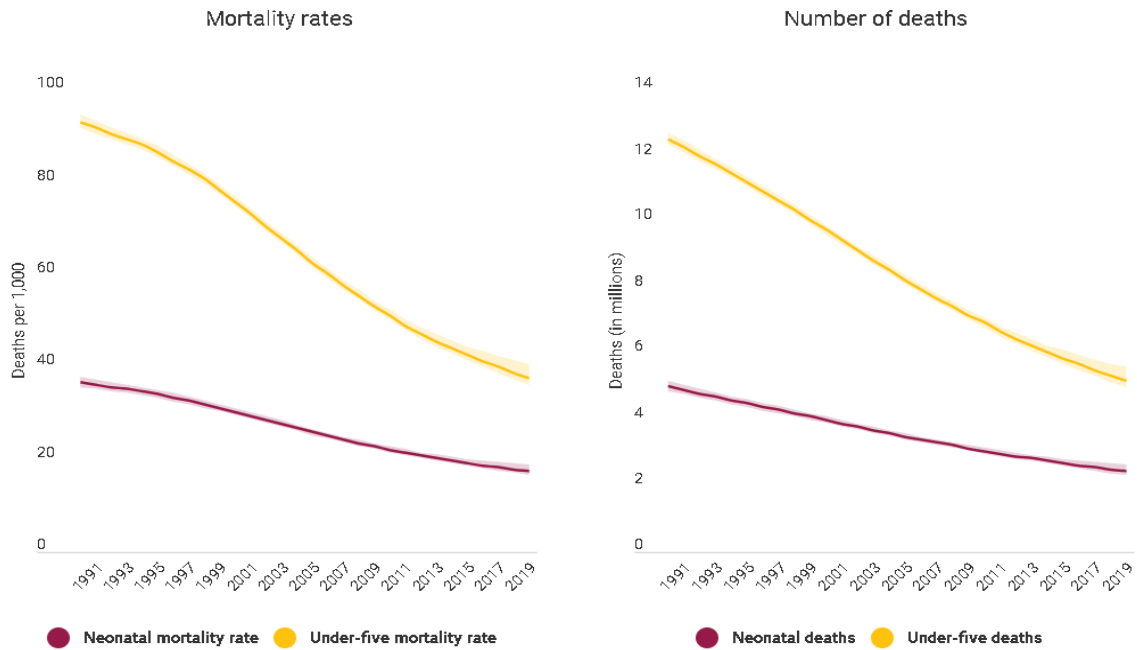


Figure 6. Global mortality rates and number of deaths by age, 1990–2019  
 Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2020.

The number of illiterate children and young people aged 5-24 decreased from 180 million to 100 million during the years 1985-2018, at the same time, noting that the higher level of illiteracy is among girls, but we find that gender disparity decreased considerably during the analyzed period (Figure 7).

