

On Women's Health and Rights  
Lectures, Speeches and Statements  
Mahmoud F. Fathalla

## Reproductive health in the world

XIIIth European Congress of Perinatal  
Medicine,  
Amsterdam, 12-15 May 1992

When WHO Member States of the European Region adopted their Health For All policy, they set 38 health targets for Europe to be reached by the year 2000. These targets were again reviewed, confirmed and updated in September last year. The first of the 38 targets is Equity in Health.

We live in a world where probably there will always be the have's and the have-nots, as expressed by the wise words of the great Indian thinker Rabindranath Tagore in 1893: "*Fate has allowed humanity such a pitifully meager coverlet, that in pulling it over one part of the world, another has to be left bare.*"

The English word equity is not synonymous with equality. Equality, according to the English dictionary, is "the state of being equal, i.e. having the same magnitude, dimensions, value, degree or the like". Equity, on the other hand, means "fairness, i.e. giving each his due according to the sense of natural right". While equality is a utopian ideal, equity is an achievable target.

It is true that, in a global perspective, Europe has the best indicators in health. But it is also true that Europe still has some glaring inequities in health, between countries and also within countries. Let us also recall that

of all areas of health, there is no area in which inequity can be more striking as in reproductive health.

Why should reproductive health, more than other areas in health, show such wide disparities and manifest that much inequity? It is simply because reproductive health is generally about women and children, and women and children are among the vulnerable groups in any society. If things go bad, they will be among the first groups to suffer. The basis for this vulnerability is both biological and social. Children are biologically vulnerable because of their needs for growth and development. They are socially vulnerable because their voice is not heard. As to women, they are biologically vulnerable because Nature has entrusted them with the biological burden of reproducing the species. In most countries and throughout history women have been socially vulnerable. Even in the beginning of enlightened times of the European Renaissance, married women did not have rights before the law, in the same category as criminals, minors and the mentally retarded.


In this presentation, I would like to broaden our outlook from Europe to the world at large and from perinatal medicine, the subject of this congress, to the broader field of reproductive health. Let me explain why.

*Our planet, our health*

In the past few decades, a new consciousness has been dawning upon us: what we may call global consciousness.



We are the first generation of Mankind to see how our earth looks from space, and to see our planet for what it is, a small village in a vast universe, a frail spaceship which needs tender loving care if we want to leave it in good shape for our children. Moreover, we are increasingly realizing that all of us on board spaceship earth have become inter-dependent in all matters including health. It is OUR planet. It is OUR health.



“Our world has become a global health village generating an urgent need for mutual learning and joint action.”

Commission on health research and development , 1990

Our concern about people in other countries is no longer simply a question of morals. It is a question of reason. As Mr Willy Brandt, former Chancellor of West Germany, remarked at the International Forum on Population in Amsterdam in 1989,

"Reason and morals demand greater efforts in international cooperation, much more justice and worldwide solidarity"

Willy Brandt, former Chancellor of West Germany, at the International Forum on Population in Amsterdam in 1989

*From perinatal medicine to reproductive health*

Reproductive health is a package that includes elements of ability, success and safety.

## Reproductive health package

### Ability

- To reproduce
- to regulate and control fertility
- to enjoy mutually fulfilling sexual relationships

### Success

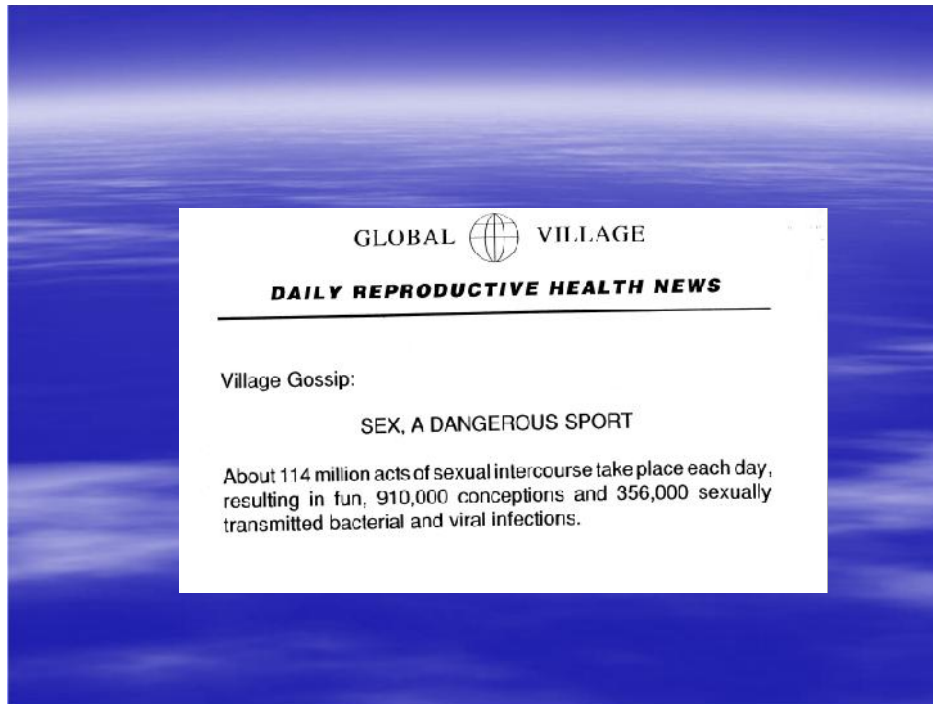
- A successful outcome of infant and child survival , growth and healthy development

