



# **Global Reproductive Justice Project**

**WS 491: Seminar in Reproductive Justice**  
Spring 2021



# WS491

In Spring of 2021, 26 students took WS491: Seminar in Reproductive Justice taught by Patrick Arnold. Reproductive justice is a social justice movement led by BIPOC women fighting for the human right to have children, not have children, determine their own birthing options, and create the social, political, and economic conditions necessary for these rights to be guaranteed to all.

However, there's work to be done in expanding reproductive justice, particularly for queer, trans, and intersex bodies, and for reproductive health and rights to be applied on a global scale. This is a daunting task – and one that even the icons of the reproductive justice movement, like Loretta J. Ross, approached with humility. As Ross and other members of the SisterStrong Women of Color Reproductive Health Collective put it: “The key benefits [of making connections between reproductive health in the U.S. and global women’s movements] will come from not what we offer women in other countries, but what we have to learn, specifically in the application of economic, social and cultural human rights to our organizing to address the issues faced here at home” (Ross, 2006).

As part of this class, students completed the Global Reproductive Justice Project. Different teams were charged with covering reproductive justice within different global regions. Crucially, though, it was up to each team to then figure out how to divide their region, and how to define reproductive justice in a way that does not involve a colonialist, American-centric framework imposed on others. Working from the humility Ross and other reproductive justice scholars bring to global considerations, this project was as much about process as the final product. Teams worked to define and research questions like: What would reproductive justice mean in, say, a South Asian context, and how do we center local voices in how we collect data to inform that research?

**This final collection of presentations is 191 pages long, covering 37 countries and almost twenty different facets of reproductive justice.**





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# Reproductive Justice in Latin America

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# *North West South American Reproductive Justice*

Peru



Columbia



Ecuador





# Abortion Access - North West South America

Peru -

**Status:** **Illegal**

**Exceptions** - If it is life or death for the women, she can get an abortion but only after its declared high risk.

**Results** - Women are finding different ways to have an abortion. Many women use a drug called misoprostol that can be obtained illegally from a doctor. Having an unsafe abortion is one of the five main causes of pregnancy-related death in Peru.

Columbia -

**Status:** **Legal(ish)**

**Expectations** - Abortion is only legal in cases of rape, incest, unwanted artificial insemination severe fetal abnormality and to protect the person's life or health. If you were consenting and got pregnant, you are not eligible for abortion.

**Results** - Even if you have a legal right to an abortion, women still struggling getting one.

Ecuador -

**Status:** **Illegal**

**Expectations** - If it is life or death to the women, and the problem cannot be solved other than having an abortion she can get one. If a mentally disabled women falls pregnant after a sexual crime, she can get one.

**Results** - Women will travel outside the country to get an abortion or perform unsafe abortions.





# Equal Rights - North West South America

## Peru -

### Status: **Negative**

Women represent just over half of the population of Peru, but they do not have equal access to resources or power. More women suffer from poverty and unemployment than men do. Race and class also worsen women's positions in Peru. Women are also significantly less educated than men.

## Columbia -

### Status: **Positive**

Columbia has strong laws in favor of equality and women's rights. The government also actively fights against violence and discrimination against women. Women in Columbia have access to education and 80% attend, they also outnumber men in the classroom by 5%. Lastly, women have greater power over legislation.

## Ecuador -

### Status: **Negative**

While there are some good things, overall women's rights are not equal to men's in Ecuador. Women's salaries are between 13-26% lower than their men peers, also women in rural areas work in average 23 hours longer per week than men do. There is also very little laws that protect women against violence and discrimination.

# Sexual Violence - North West South America

## Peru -

Peru has the highest rate of sexual violence in all of South America, with nearly 70,000 rape cases reported in just 9 years. Of these 70,000 rape cases, 34% of women become pregnant yet they are still not allowed access to abortion. 61% of women in Peru report sexual violence by a partner. Military officials were the most frequent offender while sexual violence was most often committed while victims were detained.

## Columbia -

37% of women reported experiencing sexual violence in Columbia, and over 50% of Columbian men admitted to abusing their partner. Of the 37%, over 70% of it was committed on women younger than 18. With the highest amount being between the ages of 10-13. In 2017 Columbia saw the highest rise of sexual violence cases, they rose by 11% this year. It is unclear why.

## Ecuador -

40% of women in Ecuador experience sexual violence done by their partner. The biggest area of sexual violence in Ecuador occurs in schools. Teachers, school staff, janitors, and school bus drivers have committed sexual violence against children of all ages, including children with disabilities, in public and private schools. Ecuador fails to protect children in the school system.

# Trans and non-binary - North West South America

## Peru -

Peru has laws against discrimination of people in the LGBTQ+ community. However, they refused to sign the 2010 UN Human Rights Declarations on Sexual Orientation and Gender Identity. Perus supreme court has also issued many several rulings defending LGBTQ+ rights.

## Columbia -

Columbia has the strongest framework for defending the LGBTQ+ community. They have historic recognition of LGBTQ+ people in the peace process with the Revolutionary Armed Forces of Colombia (FARC), the first in the world to specifically include LGBTQ+ people. However, there is ongoing violence and discrimination by people, espeically towards trans individuals.

## Ecuador -

in 1989 Ecuador became one of the first countries to offer protection to the LGBTQ+ community. They also were one of the first to legalize same sex marriage. While same sex couples can enjoy all the same rights as man and women couples, there is one thing they cannot. Adoption. Same sex couples cannot legally adopt. Ecuador also has several laws fighting against discrimination and violance towards the LGBTQ+ community.



# Reproductive healthcare - North West South America

## Peru -

The access to reproductive healthcare for women in Peru has increased over the years. Maternal deaths went from 240 per every 100,000 to under 100. The case fatality rate, meaning the death rate of women who die once they get to the hospital has also decreased. Women's access to healthcare has increased because of a country wide project called FEMME which main mission is to help women receive access to healthcare.

## Columbia -

Inequalities in healthcare between men and women have narrowed over time, with women having more and more access to healthcare. However, in poverty stricken parts of parts with high rates of violence, women have harder times accessing any type of health care, but more specifically reproductive healthcare. Women in these areas have a hard time gaining access to OBGYNs during pregnancy, or even a primary care physician.

## Ecuador -

In Ecuador, they offer citizens free universal healthcare. This healthcare covers all of women's reproductive healthcare. Women have access to free prenatal care, free primary care physicians, pediatricians and OBGYNs. Due to the free universal healthcare, women all over the country have an easier time accessing these doctors as well.

Argentina

Chile

# *Southern South America*

Paraguay

Uruguay

# Abortion Access- Argentina



- × Approximately 372,000–522,000 abortions happen annually in Argentina. Up until January 14 2021, all abortions were considered illegal in Argentina and a crime worthy of legal punishment except in special circumstances such as danger to health or sexual assault.
- × The Catholic church has been one of the biggest opposers of legalizing abortion in Argentina. 63% of the country is Catholic, and the church has fought against many pro-choice groups like the Encuentros. Since the 1980s, Encuentros has acted as a major women’s activist group in the country, holding annual conferences including topics such as pro-choice
- × Maternity is also extremely glorified in the country of Argentina, so anything that threatens that has been seen as a negative.
- × 2018 was the first year abortion legalization was considered in Argentina, but 2021 was the year the Voluntary Pregnancy Interruption Law was enacted. All abortions are legal up until the 14th week of pregnancy.