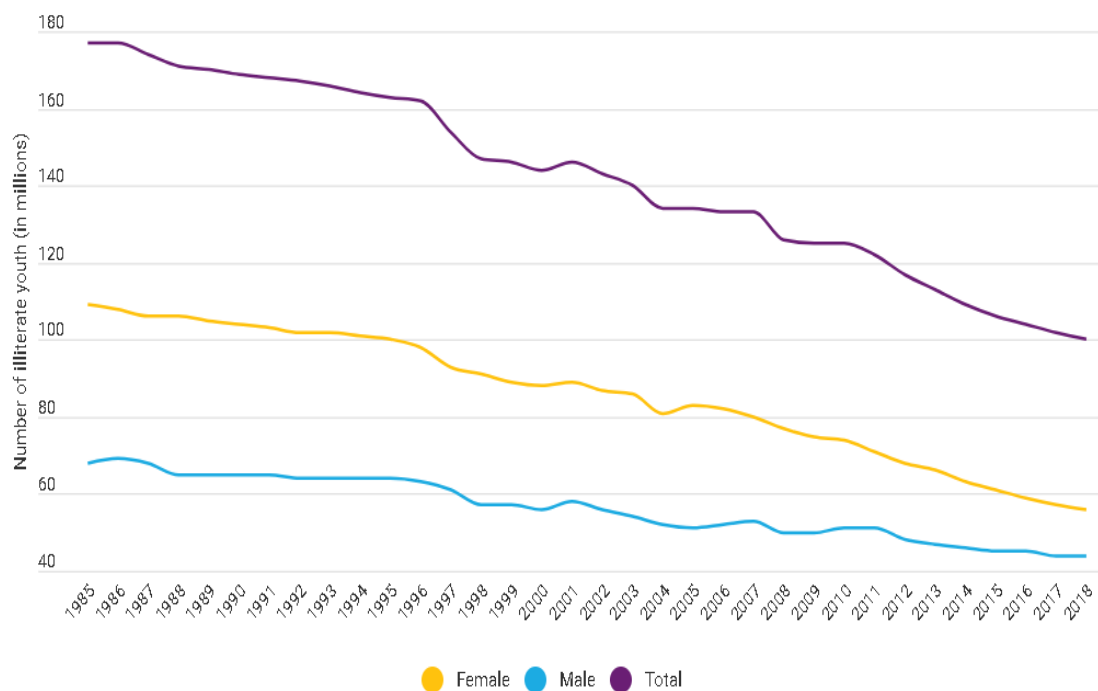


Figure 7. Number of illiterate youth (aged 5-24 years) worldwide, 1985-2018, in millions  
 Source: UNESCO Institute of Statistics Global Database, 2019

Migration data show a worrying situation, if the share of children aged 0-17 in the total number of migrants (including refugees) is about 12%, then this share among refugees reaches the level of 50%. Thus, we find that a large part of those who suffer the consequences of armed conflict are children, which increases the risks related to their health and even their lives (Figure 8).

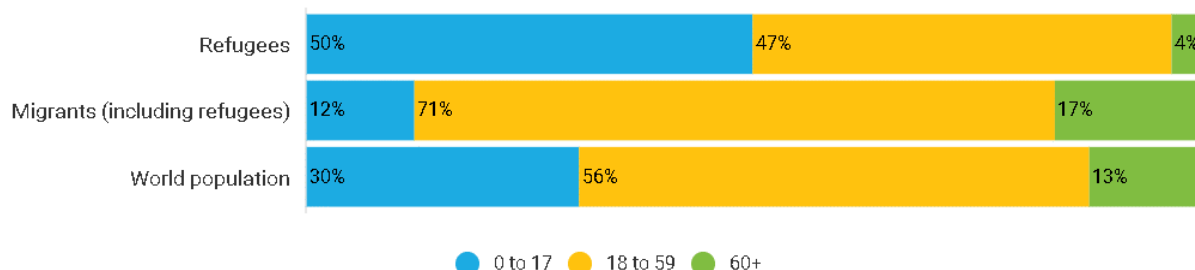


Figure 8. Age distribution of refugees (2018), international migrants (2019) and total population (2019) (percentage)

Source: UNICEF analysis

While global youth literacy rates have risen since 2000, gender disparities persist, with women accounting for about 56% of today's illiterate youth population. Sub-Saharan Africa, the Middle East and North Africa and South Asia face the largest gender gap in youth literacy. The largest gender differences in youth literacy occur in West and Central Africa to the detriment of young women (Figure 9).

