Reproductive Health
Part 2:
Family Planning, Unsafe Abortion, STI’s, and Gender-Based Violence

Laurel A. Spielberg, MPH, DrPH
Dartmouth Medical School
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Prepared as part of an education project of the Global Health Education Consortium and collaborating partners
Learning Objectives

• Identify differences in access to and use of family planning between regions of the world.

• Discuss relationships between access to contraception, unintended pregnancies and unsafe abortions in regions of the world.

• Describe the global burden of disease represented by sexually transmitted infections (STI’s), including HIV/AIDS, and regional disparities in disease prevalence.

• Discuss the violations of human rights represented by behaviors and practices that discriminate against individuals or groups based on gender.
Part 2 of the Reproductive Health module examines issues of family planning, abortion, diseases related to sexual behavior, and behaviors specifically related to gender as part of reproductive health.
Major Topics In This Module

• Global perspective on Family Planning
  – What is Family Planning?
  – Family Planning needs, contraceptive use patterns
  – Unintended pregnancy and unsafe abortion
• Sexually Transmitted Infections (STI’s), HIV and AIDS
  - Global prevalence and impact
• Gender-Based Violence
  – What is Gender-Based Violence?
  – Patterns and prevalence
Reproductive and sexual health contribute significantly to both wellbeing and ill health of the population.

Reproductive and sexual ill health accounts for 20% of the global burden of ill health for women, and 14% for men.

Family Planning
What Is Family Planning?
Family Planning is........

• Health services that help individuals and couples decide whether to have children and if so, when and how many, and to achieve the desired spacing and timing of their births.

• Achieved through use of contraceptive methods and the treatment of involuntary infertility.
• Family planning is an essential component of reproductive health.

• The right to family planning is embedded in statements of human rights.

• Family planning is a key element in women’s empowerment, reduction of poverty, improving economic development of countries, improving maternal and infant health and survival.
“All countries should take steps to meet the family planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.”

Impacts of Family Planning

• Altered social and economic roles of women.

• Health and economic benefits to women and families from reduced family size and longer intervals between births.
Impacts of Family Planning

• Reductions in infant, child, and maternal deaths.

• Family Planning is estimated to prevent 20-35% of maternal deaths worldwide.

• Reduced transmission of HIV and other STI’s through the use of barrier methods of contraception.
Essential Program Components of Family Planning

• Access to high quality, effective contraceptive methods to control and plan conception

• Access to services for infertility

• Elimination of unsafe abortion
Family Planning Use

- Contraceptive use has increased substantially worldwide over the last decade and a half.

- 62% of women worldwide who are married or in a union use a contraceptive method.
• Contraceptive use among married/in-union women:
  70% of women in developed regions
  60% of women in less developed regions
  Lowest use in Africa: 25% of women

• Some of the difference is accounted for by higher use of traditional contraceptive measures (rhythm, withdrawal) in less developed countries.
Contraceptive Methods

• 90% of contraceptive users worldwide depend on modern contraceptive methods.

• Sterilization, intrauterine devices (IUD’s), and oral contraceptives (the pill) comprise two-thirds of contraceptive use worldwide.
• In developed regions, short-acting and reversible contraceptive methods are more popular.
  • Most commonly used - oral contraceptives

• In less developed regions, long-acting and highly effective methods are more popular.
  • Most commonly used - female sterilization

• Fewer than 5% of couples worldwide depend on male methods of contraception: condoms, vasectomy, or withdrawal.

<table>
<thead>
<tr>
<th>UNICEF region</th>
<th>Births (millions)</th>
<th>Contraceptive prevalence (%)</th>
<th>Total Fertility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>23.0</td>
<td>23 %</td>
<td>5.7</td>
</tr>
<tr>
<td>Middle East/North Africa</td>
<td>9.3</td>
<td>54 %</td>
<td>3.7</td>
</tr>
<tr>
<td>South Asia</td>
<td>35.7</td>
<td>48 %</td>
<td>3.5</td>
</tr>
<tr>
<td>East Asia/Pacific</td>
<td>32.6</td>
<td>84 %</td>
<td>2.0</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>11.5</td>
<td>73 %</td>
<td>2.6</td>
</tr>
<tr>
<td>CEE/CIS and Baltic States</td>
<td>6.4</td>
<td>66 %</td>
<td>1.6</td>
</tr>
<tr>
<td>Least developed countries</td>
<td>24.0</td>
<td>32 %</td>
<td>5.4</td>
</tr>
<tr>
<td>Developing countries</td>
<td>116.3</td>
<td>60 %</td>
<td>3.0</td>
</tr>
<tr>
<td>Industrialized countries</td>
<td>9.8</td>
<td>70 %</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>WORLD</strong></td>
<td><strong>129.3</strong></td>
<td><strong>62 %</strong></td>
<td><strong>2.7</strong></td>
</tr>
</tbody>
</table>