### Safety

- safe journey of pregnancy and childbirth
- fertility regulation without health hazards
- sex without violence and without risk of infection

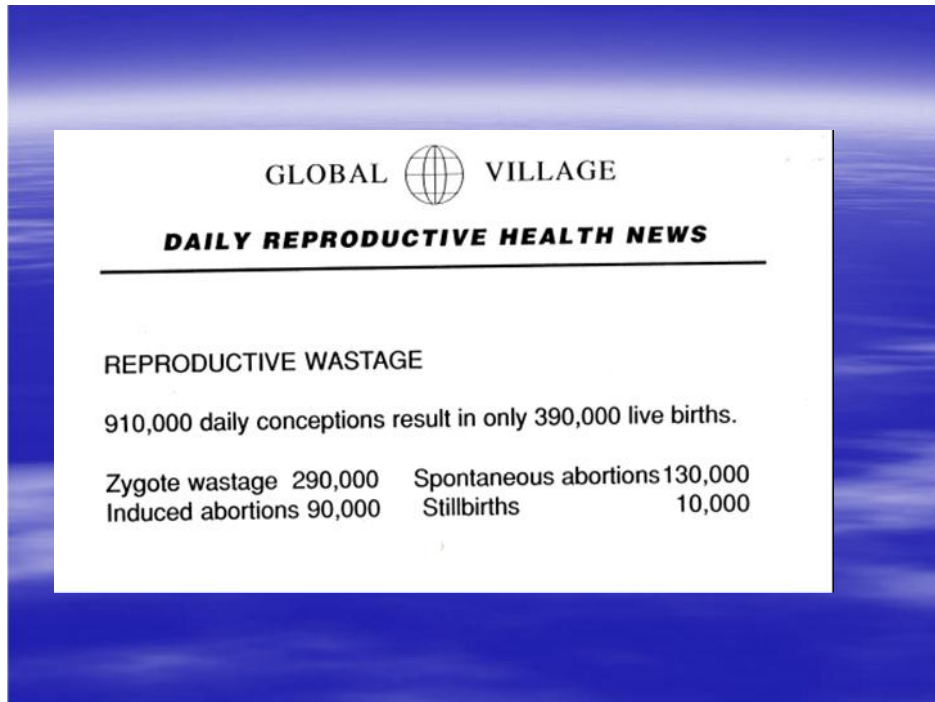
Perinatal health is mainly concerned with a successful outcome of pregnancy. However, all elements of the reproductive health package are inter-related and inter-dependent. A successful perinatal outcome can be influenced by the ability to plan the timing of pregnancy, by safety of the mother in pregnancy and childbirth, and by sexually-transmitted diseases. A successful outcome will also not be complete if not followed by infant and child survival, healthy growth and development. This is why I want to broaden the scope of the lecture beyond perinatal medicine into the broader field of reproductive health.


If we agree that our world has become a global health village generating an urgent need for mutual learning and joint action, let us look at the headline news of reproductive health in our global village.



A gossip column in the Daily Reproductive Health News will report that yesterday about 114 million acts of sexual intercourse resulted, apart from fun, in 910 000 wanted and unwanted conceptions and 356 000 sexually-transmitted bacterial and viral infections.

Sexually-transmitted diseases are now in many countries the most common notifiable communicable diseases. Alarming WHO estimates indicate that about 130 million infections occur each year (not including HIV infection). If we add Trichomoniasis, the total goes up to 250 million.



GLOBAL  VILLAGE

**DAILY REPRODUCTIVE HEALTH NEWS**

---

REPRODUCTIVE WASTAGE

910,000 daily conceptions result in only 390,000 live births.

