Sexual and Reproductive Health

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This lecture will discuss some key sexual health issues that females face through their life, which have a human rights consideration :

- Maternal mortality
- Fertility control
- Violence and sexual abuse against women
- Sex-selective abortion
- Female genital mutilation
- Unsafe abortion
- Obstetric Fistula
- Human Trafficking

Maternal mortality

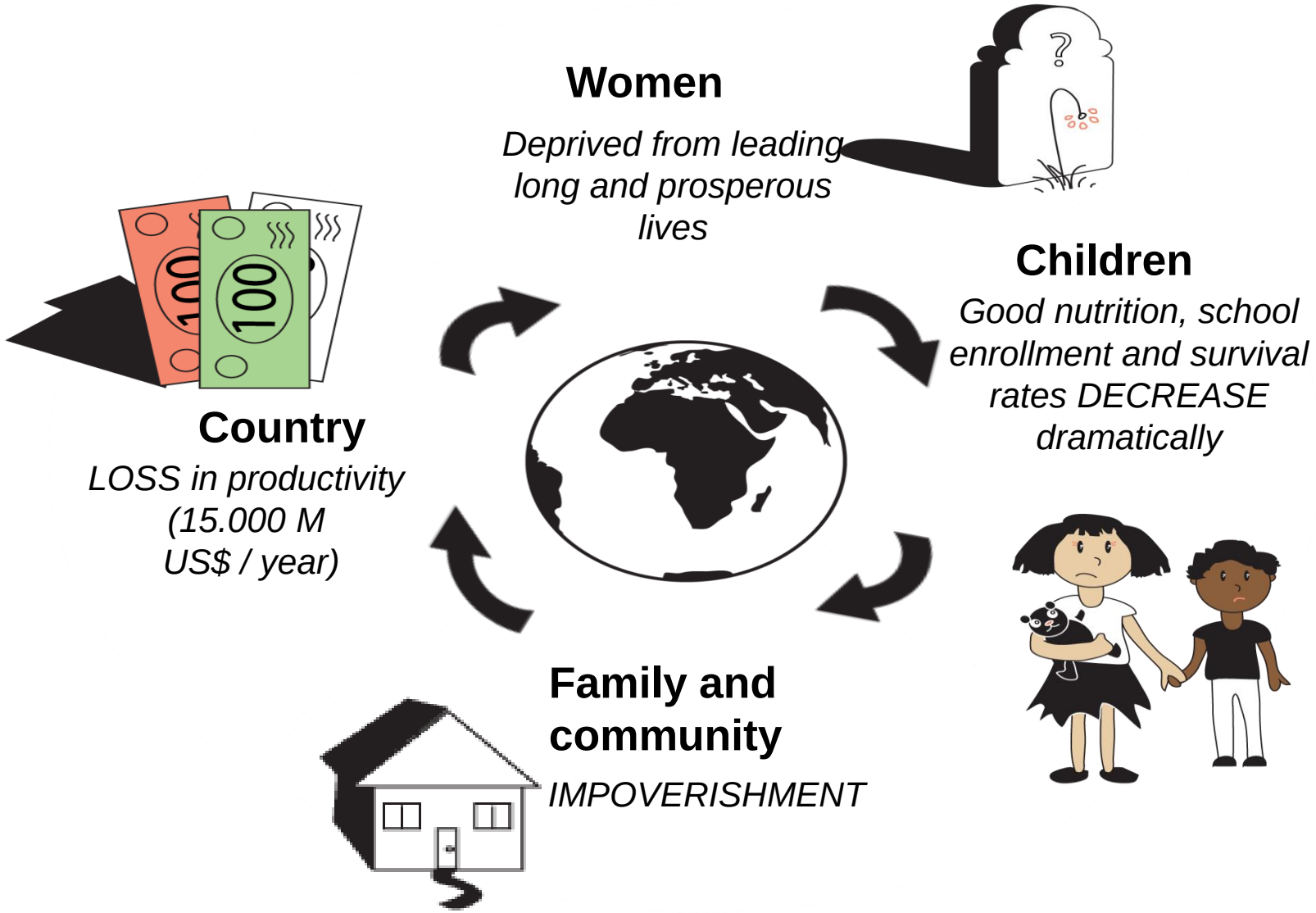
- **Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.**
- **99% of all maternal deaths occur in developing countries.**
- **Maternal mortality is higher in women living in rural areas and among poorer communities.**
- **Young adolescents face a higher risk of complications and death as a result of pregnancy than other women.**
- **Skilled care before, during and after childbirth can save the lives of women and newborn babies.**
- **Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.**
- **Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.**