*Source: UN Population Division, 2001*
• Around the world, fertility is inversely related to contraceptive use.

• Countries that have lower fertility rates (the average number of births that women can be expected to bear in a lifetime) have made effective methods of contraception available and accepted.
Family Planning Needs

• 123 million women worldwide are not using contraception in spite of their desire to space or limit their births.

• Most women not using contraception are in developing countries.
Unmet Need for Family Planning

• Unmet need = the difference between desire to limit or space births and contraceptive practice.

• 80 million women each year have an unintended or unplanned pregnancy, comprising 38% of all pregnancies.
• Women who experience unintended pregnancy often seek abortion, many under unsafe conditions.

• Nearly 6 out of 10 unintended pregnancies result in an induced abortion.

• Nearly 42 million pregnancies around the world are terminated by abortion each year.
Problem: Unmet Contraceptive Need
Response: Abortion

- Women determined to limit family size or timing of their births will use available means to do so. If contraception is not an available option, they will turn to abortion - even if it is illegal.

- Unintended pregnancy underlies abortion.

What Is Unsafe Abortion?

Unsafe abortion refers to the termination of an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.

World Health Organization definition
Number of Abortions, Safe and Unsafe, and Abortion Rates Worldwide, 2003.

<table>
<thead>
<tr>
<th></th>
<th>Number of Abortions (millions)</th>
<th>Abortion Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Safe</td>
</tr>
<tr>
<td>WORLD</td>
<td>41.6</td>
<td>21.9</td>
</tr>
<tr>
<td>Developed countries</td>
<td>6.6</td>
<td>6.1</td>
</tr>
<tr>
<td>Developing countries</td>
<td>35.0</td>
<td>15.8</td>
</tr>
<tr>
<td>Africa</td>
<td>5.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Asia</td>
<td>25.9</td>
<td>16.2</td>
</tr>
<tr>
<td>Europe</td>
<td>4.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>4.1</td>
<td>0.2</td>
</tr>
<tr>
<td>North America</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

* # of abortions per 1,000 women aged 15-44.

• Abortion rates in many regions of the world are surprisingly similar. What differs is the proportion of abortions that are unsafe.

• Nearly half (47%) of all abortions worldwide are unsafe.

• Nearly all unsafe abortions (97%) occur in developing countries.
• Over 19 million women experience an unsafe abortion worldwide each year.

• In regions where safe abortion services are limited or restricted, unsafe abortion is a leading cause of maternal mortality.

• Unsafe abortion causes 13% of maternal deaths worldwide, nearly 70,000 women each year.
• Unsafe abortion can lead to other morbidities: infertility, increased risk of ectopic pregnancy, chronic pain, damage to uro-genital organs.

• An estimated 5 million women sustain an injury from an unsafe abortion each year.

• Because it is a cause of maternal morbidity and mortality, the incidence of unsafe abortion is an important indicator of progress towards Mill. Devt. Goal 5 (Improve maternal health).
### Abortion Rate per 1,000 Women, 15-44