Zygote wastage 290,000	Spontaneous abortions 130,000
Induced abortions 90,000	Stillbirths 10,000

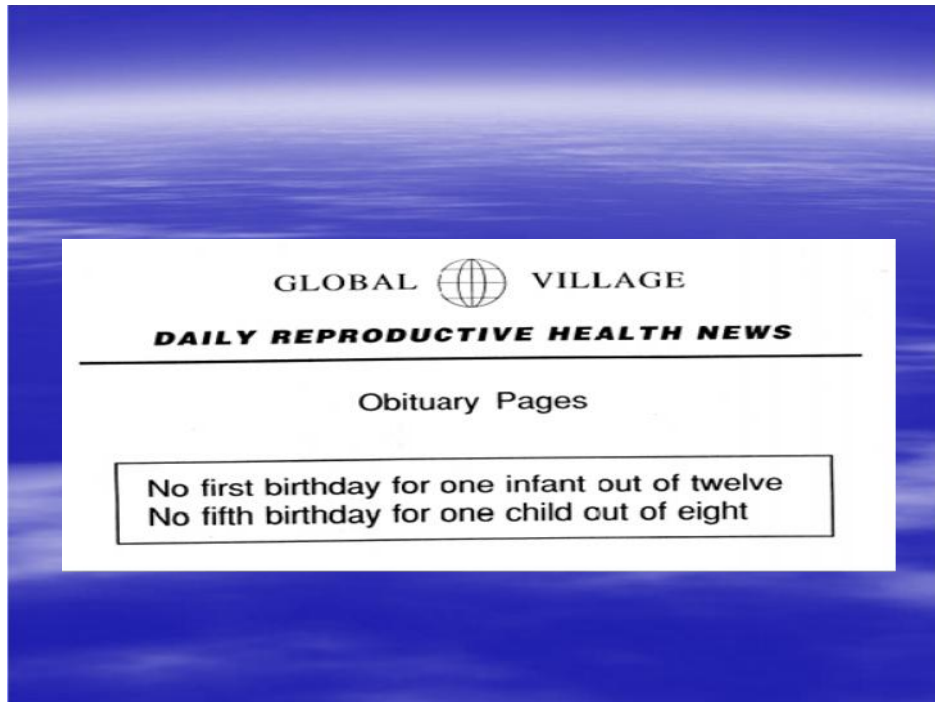
Another section of the News reports on reproductive wastage. The 910 000 conceptions will result in only 390 000 births. A striking news is that about 90 000 induced abortions are performed every day for pregnancies that were unwanted. If we read further details in the News we will find that a large percentage of these abortions are performed under unsafe circumstances. About 25 percent of the world population lives under laws that allow legal termination of pregnancy only when the life of the mother is in danger, which paradoxically puts the life of the mother in danger. Desperate women resort to unsafe practices resulting in almost 500 deaths each day.



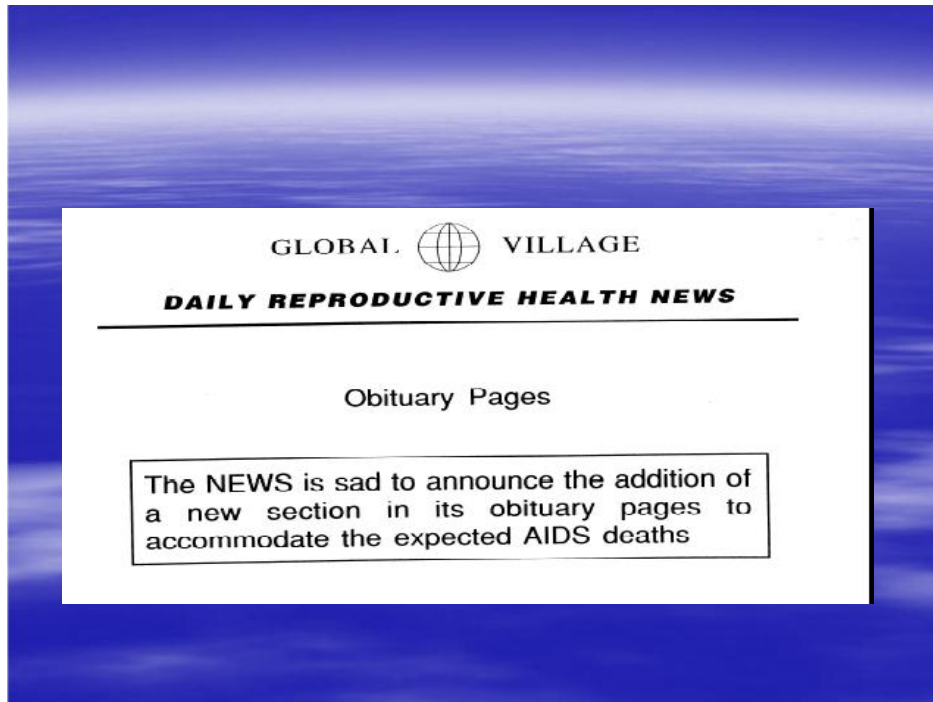


The Daily Reproductive Health News will report that the death toll in human reproduction yesterday was 1370, women in the prime period of their lives who died from causes related to pregnancy and childbirth. This is only the tip of an iceberg of maternal morbidity. WHO recently published estimates of maternal mortality report more than 500 000 deaths every year, with 99 percent in developing countries. Since we are discussing inequity, we should note that discrepancy in maternal mortality between the rich and the poor is much more than the discrepancy in any other health indicator.

