

Reproductive Health & Wellness Program

Special Points of Interest:

- *Reproductive Health and Wellness around the World*
- *Cultural Practices of Body Modification*
- *Family Planning as Population Control*



THE GLOBAL ISSUE

This month *the body shop* tackles reproductive health across the globe. Historicize and contextualize your reproductive health knowledge!

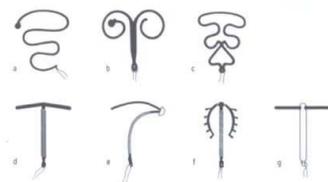
IUDS AROUND THE WORLD

Despite the fact that they are among the most effective forms of reversible contraception available, intrauterine devices (IUD) have not been among the most popular methods of contraception for women in the United States. The brands of IUD available in the US are Paragard and Mirena, and the makers of Mirena have very recently released a smaller version of their product called Skyla. These smaller IUDs are made for women who have not had children and do not last quite as long as their slightly larger counterparts. At the height of IUD popularity in the US in the 1970s, 10% of women using contraception were using an IUD. However, IUD use only accounted for around 2% of women (around 800,000) in the US who were utilizing some method of contraception in 2002¹. This number has been growing, but it has been a slow climb back to popularity for the IUD after a popular model called the Dalkon Shield caused thousands of health issues in the US in the 1970s. The media reported “a spate of deaths from septic miscarriages... [and] a series of studies linking the Shield and other IUDs to pelvic inflammatory disease (PID) and subsequent infertility¹.”

New models were re-introduced between 1998 and 2001. The latest model, Skyla, was introduced in 2013. A report from the Earth Policy Institute released in 2012 shows that of the estimated 1,179 million couples in the world, 215 million face an “unmet need for modern contraception”, 303 million have “no method, no need”, and the remaining 661 million are utilizing modern methods of contraception². These modern methods primarily include IUDs, condoms, pills, male and female sterilization, and the shot. Their data shows that the most used method of contraception is female sterilization (223 million couples) fol-

lowed by the IUD (169 million couples). This means that the IUD is the most widely used method of reversible contraception in the world. Their study shows that “more than 80 percent of IUD users—140 million women—are in Asia...[and] 1 out of 5 European women using modern contraception chooses an IUD”². Their more recent data shows just about 5 to 6 percent of women in North America use an IUD.

The disparities among women who choose these more effective methods and women who choose a less effective method (or no method at all) could be due to cultural opinions, but it could also be due to lack of access. The Earth Policy Institute report states that “even where contraceptives are available, women may not be able to access a wide variety of types. Since couples who cannot obtain methods that suit their individual needs are less likely to use contraception, making more methods available could help fill the family planning gap. When women can choose how many children to have and when to have them, their families are healthier and less likely to live in poverty².” Increased access and education surrounding these newer, safer, and more effective methods of contraception is crucial to reproductive health care in the US and the rest of the world. There is no indication that women in the US have any reason to fear utilizing these new IUDs. Their worldwide popularity is just another reason for women to consider a new and more effective form of birth control.



Various IUD Types Available Around the World

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COMPARING CULTURES: FEMALE GENITAL MUTILATION & MALE CIRCUMCISION

Female genital mutilation (FGM) is the non-medical practice of removing or altering parts of the female genitalia that is prevalent in other parts of the world. Estimates are that more than 140 million women and girls have experienced FGM across the world³. These estimates are believed to be low due to the fact that much FGM happens in secrecy and goes unreported. It is believed that FGM is most commonly used to control a woman’s sexuality before and after marriage. However, proponents of FGM argue that it is a traditional practice that is ‘natural’. Complications associated with FGM include: infections, unintentional damage to other reproductive and digestive organs, dysuria, PID, infertility, depression, anxiety, PTSD, lack of sexual desire, pain during sex, or inability to have sex³. Due to all of these complications and since it is a physical manifestation of age-old repression of female sexuality, FGM is a practice that is difficult to defend. Practitioners encountering individuals who have undergone FGM should be closely aware of the psychological complications that this body modification can have on a woman. Providers and nurses should avoid referring to FGM as mutilation and should instead refer to it as “being cut” or as “being circumcised”⁴. Added stigma or judgment from Western perspectives does not help to alleviate an individual’s feelings of victimization — especially when they find themselves vulnerable in an utterly foreign environment.