# Equal Rights- Paraguay



- × In Paraguay's constitution, women are mentioned a couple of times. Article 48 states that "Men and women have equal civil, political, social, economic and cultural rights. The State will promote the conditions and will create the adequate mechanisms for, making equality real and effective, by leveling [allanando] the obstacles that prevent or hinder its exercise and facilitating the participation of women in all areas [ámbitos] of the national life." They are also mentioned on the section of worker's rights, saying that there will be "No kind of discrimination will be admitted between the workers for motives of ethnic, gender [sexo], age, religion, social status and political or syndical preferences."
- × Abortion is illegal except in special health related circumstances. Women were not allowed to vote until 1961, and there has been only a few women in political power. In 2018, all 10 of the candidates for prime minister were men. Women also face labor inequality, with only 62% of women involved in the workforce compared to 87% of men. Women's incomes are equal to only 71% of men's, and most women are working in "highly vulnerable working conditions and no access to social security"

# Sexual Violence- Argentina



- × As of 2020, Argentina is a Tier 1 country when it comes to trafficking, meaning they have met the “minimum standards for the elimination of trafficking. Many of those who are being trafficked within the country come from neighboring countries. The country acts as a destination, source, and transit for all forms of trafficking.
- × Argentina is a rich country in South America, which many trafficking rings use as a front to encourage victims to come for false jobs or tourist opportunities. “54 percent, were foreigners, while 52 percent were victims of labor exploitation and 48 percent were trafficked for sex work.”
- × To combat this, Argentina has come up with a series of protection programs as well as made all forms of trafficking illegal and punishable. In 2008 they adopted a Anti-trafficking law and created a National Program for the Rescue and Accompaniment of Victims of Human Trafficking. This program “has worked to provide medical, psychological and legal support to survivors of human trafficking, and also works to help and empower individuals in their reintegration into society. The federal government has also started a new trafficking hotline, while regional governments in a number of provinces have opened anti-trafficking centers”, and as a result have saved 10,000 victims.

# Trans Rights- Uruguay



- × Prior to the end of the dictatorship in 1984, trans people in Uruguay “were commonly arrested and brutalized simply for their identity”. They still face many issues within the country, with higher rates of unemployment and only 25% completing primary education.
- × On October 19, 2018 Uruguay passed a law known as the Comprehensive Law for Transgender Persons. This law guarantees transgender citizens:
  - × The right to work
  - × Housing
  - × And to surgical interventions
- × “Gender affirming surgery and hormone therapy are [considered legally] a right... treatments will be paid for by the Uruguayan state”
- × Minors have the right to change their name on legal documents, but cannot receive treatments without parental consent.
- × This law also ensures that trans people who experienced hardships during the dictatorship that they receive proper compensation. Although Uruguay has taken big leaps towards equality, the country is still not perfect. Trans people still face discrimination, with one of the biggest opposers being the Catholic community.



# Healthcare- Chile



- × In 2006, the government of Chile passed legislation that requires contraception to “be publicly available for all women over the age of 14. According to *IPS*, all public health centers must dispense birth control, including emergency contraception (EC), free of charge. The decree also ensures that younger women can without authorization from their parents obtain a prescription for birth control pills.”
- × Like other countries in South America, the Catholic Church has criticized this decision.
- × Although this may seem like a great stride for women’s reproductive rights, in early March 2021 the Chilean government recalled “276,890 potentially flawed packets of birth control pills. At least 140 women believe they got pregnant because of the error.”
- × Most women in Chile use pads for menstruation because tampons are very expensive. Women who are pregnant are most likely to have a c-section unless otherwise requested, and abortions are illegal under any circumstance.

# *RJ in Mexico*



# Abortion Access-Mexico

- × As The Mexican Government operates under a federal system, abortion laws vary on a state to state basis. Additionally, it is important to remember that the Mexican population is over 80% Catholic, which heavily influences these reproductive justice issues.
- × Abortion is a crime in almost all states besides Mexico City (2002), which has the biggest population, and Oaxaca (2019). In both of these areas, abortion is decriminalized within the first 12 weeks of pregnancy for any reason. After the 12th week of pregnancy, abortion becomes a crime with possible jail time for the person receiving the abortion along with the person providing it.
- × After reading a 2019 study entitled “Women's abortion seeking behavior under restrictive abortion laws in Mexico”, I learned many women in Mexico are terrified of having an abortion. This fear takes root in social stigma, fear of jail time, and wanting to avoid the judicial process as abortion is a crime. Additionally, many women in Mexico are confused about the country's abortion laws, if they are legally eligible for an abortion, and the punishment for abortion across the country. Therefore, many women do not seek legal abortions because they lack the knowledge of where to obtain one. As a result, many abortions are performed illegally and unsafely with the use of herbal teas, pills, or special concoctions (although the exact number remains unknown).
- × This article also mentioned the main reason women in Mexico seek abortions is due to economic factors combined with sexual violence in their current relationships.
- × Based on a 2019 article in The Washington Post, countless protesters called for the decriminalization of abortion at the federal level. In response to their demands, the ruling party in Mexico vowed to introduce legislation to decriminalize abortion, although the final decision would be up to the states. However, the federal government still has yet to do so. If a bill like this did pass, women in Mexico would have the ability to obtain abortions in federally funded hospitals across the country.



# Equal Rights Via Constitutionalism-Mexico

- × In recent years, The Mexican Federal Government has made immense legal strides to ensure equal rights for all genders. Some of these laws include:
  - × The National Development Plan (2013): promotes gender equality and women's rights in all areas for the first time in the country.
  - × National Gender Equality Policy (2013): focused on equal opportunities for marginalized groups within the country.
  - × Mexico legalized same-sex marriages in all states but one in 2010.
- × While these laws are incredible actions taken on behalf of the federal government, many people in Mexico describe an "implementation gap" of what the federal law ensures versus what is actually practiced around the country. This is often seen through a lack representation of all genders in political positions, sexual violence against women, and a lack of access to things involving reproductive health, such as abortion, as seen in the last slide.
- × Overall, although Mexico seems to have various legal protections to ensure gender equality, the social implementations of these laws often vary on a state to state basis. For example, many members of the LGBTQ+ community verbalize that their rights would be more protected in a liberal state versus a conservative one; where there may be increased violence against members of marginalized groups.

# Sexual Violence- Mexico

- × After conducting my research, I believe the best way to articulate the horrors of this topic is through the narrative of Mariana Lizarraga: a Mexican woman who raised her voice in her article entitled “Being a Woman in Mexico”:
- × Mariana writes that from a very young age, femininity and masculinity are pushed on girls and boys. She notes if men fail to exert masculinity, “society immediately admonishes them because they jeopardize our understanding of masculinity.”
- × She explains that “at some point, women become objects. Particularly, sexual objects designed for the entertainment of those around us.”
- × Mariana also highlights some horrifying statistics encompassed in being a woman in Mexico, specifically in regards to sexual assault:
  - × “93% of women declared they had been victims of leering in a public space.”
  - × “Over 50% of the women interviewed had been touched against their will in a similar scenario.”
  - × “Every 9 minutes an act of sexual violence is committed.”
  - × “In 2011, over 60% of women older than 15 years-old admitted they were abused at some point in their lives.
- × Mariana concludes her article with the statement: “Being a woman in Mexico is familiarizing yourself with the short and vulgar vocabulary of cat-callers and memorizing the routes where you’re most likely to come across them so you can avoid them. It is tweeting #NiUnaMas (not one more) and #SiMeMatan (if they kill me). Being a woman in Mexico is silently hoping you won’t become part of the statistics that tell you that at least five women are killed every day in the country you call home.”