Maternal mortality

- Pregnancy is not a disease and childbirth universally celebrated
- For some experience of childbirth is not joyful and have fatal outcomes
- The exact no of women dying each year from pregnancy and childbirth complications are unknown
- Most mothers that die are poor or live in remote rural areas
- In most of the developing countries where maternal mortality is the highest, maternal deaths are rarely recorded and when they are , the causes of death are usually unknown

A mother death has

a domino effect in developing countries :



Maternal Mortality Ratio (MM Ratio)

- By expressing maternal deaths per live birth, the MM Ratio is designed to express direct or indirect obstetric risk:
- MMRatio = (MD/Live births)* 100000 where MD is the number of maternal deaths in a specified period, and live births is the number of live births in the same period

Maternal death

The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced:

Pregnancy-related death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

What Is The Difference Between a Maternal Death and a Pregnancy-Related Death?

- Maternal death has two criteria:
- Temporal relationship to the pregnant state
- Causal relationship to the pregnant state
- Pregnancy-related death has only one criterion:
- Temporal relationship to the pregnant state:
- While pregnant or during the 42 days following the termination of the pregnancy

Live birth

- Refers to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life - e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles - whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

Data sources

- Vital registration, health service records, household surveys, census.
- The data collection method determines whether one measures maternal or pregnancy-related deaths

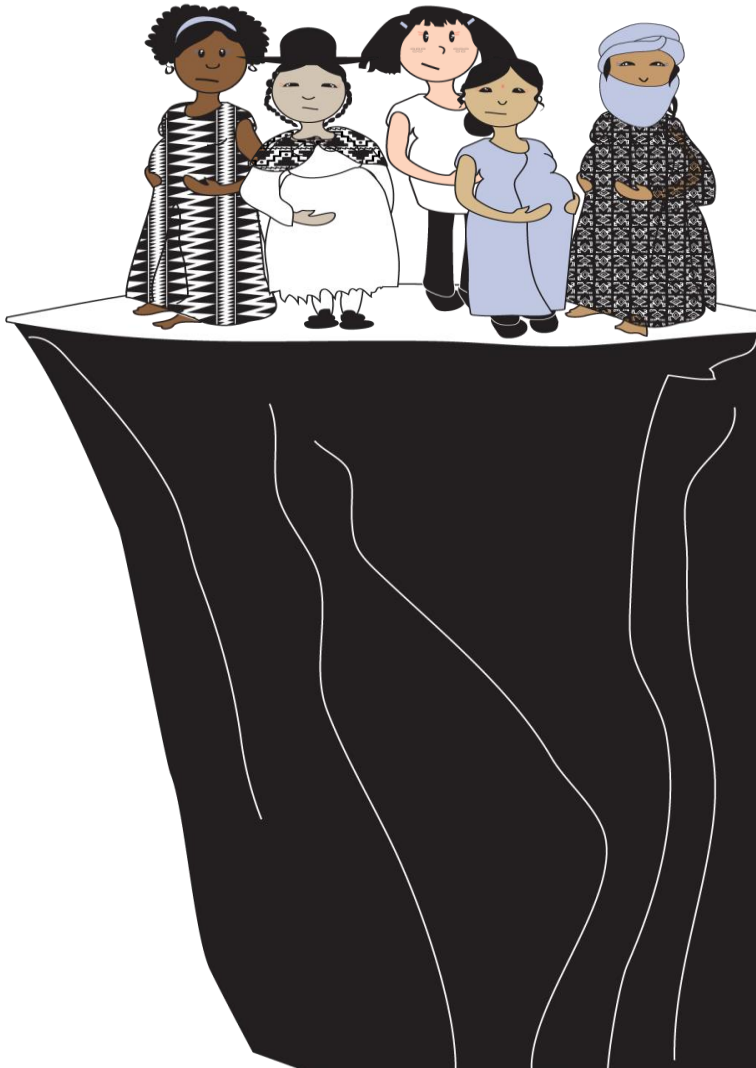
- Identifying maternal deaths requires either death certification by an attending physician or a verbal autopsy

