AMWHO 2019 International Conference

EMRO

Eastern Mediterranean Region

Regional Guide

AMWHO

Break the Stigma:

Sexual and Reproductive Health

SUMMARY

The World Health Assembly's Eastern Mediterranean Regional Office has recently been plagued by many wars and unparalleled levels of violence. This has increased the number of displaced people in this region. A large population of people live in refugee camps in Jordan and Lebanon. These camps do not always have the resources required to provide good maternal and newborn health. Additionally, contraceptive methods may not always be available and health clinics, specially for adolescents cannot always be a reality. Policies that cater to this region should consider the political and social climate and discuss ways around some barriers that are important in this region, like refugee status, religion and economic disparity.

REGIONAL TOPICS

Maternal and Newborn Health

Between 1990 and 2015, neonatal mortality in the Eastern Mediterranean region was reduced by 37%, as compared to a 48% and 54% reduction in under-5 and maternal mortality, respectively. Neonatal deaths constituted more than 50% of under-5 deaths in the region in 2015. The leading causes of neonatal mortality in the region are: prematurity, intrapartum complications, neonatal sepsis and congenital anomalies [1].

With respect to maternal health, the most important factors that contribute to the maternal health situation are community awareness about life-saving practices in pregnancy, childbirth and home care for children, literacy and female education, fertility and family formation patterns, and quality of health care delivery systems. Unfortunately, for many years the Eastern Mediterranean Region has been devastated by man-made disasters and conflicts which have tremendously affected the health of the populations in some countries, especially the vulnerable groups such as children and mothers [2]. It will be important to keep these situations in mind while addressing maternal and newborn health in the region.

Case Study: Initiatives that have worked in the region [3]
The Regional Office has adopted the Safe Motherhood Initiative as a priority strategy to protect and promote maternal health in countries of the region. As a result, maternal health care delivery indicators have improved significantly. Between 1990 and 2004, the percentages of pregnant women and deliveries attended by skilled personnel increased by 114% (from 28% to 60%) and 47% (from 36% to 53%) respectively. Nevertheless, if current trends continue, some countries will not be able to achieve the targets of the Millennium Development Goals. Therefore, concerted acceleration efforts are urgently needed, particularly in priority countries.

The adoption of the Making Pregnancy Safer strategy is expected to accelerate the reduction of maternal morbidity and mortality through: 1) strengthening health care delivery systems; 2) improving knowledge and skills of health workers about early detection and management of complications in pregnancy and delivery; and 3) educating women and their families about the risks mothers may encounter and about the appropriate actions that need to be taken should danger signals be identified.

Adolescent Health

Researchers who worked on identifying research gaps and emerging priorities in sexual and reproductive health in the region identified six main priorities. Of the six main priorities, the ones concerning adolescent sexual health include addressing adolescent violence and early pregnancy (especially in the context of early marriage) and increased evaluation and improvement of adolescent health interventions including contraception [4].

There are few national government programs addressing young people's sexual and reproductive health in the Arab region, with the exceptions of Tunisia and Iran. There is also a lack of population-based data to guide such programs. Although the strong emphasis on the integrity and strength of the family unit has a protective effect, young people lack access to information. Education curricula that include these topics are rare and where they do exist, relevant sections are frequently skipped over by teachers, who are unprepared. Health service providers neither recognize the needs of this age group nor make young people welcome, particularly those who are unmarried. Taboos surrounding discussion of sexuality remain a key constraint, and data on unwanted pregnancy abortion, violence against women, and STIs/HIV/AIDS is limited in the region [5].

Case Study: Early marriage and pregnancy among Syrian adolescent girls in Jordan [6]

The Syrian crisis is considered one of the biggest emergencies in human terms since the World War II. It has left almost five million women of reproductive age, without adequate proper sexual and reproductive health education, vulnerable and in need of assistance. In Jordan alone, over 650,000 Syrians have sought refuge. Here, there are 156,000 registered women of reproductive age of which 42,000 girls are between 12 and 17 years.