# What is Life Like for Transgender Women in Mexico?

- × Although Mexico seems to have various laws ensuring gender equality, the social acceptance of marginalized groups, such as transgender folk, remains an immense issue within the country. Throughout my research, I have found the large Catholic population heavily influences the social aspect of these issues.
- × A 2016 study conducted by The Transgender Law Center and Cornell University Law School LGBT Clinic reports that “many transgender Mexican women seek asylum in the United States claiming that, because of their gender identity or expression, they will face rape, torture, or murder if they return to Mexico.” However, their study does not indicate the exact number of transgender women who sought asylum in The United States during the year of their study.
- × Jess Taylor, a 39 year old Mexican transgender woman, explains in a New York Times article that she consistently travels back and forth between the Mexican and American border in order to express her gender identity. However, she expresses she would never dare step foot in Mexico dressed as her true self, as she holds immense fear of what the Catholic, traditional, “machismo” population might do to her. Therefore, she remains homeless in America, where she feels more freedom to be herself, and occasionally travels back to Mexico, but only dressed as a man: “It’s easier to not know where I’m going to end up than to come to Mexicali. I can’t be myself here.”



# Reproductive Health Care in Mexico

- × In Mexico, a person's ability to access healthcare depends on their job, much like insurance in The United States. Therefore, if a person does not possess a job in the "formal labor market", they often have to pay for healthcare out of pocket, if they can afford it. Moreover, this disproportionately affects women as they make up around 43% of the labor force.
- × The maternal mortality rate in Mexico for the year 1994 was 61 deaths per every 100,000 live births.
- × The infant mortality rate in Mexico for 1990 to 1994 was 35 deaths per 1,000 live births.
- × Within the past month, Mexico City placed a ban on single-use plastic products in an effort to replace them with more environmentally friendly materials. However, this effort to reduce plastic also included tampons: a product more than half of the population relies on. Therefore, tampons have become incredibly scarce throughout Mexico City, as they are being replaced with alternative menstrual products such as organic tampons and silicone menstrual cups. Many women's organizations, however, highlight the fact that the ban on tampons is a violation of human rights, and iterates "menstrual poverty", as these products are more expensive than single-use tampons.
- × Based on my research, it is clear that many Mexican women long to access contraceptives in order to space out their births or limit them all together. However, there is an immense lack of access to contraceptives within the country. The cause of this may be, in part, the influence of the Catholic Church. Additionally, various sources explain that many women in Mexico do not have the funds to purchase contraceptives, even when they are available.

*BRAZILIAN  
REPRODUCTIVE JUSTICE*



# Abortion Access- Brazil

## History of Access

- Brazilian law **banned** all abortion in 1890.
- In 1940, some exceptions were codified: Brazilian penal code articles 124-128 dictates abortion is only permitted when the mother's health is at risk or if the pregnancy is the result of rape or incest
- Currently, providers must obtain judicial authorizations to perform abortions

## Abortion Activism

- Zika virus which causes infected mothers to transmit birth defects to fetuses plagued Brazil in the mid 2010s
- On April 15<sup>th</sup> of 2020, the Brazilian supreme court heard arguments from the national association of public defenders calling for universal contraceptives and abortion decriminalization for all women affected by the Zika virus.
- The case was dismissed as a result of outrage from influential antiabortion activists

## Repro Injustice

- Abortion is **restricted** for Brazilian women because of religious influence which in turn informs the legislation, and judicial opinions.
- Unsafe abortions are the fourth leading cause of maternal mortality (HRW)
- Article 273 of the Penal Code prohibits the distribution of any medications (e.g., abortion pills) that are not registered with Brazil's official healthcare service
- The Penal Offenses Act prohibits the 'advertising' of abortion pills



# Equal Rights Via Constitutionalism - Brazil

## **Brazil's Constitution was ratified in 1988**

- Article 5 section 1 explicitly holds that “men and women have equal rights and duties under the terms of this Constitution”
- Article 7 section 20 explicitly holds that “protection of the job market for women through specific incentives, as provided by law”
- Article 143 section 2 exempts women from compulsory military service
- Article 201 section 2 holds that social security will be provided for pregnant women

## **Social Security Amendment**

- “In Brazil, mothers are entitled to maternity leave for a maximum of six months; paternity leave spans only 20 days” -- reflective of imbued patriarchal norm that mothers must be the primary caretaker

While Brazil's constitution includes equal gender provisions, the heteropatriarchal framework still pervade legal practices in Brazil. Gender norms and the gendered division of labor maintains gender inequality within Brazil.



# Sexual Violence - Brazil

Sexual Violence in Brazil can be conceptualized through the country's racial and heteropatriarchal framework. The commodification of underaged women is a result of unequal power dynamics embedded in the heteropatriarchy, economic disparities, and systemic and institutional racial oppression.

- Brazil was the last of the American countries to outlaw slavery (1888)
- Brazil's rate of poverty = 19.8% high rates of poverty; limited social mobility

## **Sex Trafficking:**

- Afro-Brazilians are systemically and institutionally oppressed. Therefore, at the intersection of race and class (70% of impoverished Brazilians are Black), Black Brazilian girls are disproportionately targeted by sex trafficking rings.
- Brazil has an international reputation as a hub for sex trafficking-- the 2014 World Cup and 2016 Summer Olympics Brazil facilitated a drastic increase in sexual exploitation. Sex traffickers' prey on vulnerable children therefore lower-income children are at higher rates of exploitation.

## **Rape & Sexual Assault:**

- 129,000 reported cases of rape in Brazil in 2018
- Of those reported over 50% of cases were victims under the age of 13

## **Child Marriage**

- A culture of subordinated women – younger women “obey” men explaining Brazil's ranking of 4<sup>th</sup> in child marriages (marriages by 15)

# Trans & Non-Binary Brazilians

## LGBTQ+ Framework

- Brazil's current president, Jair Bolsonaro campaigned on an anti LGBTQ+ platform

## Transgender Brazilians

### Violence

- Since Bolsonaro took office, trans homicides have increased astronomically to the point that 47% of all trans deaths take place in Brazil.
- According to research conducted by a prominent Brazilian trans advocacy group, a Brazilian trans individual dies every 48 hours

### STI's

- Brazilian Trans women dominate the sex worker industry as well as tend to participate in group sex. As a result, as a population Brazilian transwoman experience disproportionate rates of STI's—HIV and syphilis. The transphobic Brazilian healthcare system restricts access to PrEP—in a 2018 study, transgender women cited fear of transphobic healthcare providers as well as lack of information about PrEP as reason for lower PrEP willingness (Jailil, 445).

## Non-Binary Brazilians

- In August of 2020, the justice of the Brazilian State of Rio de Janeiro in an unprecedented decision ruled that nonbinary individuals have the right to change their birth certificate to “gender nonspecific”.

# Reproductive Healthcare - Brazil

Brazil has universal healthcare, however, the SUS is not effective for minoritized Brazilians because it does not account for class disparities which limits access and in turn undermines the effectiveness of the program.

## Menstruation

- The prescription of hormonal contraceptives to manage menstruation has become a more common practice amongst Brazilian OBGYN's. In a 2013 study 17,978 OBGYN's were surveyed. According to 79% of respondents 20%-40% of their patients that requested birth control had a primary complaint of unmanageable menstruation issues—excessive bleeding, irregular cycles, etc. This represents a change in Brazilian reproductive healthcare policies, traditionally menstrual problems were treated with homeopathic solutions because the Brazilian health care system did not think they merited concern.