Male circumcision, removal of the foreskin of the penis, is a common practice in Western cultures that has recently begun to spread to other cultures and geographic areas. (continued on pg. 2)

LESSONS FROM THE WORLD: STRATEGIES FOR IMPROVING REPRODUCTIVE HEALTH

m4RH

Mobile phones are a huge part of everyday life in Kenya – a fact that tends to surprise a lot of Westerners. Using mobile phones, Kenyans often send money back and forth to each other with a text message based banking service. Most Kenyan adults are in possession of a cell phone that can be reloaded a few shillings at a time by purchasing credits. Taking advantage of the increased prevalence of cell phones and text messaging in Kenya, a group of non-profits, NGOs, government agencies, and the U.S. Agency for International Development (USAID) joined together to launch a program intended to educate, inform, and improve access to family planning clinics and contraception by mobile phone. Mobile 4 Reproductive Health (m4RH) revolves around text messages that young women and men can opt in to receiving that will include facts about methods of birth control, HIV prevention, and places to find different methods. There are also stories from women describing the method they prefer and why, and texts that aim to debunk rumors and myths surrounding certain methods. The text program was tested in Kenya and Tanzania in 2010-2011 and successfully reported “12,954 queries (4,187 unique users) to the m4RH system”⁶. The program website states that “results from the pilot indicate that women, men, young people and couples use m4RH to learn about the range of FP methods. Users find m4RH easy to use and understand and report increased FP knowledge as well as some behavior change.”⁶ The use of technology to reach men and women in rural parts of Kenya

is innovative and extremely useful for those who do not have easy access to information regarding family planning. The texts can be adjusted for a younger age group, are easily accessible to anyone with a phone, and are also interactive. They allow people to request information on specific methods of contraception and surveying for changes in sexual behavior.

The Tupange Initiative

Another reproductive health project called The Tupange Initiative (meaning “lets plan” in Kiswahili) brings access to reproductive health care to women in 5 Kenyan cities through an Aspen Institute Fellowship. The goal of the initiative is to improve access to birth control, raise awareness of birth spacing, and increase the use of birth control in urban populations. Founder Jane Otai describes how chronic shortages of contraception in Kisumu, extremely limited access to the most basic needs in the slums of Nairobi, and the high prevalence of rape in smaller communities leaves women in these areas extremely vulnerable to unintended pregnancy. The issues that these women face often prevent them from accessing contraception – Tupange aims to improve that access and raise awareness that services are available. Otai’s hope is that through this fellowship there will be fewer shortages and that women will choose to share their stories and encourage each other to find a family planning method. She discusses one salon owner currently using an implant that chooses to share her story with all of her clients. Otai says, “I think when you have women who are really empowered and they are very happy with the message, they themselves can actually sustain family planning by talking about it and making sure more women get the message. I think women really feel for their fellow women and they are able to help out other women who they think need a particular service.”⁷ World Bank statistics show that the infant mortality rate in Kenya is declining faster than any of the 20 countries in sub-Saharan Africa. Programs such as this one, that allow women easy and cost effective access to contraception, can contribute to reducing the number of infant deaths in developing countries like Kenya.

Contraception in the European Union

Access to contraception in the European Union varies by country, from limited access in Austria, Bulgaria, Poland, Lithuania, and Slovakia to much easier access in Spain, Germany, Great Britain, and Romania⁸. In countries where access is limited, it is often due to a lack of coverage by public health insurance and high cost. Spain provides condoms (male and fe-

male) that are usually available for free and emergency contraception (EC) is available for free with no minimum age requirements. Great Britain has a standard prescription cost that can be waived for low income citizens, minors, and other vulnerable groups. Many clinics across Great Britain offer EC for free with all pharmacies in Wales being required to dispense it for free to women over the age of 13. The Center for Reproductive Rights estimates that “for every pound spent on teen pregnancy prevention and contraceptive subsidization, as much as GBP 11 are saved.”⁸ While contraceptive use is still regulated in much of the EU due to religious opposition and legal restrictions, Great Britain aims to “reduce unplanned pregnancies, decrease the number of abortions and protect against the spread of sexually transmitted infections”⁸ by subsidizing the cost of contraceptives.

Right to Contraception as an International Human Right

The right to contraception is incorporated into the basic right to health as recognized by the United Nations Committee on Economic, Social and Cultural Rights, and the Committee on the Elimination of Discrimination against Women. This basic right stems from “women’s right to decide the number and spacing of their children, the right to health, the rights to quality and non-discrimination, and the right to privacy.”⁸ Providing women around the world with improved access to contraceptives will empower them to choose if and when they have children, will allow women to work or continue education if they choose, and will continue to reduce rates of unintended pregnancy, infant mortality, and maternal morbidity. There are certainly many countries around the world where access to reproductive health care is sorely lacking, but innovation is happening. Westerners tend not to think of developing nations such as Kenya as innovative, but empowering and enabling young women and men with reproductive knowledge and health care will benefit the entire nation and sets an excellent example for the rest of the world.

Comparing Cultures, from pg. 1

With the recent discovery that men who are circumcised are less likely to contract HIV or other STIs from sexual partners, there has been a push by the WHO to encourage male circumcision in countries with high HIV prevalence where circumcision is traditionally not practiced⁵. However, as large scale programs for circumcision have rolled out it has become clear that the reduced transmission rates for HIV and STIs apply only to female-to-male transmission and not vice-versa. Despite this, women in countries where male circumcision has been touted as an effective preventive measure have come to believe that circumcised men are “safer” than uncircumcised men. One study in Tanzania showed that women tend to hold beliefs that male circumcision completely eliminates the risk of transmission of STIs and HIV from men to women⁵. This outcome stresses the importance of clear communication when transmitting messages about STI and HIV risk across and within cultures.