- Household survey methods frequently used in low/middle income countries (LMICs) simply ask time of death relative to pregnancy and thus measure pregnancy-related death

- It is difficult to measure maternal mortality because:

- it is a rare event in a large sample size
- due to lack of vital statistics
- attribution of cause is not reliable and it underestimates the numbers
- Differentials in definitions
- Differentials in interpretation

In many settings what we DON'T *know* *prevents us from reducing* ***MATERNAL MORTALITY***



The solution starts with…

Political will =

Allocating more resources so that every country can
Achieve a <u>minimum</u> set of vital data.

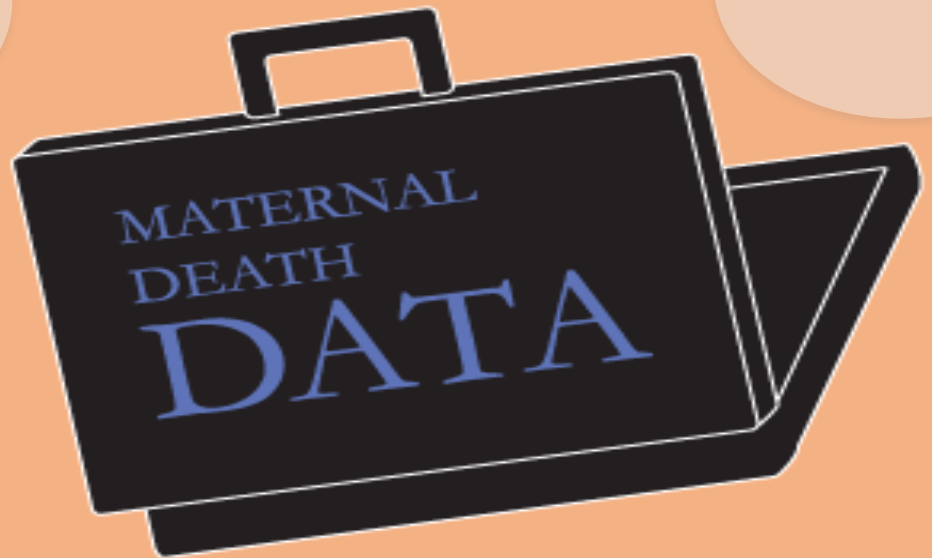
To effectively address maternal mortality…

We first need to find out what women die from
By employing efficient, easy-to-implement, and cost-effective **tools to measure mortality** and help **close the data gap!**

Household surveys

Verbal autopsy

Civil Registration system



Census

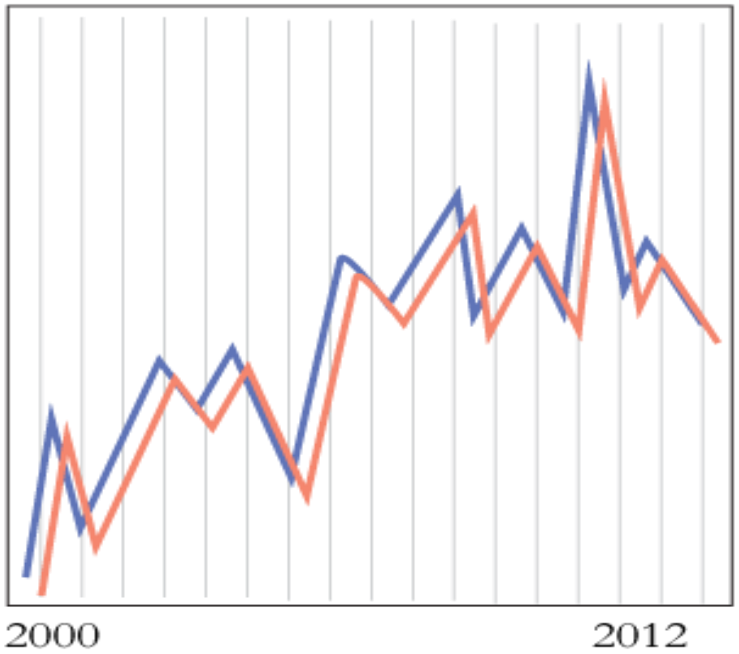
Minimal invasive autopsies

Reproductive-age mortality studies

Better data means...