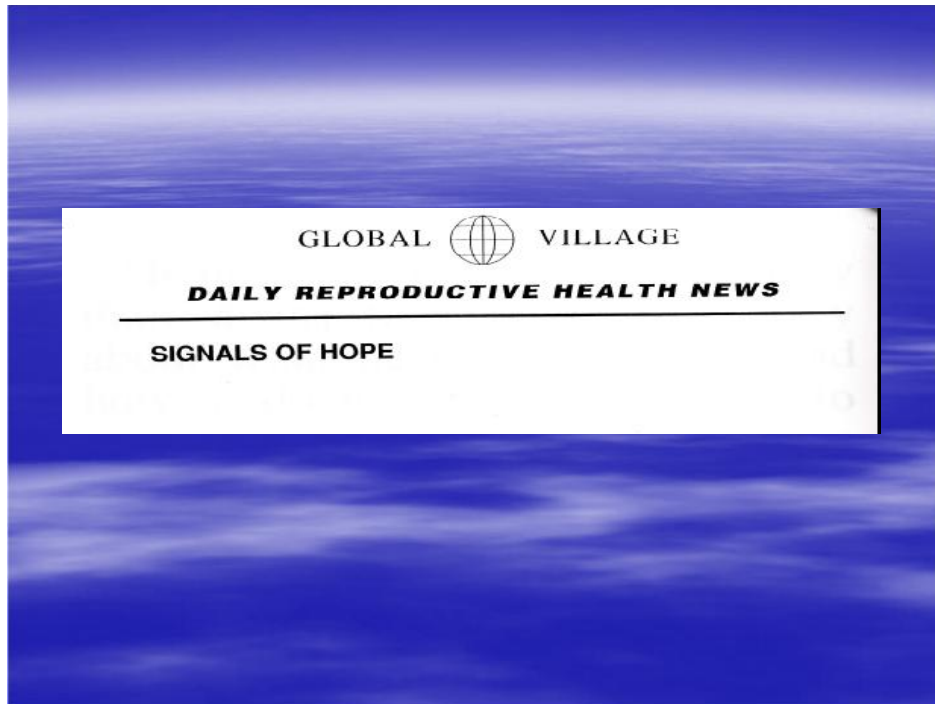




If we move to the obituary pages of the Daily Reproductive Health News we are reminded that in our world today one infant out of twelve will not live to see the first birthday and one child out of eight will not have a fifth birthday. The deaths of children under the age of five total 12.9 million every year, more than the population of several of the European countries. Three million die in their first week and 1.3 million before the end of the month, mostly from perinatal causes. It should be noted that only two percent of the perinatal mortality in the world takes place in the developed world.



The obituary pages of the News will also carry the announcement for a new section to accommodate the expected increasing numbers of AIDS deaths. The pandemic status of HIV infection is now firmly established. Women are gradually taking an increasing share of the burden with serious consequences for reproductive health, including perinatal medicine. For the year 2000, WHO makes a gloomy projection of close to 30 million adult infections (90 percent in developing countries) and 10 million or more infected children.



The final section of the Daily Reproductive Health News carries the title of Signals of Hope. On many days the page is left blank because there is nothing much to report.

Please do not try to look for the Daily Reproductive Health News of the Global Village at news stands. It is not in circulation. It makes us uncomfortable because it tells the painful truth, and, as it has been rightly remarked, scarce as the truth is, the supply has always been in excess of the demand..

