

Reproductive Justice and Public Health: Building a Foundation to Raise the Status of Women

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The status of women in developing nations is inextricably tied to the availability of public reproductive health resources. Public health providers are uniquely positioned to play a critical role in improving women's lives. Yet many barriers remain to providing and accessing reproductive health services around the globe. In developing nations, the lack of funds and supportive policies for family planning have operated in conjunction with harmful traditional practices to create a crisis in women's reproductive health.

Supportive funding, laws and policies that facilitate access to services, and culturally based programs that can help bridge the gap between traditional practices and women's health, are the components needed to build a lasting reproductive health infrastructure. Without such an infrastructure, efforts to improve women's health are doomed to remain piecemeal.

Planned Parenthood Federation of America has successfully used a similar approach based on advocacy, service provision and education to secure reproductive rights and services in the United States. Planned Parenthood affiliates like Planned Parenthood Golden Gate in San Francisco, California have successfully partnered with groups in developing nations to create a framework that will lead to long-term improvements in women's reproductive health and rights.

The Reproductive Health Crisis in the Developing World

Women in the developing world are the victims of a health crisis of monumental proportions.

Approximately 600,000 women around the world die each year from pregnancy and childbirth complications. The majority of these deaths occur in Sub-Saharan Africa where one in sixteen women die of pregnancy related causes.ⁱ

Every year, nearly 80 million unintended pregnancies occur. An estimated 150 million women in developing countries say they want to plan their families but are not using contraception. 350 million women lack access to birth control.ⁱⁱ

Traditional practices of early marriage and child bearing combined with a lack of obstetric care put women at a much higher risk of suffering obstructed labor resulting in obstetric fistula.

Women in developing countries are also extremely vulnerable to HIV/AIDS. In Sub-Saharan Africa women with HIV outnumber men, and in many regions, teenage girls are five times more likely than their male peers to become infected.ⁱⁱⁱ

The medical technology to solve these devastating health problems exist, it is the supporting infrastructure that is missing. It is estimated that three dollars per capita per year from the U.S. could provide standard mother and baby care for women in developing nations.^{iv}

A Framework to Support Reproductive Health

In developed nations women are able to avoid many of the reproductive health hazards of living in the developing world due to an infrastructure that supports reproductive health and rights through funding, services and education.

In the United States the legalization of abortion and wide availability of birth control over the past thirty years have had a huge impact on women's ability to participate in public life. These gains in women's autonomy could not have been achieved without the legalization of abortion, funding for family planning services at the national and local levels, and acceptance of family planning methods throughout the majority of the culture.

Threats to Reproductive Health and Freedom in the United States

Advocacy for the funding and policies that maintain the reproductive health infrastructure must remain an ongoing process. In the United States hard won rights are being attacked and rolled back at the federal and state levels due to a lack of support in the current presidential/Bush administration. The protections codified in *Roe v. Wade* are being undermined through legislation and strategically planned legal challenges that are aimed at outlawing abortion. In addition, fundamentalist groups are lobbying to replace medically accurate sexuality education with abstinence only education and are also trying to limit access to contraception and abortion.

California: The Importance of Protections at the Local Level

The changes in the United States' policies regarding family planning at the federal level point to the necessity of instituting strong protections at the local level.

California provides a good example of successful efforts to build a reproductive health infrastructure at the state level.

In the state of California funding and legal protections at the local level afford state residents greater reproductive freedom and access to health care than in many other parts of the nation. California ranks first in the nation when it comes to contraceptive access, funding and state laws and policies that protect reproductive health. As a result, California reduced its teen pregnancy rate by 39% in just eight years (1992-2000.)^v

Reproductive Health Successes in the Developing World

Comparing the reproductive health landscape between developed and developing nations is often impossible due to the vast disparity in resources and the history of colonialism.

However, some lessons learned in developed countries can be instructive, such as the need for ongoing advocacy, diversified funding streams and legal policy protections from the federal level all the way down to local regions.

Huge gains in reproductive health and family planning are currently being made in the developing world.