## Birth Control

- Sterilization is the leading form of birth control in Brazil due to the inaccessibility of other forms of birth control. 1/5 Brazilian women under the age of 29 report sterilization as their method of birth control
- Overall, oral contraceptives were more accessible than injectable contraceptives. The Brazilian Unified Health System (SUS) has not been effective in the distribution of contraceptives as most BC users acquire their BC through direct payment at their private pharmacies. Brazilians cannot depend on their government to cover or provide birth control. Approximately 81% of reproductive-aged Brazilian women report contraceptive use. Within the population of sexually active heterosexual women aged 15-19, 60% report using emergency contraceptives at some point. Emergency contraceptives recently have been promoted by the Brazilian government in order to limit abortions.





*Reproductive justice in the  
Caribbean*



# Abortion Access-Cuba



- × It is one out of three Latin American countries to decriminalize abortion up until the 8-week mark. Women are also allowed to have a voluntary abortion, when in many other Latin American countries, a woman has to be gravely ill or dying to receive one.
- × 1936 provided the first abortion law stating it was only legal to save a mother's life, rape, or the possibility of passing down a serious hereditary disease to the developing fetus.
- × Voluntary abortion was officially institutionalized in 1965 under the following 4 conditions: the woman must decide, it has to take place at a hospital, carried out by a medical professional, and it needs to be free.
- × In 1985, abortion was officially decriminalized.
- × Sexual education is taught in schools at a young age.
- × The state promotes the use of contraceptives and access to safe abortions
- × In 2014, none of the 26 maternal deaths that took place were a result of this procedure, while in 2015, two out of the 29 deaths in Cuba and 5 out of the 32 female deaths, in 2016, due to maternity complications were a result of abortions.

# Equal Rights - Puerto Rico



- × Puerto Ricans were acknowledged as U.S. citizens in 1917 by Congress.
- × Approximately 52% of the Puerto Rican population is female.
- × Puerto Rican women have struggled within their country to receive rights while also struggling against U.S. colonialism and marginalization.
- × Women have limited sexual agency with abortions being highly conditional and nonconsensual.
- × Example:
  - × Puerto Rican women were given the first version of the birth control pill through the request of Dr. Gregory Pincus and Margaret Sanger. It would be unlawful to conduct tests on Massachusetts women, so he decided to go to Puerto Rico where laws were extremely limited. Although the pill was proven to be effective, 3 women died as a result of the study and when they decided to run a second clinical trial, they used test subjects who were residents of a mental asylum without their consent.
- × Women still experience daily struggles on a personal and institutionalized level, due to a lack of positive representation and laws keeping their rights intact.

# Sexual Violence-Jamaica



- × Women experience disproportionate rates of assault and sexual violence in Jamaica. Jamaican women and women from other countries are included.
- × LGBTQ+ individuals are also subject to sexual violence in assault within the country.
- × Society is centered around the Catholic church, making gender rights limited and oppressive.
- × Women experience sexual abuse in their marriage, but might not deem it as such because it is their husband committing the crime. In 2016, a women's health survey was conducted and 31% of women stated they believe "Violence between a husband and wife is a private matter."
- × The following graph depicts women who have experienced current or lifetime violence and abuse:

**FIGURE 5.1**  
**National Lifetime and Current Prevalence by type of Violence and Abuse, Jamaica, 2016**



# Trans and Non-Binary Rights-Bahamas



- × Rainbow Alliance of the Bahamas
- × No laws exist currently that protect trans and non-binary individuals. Barely any laws exist for LGBTQ+ individuals in general.
- × Same-sex marriage is illegal, but foreign same-sex marriages are recognized.
- × In 2016, the Prime Minister, Perrie Christie stated, “I repeat: this referendum will not cause same-sex marriage to become legal in the Bahamas. Marriage in the Bahamas will be legal only if it is between a man and a woman, and male and female are determined at birth.”



# LGBTQ+ Rights Movement - Bahamas



- × The Bahamas Organisation of LGBTI Affairs - Formed in 2019 for “formalising a means of public sensitization and education of LGBTQI issues.”
  - × Spokeswoman Alexis D’Marco
- × United Caribbean Trans Network - “As far as respect for trans persons goes, and how they identify in The Bahamas, people are now realising and understanding that there is a difference between sexual orientation and gender identity.”
  - × Started by the same people who started Bahamas Organisation of LGBTI Affairs.

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# *Reproductive Justice*

*West, Central, and East Europe, and Northern Asia*





# Germany



# *Reproductive Justice in Germany*

## **Access to Contraceptives**

- + Can be prescribed easily by doctor, but is not covered by insurance
- + Not classified as a medical need, but a lifestyle decision

## **Access to Abortions**

- + Abortions are technically illegal in Germany
- + Doctors are legally not allowed to disclose any information on their website about abortions, besides that they offer it
- + Very low number of doctors that offer abortions because it is not taught in medical school
  - 1,150 facilities in 2019



# *Reproductive Justice in Germany*

## **Maternity Leave**

- + The Maternity Protection Act allows for 14 weeks of partial leave for partial pay
- + There's a family leave option available for up to three years

## **Sexual Violence**

- + 1 in 3 German women have experienced physical and/or sexual violence since the age of 15
- + Only about 9% of all reported acts of sexual violence were sentenced

## **Sex Education**

- + In 2002, sex ed became mandatory, but differs in each German state
- + Reforming sex ed to be more inclusive was met with protest





*Russia*





# Reproductive Justice

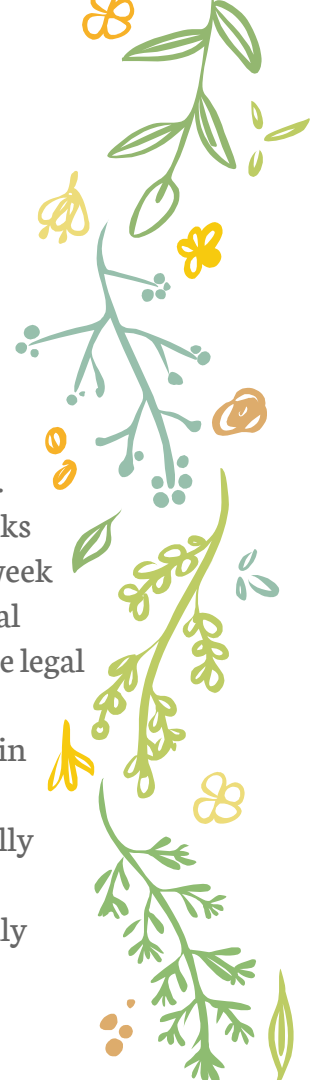


## Access to Contraceptives

- ❖ Only about 78% of sexually active women in Russia report using contraceptives.
- ❖ “The Pill” is not manufactured in Russia so they have to ship it in. It’s a very unreliable system, depending on the budget at the time they may not order enough.
- ❖ Contraceptives are extremely expensive.
- ❖ Contraceptives are legally available only with a medical prescription.

