AMWHO 2019 International Conference

EURO

European Region

Regional Guide

AMWHO

Break the Stigma:

Sexual and Reproductive Health

SUMMARY

Europe consists of very diverse countries with citizens who represent a wide range of cultures and views. Recently, there has been an increase in the number of refugees living in Europe. This has become a key factor to address when talking about sexual and reproductive health in the region. Refugees tend to have comparatively lower levels of access to health centers and may face problems with health insurance, especially countries in which the state contributes to healthcare costs for their citizens. In cases concerning adolescent reproductive health as well as maternal and newborn health, this can lead to worse outcomes. Inequalities in access due to economic or social structure must be examined when looking at policy to improve social and reproductive health in Europe.

REGIONAL TOPICS

Maternal and Newborn Health

In the 53 Member States in the WHO European Region, particular groups of women have a higher risk of adverse outcomes of pregnancy and birth, including: adolescents, migrants and women with low socioeconomic status or education level. Poverty is strongly associated with poor reproductive health. These groups often do not seek antenatal care and experience violence during pregnancy. To address these issues, the region should strive to further improve quality of care and decrease inequality with respect to the social determinants of sexual and reproductive health access. These are all important factors for reducing the maternal mortality rate in the region. [1]

Case Study: Evidence-based medicine to improve health outcomes [2]
The use of evidence-based medicine (EBM) to train midwives and healthcare professionals in Moldova has shown promising success in the country, from introduction of the women's partners at deliveries to the implementation of more effective treatment for complicated conditions such as pre-eclampsia. This effort, headed by Dr. Hodorogea in Moldova, states that every measure taken in medical care should be based on the best available scientific evidence. Accomplishing this involves a process of systematically searching for and evaluating contemporary research findings, and incorporating them into practice. This means that EBM requires new skills of medical professionals, including the ability to seek information efficiently and assess results.

Adolescent Health

In the European Region, there are 99 million adolescents (aged 10–19), accounting for 14% of the population. There are ways to reach and engage young people and give them accurate and individual information and advice on sexual and reproductive health, while developing their skills to deal with issues satisfactorily and responsibly. Some countries now have youth-friendly primary care drop-in centers, networking sites and special events.

As adolescents change and develop, they are often denied education, information or health services that will help them to make capable, informed choices, for fear that sexual education will encourage sexual activity. Unapproachable and judgmental health care professionals, laws requiring parental consent to make services available for adolescents, prohibitive costs and inflexible opening hours of facilities contribute to this problem.Young people in the region are at risk of low esteem, unwanted pregnancies, induced abortions and sexually transmitted infections. [3]

Case Study: Bosnian Coalition's Youth Information Center [4]
The coalition aimed to improve sexual and reproductive health information for young people by advocating for and providing youth-lead information, education and counseling sessions. In order to reach the entire community, the campaign relied heavily on youth adult partnerships. The campaign included developing sexual health information and education centers within existing youth NGOs in four different cities. Each center provided youth with information and education materials as well as free contraceptives and access to peer educators. The peer educators referred requesters to local youth friendly sexual health services.

The peer educators' campaign used the media extensively, and 61 events were covered by the press during the first year. To reach the media, peer educators made contacts with younger employees of media outlets. The younger employees were able to take story ideas and information about newsworthy events to their superiors. This proved to be a successful strategy. In addition to the 61 media events during the campaign, the Coalition set 11 additional indicators for evaluating their effectiveness. The Coalition has seen a steady increase in the number of young people using youth friendly services due to referrals from the information centers. It has also received seven additional requests from youth clubs and organizations to establish information centers within their premises.

Middle aged and Elder Health

While as early as in 1994, the Program of Action recognized that "older women and men have distinct reproductive and sexual health issues which are often inadequately addressed", research, policy and programs have consistently failed to adequately attend to their needs [5]. Even data collected through Demographic and Health Surveys and health indicators focus primarily on adults of reproductive age 15–49 years. However, sexuality in later life has received growing attention in the past decade, though it has mainly centered around medical aspects of sexual functioning, with a prime focus on addressing erectile dysfunction in heterosexual men. This is likely an outcome of the successful marketing of *sildenafil* (Viagra) and other sexual performance enhancers. However, except for this strong focus on clinical/pathological aspects of sexuality, there has been a dearth of literature on sexuality, sexual and (post-) reproductive health and rights of people in later life [6]. Additionally, when women hit menopause, their risk of chronic disease or breast cancer increases [7]. Health programs should make women aware of this and make sure that they get screened regularly.

