

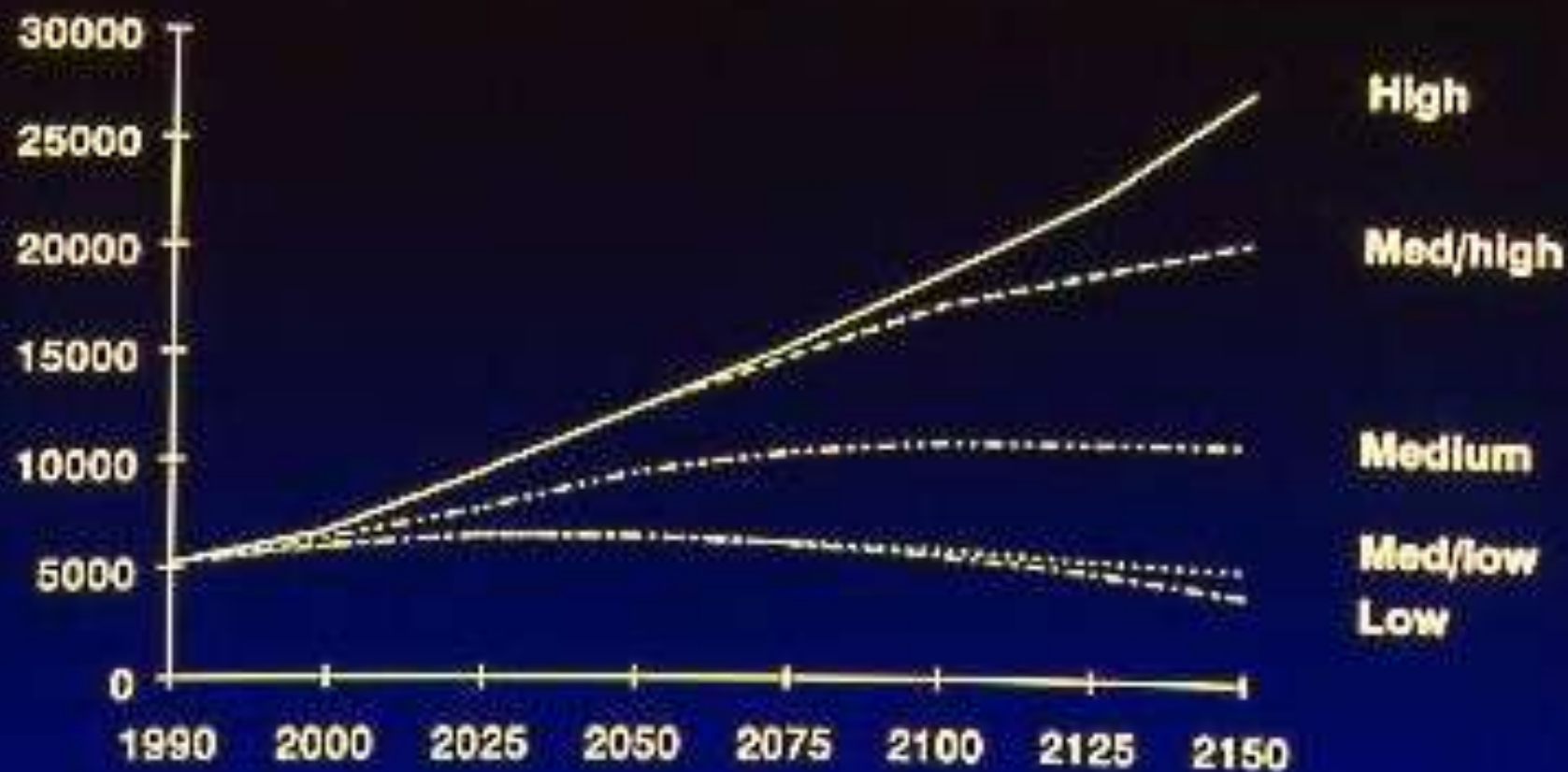
# From Contraception to Reproductive Health

