



2019 INTERNATIONAL CONFERENCE

breaking the  
stigma:

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***SEXUAL &  
REPRODUCTIVE  
HEALTH***



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# FOREWORD

Reproductive health is a crucial aspect of health and well-being, and its disparities are pervasive throughout the world. The United Nations Population Fund (UNFPA) defines reproductive health as “a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life” [1]. The overarching topic of reproductive health also includes sexual health, with regards to “the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases” [2].

Additionally, the topic of sexual and reproductive health is globally important because its underlying issues impact all nations regardless of technology, gross domestic product, or health care system development. UNFPA found that sexual and reproductive health problems are a leading cause of death and disability for women in developing nations [3]. One WHO report found that 23% of all deaths of women in reproductive years is attributable to unsafe sex [4]. However, the manner of reproductive health problems vary by socio-economic status and region. For instance, female genital mutilation (FGM) disproportionately impacts lower income areas such as sub-Saharan Africa, while the United States opioid crisis has massive health implications for addicted mothers and their children.

Within the scope of reproductive health, four important subthemes have been identified: maternal and newborn health, adolescent health, elder health, and sexual and reproductive health as a human right. Exploring and discussing topics within these subthemes are crucial to ensuring reproductive health disparities and health problems receive appropriate attention.

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**Sammy John**  
Theme Director  
AMWHO 2019 International Conference

# MATERNAL AND NEWBORN HEALTH

Maternal and newborn health is an especially pressing challenge in developing nations. Around 830 women die each day from preventable effects of childbirth and pregnancy, with around 99% of deaths occurring in low income nations [5]. While substantial progress has been made (maternal mortality has gone down about 44% since 1990), various health issues still daunt mothers and their children [6]. Common issues facing new mothers include gender-based violence, unsafe abortion, postpartum depression, drug-related complications, and maternal death and disability. Moreover, 45% of all abortions globally are still considered unsafe and risky, which pose significant danger to women and their well-being.

Mental health issues (for example, postpartum depression) amongst new mothers are relatively common, both in high income and lower income nations [7]. One study cites that 10% of pregnant women in higher income countries experience mental health issues, while 15.6% of pregnant women in lower income nations suffer from mental health issues [8]. Many women do not seek treatment (it has been estimated that 80% of cases go unreported) due to stigma or lack of resources [9].

Among other risk factors, mothers that had unwanted or unintended pregnancies are at particular risk of developing postpartum depression. Additionally, young women in lower income countries face greater risk of sexual abuse, with half of pregnancies among girls aged 15 to 19 years in developing regions estimated to be unintended [10]. It is also understood that postpartum depression may be underreported in those areas. Additionally, postpartum depression has troubling impacts on the baby, include lower birth weight, reduced immunization, and higher rates of malnutrition.

**"Maternal mortality health is a very sensitive indicator. All you need to look at is a country's maternal mortality rate. That is a surrogate for whether the country's health system is functioning. If it works for women, I'm sure it will work for men."**

**- former WHO Director General Dr. Margaret Chan**



# MATERNAL AND NEWBORN HEALTH

## Case study: US Opioid Crisis and Neonatal Abstinence Syndrome

The US Opioid Epidemic is one of the most pressing public health issues facing the American public, with rapidly escalating costs and deaths due to opioid addiction. Pregnant mothers are also prone to opioid addiction, but the impact on the developing fetus can be catastrophic as chemical substances are passed from the mother to the baby. Maternal addiction often results in neonatal abstinence syndrome (NAS), when the newborn baby experiences adverse bodily effects after withdrawal from the opioid upon childbirth [11]. The most dangerous symptoms include breathing and feeding problems, as well as low birthweight [12].

In a longitudinal study done by the American Academy of Pediatrics, NAS incidence went up fivefold between 2004 and 2014. Additionally, the total hospital cost to treat babies with NAS under Medicare has skyrocketed, increasing from around \$65 million in 2004 to \$462 million in 2014 [13].

The CDC launched the program PRAMS (Pregnancy Risk Assessment Monitoring System) to understand and prevent risky behaviors affecting the fetus in pregnant mothers, while they also publish guidance on opioid prescriptions for pregnant mothers, addressed towards doctors as well as mothers [14]. Notable rates of NAS have been observed in higher income nations in other regions such as England and Australia, yet the prevalence has stabilized unlike in the US [15]. Applying the CDC's PRAMS program on a global scale could help alleviate the effects of NAS in other regions with higher income nations impacted by this issue.



# ADOLESCENT HEALTH

Across the world, cultural, social, and religious views have impacted how adolescents perceive reproductive health and their resulting behavior. Sex education in schools heavily influence adolescent sexual behavior, being a key aspect of promoting healthy sexual activity. These education programs often tailor curricula to cultural views about pregnancy, sex, and STIs.