Designing
better interventions
and programs

Monitoring
maternal mortality trends



Reliable data on the levels and causes of maternal death can be used for :
- Planning, Monitoring & Evaluating programs.
-Priority setting and Advocacy
-It is important to increase awareness about safe motherhood, encourage accountability, and raise funds.

Better maternal health.

Fertility Control: a human right or a human obligation?

- **No one would question the inherent good in pollution control or nuclear arm control, but when it comes to birth control, it becomes controversial.**
- **The problem is that control measures are applied without attention to the privacy of fertility decisions, particularly among the poorest in the world, for whom children often represent security, hope, and an asset for the future.**
- **Policies formulated at the national level and executed in a manner unrelated to health priorities at the local level has led to severe conflicts.**

Fertility Control: a human right or a human obligation?

- In India, after compulsory sterilization of the mid-1970s, the concept of family planning became associated with coercion (use of force), and contraception decreased to very low levels. Planning was renamed into “welfare”.
- In China, people were obliged to reduce the number of children, but that coercion was more successful in china because there was no freedom of speech to protest against the political force put upon families’ reproductive decisions.

Domestic Violence/Intimate Partner Violence

The UN **definition** of IPV: “any act of gender-based violence that may results in physical, sexual or mental (emotional/psychological) harm or suffering to women, including threats of such acts, coercion, or deprivation of liberty, whether occurring in public or private life.

- It is widespread around the world: A WHO multi country study found that between 15% and 71% of women aged 15 to 49 years reported physical and/or sexual violence by an intimate partner at least once in their life.
- **Health consequences**: include injuries, chronic pain, STIs, depression, post-traumatic stress disorder, suicide attempts, permanent disability, or death.
- **The perpetrators** are more likely to be men who are less educated, unemployed, or under the influence of alcohol and other intoxicating substances.

Domestic Violence/Intimate Partner Violence, cont.

- **Risk Factors:** Violence is always directed towards the weaker and more fragile person. Poorer, uneducated, younger age of marriage, having many children, and less empowered women are more likely to be victims of IPV. Wealth of the household is not related to domestic violence.
- Children who grow up in an abusive family, are more likely to use violence with others, and to abuse their own children.
- **Screening and Management of IPV**: Women who have been abused usually seek care for other complaints when they go to emergency departments or clinics….. They are ashamed or frightened to admit that their injuries were a result of IVP. Routine screening for IPV is endorsed by many health professional organizations. Barriers for screening are no time, lack of effective interventions, patient unwillingness to disclose, and fear of offending the patient.

Sex-selective abortion

- Although sex determination for the purpose of sex selection is **illegal** in the two countries where it is most common (India and China), sex-selective abortion remains creating a major disparity in sex ratio.
- The number of male babies born per 100 female babies is called the sex ratio at birth. Normally is 102 to 106 males per 100 females. In affected countries, this ratio is 110 to 130. Around 1.5 million girls are missing at birth every year.
- The shortage in girls does not lead to an increase in their status as individuals, even if it does increase their value as a commodity. Rather, girl shortage contributes to greater family control and more restrictions on girls' movement and behavior, it also increases female trafficking and early and forced marriage.
- Three factors influence sex selection before birth: son preference (the key determinant), sex selection technology, and low fertility levels. Son preference is deeply rooted in some cultures regardless of education, income, or urbanization.

Table 4-7. Most recent estimates of sex ratio at birth in various countries, 2007–2011.

Country/Regions	SRB	Period	Data source
East and Southeast Asia			
China	117.8	2011	Annual estimate
Anhui Province	128.7	2010	2010 census
Fujian Province	125.6	2010	2010 census
Hainan Province	125.5	2010	2010 census
Hong Kong	116.2	2011	Birth registration*
Taiwan	108.4	2009	Birth registration
Singapore	107.5	2009	Birth registration
South Korea	106.7	2010	Birth registration
Vietnam	111.2	2010	Annual demographic survey
Red River Delta Region	116.2	2010	Annual demographic survey
South Asia			
India	110.5	2008–10	Sample registration
Punjab State	120.3	2008–10	Sample registration
Haryana State	117.9	2008–10	Sample registration
Uttar Pradesh State	114.9	2007	Population and demographic survey
Pakistan	109.9	2007	Population and demographic survey
West Asia			
Azerbaijan	116.5	2011	Birth registration
Armenia	114.9	2010	Birth registration
Georgia	113.6	2009–11	Birth registration*
Southeast Europe			
Albania	111.7	2008–10	Birth registration*
Montenegro	109.8	2009–11	Birth registration

Source: National Statistical Offices, Eurostat. Sex Imbalances at Birth: Current Trends, consequences and policy implications. UNFPA Asia and the Pacific Regional Office. 2012. http://www.unfpa.org/public/home/publications/pid/12405
*Provisional data.