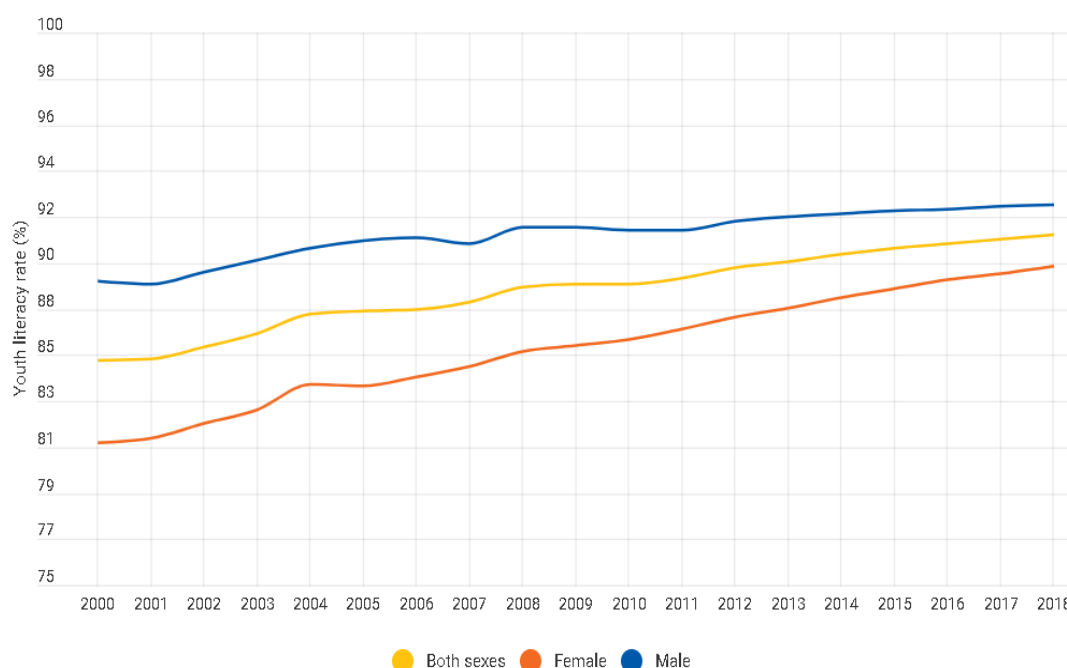


Figure 9. Youth literacy rate (ages 15 to 24 years), by sex, 2000-2018

Source: UNESCO Institute of Statistics Global Database, September 2019.

Data on youth participation, inclusion and development are quite limited, as global levels of dynamics are not available to determine the trend towards the situation with young people.

At the level of the European Union, we point out that the share of people aged 15-34 tends to increase in recent years, but only a quarter of these young people are involved in the educational training system (Figure 10).

At the same time, we note that the rate of young people aged 15-29 who are not involved in



the education system or employed decreased in the period 2010-2019, which is considered as positive trend, as it increases the chances of young people to better social inclusion and decent standard of living (Figure 11).