Today, thousands of adolescent girls who are physically and mentally transitioning from childhood into adulthood are exposed increasingly to emotional stress, social instability, and exploitation, including sexual and gender-based violence (S-GBV). While this humanitarian crisis unfolds, there has been a dramatic increase in early marriage and early pregnancy amongst adolescents putting them at high risk of maternal mortality and morbidity.

For example, the percentage of underage Syrian refugee girls who registered their marriages in Jordan increased three times from 2011 rates, to reach 32% of all marriages by 2014. Child marriage was already an acceptable practice inside Syria before the crisis, but now the strains felt upon families has led to a dramatic increase in this phenomenon. Despite efforts to prevent early pregnancy through multi-sectoral effort and, in particular, through S-GBV awareness and family planning, few girls are able to attend reproductive rights sessions and access services, and even when they do, their choices and ability to make decisions remain limited. Many refugee girls already face steep challenges to continue their education due to economic and social barriers, and early marriage and motherhood virtually ensures the end of educational opportunity. Additionally, some girls see marriage as a means to lift restrictions on their movement and social life, which are limited as families perceive greater risk for girls in camps or communities where traditional social systems are broken down and see confinement as the best means of protection.

Middle aged and Elder Health

Increasing life expectancy along with decreased birth rate and population growth rate in recent years have caused increased percentages of elderly population over recent decades. A global study looking at sexual attitudes and behaviors of older adults, aged 40–80, from 29 different countries confirms that “sexual desire and activity are widespread among middle-aged and elderly men and women worldwide and persist into old age [7]. Studies have shown that elderly or middle aged populations are less likely to use contraceptive devices like condoms that also help in reducing the likelihood of STI (sexually transmitted infection) transmission.

This leads to health outcomes that could be prevented with more sexual health awareness programs that are targeted at elderly populations. This would ensure that middle aged and elderly populations make more educated choices when it comes to their sexual and reproductive health. In the middle and low income setting, it is also considered a taboo to discuss such topics so any programs that are formed would need to keep social norms and customs of the culture in mind. Additionally, when women hit menopause, their risk of chronic disease or breast cancer increases [8]. Health programs should make women aware of this and make sure that they get screened regularly.

Case Study: A Reproductive Health Assessment in Iran [9]
A Reproductive Health needs assessment in the view of elderly men and women in Iran looked into problems and demands with respect to sexual and reproductive health in these populations. Women's reproductive health problems were problems associated with menopause, family planning, sexual problems, and diseases and cancers. Reproductive health problems in men were in two main sub themes namely, urinary-reproductive problems and sexual dysfunction. Their main demand was for establishing a health center for geriatric reproductive health. The research concluded that aging has severe effect on men's and women's reproductive health and elderly people's need health services to cope with changes, therefore these needs should be considered in medical curriculums.

Reproductive Health and Rights

Reproductive health and rights in this region covers a broad range of topics including, transgender rights, rights of the woman to make decisions regarding pregnancy etc., sexual violence and child marriage.
Educated women have been shown to possess greater reproductive autonomy in the region as was demonstrated by a study conducted in Egypt, in which a large discrepancy in the rate of contraceptive usage was identified between university-educated women (93%) and illiterate women (33%) [5]. Contraceptive usage has important implications for reproductive and maternal health in the region, as unintended pregnancies may result in unsafe abortion and the unavailability of contraception may lead to multiple pregnancies, which can have a detrimental effect on the health of mothers. Condom usage also serves the dual purpose of preventing both pregnancy and sexually transmitted infections (STIs), including HIV.

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women and can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. More than 200 million girls and women alive today have been affected in 30 countries in Africa, the Middle East and Asia where FGM is concentrated. It is mostly carried out on young girls between infancy and age 15 and is a violation of the human rights of girls and women [10]. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized [11].

Citations:
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