**“As scarce as truth is, the supply has always been in excess of the demand.”**

---

*Henry Wheeler Shaw, 1865*

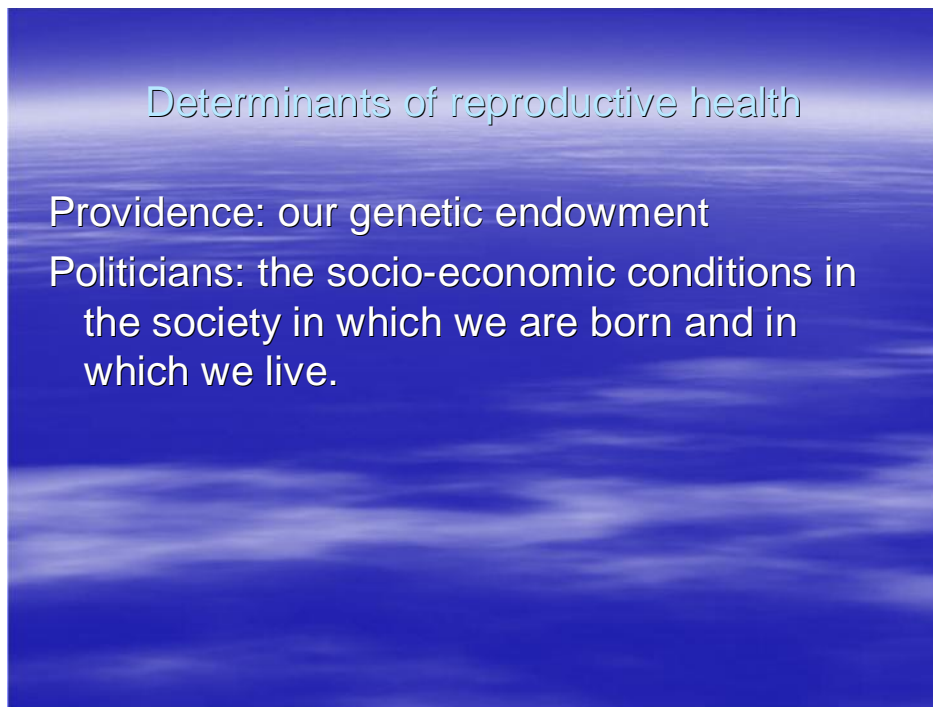
This is the status of reproductive health in our small world. What can we do about it, we obstetricians and neonatologists?. We need first to look at determinants of reproductive health.

## DETERMINANTS OF HEALTH

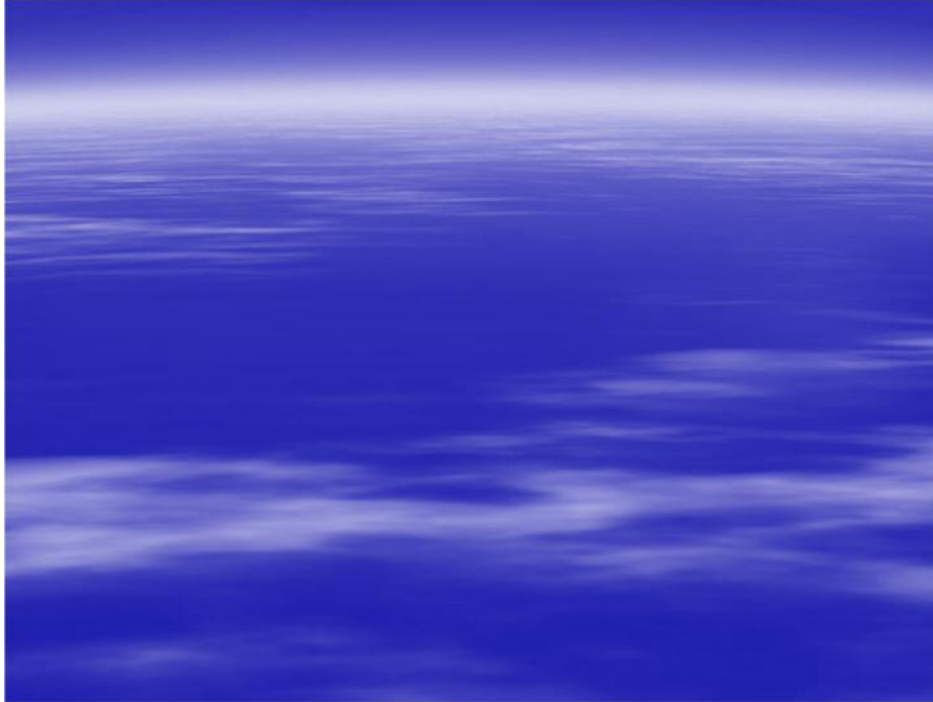
- Genetic constitution
- Socio-economic and environmental conditions
- Lifestyle behaviour
- Medical knowledge and health services
- PROVIDENCE
- POLITICIANS
- PEOPLE
- PROFESSIONALS