For example, sex education for adolescents in nations of varying socioeconomic status has emphasized abstinence until marriage as the safest and most socially acceptable sexual behavior. In some countries, religious views shape perceptions of pre-marital sex, emphasizing abstinence at the expense of proper birth control education. However, there is no evidence to support that the abstinence only approach reduces risky sexual behavior, while such programs can have adverse results by restricting access to birth control [15].

Other challenges to adolescent health include child marriage, teen pregnancy, and STIs. According to the definition of reproductive and sexual health, child marriage is a direct violation of a female's right to decide when to have children [16]. As the capacity for reproductive decisions is hard to verify at younger ages as females are still maturing, children are vulnerable to exploitation via unwanted sex and unwanted pregnancy. Teen pregnancy and STIs both violate "the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice," according to UN guidelines [17]. Moreover, perinatal deaths are 50% higher among mothers under the age of 20 than in women who give birth at older ages [18].

UNICEF found that 40% of women are married by 18 in lower income nations, while the global percentage is around 21% [19]. Child marriage is particularly common in sub-Saharan Africa and West & Central Africa [20], with 12% and 14% of girls below 15 married in the respective regions compared to the world rate of 5% [21]. Also, teen pregnancy is more common in these regions [22]. Despite the reduction in adolescent pregnancy from 65 per 1000 births in 1990 to 47 per 1000 in 2015, the notable increases in teen pregnancy in these regions in addition to the growth of teenage populations will help drive a worldwide increase in teenage pregnancy rate by 2030 [23].

# ADOLESCENT HEALTH

## Case study: Introduction of sexuality education: Human Studies in Estonia

Despite similar rates of sexual activity to other regions of the world, Europe (especially Western Europe) has lower pregnancy rates [22]. This is hypothesized to be due to a culture of openness about sexuality, greater compulsory sexual education, and wider availability of contraceptives.

Despite Estonia's location in Northern Europe, the implementation of the Human Studies curriculum in Estonia is an example of how sexual education, in a more holistic manner than as seen with abstinence only, positively impacts sexual health outcomes. Estonia implemented the Human Studies program to educate 5th through 7th graders in 2000, which was found to be positively correlated to substantial decreases in STIs and pregnancies in later years (decreases in data taken at age 15-19 and 20-24) [23]. Specifically, Estonia emphasized training in versatile life skills such as decision-making competence, which can be applied to many sexual and non-sexual situations [24]. The sexual health program promoted healthy sexual behavior (including use of condoms to prevent STIs) and supported the education initiatives with counseling services [# <https://dspace.ut.ee/handle/10062/48844>]. As a result, increased use of contraceptives played a large role in reducing the abortion rate, pregnancy rate, and birth rate. Research showed that the Human Studies program was a major factor for these positive sexual health outcomes. It is estimated that nearly 4,300 unintended pregnancies, 7,200 STIs and 2,000 HIV infections among adolescents aged 15-19 were avoided [25]. Overall, applying Estonia's expanded access to contraceptives, as well as integrating life skills training important for safe sexual behavior and effective adult decision-making, are possible avenues to expand in other sexual education programs.

There is significant evidence that a comprehensive approach to sex education that demonstrates a number of key characteristics has been able to promote sexual health among young people by reducing sexual risk-taking behavior. The abstinence-only approach has not (Kantor et al, 2008). In fact, abstinence only sex education has been observed to be associated with increased rates of STIs and teenage pregnancies.



# MIDDLE AGE AND ELDER HEALTH

While women and adolescents often receive more government funding and allocation of resources for reproductive health, the elderly population as a percentage of the global population still faces substantial challenges for their sexual health. Greater health advancements have extended life expectancies so people are living much longer than previous generations, leading to a greater relevance in understanding sexual health in older adults. Moreover, greater access to sexual enhancement drugs like Viagra has allowed for more sexual activity in older adults, making middle and later age sexual health more relevant than ever before.[26]

Older adults sometimes hold misconceptions about sex, believing that they cannot get infected with STIs due to an older age, or not understanding the importance of condoms, as they were not educated about their importance for sexual health [27]. An AARP study in the United States found that only 1 in 5 sexually active couples used a condom regularly, while only 12% of men and 32% of women used condoms every time [28]. Another study in Thailand supports the disparity in condom use by age. While 65% of 15-19 year olds that had sex in the last three months did not use condoms, this figure jumped to 98% in those over 60 [same source]. Condom use is still very important in reducing the risk of STIs because all ages are susceptible to infection. Apart from behavioral risk factors, older adults are more at risk to infection as their immune system naturally declines with age [29].