## Access to Abortian

- ❖ Three types of abortians, upon request, medical reasons, social reasons. 8/10 abortians are classified as upon request.
- ❖ Legally can get an abortian up to 12 weeks with no reason, however there is a two week waiting period, Medical aboratian is legal whole time, “social reason” abortions are legal up to 22 weeks.
- ❖ Insurance only covers procedures done in your local area
- ❖ Basic medical insurance plans do not fully cover “abortions upon request”
- ❖ Abortion costs about \$230 USD (monthly minimum wage \$3 USD)



# *Reproductive Justice*



## **Maternity Leave**

- ❖ On average women are given 140 days full pay maternity leave
- ❖ 1 ½ years off at 40% pay.
- ❖ Discrimination
- ❖ Contract

## **Sexual Violence**

- ❖ Sexual violence is against their Constitution.
- ❖ ¼ of women report being victim to SV.
- ❖ 50% of women report being victims to domestic violence and 23% to maternal rape (which there is no law against)

## **Sex Education**

- ❖ Public education campaign which includes special movies for teens to educate about reproductive health.
- ❖ “Children of Russia”- family planning
- ❖ Not taught in schools
- ❖ 5% from school, 5% from medical professionals, 20% from parents. 70% from peers.

# Global Reproductive Justice in South East Asia

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Alice Beilfuss, Caitlyn Jamieson, Jennie Berels, Kirsten Greer, Steven Brooks

## Sex Ed in South East Asia

- Policy varies across countries and within countries (UNESCO, 2012).
- Policies created due to poor sexual and reproductive health outcomes (Pokharel, 2006)
- Curriculum varies and is aimed specifically for pregnancy-prevention and STI prevention (UNESCO, 2012).
- The United Nations Population Fund (UNFPA) is present in each country and provides sex ed.

Country	National Curriculum: Primary	National Curriculum: Secondary	National Curriculum: Tertiary	Actions for Informal/Out-of-School Education on SRH & HIV	Teacher Training
Afghanistan	No	Yes		Yes	No
Bangladesh	Planned for 2011	Yes		Yes	Yes
Bhutan	Yes	Yes		Yes	Planned
Burma	Yes	Yes			Yes
Cambodia	Yes	Yes	No	Yes	Yes
China	No	Yes	Yes	Yes	Yes
Fiji	Yes	Yes	Yes	Yes	Yes
India	No	Yes		Yes	Yes
Indonesia	Yes	Yes	Yes	Yes	Yes
Kiribati					
Lao PDR	Yes	Yes		Yes	Yes
Malaysia	Yes	Yes		Yes	Yes
Maldives	No	Yes			Yes
Nepal	No	Yes		No	Yes
Pakistan	No	No		No	No

(UNESCO, 2020).



# Sex Ed is South East Asia

## Pakistan

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- “Our children do not indulge in premarital sex, so why teach them about it?”
- “Our generation did well without it.”
- “It is a ploy to westernize our society.”
- “It is unnatural for parents or teachers to talk about ‘sex’ with children.” (Gual, 2020).

## Bangladesh

- “[Due to socio-cultural norms] people feel shy if we talk directly on sex. People think that young students will get aggressive and crazy for sexual or physical relations if they are provided with sex education in school, even though students have already gone there.” (Khan, et al., 2020).
- “I knew nothing officially/formally. For example, in our social science textbook, we came to know that AIDS is caused by unsafe ‘sexual relations’. Interestingly, we could not understand what sexual relations are: what it means and how people do it. That’s why, we had such vague ideas about AIDS” (Khan, et al., 2020).

# Birth Control Access in South Asia

## India:

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- Female sterilization is the most widely known method.
- No specific statutes that control the advertisements or sales of contraceptives.
- Emergency contraceptives are available by prescription, only.

## Bangladesh:

- Contraceptive access is monitored by the 1940 Drugs Act, The 1982 Drugs Ordinance, and National Drug Policy.
- The Directorate of Family Planning and the Ministry of Health and Family welfare play the largest role in distributing and making contraceptives available in Bangladesh.

## Nepal:

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- No laws for selling/distributing.
- Regulated by the Drugs Act.
- Required that a physician write a prescription.
- No emergency contraceptives available.

## Pakistan:

- Contraceptives typically not available in abundance to unmarried individuals.
- Religious practices have an impact on the total contraceptive use throughout Pakistan.
- No specific government laws regarding use of contraceptives.
- Regulated under the 1976 Drugs Act.

# Birth Control Use in South Asia

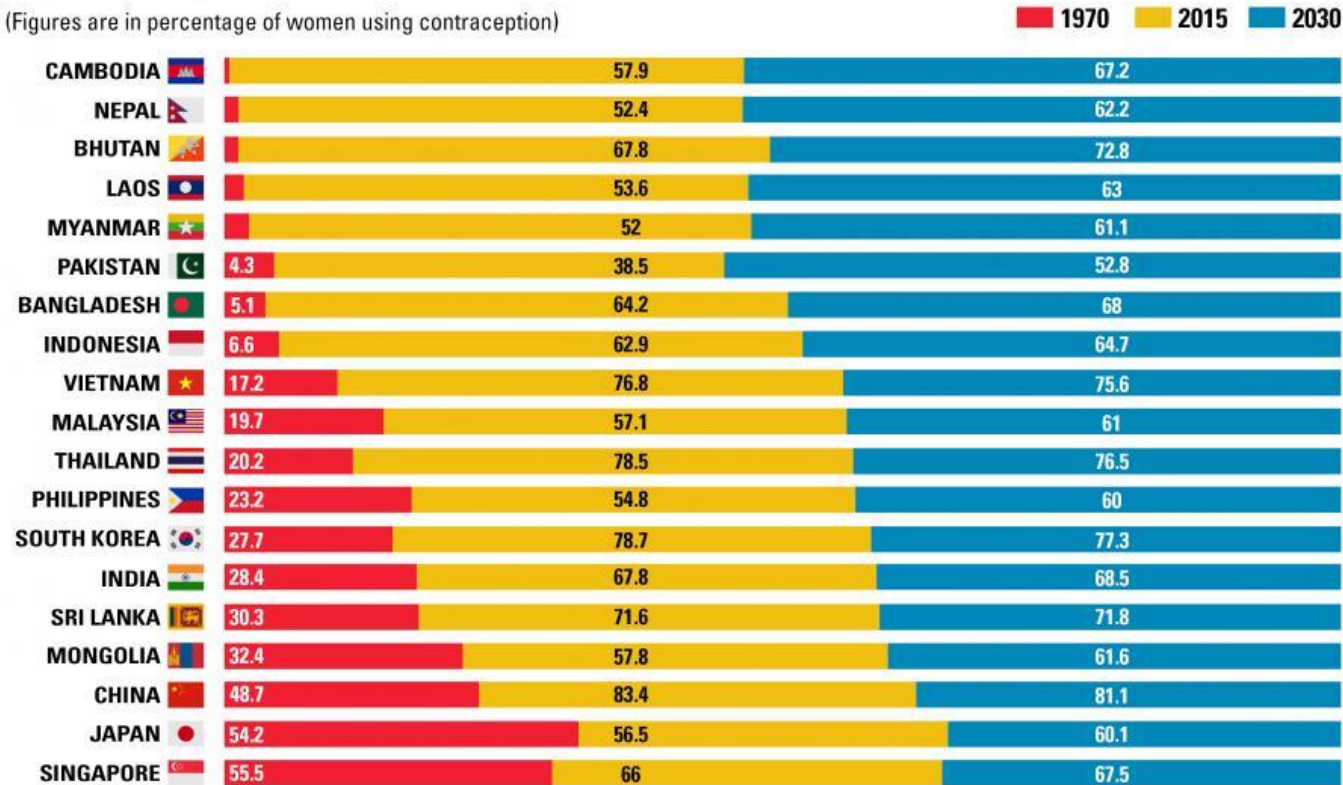
- 
- Around 47% of married women between the ages of 15-49 use a form of contraceptive.
  - Contraceptive use and recognition of at least one known method is higher in married adolescents compared to unmarried individuals.
  - The unmet need for contraceptives is highest in the countries of India, Nepal, and Pakistan.
  - Family Planning programs only address a very small part of the demand for contraceptives.
  - Women face societal and family pressure to have a child in some of these countries, which can have an impact on birth control use and method.