Reproductive health, and for that matter health in general, is redetermined

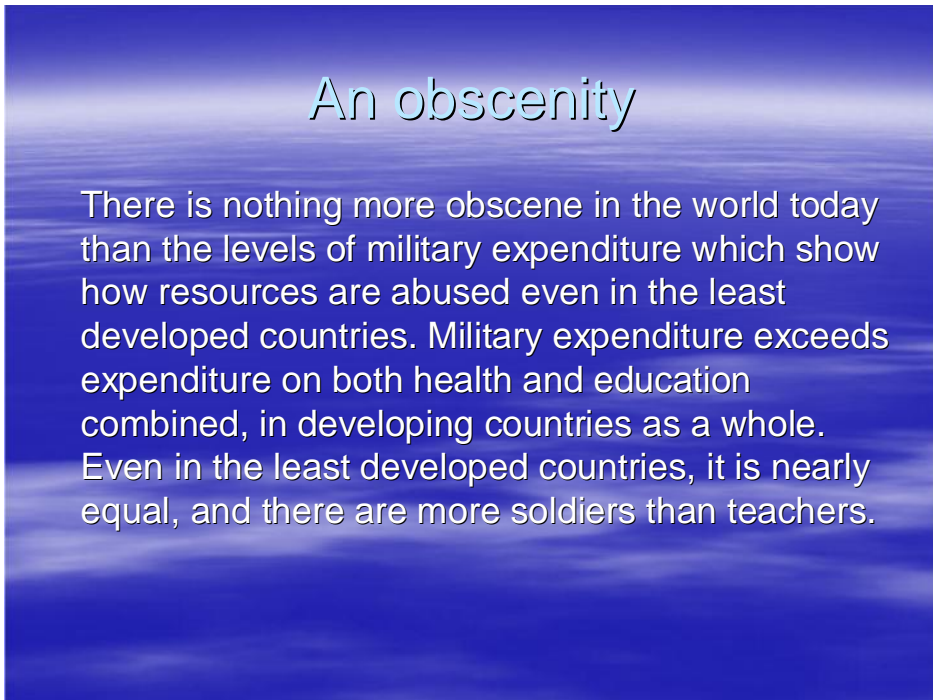
by our genetic endowment and by the socio-economic conditions in the society in which we are born and in which we live. Health can be promoted or undermined by our lifestyle behaviour, and can be improved by health care services and better medical knowledge. We are directly concerned with this last determinant, and there are challenges for us there if we want to help in achieving the target of equity in health. But I would like to submit to you that we have to play also a role in our societies to influence the other determinants: an advocacy role as well as an educational role. Let us look at these health determinants.



I do not plan to take issue with providence on genetic constitution. I have only to say that if you are born with two X chromosomes, a supposedly biological advantage, you land in social trouble in many parts of the world. But politicians are free game and we can talk about socio-economic factors which are a major determinant of reproductive health. Let us admit that poverty is a problem in the world today. Even if we look not at the poor but at the poorest of the poor, the numbers (almost a billion) are staggering. These are people who by definition are living at a level of subsistence that is incompatible with any human dignity or decency. What can we do about poverty? We are not economists but there are two areas in which we can play an advocacy role. Let me first submit to you that there is no country that I know of, that is so poor that it cannot do something to improve the reproductive health of its people.

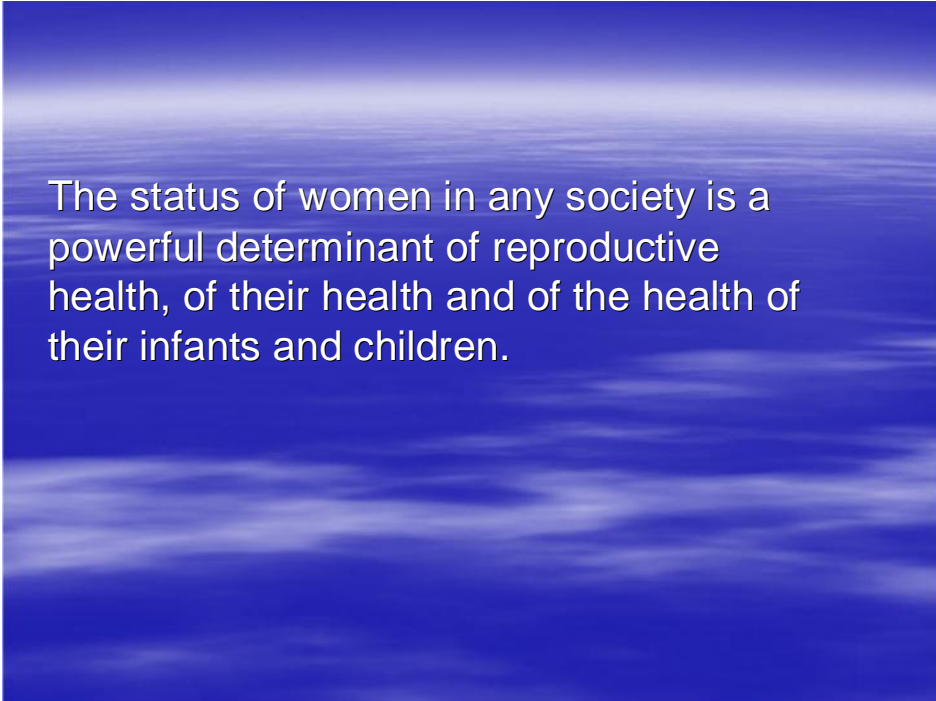


This blank slide is projected on purpose as a warning that the next slide is an obscenity and may hurt sensitive feelings.