Female Genital Mutilation (FGM)

FGM (Referred to as “female circumcision”), as defined by the WHO, “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

- The UN defined FGM as a **human rights violation**, and was banned in 2012.
- 100 to 140 million women have been subjected to FGM in the world.
- Mostly performed on girls less than 15 years, but this varies from one community to another. FGM practice predates the founding of both Christianity and Islam, and it seems to be rooted in Africa, in addition to certain populations in India, Malaysia, and Indonesia (see Figure 4.9).
- FGM has no benefits, it is painful and traumatic. It harms girls and women in many ways. Parents seek FGM for their girls with good faith to preserve their virginity prior to marriage. FGM is performed usually by traditional circumcisers. FGM is decreasing with increasing education of mothers.
- There are many immediate and long-term physical and psychosexual health complications of FGM, in addition to childbirth complications.

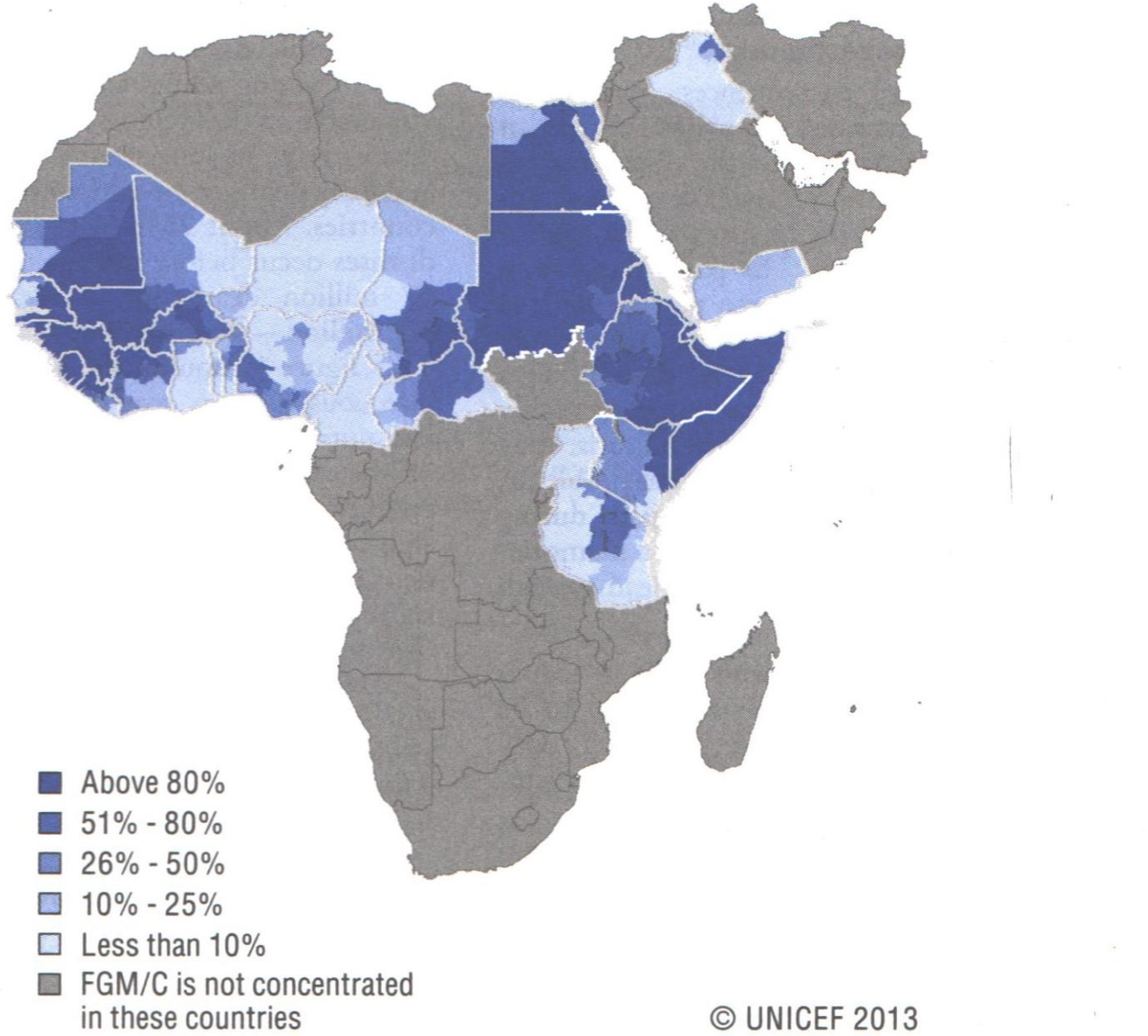


Figure 4-9. Percentage of girls and women aged 15-49 years who have undergone FGM/C, by regions within countries. Map not to scale. Source: United Nations Children's Fund (UNICEF). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. UNICEF. New York, NY: 2013. (Reproduced with permission.)

Unsafe Abortion

Most of the disability, morbidity, and mortality associated with abortion is the result of unsafe abortion, mostly in low- and middle-income countries in which abortion is legally restricted.

- Unsafe abortions is a procedure for terminating unwanted pregnancy by persons lacking the necessary skills, with inappropriate equipment, poor technique, and/or unhygienic conditions.
- The WHO estimated that of the 211 million pregnancies worldwide each year, about 46 million end in induced abortion. Only about 60% of abortions carried out each year worldwide are safe.

Unsafe Abortion

- The mortality rate for unsafe abortion is at least 100 times greater than safe abortion.
- In countries with high rate of maternal mortality, one third of maternal deaths could be avoided through an effective family planning program.
- In countries where abortion laws are more liberal, and abortion is a common method of family planning (eastern Europe and Japan), it is essential that these services be widely available, so that women do not turn to unsafe abortion providers.

Obstetric Fistula

An obstetric fistula is a condition in which a hole opens in a woman between the bladder and the vagina, or between the rectum and the vagina. This results in urine or feces leaking through the vagina.