<table>
<thead>
<tr>
<th>Country</th>
<th>Abortion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where Abortion Is Broadly Permitted</strong></td>
<td></td>
</tr>
<tr>
<td>Belgium, 1996*</td>
<td>7</td>
</tr>
<tr>
<td>England/Wales, 1996</td>
<td>16</td>
</tr>
<tr>
<td>Finland, 1996</td>
<td>10</td>
</tr>
<tr>
<td>Germany, 1996</td>
<td>8</td>
</tr>
<tr>
<td>Netherlands, 1996</td>
<td>7</td>
</tr>
<tr>
<td>United States, 1999</td>
<td>2</td>
</tr>
<tr>
<td><strong>Where Abortion Is Severely Restricted</strong></td>
<td></td>
</tr>
<tr>
<td>Brazil, 1991</td>
<td>41</td>
</tr>
<tr>
<td>Chile, 1990</td>
<td>50</td>
</tr>
<tr>
<td>Colombia, 1989</td>
<td>36</td>
</tr>
<tr>
<td>Dominican Republic, 1990</td>
<td>47</td>
</tr>
<tr>
<td>Mexico, 1990</td>
<td>25</td>
</tr>
<tr>
<td>Nigeria, 1996</td>
<td>25</td>
</tr>
<tr>
<td>Peru, 1989</td>
<td>56</td>
</tr>
<tr>
<td>Philippines, 1994</td>
<td>25</td>
</tr>
</tbody>
</table>

*Includes abortions obtained in the Netherlands.

• One in five pregnancies worldwide end in abortion.
• Access to safe and effective contraception reduces the incidence of induced abortion.
• As the data in the previous table indicate, restrictive abortion policies do not prevent abortion.

There have been several clear examples of a relationship between the development of family planning services in a country, which bring increased availability of contraception, followed by a sharp decline in abortion rates. This occurred in several Central and Eastern European countries in the 1990’s. In Romania, for example, abortion rates dropped dramatically from 52 to 11 per 1,000 women between 1995 and 1999. The data in the table on Slide 29 suggest that countries’ restrictive abortion policies have not prevented abortion. If other contraceptive options are not available, women will seek abortions for unintended pregnancies even if abortions are difficult to obtain and may be unsafe. Historical data do suggest that over time, if family planning services and contraception become increasingly accessible in a country, abortion rates decline. Data consistently indicate that access to safe and effective contraception reduces the incidence of induced abortion.
• Over time, if family planning services and contraception become increasingly accessible in a country, abortion rates decline.

• Liberalized abortion laws do not inevitably lead to higher abortion rates. Such factors as universal sex education in schools, accessibility of family planning services, availability of emergency contraception also exert strong influences on abortion rates.

Impact of Preventing Unintended Pregnancy

• For women, averting unwanted pregnancies could prevent at least 1 in 6 maternal deaths.

• For children, adequate spacing between births could prevent 1 in 4 infant deaths.

• For the family, planned births permits controlled use of household resources.
Emergency Contraception (EC)

• Contraceptive methods that can be used in the first few days after unprotected intercourse to prevent pregnancy.

• Hormonal contraceptives approved, packaged and sold specifically for emergency contraceptive use are available throughout the world, but are widely underused or unknown.
Emergency Contraception and Abortion

• Emergency contraception can play an important role in:
  
  – Reducing unintended pregnancies
  
  – Reducing abortions, particularly unsafe abortions
Access to Contraception

• Access to contraception varies by:
  • income
  • education
  • ethnicity or minority status
  • urban vs. rural residence
  • proximity to a clinic
  • presence of and strength of a national Family Planning program within the country.
Factors Affecting Family Planning

- Socio-demographic factors
- Family characteristics
- Personal and partner attitudes and perceptions
- Social, kinship, community and cultural attitudes
- Family Planning program characteristics
Effective Family Planning Actions and Programs

• Presence within the country of a strong national Family Planning initiative.

• Use of dedicated Family Planning workers who are visible and do active outreach.

• Availability of as many contraceptive methods as possible.
Effective Family Planning Actions- cont’d

• Delivery of Family Planning services through as many outlets as possible (community, home-based, clinics, commercial sources).

• Targeting multiple population groups for Family Planning: women, men, couples, adolescents.
This section of the module provides only a brief overview of sexually transmitted infections, HIV and AIDS, with an emphasis on their relationship to reproductive functions, in particular maternal health and childbearing. More detailed information on these topics is available in the following modules in this series: Module 58: Reproductive Tract Infections, and Module 30: HIV/AIDS. Also, Part 1 of the Reproductive Health module provides more detailed information on HIV in pregnancy and issues of mother-to-child transmission of HIV infection.