*Giuseppe Benagiano*

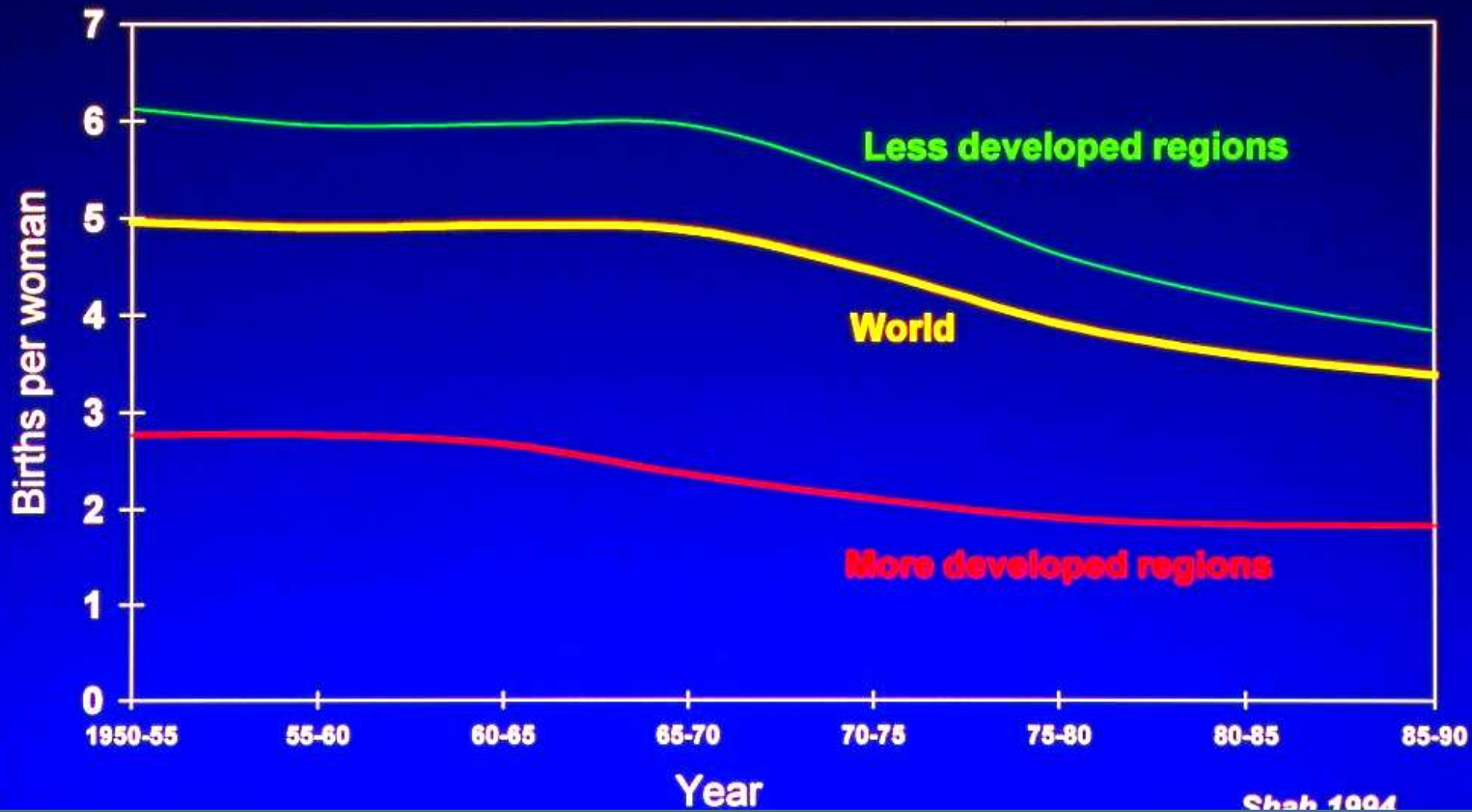
*Training Course in Sexual and Reproductive Health Research  
Geneva, February 2009*

# ESTIMATED AND PROJECTED POPULATION OF THE WORLD, 1990-2150

millions



# Total fertility rate, by major world region, 1950-1990





Health is defined in the Constitution of the World Health Organization as «A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity».

In the context of this positive definition, *reproductive health* is not merely the absence of disease or disorders of the reproductive process.