- It is estimated that 2 million women worldwide are living with a fistula.
- Early childhood marriage (young mothers) is the most common cause of **obstructed labor** resulting in fistula, in addition to undernutrition, multiple births in addition to Female genital mutilation and trauma (rape or sexual violence).

Obstetric Fistula

As a consequence, the child dies in childbirth, and the mother suffers a lifetime of pain and discomfort from chronic infection and poor hygiene.

- Women with fistula are abandoned by their husbands and terribly socially stigmatized, where some communities view fistula as a curse and hide women away, rather than realizing that it is a medical condition.
- Most women with fistula are unaware of the any opportunities for repairing their fistula or getting support to help them return to normal life.

Human Trafficking

A modern-day form of **slavery**, every year, as many as 27 million men, women, and children around the world are subject to force, or coercion for the purpose of forced labor or sexual exploitation. It is a **global** problem.

- The International Labor Organization (ILO) conservatively estimates that 21 million persons are labor trafficked around the world.
- Trafficking victims are of all ages, races, nationalities, socioeconomic status, sexual orientation and educational levels. The perpetrators come from the same categories.
- Human trafficking can have many forms: children abducted to serve as combatants can be sexually abused, migrant workers with unsafe working conditions with huge debt pay their debt with sexual favors, domestic servants in an informal workplace may be physically, socially, and/or culturally isolated.

Human Trafficking

- ❑Street children, runaways, or children living in poverty can fall under the control of traffickers who force them into begging rings. Poor people recruited for organ trafficking (sale of a kidney).
- ✓ The Health care provider may be the first responder to the person who is being trafficked. Victims are likely to seek care as a onetime visit in an emergency department or free community clinic, with severe health problems. The trafficker may kill the victim if very sick.
- ✓They may be accompanied by someone who claims to be a relative who speaks on behalf of the person. The provider should be suspicious when observing unusual trauma or fearfulness, and can have a confidential discussion with victim.
- ✓Careful documentation of findings from history and physical examination can support any legal investigation later on.