Just look at military expenditure. There is nothing more obscene in the world today than the levels of military expenditure which show how

resources are abused even in the least developed countries. Military expenditure exceeds expenditure on both health and education combined, in developing countries as a whole. Even in the least developed countries, it is nearly equal, and there are more soldiers than teachers. In 1986, it was estimated that the military expenditure in the least developed countries was no less than 3.4 billion US\$. The best a country can hope for from this enormous expenditure is that it will go down the drain. The worst is that it will put into use for human destruction. Today in the least developed countries there are more soldiers than teachers. This is at a time when world illiteracy figures are such that about one in five of all adult males and more than one in three of all adult females are illiterate. The message of the figures for military expenditure is that when we advocate for equity in health, we should not accept lack of resources for an answer.



The status of women in any society is a powerful determinant of reproductive health, of their health and of the health of their infants and children.

The second point I would like to make under socio-economic health determinants is about the status of women. In spite of the United Nations Decade for Women, and extensive lip service, a recent world survey concludes that women are still marginalized and have made little economic and social progress. This should be a concern for us since the status of women in any society is a powerful determinant of reproductive health, of their health and of the health of their infants and children.



## Determinants of reproductive health

Providence: our genetic endowment

Politicians: the socio-economic conditions in the society in which we are born and in which we live.

People: Lifestyle behaviour

The next health determinant, lifestyle behaviour, includes reproductive and sexual behaviour. But I want to single out another lifestyle behaviour for a special mention: smoking. The figures for tobacco consumption are still rising in the world, particularly in developing countries but also in Europe. A disturbing observation is the trend for more smoking among young girls. WHO is now realizing that the eradication of smallpox from the world was a small task compared with attempts to eradicate tobacco. The Director of the WHO Regional Office for Europe has recently projected that among the 850 million people who live in Europe today 100 million are likely to die from smoking tobacco. Many of these may not have yet started to smoke. We talk about active smoking. Recently we began to emphasize passive smoking. We need to talk about captive smoking. The foetus in utero is not a passive smoker. It is a captive smoker. It was only relatively recently that we began to realize fully the impact of smoking on reproductive health. Smoking is now a major factor in perinatal mortality in some countries.

There is a challenge for us in working on the health determinant of lifestyle behaviour. We, physicians, need to communicate and educate. We are good in communicating between ourselves and in educating our students. We need to learn how to communicate with and educate the public at large if we want to change lifestyle behaviour and achieve equity in health.

## Determinants of reproductive health

Providence: our genetic endowment

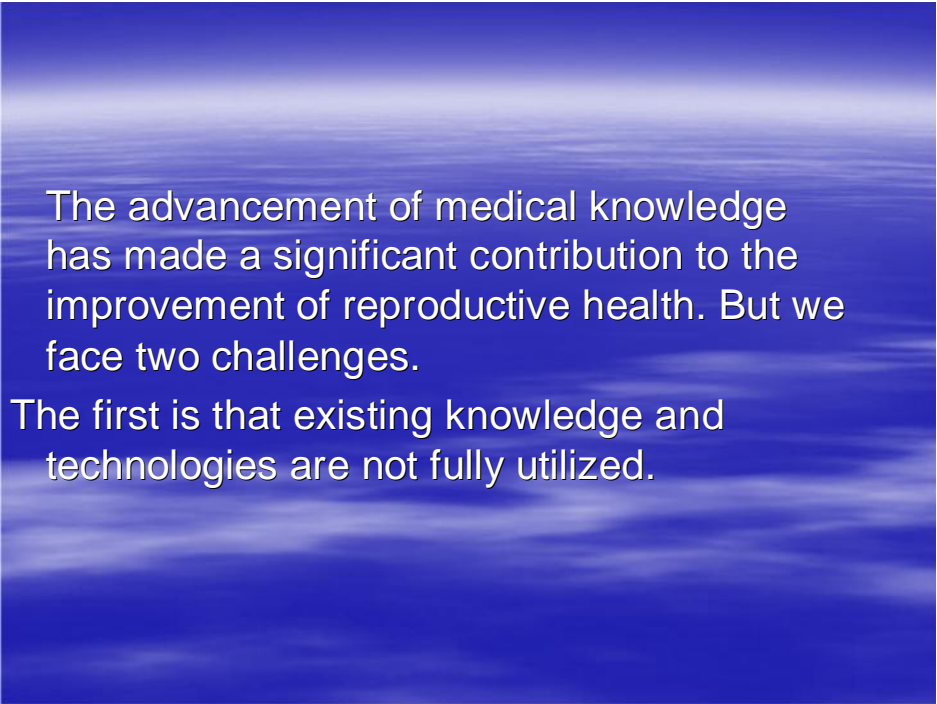
Politicians: the socio-economic conditions in the society in which we are born and in which we live.