Rather it is a state of physical, functional and psychological well being within the domain of the reproductive processes, functions and system at all stages in life.

Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the ability to reproduce and the freedom to decide if, when and how often to do so

Implicit in this last condition are the right of men and women to be informed of, and to have access to, safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

ICPD +10

A cause for celebration  
or  
commiseration?



# The post-Cairo years: The positive side



- **concept** internalised by most countries
- **new policies and programmes** defined (e.g., India's target-free reproductive and child health programme)
- **new partnerships** formed (e.g., greater NGO participation; public/private partnerships)
- **new evidence** collected (e.g., burden of disease due to reproductive ill-health; best practices; gender-based violence)

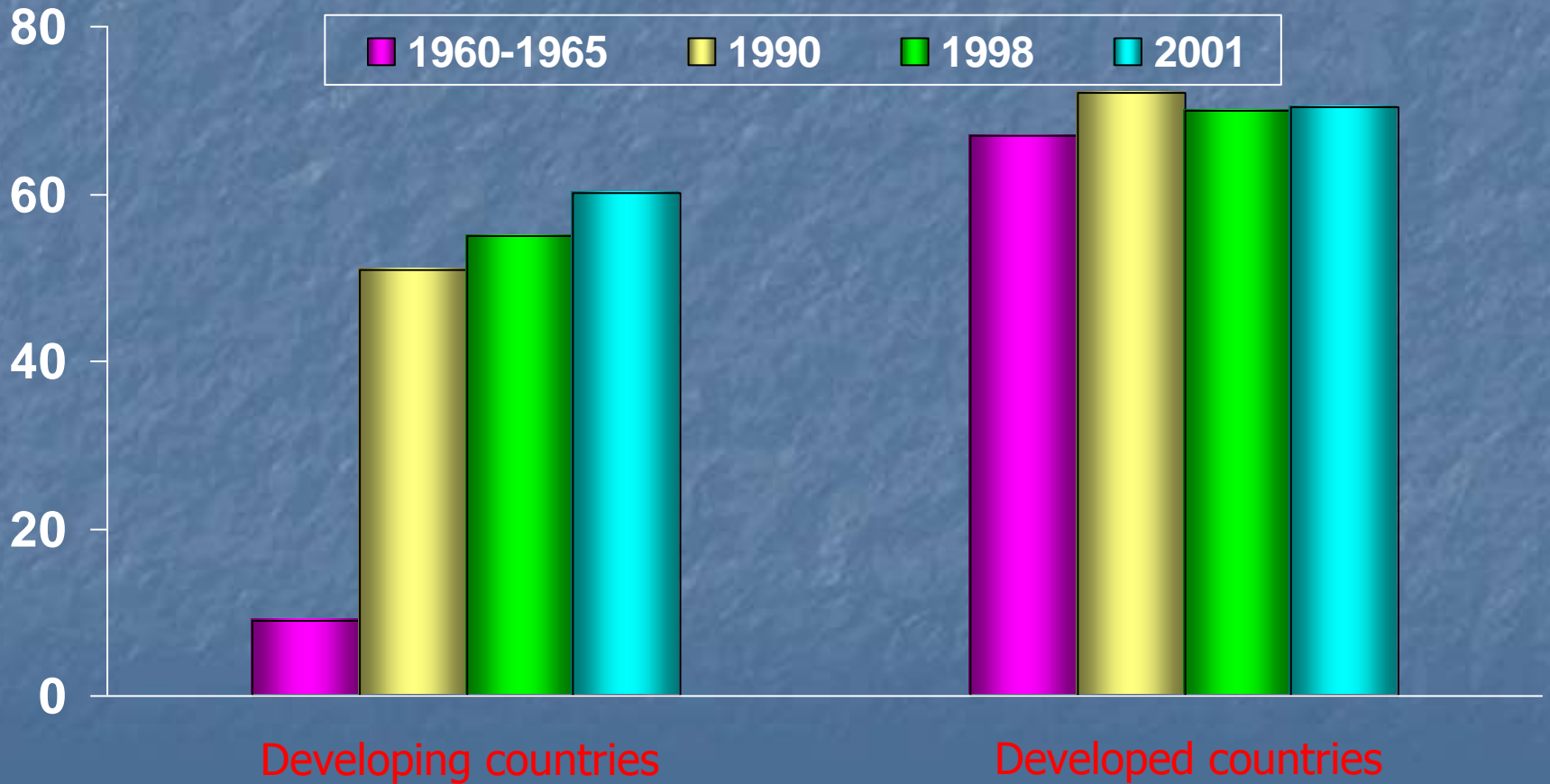
# The post-Cairo years: The negative side