In November 2007, the United Nations’ AIDS agency, UNAIDS, issued a report downsizing worldwide estimates of HIV infection. The current estimate of 33.2 million people infected worldwide lowers the number from the previously accepted estimate of 39.5 million. Globally, the rate of new HIV infections has been slowing since the late 1990’s. This relatively good news must be tempered with the recognition that HIV remains a worldwide and remarkable epidemic. The number of people living with HIV has increased, as treatment has become available to prolong lives. However, treatment is not equitably available wherever there is need.

A series of interesting, interactive maps that reflect the status of HIV/AIDS in the world, including prevalence, mortality and numbers of people receiving antiretroviral therapy, is available at: [www.pbs.org/wgbh/pages/frontline/aids/atlas/world.html](http://www.pbs.org/wgbh/pages/frontline/aids/atlas/world.html)
What Are Sexually Transmitted Infections (STI’s)?
Sexually Transmitted Infections are...

- Infections that can be transmitted from one person to another through sexual contact.

  - Sexual contact includes: vaginal, anal or oral sexual intercourse; kissing; oral-genital contact; and the use of sexual “toys” such as vibrators.

- The term sexually transmitted infection applies to more than 20 different infections.
Annual Global Incidence of STI’s

- 62 million new gonococcal infections
- 92 million new chlamydial infections
- 12 million new syphilis infections
- 173 million new trichomoniasis infections
- 7 million new chancroid infections
- 2.1 million new HIV infections (~6,800/day)*

* This is based on a new estimate of HIV infection and AIDS prevalence issued by UNAIDS, Nov. 2007.
• 80% of the 330 million new cases of STI’s are spread through heterosexual contact and are completely curable, including: chlamydia, gonorrhea, syphilis, trichomoniasis

• The number of new cases of STI’s and the rate per 100 adults in regions of the world are shown on the map on the following slide.
Each year, 11 of every 100 adults worldwide are newly infected with gonorrhea, chlamydia, syphilis or trichomoniasis—all curable STDs.

Impact of STI’s

• Each year, 11 of every 100 adults worldwide are infected with gonorrhea, chlamydia, syphilis or trichomoniasis - all curable STI’s.

• STI’s affect primarily young adults who are forming families, reproducing and contributing to the workforce.
• STI’s are second only to maternal factors as causes of disease, death and healthy years of life lost among women of childbearing age.

• In developing countries, STI’s rank in the top five disease categories for which adults seek health care.

• If untreated, STI’s enhance both acquisition and transmission of HIV by a factor of up to 10.
STI’s and Pregnancy

STI’s can increase maternal risk of:
- ectopic pregnancy
- stillbirth
- miscarriage

And risks to the infant of:
- premature birth
- low birthweight
- eye infections
- blindness
- congenital infection
HIV/AIDS and Reproductive Health
HIV and AIDS

• Emerged in the human population in 1981.
• 33.2 million people infected worldwide, 0.8% of the world’s adults.
• 2.5 million new infections each year, about 6,800 people infected each day.
• While the rate of new HIV infections has dropped since the late 1990’s, more people are living with HIV infection as treatment has become available.
HIV/AIDS Worldwide Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>2007</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (aged 15+) with HIV/AIDS, 2007</td>
<td>30,800,000</td>
<td></td>
</tr>
<tr>
<td>New HIV infections, 2007</td>
<td>2,500,000</td>
<td></td>
</tr>
<tr>
<td>Adult HIV prevalence (%), 2007</td>
<td>0.8 %</td>
<td></td>
</tr>
<tr>
<td>Women (aged 15+) with HIV/AIDS, 2007</td>
<td>15,400,000</td>
<td></td>
</tr>
<tr>
<td>Children with HIV/AIDS, 2007</td>
<td>2,500,000</td>
<td></td>
</tr>
<tr>
<td>AIDS orphans (ages 0-17), 2005</td>
<td>15,200,000</td>
<td></td>
</tr>
<tr>
<td>AIDS deaths, 2007</td>
<td>2,100,000</td>
<td></td>
</tr>
</tbody>
</table>