THE LEGACY OF POPULATION CONTROL

On the international stage advocacy for reproductive rights and family planning has often been plagued by accusations of population control. Often those of us who are situated within the health care institutions that provide family planning care dismiss these allegations out of hand, but before we do so we should remember that history and context are important factors that influence how individuals understand reproductive health issues. The fact is that state institutions have often been complicit in vulgar acts of eugenics and forced sterilization under the guise of public health interventions for furtherance of family planning goals.

One rather dramatic example of this comes from India's experience with family planning during the 1975 to 1977 Emergency Period. In late June of 1975, the first (and only) female Prime Minister of India, Indira Gandhi, declared a national emergency where democratic governance was replaced with de facto dictatorship under her leadership. This period of despotic rule was to last until January of 1977 and

constituted the greatest challenge to democracy that the nation of India has faced to date.

During this chaotic period, civil liberties were suspended and demonstrations of loyalty to Indira's regime by regional governors were demanded. Indira and her closest confidant, her son Sanjay, believing reductions in population growth to be critical for India's sustainability as a governable entity, demanded that local governors show fealty by reporting large numbers of family planning "successes", a.k.a. sterilizations. Local governmental entities developed coercive methods to reach their sterilization quotas. For example, low-wage government jobs became impossible to obtain without a valid certificate of sterilization. Individuals who had more than a few kids were forced to show a certificate of sterilization in order to receive food assistance. Unprotected minorities were rounded up and sterilized forcibly⁹.

Since sterilization was introduced in the 1950s to 1976, it is estimated that 14 million people

had been sterilized in India. From July to December of 1976, an astonishing 6.5 million people were sterilized⁹. Backlash from the populace against this mass sterilization campaign was successful in ending the Emergency Period, but not without lasting consequences for how Indians would view family planning. The history of family planning as a tool of state power (Foucault would say biopower) is something that we should keep in mind when providing contraceptive counseling to individuals receiving services through government entities. Although providers do not have intentions to control the reproductive ability of the clients they see, clients may perceive things differently due to their lived experience with family planning.



Indira Gandhi, former Prime Minister of India

CORNER FOR THE CAUSE: INTERNATIONAL DAY FOR THE ERADICATION OF POVERTY

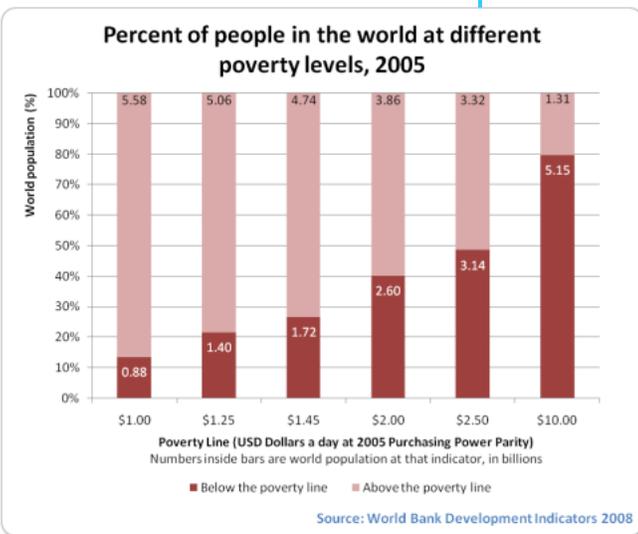
October 17th is International Day for the Eradication of Poverty. We at the body shop believe firmly in the idea that the social determinants of health are of critical importance to ensuring good reproductive health. This month let's keep in mind that nearly half of the world's population lives on \$2.50 per day or less. If we are going to make real change to improve people's health around the world — we're going to have to address the pervasive inequalities in wealth that create destitution.

LET'S GET PERSONAL



As I think about my childhood, I wonder what kind of world my daughter will remember. I'm optimistic but very nervous for her. It's amazing how polarized the realm of reproductive rights has become. Regardless of how I feel, someone out there will disagree with me wholeheartedly. And despite our differences, we are both human beings sharing space in the world. Other nations are still fighting for basic human rights. We, in a sense, are lucky. I'm thankful my daughter will one day have the right to stand up tall and speak for herself. I'm thankful I have a role in this world to help speak for those who have no voice to speak. Shouldn't that be the mission of public health?

Dr. Jennifer Mooney
Principal Investigator, Reproductive Health & Wellness Program



MAN TO MAN:

The Men's Health Initiative is getting ready to move in to Cincinnati Public Schools! Topics we'll cover include reproductive anatomy, pregnancy, sexual-

Interested in the Men's Health Initiative for your organization?
Contact the program coordinator:
eric.washington@cincinnati-oh.gov

thebodyshop

REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320



The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled nearly 4,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

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October 14th is Columbus Day!!!

In fourteen hundred ninety-two
Columbus sailed the ocean blue.
He was also probably responsible for bringing STIs to America.
Don't be that guy. Wear a condom.

References

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