- **patchy implementation** of holistic and integrated programmes
- uncoordinated, **fragmented approaches** by multiple players
- **failure to scale up** from projects to sustainable programmes
- **weak health systems** (health sector reform)
- relative **neglect by new development instruments** (Global Fund, etc.)
- **“competition”** from other issues
- **politicisation** of “reproductive health” and “reproductive rights”



# Trends in use of contraception



# Making Reproductive Health a reality

«If a woman has a difficult delivery, a tradition cloth is tied between two sticks and we carry her 7 km to the health center. You know how long it takes to walk like that? There is nobody who can help here...»

*Togo, Voices of the Poor*

# Women and Poverty

- Women represent a disproportionate share of the poor.
- Women in the poorest compared to the wealthiest households have much higher fertility rates and far fewer safe deliveries.
- Women in poorest compared to wealthiest households have gaps greater in skilled delivery than other services.

# Women's Status Affects Access to Health Services

- Lack of mobility, decision-making power, and income constrain women's health service use.
- Prohibitions against women seeking care from male providers are also a serious constraint.

# Women's Health and Development

Improving women's health and nutrition

Equity

Productivity

Widespread benefits,  
especially to children

Cost-effective allocation  
of health resources

# Women's Health as a Human Right

Recent conventions and treaties recognize women's right to:

- Reproductive choice
- Pregnancy-related care
- Freedom from violence



**We are not asking for privileges for women. All we are saying is that equitable care is not identical care, particularly where physiological differences obviously call for specialized health services.**

**Sustainable progress will be achieved when women are finally empowered to make free, informed and responsible choices, and assert themselves as leaders in their own right within their societies.**

**Women's health is the surest road to health for all.**

A handwritten signature in white ink, appearing to read 'H. Nakajima', written in a cursive style.

*Dr Hiroshi Nakajima  
Director-General of the World Health Organization*

# Determinants of Women's Health Status

- Individual behavior and psychological factors
- Biology
- Social, economic and cultural influences
- Health and nutrition services

# Risks Due to Biological Factors

- Pregnancy-related complications
- Higher risk per exposure of contracting STDs, including HIV/AIDS
- Special nutritional requirements, e.g. iron
- Gynecological cancers

# Other increased health Risks specific of women

Women have higher death and disability from depression, domestic violence, and sexual abuse, compared to the main causes of men's burden of disease which are injuries and substance abuse.