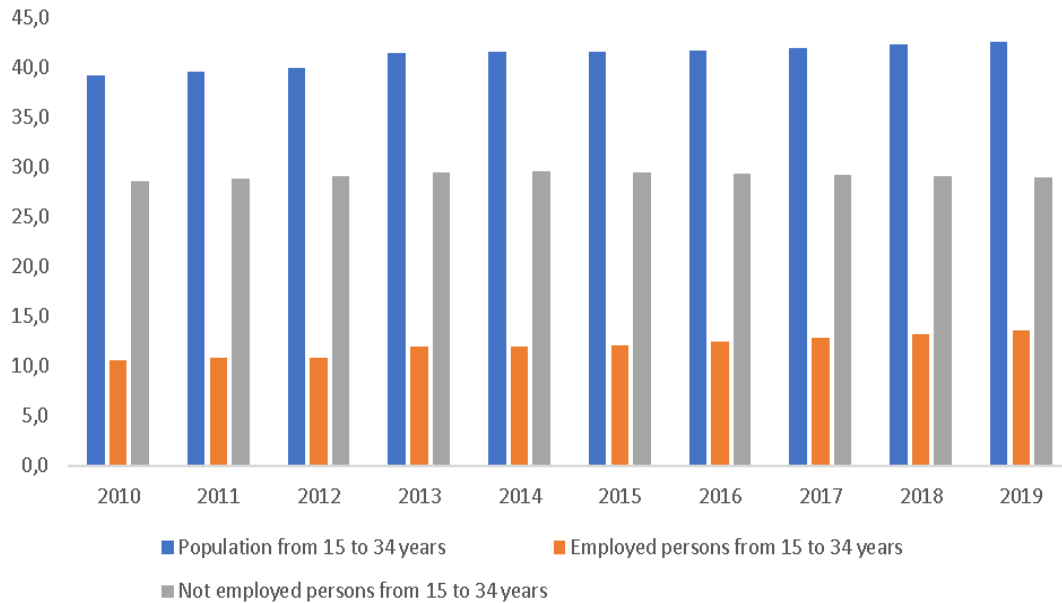


Figure 10. Participation rate of young people in education and training in European Union, %  
 Source: developed by the author based on data provided by the EuroStat  
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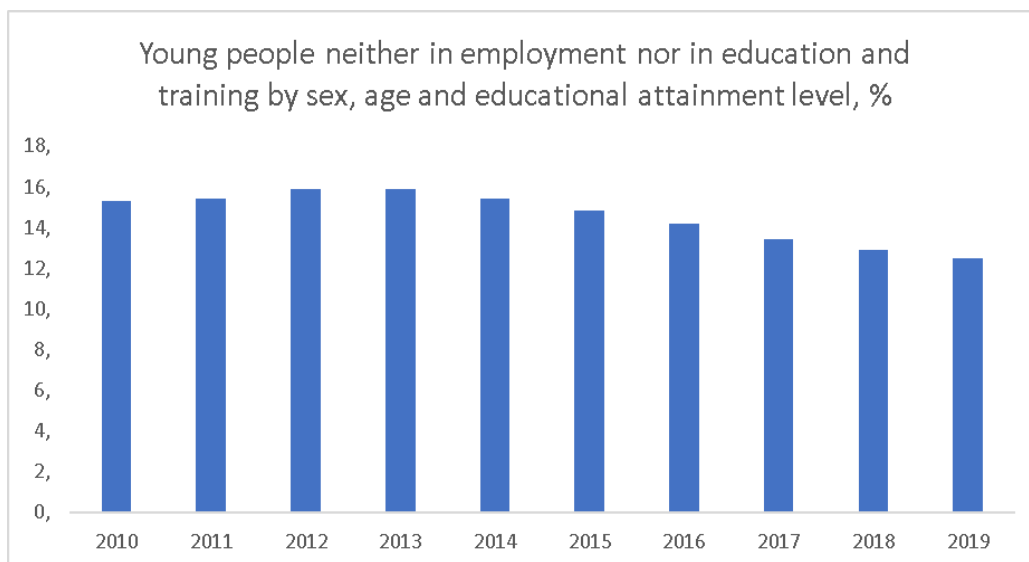


Figure 11. Proportion of young people (aged 15 to 29) who are not in education, employment or training in European Union, %

Source: developed by the author based on data provided by the EuroStat  
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In our opinion, the analytical approach of the concept of „safe motherhood” can not be limited only by two indicators presented above. The international practice considers that safe motherhood has to be ensured and promoted through several specific legally established human rights. Several human rights can be applied cumulatively and interactively to promote the particular interests of mothers, namely:

- a) ***Rights related to life, survival and security of the person;***
- b) ***Maternity and health rights;***
- c) ***Rights to non-discrimination and due observance of differences;***
- d) ***Rights related to information and education.***

a) ***Rights related to life, survival and security of the person*** refer to:

✓ *The right to life and survival*, which is the most obvious right that could be applied to protect a woman at risk of death at birth due to lack of obstetric care. The right to life is interpreted in the European Convention not only to require states to take measures to prevent intentional killing, but also to take the necessary measures to protect life against unintentional loss.

✓ *The right to freedom and security of the person* is one of the strongest defenses of individual integrity and the right of women to free choice of motherhood.

✓ *The right to be free from inhuman and degrading treatment*. The decisions of human rights tribunals have required states to ensure that health services are provided when denying them would constitute inhuman treatment.

b) ***Maternity and health rights*** include:

✓ *Maternity rights*, which have been developed through interdependent rights that require maternity protection in general, maternity protection during employment in particular, the rights to marry and start a family and, for example, the rights to freely choose maternity and private and family life.

✓ *The right to the highest achievable health standard*. These standards are that women-friendly health services should: be available, accessible, acceptable and acceptable; comply with technical standards of care by providing a continuum of services in the context of integrated and strengthened systems; be implemented by motivated and supported staff of supervised, team-based training and performance evaluation related to incentives; and empowering users as individuals and as a group, respecting their rights to information, choice and participation.