"To care for those who once cared for us is one of the highest honors."  
- Tia Walker

# MIDDLE AGE AND ELDER HEALTH

## Case Study: Perceptions of Condom Usefulness among Elderly Yoruba People in Ibadan Nigeria

In Nigeria, many older adults believe that condom use is meant for younger people. In one study of urban Nigerians, 25% of males and 29% of females believed that youth condom use is more effective than condom use amongst elderly and older adults . Moreover, only 20% of males and 2% of females believed that condoms could prevent STIs (same source as above). Additionally, 32% of Nigerians surveyed claim that condom use decreases pleasure from sexual intercourse, thus fear of sexual discomfort convinces many older Nigerians to avoid condoms. The older Nigerian males surveyed felt that condom use was pointless if the man felt he will not become infected with an STI, in which case he would use a condom (same source as above). Another study references the strong belief in natural herbs in preventing STI infections, thus reducing condom use in some Nigerian populations. With the recent interest and focus of government resources in STI prevention at reproductive ages [same source], more resources should be invested in educational programs to dispel misconceptions about STIs and condom use in the elderly. Also, people will not always be forthcoming about STIs, which complicates the circumstantial use of condoms favored by older Nigerians.



# REPRODUCTIVE HEALTH AND RIGHTS

While reproductive health rights impact all age groups and populations, certain topics pose substantial challenges to the safe expression of one's sexual identity, and the ability to independently decide on bearing children.

The UN defines reproductive health and rights as a combination of other fundamental human rights, stating that “women’s sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination” [33]. One prevailing issue across all regions affecting the pursuit of equal reproductive health and rights is LGBTQ rights, with many countries criminalizing same sex intercourse or same sex public displays of affection. In 2017, same sex relations were illegal in 72 nations [34]. This topic impacts the ability of individuals to safely express their sexual identity, and the “prohibition of discrimination” referenced in the UN definition of reproductive health and rights. In particular, many African, Middle Eastern, and South Asian nations have banned gay relationships, with some countries issuing the death penalty if found in a gay relationship [35]. The influence of religious and cultural views about traditional marriages have played a major role in shaping views of homosexuality.

Another challenge to reproductive health and wellbeing is FGM. This practice involves partial or total removal of female genitals, without a medical purpose [36]. FGM directly violates the “right to be free from torture” as many women are forced to undergo this very painful procedure that has no medical benefits.

FGM is common in similar areas where LGBTQ rights are restricted. In 2016, a UNICEF study found that 200 million girls had undergone FGM [37]. Moreover, some medical professionals have expressed support for the practice in some countries, illustrating the danger of FGM becoming a medically acceptable procedure in some nations [38].

# REPRODUCTIVE HEALTH AND RIGHTS

Additionally, human trafficking is a major human rights issue that impacts global reproductive health. With about 79% of all human trafficking related to sexual exploitation, human trafficking is a serious violation of reproductive rights [39]. In human trafficking, vulnerable populations (i.e. women, children, persecuted minorities) are manipulated into situations where their sexual autonomy and freedom is taken away. More so, the practice is considered modern day slavery as those impacted lose much of their decision making autonomy beyond sexual behavior. Namely, human trafficking violates the sexual rights and the right to be free from torture as the practice relies on coercion and abuse [39]. Moreover, considering that the number of detected victims of human trafficking has been steadily rising, the issue has great urgency [40]. In particular, sexual exploitation-related trafficking is common in the Americas, Europe, East Asia, and the Pacific [41].

One method to safeguard human rights in reproductive health is via the Human Rights Based Approach to Programming (HRBAP), which builds all government policy around the foundation of ensuring equality for all groups of people. In this way, countries can set a normative standard to ensure that human rights are respected while new policies are enacted.

"You cannot have maternal health without reproductive health. And reproductive health includes contraception and family planning, and access to legal, safe, abortion."

- Hillary Clinton



# REPRODUCTIVE HEALTH AND RIGHTS

## Case study: LGBTQ rights in Tanzania

In 2015, John Magufuli was elected as president of Tanzania, and has since begun a dramatic campaign against homosexuals. In late 2018, a senior minister supported efforts to target gay Tanzanians, urging the public to call out gay people and report them to the police [42]. As a result, LGBTQ activists live in fear of being called out in public, and face mob assault with no hope of protection at the risk of being arrested for having gay male sex, which is punishable by 30 years of prison [43]. Moreover, there have been numerous reports of rape from police officers towards imprisoned LGBTQ activists [44]. The crackdown on the LGBTQ community has caused some gay rights organizations to abandon Tanzania and the community has received less support [45]. Overall, the government sanctioned persecution of the LGBTQ community is a direct violation of the right to life and the prohibition of discrimination aspects of reproductive health as defined by the UN.

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