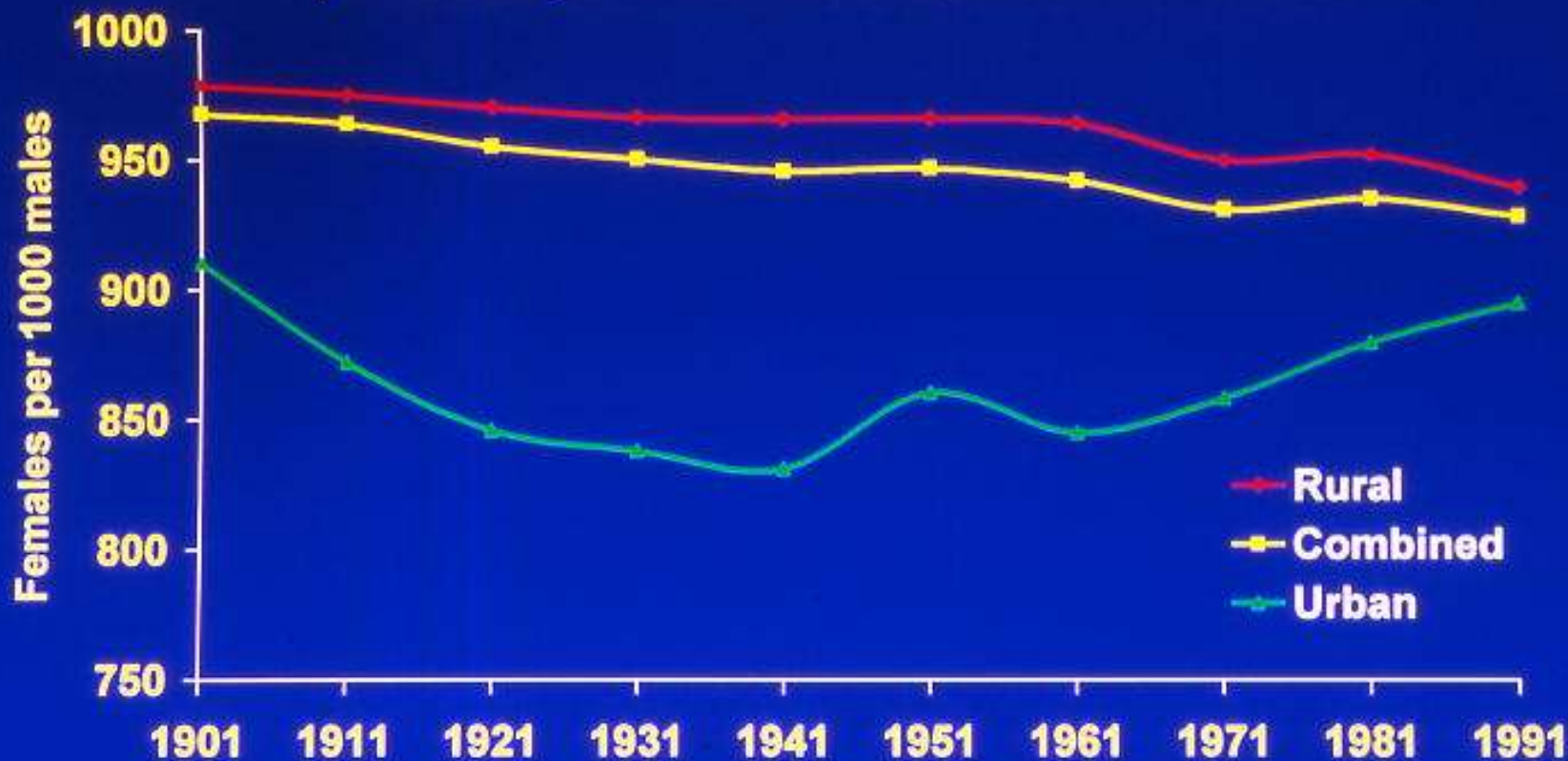
# Health and Nutrition Problems Affecting Women

## Infancy and childhood (0-9 years)

- Sex selective abortion
- Genital mutilation
- Discriminatory nutrition
- Discriminatory health care

# Sex selective abortion, infanticide and other forms of violence

**Population Sex Ratio in India**  
(Females per 1000 Males years 1901-1991)



Source: Registrar General of India

# Female Genital Mutilation

*Why Mom? Why did you let them do this to me?*

These words continue to haunt me.

It's now four years after the operation and my children continue to suffer from its effects.

How long must I live with the pain that society imposed on me and my children?

*a mother bears witness*

# Dimensions of the Problem

- About 2 million girls undergo female genital mutilation each year.
- At least 90% of women have undergone the operation in Djibouti, Egypt, Mali, Eritrea, Sierra Leone, and Somalia.



# Health and Nutrition Problems Affecting Women

## Adolescence (10-19 years)

- Early childbearing
- Abortion
- STDS and AIDS
- Undernutrition and micronutrient deficiency
- Rising trend in substance abuse

# Intergenerational cycle of growth failure

**Early Teenage Pregnancy**

**+ Low weight and height in teens**

Small adult women

Low birth-weight baby

Child growth failure



# Gender and STDs

- Young women aged 15-25 are most at risk.
- Social norms make it difficult for women to insist on mutual fidelity or condom use.

# Sexually Transmitted Infections Including HIV/AIDS

Women who become suddenly poor through the loss of a male partner are frequently forced into prostitution to earn a living. In fact HIV/AIDS is largely seen as a woman's illness.