## Contraception and family planning in Asia, 1970-2030

A record number of women in Asia now use contraception. But the figures show wide disparities between Asian countries.

(Figures are in percentage of women using contraception)



Compiled by: ANN/DataLEADS

Source: UN's Department of Economic and Social Affairs, 2016

- This image from the UN shows percentages of women who use contraceptives in Asia.
- Nepal, Bhutan, Pakistan, Bangladesh, and India are shown.
- Pakistan has the lowest percentage, while Bhutan and India are just about the same.



# Sex Trafficking in South Asia

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- Some estimates suggests that every year 1 to 2 million women, men and children are trafficked worldwide, and that around 225,000 of them are from South Asia (India, Nepal, Pakistan, Bangladesh, Sri Lanka, Afghanistan, Maldives, and Bhutan). (Huda, 2006).
- "Illiteracy, dependency, violence, social stigma, cultural stereotypes, gender disparity and endemic poverty, among other factors, place women and children in powerless, non-negotiable situations that have contributed to the emergence and breeding of the cavernous problem of sex trafficking in the entire region." (Huda, 2006).
- This is a RJ issue because of the lack of agency and autonomy. These women and children are often sold by their families or trafficked under the guise of a promised job or better quality of life. (Sarkar et. Al, 2008). They don't have the freedom to decide what happens to their body.
- Trafficked victims suffer physical and sexual violence, a higher risk of HIV, and many long-term consequences. (Sarkar et. Al, 2008; Kaufman & Crawford, 2011).

# Sex Trafficking in India

- This figure shows the specific types of sexual exploitation that are happening in different areas of India.
- The most common type of sexual exploitation involves young girls from low economic backgrounds and socially marginalized groups. (George, et. Al, 2010).
- These factors create a supply that is needed by traffickers to meet the demand which causes a viscous cycle. (Deane, 2010).

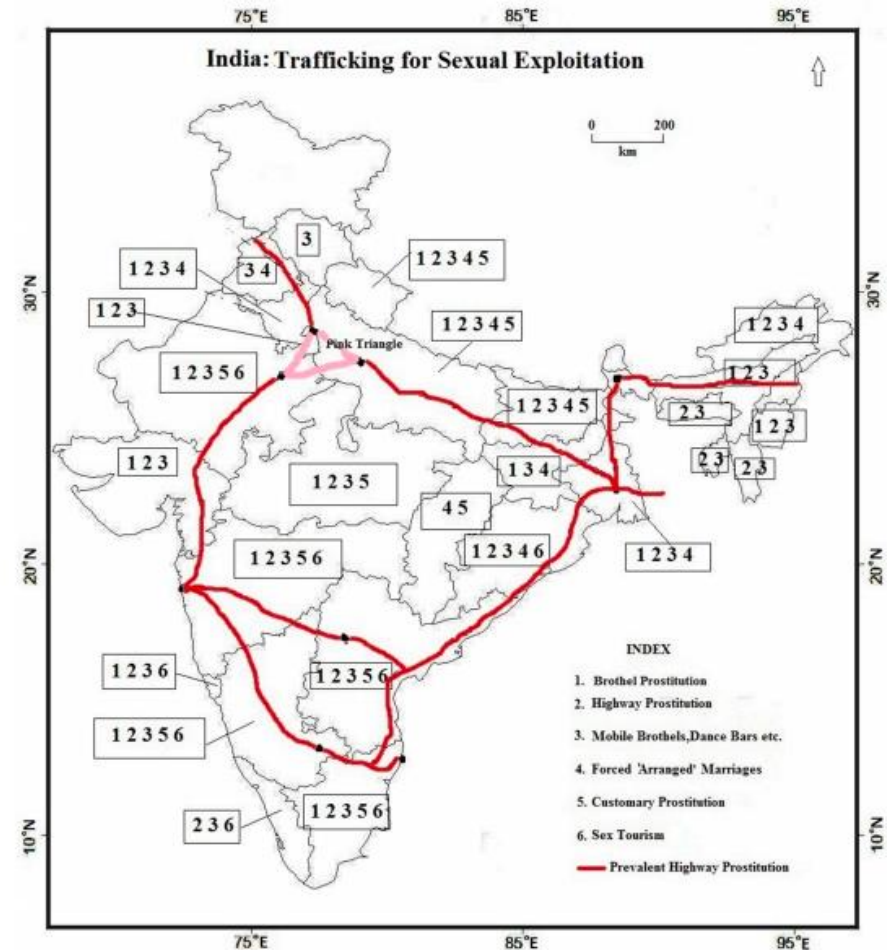


Fig. 2. Types and magnitudes (updated) of sexual exploitation in India, (Joffres et al., 2008).

# Sex Trafficking in South Asia

## Transit Countries

- Afghanistan
- Pakistan
- Bangladesh
- India

## Source Countries

- Afghanistan
- Pakistan
- Nepal
- India

- Bangladesh is mainly a transit country, whereas Nepal is mainly a source country. India and Pakistan are the main destination countries within South Asia. (Huda, 2006). Bhutan is involved in sex-trafficking as well, but the role of the country is unclear.
- "Human trafficking is seen by the states mainly as a problem of state security, and thus they try to securitize their borders through border enforcement to prevent irregular migration including human trafficking. In this process of securitization, it could be argued that security of individual are at stake when state security is prioritized." (Uddin, 2014).
- Some "anti-trafficking" measures like deportation of the trafficked victim can actually cause the victim to be re-trafficked and re-victimized. (Uddin, 2014).





# Sex Trafficking in South Asia cont.

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## Law Enforcement Issues

- In Bangladesh, a 2012 report states that although human trafficking complicity (allegedly) among some Bangladeshi government officials remains a major problem, the government hasn't made any remarkable efforts to focus on this issue. (Uddin, 2014).
- In India, the same report claims that corruption is rampant among law enforcement officials who reportedly continue to facilitate the movement of trafficked victims, protect alleged traffickers, and even receive bribes and sexual services from the brothels. (Uddin, 2014).
- The prosecution and conviction of traffickers is considerably low. (Uddin, 2014).

## Anti-Trafficking Programs/ Trafficking Prevention

- There are some programs and initiatives that have started addressing the issue of trafficking in South Asia, but they seem to be lacking in efficacy.
- For example, programs in Nepal focus on rehabilitating survivors but lack in dispersing aid into combating trafficking itself. (Kaufman & Crawford, 2011).
- The SAARC Convention on Preventing and Combatting the Trafficking in Women and Children for Prostitution was signed by India, Pakistan, Nepal, Bangladesh, and Bhutan. While this shows a commitment to the issue, unfortunately not all countries in the region have the anti-trafficking legislation or resources to actually protect victims of trafficking. (Huda, 2006).