### Numbers of HIV Cases Worldwide by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>North America</td>
<td>790,000 - 1,2000,000</td>
</tr>
<tr>
<td>Caribbean</td>
<td>350,000 - 590,000</td>
</tr>
<tr>
<td>Latin America</td>
<td>1,300,000 - 1,900,000</td>
</tr>
<tr>
<td>Western Europe</td>
<td>520,000 - 680,000</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>1,200,000 - 1,800,000</td>
</tr>
<tr>
<td>Eastern Asia &amp; Pacific</td>
<td>700,000 - 1,300,000</td>
</tr>
<tr>
<td>Southeast Asia &amp; Oceania</td>
<td>4,600,000 - 8,200,000</td>
</tr>
<tr>
<td>Australia &amp; New Zealand</td>
<td>12,000 - 18,000</td>
</tr>
<tr>
<td>North Africa &amp; Middle East</td>
<td>4700,000 - 730,000</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>25,000,000 - 28,200,000</td>
</tr>
</tbody>
</table>

*Source: UNAIDS, 2006.*
HIV Prevalence (% of Adult Population Infected) Worldwide

Source: UNAIDS, 2005
Notes on HIV Prevalence

Since the publication of the worldwide view of HIV prevalence shown on the map on slide 52, the United Nations’ AIDS agency, UNAIDS, has issued new estimates of worldwide HIV infection that lower the number of people believed to be infected from 39.5 million to 33.2 million. The revised estimates are due to more accurate survey methods, particularly in India and in some African countries. Despite the reduced estimate of worldwide infection, the regional patterns remain the same, with the highest prevalence in Sub-Saharan Africa, followed by Central Africa, Eastern Europe and parts of Southeast Asia.
The Hardest Hit Region

- 95% of new HIV infections are occurring in developing countries.

- Sub-Saharan Africa is the world’s hardest hit region. 70% of all people with HIV infection and 77% of all the world’s AIDS deaths are in Sub-Saharan Africa.

- In hardest hit regions, highest infection rates are among commercial sex workers, truck drivers, migrant workers, heroin users.
Increasingly, “the face of HIV/AIDS is a woman’s face.”

Kofi Annan, UN Secretary General, 29 Dec. 2002
• Rate of HIV infection is increasing faster in women than any other group.

• > 80% of HIV infections worldwide are contracted through heterosexual sex, putting women at particular risk.

• In highest prevalence countries, young women 15-24 are more than 3 times more likely to be infected than men the same age.
• Currently, HIV is an epidemic driven by gender inequity.

• In many parts of the world, women lack economic independence, education, access to health information and health services, and the ability to avoid infection.
Gender-Based Violence

A more comprehensive view of relationships between gender and health, together with information on gender-based violence, can be found in Module 66: Gender and Health: A Global Perspective. The brief information provided in this module is intended to remind readers that issues of gender and gender equality are integral aspects of reproductive health.
Court Upholds Stoning for Nigerian Mother

The Islamic high court in northern Nigeria rejected an appeal from Amin Lawal, a single mother sentenced to be stoned to death for having had sex out of wedlock. Her stoning was delayed until the weaning of her young daughter. Her lawyers plan an appeal to a higher court. That could force a showdown between the country's constitutional and religious Authorities.

*The New York Times, August 20, 2002*

The Highest Islamic court in her home region of Nigeria did acquit Amina Lawal. Her case had received worldwide attention and focused attention on issues of inequality and violence facing women.
What Is Gender Based Violence?

"Any act of .......... violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”

Types of Abuse that Constitute Gender-Based Violence

- Economic Abuse
- Emotional Abuse
- Physical Abuse
- Sexual Abuse
Examples of Gender Based Violence

• Rape or attempted rape
• Domestic violence
• Harmful traditional practices:
  – Female genital mutilation
  – Childhood marriage
• Female infanticide
• Sex-selective abortions
• Trafficking for slavery or prostitution
Gender Based Violence……..

- Exists in all regions of the world, in various forms.
- Is a pervasive violation of human rights.
- Is an extreme manifestation of gender inequality.
- Remains a major impediment to the achievement of gender equality.

"I hate early marriage. I was married at an early age and my in-laws forced me to sleep with my Husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. This is what I hate most."

Ethiopian girl, age 11, married at age 5
How Common Is Gender Based Violence?

Globally, women between the ages of 15 and 44 are more likely to be injured or die as a result of male violence than through cancer, traffic accidents, malaria and war combined.

• 100-140 million girls today have been subjected to some form of genital cutting.

• 82 million girls between the ages of 10 and 17 will be married before their 18th birthdays.
• 80% of all people trafficked are women or girls.