People: Lifestyle behaviour

Professionals: Medical knowledge and health care services

The next determinant of reproductive health is health care services. Nearly half of the births in the world are not attended by any trained birth attendant. The situation varies of course in different regions. The challenge facing us is how to make our services universally accessible. We need to look first at how can we rationalize the allocation of our current limited resources. Next, we have to lobby for more resources. We probably committed a major strategic mistake in the past. We have been selling health care as a service, when it is actually an investment, a true investment in the economic sense, an investment that pays dividends. In reproductive health and in perinatal health we are investing in the whole future of mankind.

The last but not least determinant of health is medical knowledge. The advancement of medical knowledge is what our Congress today is about.



The advancement of medical knowledge has made a significant contribution to the improvement of reproductive health. But we face two challenges.

The first is that existing knowledge and technologies are not fully utilized.

The first is that existing knowledge and technologies are not fully utilized. The reasons are that the know-how for applying them is not available, the resources are not there, and /or the political commitment is lacking. The challenge for us is to see what we can do to ensure that all people benefit from the fruits of knowledge and technology.

The advancement of medical knowledge has made a significant contribution to the improvement of reproductive health. But we face two challenges.

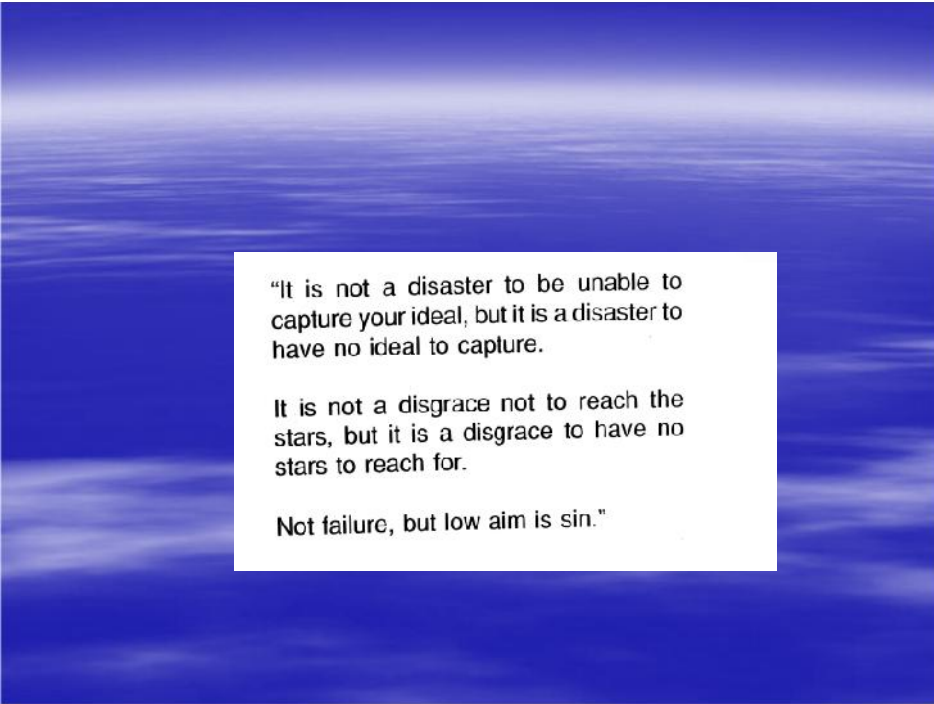
The first is that existing knowledge and technologies are not fully utilized.

The second challenge facing science is the relatively small allocation to developing country health research priorities.

The second challenge facing science is the relatively small allocation to developing country health research priorities. This issue has been discussed in depth recently by an international commission, The Commission on Health Research for Development. The Commission first highlighted that only 5 percent of health research funds are devoted for developing country problems which account for 95 percent of what may be called premature deaths. The Commission also made a recommendation about how this issue can be redressed, through the establishment of international partnerships that join together efforts of developed and developing countries to focus the world's scientific capacity on the highest priority health problems.

**Take home message**

These are major challenges facing us obstetricians and neonatologists for bringing equity to reproductive health in our world. The tasks are daunting, maybe overwhelming. You may even say that this is dreaming. But we should have the courage to dream in order to have the will to act. Let me leave you with this message.



"It is not a disaster to be unable to capture your ideal, but it is a disaster to have no ideal to capture.

It is not a disgrace not to reach the stars, but it is a disgrace to have no stars to reach for.

Not failure, but low aim is sin."