Elderly populations have shown a lower likelihood of using condoms for protected sex. Factors include low perception of risk, unsafe sexual practices, and limited knowledge about sexuality, sexual health and STIs. A paper by Dalrymple et al. presents data on the limited knowledge about HIV and other STIs among heterosexual middle-aged adults in Scotland, examining how socio-cultural factors influence the process of knowledge acquisition on STIs throughout the life course. Sexuality education and HIV information are almost exclusively targeting younger people, and HIV testing and counseling programs often deny or discourage older adults from HIV testing as a result of misconception about their risk [8].

Reproductive Health and Rights

In recent decades European countries have made significant progress in their efforts to eliminate the restrictions, discrimination, coercion and violence that women face throughout their sexual and reproductive lives. Simultaneously, vast improvements have been made across Europe in the delivery, quality and accessibility of the many forms of sexual and reproductive health care that women need. Yet despite these important achievements, in many parts of Europe women's sexual and reproductive health, autonomy, integrity and decision making remains threatened and violations of women's sexual and reproductive rights continue [9].

Another aspect of reproductive health and rights in the region relates to abortions. Abortion is universally practiced, but an estimated 25% of the world's population lives in the 66 countries where abortion is either prohibited or permitted only to save a woman's life. Of these, eight countries are in Europe: Northern Ireland in the United Kingdom, Ireland, Monaco, Liechtenstein, San Marino, Poland, Andorra and Malta. In the first six countries, abortion is forbidden outside extremely limited circumstances, for example, depending on the country, to avert a substantial risk to a woman's life, in case of severe fetal impairment or if the pregnancy is a result of a sexual assault. Andorra and Malta do not allow it in any situation [10] . Prohibiting abortion can have serious health outcomes if a woman tries to self-abort. Additionally, not having the right to choose takes away agency from a woman who will have to deal with the consequences of an unwanted pregnancy.

Women in Europe also face widespread and varied forms of violence, including sexual assault and harassment in the context of intimate partnerships, public life and in the workplace. It is estimated that at least one in every four women in Europe will face gender-based violence in her lifetime. Harmful gender stereotypes and social norms play a key role in this regard. Not only are they among the root causes of violence against women, they also undermine member states' efforts to prevent violence and ensure accountability [11].

Additionally, while many countries in Europe like Malta, Belgium and Norway score high percentages in a ranking that looks at countrys' pro-LGBTI laws and policies, some others like Turkey and Azerbaijan are on the other end of the spectrum. Turkey put LGBTI defenders in prison as part of its post-2016 coup crackdown on civil society and police fired rubber bullets at a makeshift Pride march in Istanbul. Azerbaijan police snatched gay men in Baku, beat them, and subjected them to forced medical exams. Members of the LGBTI community are often attacked in countries like Poland and Italy. Some people are concerned that the rise of nationalism and extremist views in Europe may worsen the situation in some countries [12].

Citations:

[1] http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/maternal-and-newborn-health

[2] http://www.euro.who.int/__data/assets/pdf_file/0016/126115/MPS_success_stories_brochure.pdf?ua=1

[3] http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/areas-of-work/young-people
[1] https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/advocate_eeca.pdf
[4] https://www.tandfonline.com/doi/full/10.1080/14681994.2014.939506?src=recsys
[5] https://www.tandfonline.com/doi/full/10.1016/j.rhm.2016.11.011
[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6329995/
[7] http://eprints.whiterose.ac.uk/109160/1/Dalrymple%20et%20al%202016%20socio-cultural%20influences%20upon%20knowledge%20of%20STIs.pdf

[8] http://www.equineteurope.org/Women-s-sexual-and-reproductive-health-and-rights-in-Europe
[9] https://rm.coe.int/women-s-sexual-and-reproductive-health-and-rights-in-europe-issue-pape/168076dead
[10] https://rm.coe.int/women-s-sexual-and-reproductive-health-and-rights-in-europe-issue-pape/168076dead
[11] https://euobserver.com/justice/141831