• ~5,000 women are killed each year by family members in “honor killings,” for the sake of safeguarding honor within the family or community.
Female Genital Mutilation (FGM)/Cutting

• A practice involving cutting away part or all external genitalia in young females for cultural or non-therapeutic reasons.

• A traditional, social custom usually carried out by traditional attendants, in unsanitary conditions, without anesthesia.

• Prevalent in 30 African countries and some parts of Asia. Approximately 3 million girls at risk of FGM every year.
FGM - continued

• Social significance: rite of passage into womanhood, reduction of sexual pleasure in adulthood, preservation virginity until marriage, health beliefs about enhanced fertility and child survival, aesthetic and hygiene beliefs about female organs.

• Short term effects: trauma, pain, bleeding, hemorrhagic shock, infection.

• Risks of obstructed labor, hemorrhage and infection during childbirth.
Rape as a Weapon of War

• Rape and sexual violence have long been used as weapons in wars and conflicts.
• Rape is used:
  – to intimidate, show contempt, conquer and control women and their communities.
  – as a form of torture to extract information, punish and terrorize.

Source: Gingerich T. and Leaning, J. The Use of Rape as a Weapon of War in the Conflict in Darfur, Sudan. 2004
Effects of Gender Based Violence

• Acute morbidity and mortality associated with assault

• Longer-term impacts:
  • Unwanted pregnancy and ensuing obstetric risks
  • Unsafe abortion
  • Chronic pain
  • Gynecologic problems
  • HIV and other sexually transmitted diseases
  • Depression
  • Post-traumatic stress disorder
  • Suicide
Risk Factors for Gender Based Violence

- Young age
- Cultural customs and traditions
- Military presence in the country
- War
- Dislocation and displacement of populations
Summary

• Many current issues in reproductive health remind us that women and their children are vulnerable biologically, culturally and economically.

• Gender inequalities and the value societies place on women underlie problems in reproductive health that persist, despite our knowledge of prevention and treatment.

• Political will, provision of adequate resources, and maternal literacy are key factors in solving reproductive health problems.

WEB LINKS
This website contains a series of interesting, interactive maps that reflect the status of HIV/AIDS in the world, including prevalence, mortality and numbers of people receiving antiretroviral therapy.
PAPERS
Credits

Laurel A. Spielberg, MA, MPH, DrPH.
Research Assistant Professor, Community & Family Medicine, Dartmouth Medical School, Hanover, N.H.

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Slide 33
Notes: Emergency Contraception (EC)

The most common method of emergency contraception is an increased dose of oral contraceptive pills taken as soon as possible after unprotected sex. The optimal time frame is within 72 hours of unprotected sex. A second dose is taken 12 hours later. Another method, less frequently used, is insertion of an intrauterine device within 5 days of unprotected sex. While IUD’s are effective and appropriate for many women, pills can be self-administered and may be more readily accessible for more women.

In many countries around the world, there are dedicated products available for use as EC. Commonly known as “morning after pills” or “day after pills,” these are hormonal contraceptives that are approved, packaged and sold specifically as EC. Where products specifically labeled for EC are not available, some standard oral contraceptives can be used. Despite the availability of products for use as Emergency Contraception, data seem to suggest that EC remains an underused, sometimes unknown, and often misunderstood method of contraception. It is sometimes interpreted to be an abortifacient while, in fact, it acts only as a method of contraception. Given the high morbidity and mortality that often accompanies unintended pregnancy, the need for education on EC both for consumers and providers of health services remains high throughout the world.

Slide 36
Notes: Factors Affecting Family Planning

The use of modern methods of family planning has increased markedly worldwide over the past several decades. It is estimated that 62% of women worldwide who are married or in a union use contraception. However, unmet need for family planning remains high in many parts of the world, particularly in developing countries. For example, 25% of women in Africa desiring to limit or space their births are currently using a method of contraception. Contraceptive use varies widely within and between countries. In trying to understand variations in contraceptive use around the world, it is helpful to think about some of the factors that influence women’s and couples’ contraceptive behaviors.