Ethiopia: Working to Reverse One of the Worst Reproductive Health Records in the World

Ethiopia faces many challenges in the public health sector:

Actual contraceptive use is only 13% for women and 17% for men.^{vi}

"Backyard" abortion is the second biggest killer of women in Ethiopia where abortion is illegal but common.^{vii}

Skilled health personnel attend only 6% of births, and only 5% of births take place in health facilities.^{viii}

Planned Parenthood Golden Gate is working in partnership with the Ethiopian Evangelical Church Mekane Yesus (EECMY), the largest Protestant church in Ethiopia, to provide services and education that are improving the health of women and families in Ethiopia.

Partnerships like this one, between non-governmental organizations, are more important than ever with the global gag rule limiting U.S. funds for family planning internationally.

As a respected moral voice in the community, the EECMY is able to educate community members and advocate for the end of harmful, traditional practices such as marriage through abduction, female genital mutilation and early marriage. From the pulpit and in the field they are working to set a new and higher standard for the treatment of women and girls.

The partnership between Planned Parenthood Golden Gate and the Ethiopian Evangelical Church Mekane Yesus has increased contraceptive use in the villages served by 300% in just 5 years and provided care for thousands of women and children.

The Success of Tunisia's State Sponsored Family Planning:

Tunisia provides an excellent example of the success that is possible when the state makes family planning and reproductive health a priority. Tunisia's birth rate has declined and its standard of living has risen far more than in most developing countries.^{ix}

Tunisia's success in family planning is directly attributable to the family planning campaign launched by President Habib Bourgia in the 1950's. He set aside funding for family planning, outlawed polygamy, raised the marriage to 17 for women and twenty for men, limited government subsidies to the first four children, and legalized abortion.^x

Clinics provide affordable access to healthcare and birth control, and Emergency Contraception is free to those who need it. Mobile teams travel to rural areas to provide services and education.^{xi} Men are specifically targeted for special education programs since culturally some women are still unable to openly insist on the use of contraception.^{xii}

Today in Tunisia women outnumber men in the universities and are a major part of the workforce.^{xiii} AIDS is rare in Tunisia, unlike the rest of Africa where AIDS cases number in the millions.^{xiv}

New Reproductive Health Technologies Can Shift the Balance of Power

New reproductive health technologies will play a crucial role in encouraging gender equality and improving the health of families and children simply by providing women with the means to better control their own health. Public health providers should promote women controlled methods of contraception and STI prevention such as long-term contraceptive implants and HIV fighting microbicides.

Women in the developing world are suffering a reproductive health crisis. The medical technology exists to end this crisis today, but until a supportive legal and cultural infrastructure is established thousands of women will continue to die each year, and thousands more will develop lifelong, crippling health problems.

In order to move beyond stop-gap measures to true progress in women's health and empowerment, public health advocates and providers should focus on obtaining diversified funding streams, supportive legislation and cultural support. These are the three critical components in building a functional and successful public reproductive health infrastructure.

ⁱ UNFPA Country Support Team, Addis Ababa, Ethiopia. "Safe Motherhood in Africa: Social and Economic Impact of Maternal Deaths." 31 August 2004.

ⁱⁱ Population Action International Fact Sheet: *How Family Planning and Reproductive Health Services Affect the Lives of Women, Men, and Children*. 2001.

ⁱⁱⁱ "Women and HIV Risk." 2002 Global Campaign for Microbicides. 13 March 2006. <<http://www.global-campaign.org/womenHIV.htm>>.

^{iv} Ibid.

^v "Contraception Counts." Alan Guttmacher Institute, 2006.

^{vi} "Ethiopia: A Country Status Report on Health and Poverty." The World Bank, June 2004.

^{vii} Ethiopian Society of Gynecologists and Obstetricians.

^{viii} World Health Organization, *World Health Report 2005*, Annex Table 8.

^{ix} Naik, Gautam. "Tunisia Wins Population Battle, And Others See a Policy Model." Wall Street Journal. 8 August 2003.

^x Ibid.

^{xi} Ibid.

^{xii} Ibid.

^{xiii} Ibid.

^{xiv} Ibid.