# Sexual Violence in South Asia

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- How does sexual violence affect children?
  - Health issues
- How does this relate to RJ?
- How does sexual violence in marriage impinge on Reproductive Justice principles?
  - Access to contraceptives?
  - Physical and psychological danger

# Sexual Violence in South Asia

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- Qualitative studies
  - How might these reveal the interconnected relationship between physical violence and reproductive autonomy?
- Thematic Analysis: Karachi, Pakistan
- Overview of recent updates in South Asian countries

# Child Marriage

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- Child marriage is defined as the formal or informal marriage between an individual under the age of 18 and an adult or another individual under the age of 18
- Child marriage disproportionately impacts young girls, effecting 1 in 5
- 29% of women in South Asia were married before age 18 and 8% were married before age 15 (Unicef)

# Child Marriage - Afghanistan/Pakistan (Kohnno et al., 2020)

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- Theme 1: Human Insecurity and Conflict
- Theme 2: Legal Issues
- Theme 3: Family Values and Circumstances
- Theme 4: Religious Beliefs
- Theme 5: Individual Circumstances, Beliefs, and Knowledges
- Theme 6: Social Norms



# Child Marriage – India (Seth et al., 2018)

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- 17 million children aged 10-19 are married per the 2011 Indian census
- The determinant of when a child is ready for marriage is the beginning of the menstrual cycle
- Social customs and upholding family honor heavily influence child marriage
- Social, cultural, and patriarchal influences result in girls discontinuing their education, continuing the cycle of poverty
- Lack of knowledge on negative health impacts and available government programs also influences child marriage

# Child Marriage - Nepal (Mahato, 2016)

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- Theme 1: Poverty
- Theme 2: The Need to Reinforce Social Ties
- Theme 3: The Belief that it Offers Protection
- Consequences:
  - Isolation, depression, sexually transmitted infection, decreased educational opportunities, infant and maternal mortality

# Child Marriage – Bhutan (Unicef, 2019)

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- Available data and analysis on child marriage in Bhutan is limited because there are lower rates of child marriage
- In 2010, 6% of women (aged 20 –24) were married by 15 years old, 26% of women (aged 20-24) were married by 18 years old
- The minimum age for marriage is 16
- A 2018 review determined that children in Bhutan were "gradually being better protected" from abuse, violence, and exploitation

# Child Marriage – Bangladesh (Melnikas et al., 2020)

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- Escalating violence has led to 1 million Rohingya relocating to Bangladesh
- Child marriages are more frequent in refugee camps due to limited restrictions
  - This, combined with enhanced insecurity has greatly increased rates of child marriage
- Climate change leads to increased water and food insecurity. This also leads to greater rates of child marriage.
- Both climate and conflict insecurity, "increase gender inequities"



# Child Marriage – Bangladesh Cont. (Yount et al., 2016)

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- Bangladesh has the highest rates of intimate partner violence and very early child marriage (defined as before the age of 15)
  - Child marriage is correlated with higher rates on IPV
- 44.5% of the women in the study experienced IPV
- Villages with the lowest rates of very early child marriage also correlated with rates of lower IPV whereas villages where rates of early child marriage were highest also reported highest rates of IPV

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# Reproductive Justice in Southeast Asia and Oceania

Team 5



# North and South Korea



<https://www.alamy.com/stock-photo-north-korea-south-korea-political-map-with-capitals-pyongyang-and-92279016.html>



# Sex Education

- Lacking information in both North and South Korea
- Gender roles playing a part in women's education and health education being perceived as unnecessary

An interview article by NK news interview states- “North Koreans are never given sex education or an explanation as to why such pleasure is something they should not know about” (Kang, 2013).

In 2015 South Korea passed a set of Sex Education Guidelines

- Geared toward changing the chauvinistic mindset(s) surrounding sex ed.
- Has not been enforced as it should be (frequency and duration of education, content, etc.)
- After these guidelines were set forth in 2015, there were calls to amend them to include the LGBTQ community and sexual minorities

# Maternal Health and Contraception

Family planning programmes have been operative in the Democratic People's Republic of Korea since the early 1970s. Such programmes are integrated into maternal and child health services and are administered by the Ministry of Public Health. Information, education and communication activities are important elements of the programme. The Ministry of Public Health provides contraceptives and consultations in the obstetrics/gynaecology departments of all hospitals and clinics.

<https://www.womenonwaves.org/en/page/4888/abortion-law-north-korea>

Contraceptives are banned in North Korea but are available in the unofficial markets that have grown in the country.

A female North Korean defector told VOA contraceptives and birth control treatments are expensive, but more women are becoming "westernized and liberalized," a trend that is bumping up demand.

[https://www.upi.com/Top\\_News/World-News/2016/11/16/Birth-control-use-in-North-Korea-is-high-UN-report-says/8241479314376/#:~:text=Contraceptives%20are%20banned%20in%20North,that%20is%20bumping%20up%20demand](https://www.upi.com/Top_News/World-News/2016/11/16/Birth-control-use-in-North-Korea-is-high-UN-report-says/8241479314376/#:~:text=Contraceptives%20are%20banned%20in%20North,that%20is%20bumping%20up%20demand).

# Maternal Health and Contraception cont.

According to the Korea Biomedical Review:

- North Korea's maternal mortality rate is 7 times higher than that of S. Korea
- Premature birth is the number one cause of child deaths in North Korea
- North Korea's infant mortality rate 8.8 times higher than S. Korea

## **Contraception**

- Similarities in the views of contraception between countries:

Usually exclusively used by women, and generally linked to composition of the *family unit*

Women are not likely to use contraception unless they have at least 2 children already- according to the Korean National Fertility survey

# Abortion

Criminal Code of March 1950 stated abortion as legal “for important reasons”

- Important reasons not specified in the code

NK News reports “*People couldn't care less about a woman having an abortion in North Korea. If there is such a thing as freedom in North Korea, it is the freedom for women to abort their pregnancies at will*” (Kim, 2019).

Inconsistent information

- That law from the early 1950s continued until approximately 2020, and from what I found online that was enforced in North and South Korea



[https://dynamimage.cdn.cnn.com/cnn/c\\_fill,g\\_auto,w\\_1200,h\\_675,ar\\_16:9/https%3A%2F%2Fcdn.cnn.com%2Fcdnnext%2Fdam%2Fassets%2F190410131518-abortion-south-korea.jpg](https://dynamimage.cdn.cnn.com/cnn/c_fill,g_auto,w_1200,h_675,ar_16:9/https%3A%2F%2Fcdn.cnn.com%2Fcdnnext%2Fdam%2Fassets%2F190410131518-abortion-south-korea.jpg)



# Forced Sterilization

In another Nk News interview story, it was highlighted that forced sterilization does occur in the Koreas

- Personal story from article details forced abortion(s)
- This article highlights the idea that abortions and sterilization conversation mostly centers around reproducing with non-Koreans, this idea exists in both countries

Additional story from the LA Times

- Between 1974-1990 a minimum of 175 mentally ill or disabled people were forcibly sterilized

Repatriated women are forced to have abortions. Koreans are not supposed to bear the children of foreigners, and this rule is strictly enforced. After the abortion, she was put back into a cell but was brought to the hospital where I was because she was bleeding so much. She had to go through a few more follow-up operations because her surgery was done so poorly.