Certain socio-demographic factors are closely related to family planning use. The level of a woman’s income and education bear a close relationship to her likelihood of using family planning. Wealthier women and women with higher levels of education are more likely to be knowledgeable about and to use family planning. The world’s poorest women are four times less likely to use family planning than the world’s wealthiest women. Women living in urban areas, as compared to those in rural areas, are more likely to use family planning, a reflection of the greater availability of health services in general and reproductive health services in particular in urban areas worldwide. Some characteristics of the woman and her existing family do influence her use of family planning. Whether or not a woman wants more children, and when she wishes to have them, will influence her desire to use and her method of choice of family planning. The death of a previous child or children often plays a role in a couple’s desire for another child. The sex composition of existing children in the family can play a role in a couple’s desire for additional children.
A woman’s desires alone are rarely the sole factor influencing family planning choices. Her partner’s attitudes and perceptions, the couple’s knowledge about sexual behavior and conception, their attitudes about family and childbearing, their perceptions of method safety, the extent to which they engage as a couple in joint discussion about their plans for a family, and their decision-making patterns will all influence their family planning practices.

So too, social, kinship, community and cultural attitudes play a role in decisions about family planning. Societal and kinship attitudes about marriage, childbearing, family size and gender composition, social approval or disapproval of methods of regulating fertility exert considerable influence on couples’ reproductive behaviors and practices.

Family Planning programs themselves often exert a major influence on the adoption and stability of family planning practices within a country, region or local area. The following program characteristics have been shown to exert a positive influence on family planning practices: the availability of a national family planning program within a country; a program of active outreach by family planning workers; higher frequency of family planning worker visits and contacts; availability and low cost of contraceptive methods.

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Notes: Global STI Prevention and Control Strategy

The data presented here on global prevalence of STI’s are estimates, and are limited because STI surveillance has historically been inadequately funded and is sorely neglected in many countries of the world. The best available estimates suggest that some 340 million new cases of syphilis, gonorrhea, chlamydia and trichomoniasis occur each year in men and women aged 15–49. STI prevalence rates have continued to rise in most countries, including developed countries.

In 2002, a global strategy for the prevention and control of sexually transmitted infections 2006–2015, was developed by the World Health Assembly (resolution WHA53.14). It was viewed as a complement to a reproductive health strategy intended to accelerate progress towards the attainment of international development goals and targets. The strategy emphasizes that prevention and control of STI’s are core aspects of sexual and reproductive health. Crafted with the knowledge that STI’s cause considerable mortality and morbidity in both adults and newborns, and that STI’s facilitate the transmission of HIV infection, the strategy recognizes four fundamental benefits of investing in STI control:

• Reduction in STI-related morbidity and mortality;
• Prevention of HIV through cost-effective intervention;
• Prevention of long-term sequelae of STIs, such as cancers, especially in women;
• Reduction in adverse outcomes of pregnancy among women infected with STIs.
• The strategy highlights opportunities for scaling up an effective response to STI prevention and control and proposes feasible evidence-based interventions for implementation at national levels.

Notes: Types of Abuse that Constitute Gender-Based Violence

The notion that violence is gender-based derives from the recognition that women and men do not experience the same forms of violence. There are some forms of violence that are almost exclusively experienced by women, such as sexual assault and domestic violence within relationships. The United Nations definition used in this module is a broad one. It can encompass a wide range of behaviors. Types of abusive behavior are:

Economic abuse - any coercive act or limitation placed on an individual that has adverse economic implications on the woman and/or her dependents. This includes not allowing a woman to work, forcing her to hand over all or part of her earnings, or drawing from her personal or a shared bank account without her knowledge or consent.

Emotional abuse - any act associated with psychological, spiritual and other forms of abuse that relate to an individual’s sense of integrity, freedom of expression and well-being. Emotional abuse includes acts such as withholding affection by a person in an intimate relationship, verbal attacks, constant belittling, controlling behavior (such as not allowing the woman to leave the house), insulting behavior, calling someone crazy, stupid or possessed, as well as threats to the woman, her children, pets or belongings.

Physical abuse - any deliberate physical assault on an individual’s body that harms the victim in any way. It may, or may not involve visible signs of injury. Among others, this may include kicking, hitting, slapping, choking, burning, stabbing and shooting the victim.

Sexual abuse - any unwanted physical invasion of an individual’s body that is sexual in nature. Sexual abuse ranges from touching and kissing, through to forced oral sex, rape and being forced to perform prostitution and bestial acts.