*South Africa, Voices of the Poor*

# HIV: Dimensions of the Problem

- Women now represent **43%** of all adults living with HIV/AIDS.
- In Africa, more women than men are living with HIV.
- Physiologically, men are four times more likely to transmit the virus to women than women to men.

# Health and Nutrition Problems Affecting Women

## Reproductive years (15-44 years)

- Unplanned pregnancy
- STDs and AIDS
- Pregnancy complications
- Malnutrition, especially iron deficiency

# Malnutrition

When a meal is served in a house, the men eat first then women eat ... if something is left.

*Pakistan, Reproductive Health Matters*

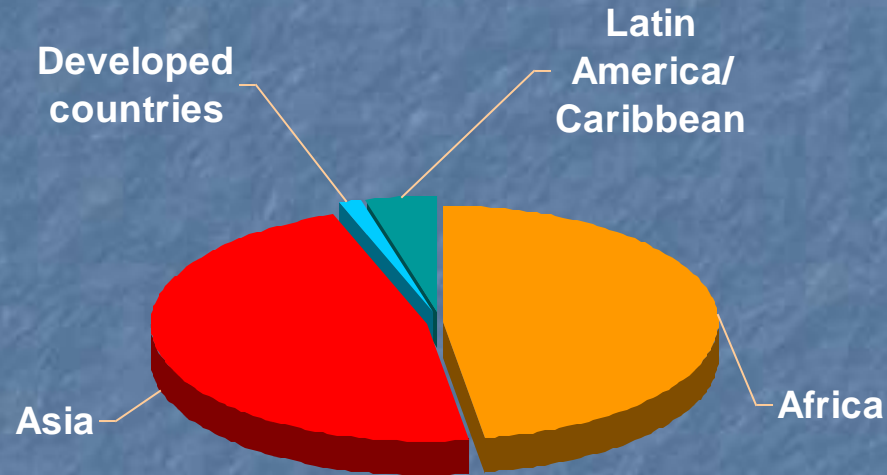
# Impact of Poor Maternal Health and Nutrition on Offspring

- One-third of all under-five mortality occurs during the first month of life
- 20% of babies have low birth weight
- Pregnancies spaced less than two years apart result in double the infant deaths than longer intervals.



# Maternal mortality in 2000\*

**Total maternal deaths = 529,000**



\* preliminary estimates

*(Source: WHO/UNICEF/UNFPA)*

# Impact of Maternal Death on Infants and Children

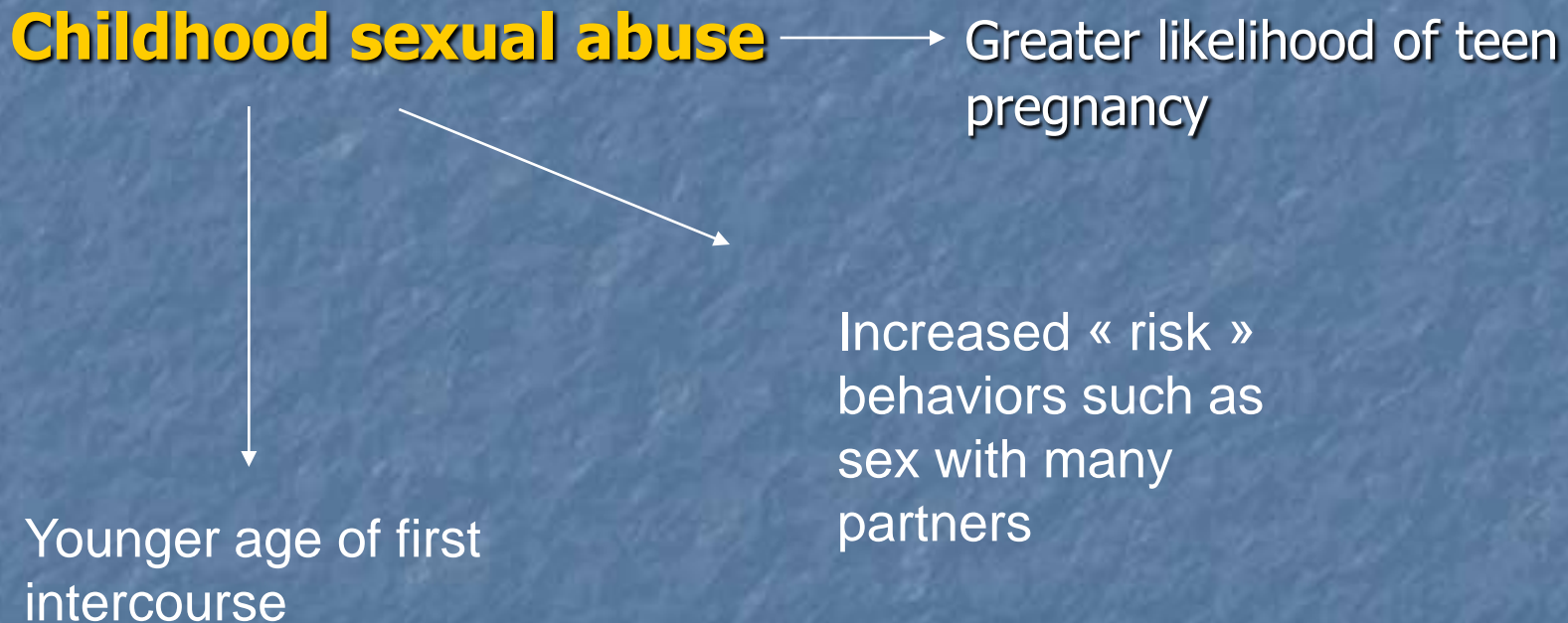
- Almost certain newborn death
- Two million children orphaned annually
- Increased probability of older children dying, especially daughters
- Increased probability of children's absenteeism from school