✓ *The right to the benefits of scientific progress*. Scientific progress can play a vital role in reducing maternal mortality and morbidity rates. One of the most fundamental ways to reduce risk during pregnancy is to give women the ability to plan the number and timing of their pregnancies; this can be most easily achieved by using birth control technologies.

c) ***Rights to non-discrimination and due observance of differences*** call on states to take action against discrimination in all areas of civil and political rights, as well as economic, social and cultural rights, including in the field of health. States are also obliged to eliminate laws, policies and practices that discriminate on specific and unspecified grounds ("other status"). It is therefore necessary to examine ways in which states ensure that they eliminate discrimination on the grounds of race, color, sex, national or social origin. These are not the only prohibited grounds for discrimination that are risk factors for unsafe motherhood.

d) ***Rights related to information and education*** cover:

✓ *The right to receive and transmit information*. Rights to information itself and access to reproductive health services, in particular, are two of the most vital reproductive rights. In order to make informed choices about their reproductive lives, women must be able to receive information about family planning methods and services and have access to the methods and services they consider preferable.

✓ *The right to education*. There is a strong relationship between girls' access to education and literacy and the reduction of maternal mortality. Key factors in reducing maternal death in a number of countries have been the combined effects of education and empowerment strategies for girls and improved access to necessary health services [3].

The analysis of the data related to the children's rights reveals that a significant part of children globally is in situations that endanger the realization of fundamental rights, here we refer to the right to life and health. At the same time, a very large number of children globally do not have the opportunity to realize their economic, social and cultural rights fully or not at all.

The consequences of the Covid-19 pandemic have worsened the situation of children's rights. The number of children living in monetary poverty has increased, and the situation of children in families who do not have access to social protection instruments is even worse. At the same time, the specificity of this category of population is that children are dependent on adults, so the poverty in which they live should not be assessed only financially, but multidimensional: limited or no access to education, health care, housing, nutrition, sanitation or water. UNICEF research based on an analysis of the situation in more than 70 countries shows that about 45% of children were severely deprived of at least one of these critical needs before the global pandemic. The situation of children will worsen further if state governments do not take relevant measures to remedy the existing conditions of children.

The potential losses for today's young generation and for the development of human capital are difficult to estimate, but the pandemic has affected the right to education of more than 1.6 billion children and young people in 188 countries, which has closed schools. After the transfer to online education, more than 450 million children worldwide could not access distance learning, and the real number of pupils and students who do not have access to distance education is even higher.

Finally, even if children appear to be largely exempt from the direct impact on COVID-19 mortality, the indirect effects resulting from tense health systems and disruptions to life-saving health services, such as immunization and prenatal care, can lead to devastating increases in child deaths. The pandemic threatens to reverse decades of progress around the world in eliminating preventable child deaths.

#### **4. Conclusions**

Respect for the right to "maternal protection" guaranteed by the international treaties to which the Republic of Moldova has acceded, as well as by Article 50 of the Constitution, can be interpreted as satisfactory, as the levels of basic indicators recommended worldwide for monitoring maternity protection reveal positive trends.

However, the multidimensional approach to "maternal protection" in terms of human rights, such as life rights, survival and security of the person, maternity and health rights, non-discrimination rights and due respect for differences, as well as information rights and education reveals the need for in-depth analysis in order to perceive the real situation regarding ensuring a safe motherhood for women.

The analysis of the Global framework of indicators recommended for assessing the degree of respect for children's rights reveals that many indicators are developed and measured both globally and at the state level, which contributes to the implementation of policies to address critical situations.

Regarding the analytical aspect of respecting the rights of young people, we note that due to a lack of clarity on the concept of youth and the special regulation of this category of people, which partially falls on children and adults, it is not possible to analyze extensively this domain. Thus, we recommend to develop a comprehensive framework of indicators covering all strategic areas of youth sector development, so that the situation of young people's rights and their special protection can be monitored and remedied in time and space.

This research paper is developed within the project "**Human Rights in the Republic of Moldova: financial dimension and consolidation through the efficient public expenditures management**" (code 20.80009.0807.35).

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