# Violence against Women

Men rape within the marriage. Men believe that paying dowry means buying the wife, so they use her anyhow at all times. But no one talks about it.

*Voices of the Poor*

# Violence Contributes to Adolescent Pregnancy



# Health Consequences of Abuse

## Fatal Outcomes

- Homicide
- Suicide
- Maternal deaths
- AIDS-related deaths

## Non-Fatal Outcomes

- Unwanted pregnancy
- Chronic pain syndrome
- Injury
- Depression
- Alcohol/Drug Use
- STDs/HIV
- Irritable bowel movement
- Gynecological disorders
- Low birth weight

# Health and Nutrition Problems Affecting Women

## Postreproductive years (45+ years)

- Cardiovascular diseases
- Gynecological cancers
- Osteoporosis
- Osteoarthritis
- Diabetes

# Health and Nutrition Problems Affecting Women

## Lifetime Health Problems

- Gender-based violence
- Certain occupational and environmental health hazards
- Depression

# Lifecycle Perspective

- Sexual abuse during childhood increases the likelihood of mental depression in later life.
- Repeated reproductive tract infections can lead to infertility.
- Girls fed inadequately during childhood may have stunted growth, leading to higher risks of childbirth complications.



# Health Professional as a Change Agent

## Bridge gap between health facility and household

- Reach beyond clinic or hospital with information and services
- Participate in dialogue with community on problems and issues
- Conduct audits of women's deaths which look beyond clinical causes

# Health Professional as a Change Agent

Use influence beyond the health sector

Lobby for legislation and its enforcement to curb harmful practices such as:

Domestic violence, child marriage and gender bias

Urge government to increase education and employment opportunities for women

# Health Professional as a Change Agent

Address social and cultural factors affecting women's use of health services

- Educate and involve family decision-makers, especially husbands
- Take into account constraints on transport, money and time
- Ensure adequate numbers of female health providers

# Health Professional as a Change Agent

## Promote women's right to essential services

- Prevention and management of unwanted pregnancies
- Safe pregnancy and delivery services
- Prevention and management of STDs and gynecological cancers

# Health Professional as a Change Agent

Promote essential interventions for behavior change and positive health practices

- Safe sex
- Adequate nutrition
- Quality of care, including privacy and informed choice

# Health Professional as a Change Agent

## Elimination of harmful practices

- Young marriage and childbearing
- Domestic violence, rape and female genital mutilation
- Trafficking of girls and forced prostitution
- Overuse/abuse of medical technologies, such as C-section, episiotomy