<https://www.nknews.org/2019/11/ask-a-north-korean-do-forced-abortions-really-take-place-in-the-dprk/>

# LGBTQIA Rights and Health

## Similarities

- in the way its not been made legal, but support is growing
- According to EqualDex, the legality of same sex marriage and relationships is still ambiguous
- No protections in place for discrimination in employment, housing, etc.
- Private ceremonies take place, but hold no legal significance

In North Korea homosexuality isnt really adressed, and in the rare moments it is the conversation is negative

- One recent example of this came in 2014 after a UN Human Rights report discussion was led by Michael Kirby, an openly gay man
- DPRK state news source published the following two paragraphs
- Representative of govt. opinions

As for Kirby who took the lead in cooking the "report", he is a disgusting old lecher with a 40-odd-year-long career of homosexuality. He is now over seventy, but he is still anxious to get married to his homosexual partner.

This practice can never be found in the DPRK boasting of the sound mentality and good morals, and homosexuality has become a target of public criticism even in Western countries, too. In fact, it is ridiculous for such gay to sponsor dealing with others' human rights issue.

<https://www.washingtonpost.com/news/worldviews/wp/2014/04/22/north-korean-state-media-slams-u-n-human-rights-report-because-it-was-led-by-a-gay-man/>

# LGBTQIA Rights and Health cont.

“For South Korea to grapple with its HIV epidemic and maintain its integrity in international human rights forums, the government needs to ensure accurate and inclusive information is delivered to students as a matter of policy,”

Source: Human Rights Watch, 2015

The South Korean constitution states in Article 11 that “there shall be no discrimination in political, economic, social or cultural life on account of sex, religion or social status.”

- This doesn't extend to same sex marriage, and conservative lawmakers in the country insist it was never intended to

Beginning around 2013 there have been policies floating around that when enacted would protect the LGBT community from discrimination

- None of these have passed

Since 2000 HIV rates have been drastically increasing in South Korea, and the UN Population Fund have recommended sexual education more inclusive and focused on health

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# China



<https://www.infoplease.com/atlas/asia/china-map>

# Sexual Health Education

## Sex education facts:

- 52% of 54,580 university students in China reported having received sex education
- In another study, 10% of 20,000 university students in China reported having some kind of sex education in primary school
- Married women have more access to education in regards to sex
  
- 10% of ~28,000 received gender diversity education; however, only undergraduate level and above

**China Family Planning Association:** Organization promoting peer sex education among young people.

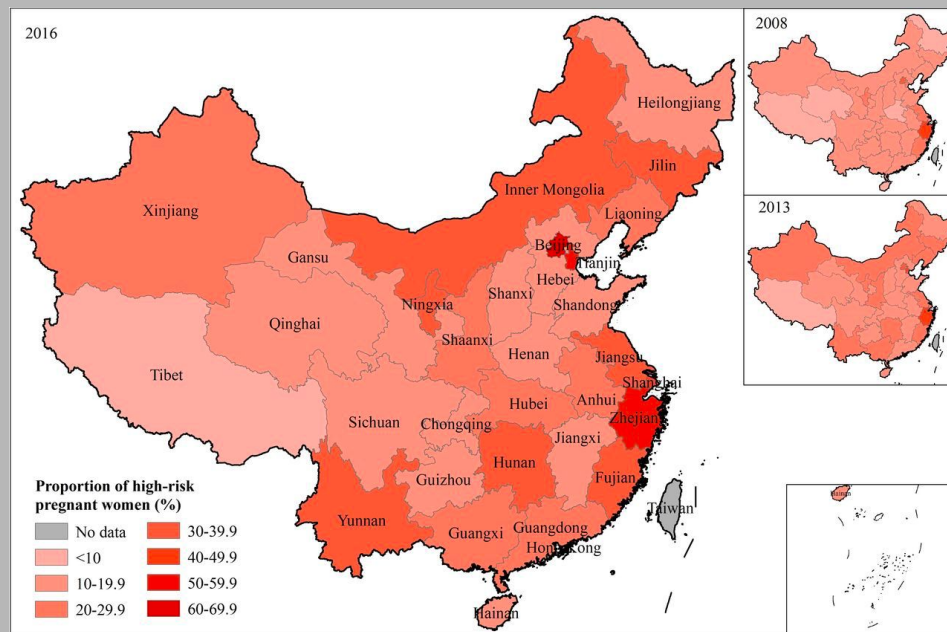
- What have they done?
  - “to improve vulnerable groups access to quality SRH and maternal and child health service, particularly for the ethnic minorities, migrants, and women living in poverty”

## Current law on sex education:

- **New law goes into effect June 1, 2021**
- **Mandatory sex education**
  - Unclear how this will be enforced
- **Past education lack present research**

# Maternal Health

- In 1991 MMR was 80 per 100,000 live births
- In 2018 MMR was 18.3 per 100,000 --
- High-risk pregnancies increased after two-child policy from 19.4% in 2013 to 24.7% in 2016



# Birth control & Abortion Access

- Contraception is the most common practice to limit number of children among married couples
- Nationwide family planning program launched in 1970s to control population
- IUD usage in 2010 for married women was 48.15%
  - Most common contraceptive method
- 13 million abortions performed in a clinic a year
- Induced abortions for young single women is about 20-30%
- Can be linked to gendercide

\*Have not found much new information on contraceptives



# Forced Sterilization

- Detention camps in Xinjiang, China, which detain **Uighurs people**; a mostly-muslim ethnic minority
- Forced sterilization in 2016: 50 for every 100,000 people
  - In 2018: 250 per 100,000 people
- In 2018, 1,000 new IUD implants per 100,000
  - 80% of China's total new IUD insertion
  
- Some argue this meets the genocide criteria for the UN Convention on the Prevention and Punishment of the Crime of Genocide

How did the State's child policy enforce sterilization?

- In 1983, 20 million people were sterilized in China
- After second child were sterilized
  - Coerced/forced



# LGBTQIA+ Rights & Health

- 16.7% experienced negative treatment when receiving services for mental health
- 8.0% reported negative experiences in treatment in a health care setting
- 24.9% felt uncomfortable disclosing their sexuality to their doctor
  - 57% indicated it depended on other factors
- 69.9% restrained gender expression when receiving medical care
  
- Chinese government has banned representation of LGBTQ individuals on TV

- What kinds of negative experiences for mental health?
- What about general health care?

## Laws:

- 'Hooliganism' law removed in 1997
- No legal protection against sexual orientation discrimination in terms of medical services
- Lawsuit in 2014 made it clear the government did not support any kind of conversion therapy
  - Still happens today

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# Japan





# Sexual health education & health information

According to *Sexual Health Education for School Children in Japan*

- **what sex education is provided**

- The effectiveness of condom use would be discussed, but the correct method for wearing them would not be addressed.
- Research Group on sex education in Tokyo in 2005 showed OVER 50% of students from elementary school and middle school understood the meaning of sexual contact.

- **When do school students start to have sexual experience**

Based on Research Group on Sex Education in Tokyo in 2005:

- 12.3% of boys in the third year of middle school who have had sexual experience while 9.1% of girls in the same year of middle school have had sexual experience.
- 37.3% of boys have had sexual experience by the third year of high school while 45.6% of girls have had sexual experience at the same age.

# Sexual health education & health information

According to *Sources for sexual knowledge for High School students in Tokyo, Japan*

- Pointed out limitation in Japan's sex education systems is that students' understandings of sexual contact are problematic even though they know the meaning of it.
- Both male and female students believe school as the primary source for sex education.

# Birth control & abortion access

Based on *Birth control, Abortion and Population control in Japan*,

- Abortions were banned in 1907 and all kinds of birth control were made illegal in World War II.
- In the 1950s, abortion was legalized for “economic and health” reasons.
- Because of the Eugenic Protection Law implemented in 1948, Japanese people think abortion at birth control method for family planning method.
- Abortion due to the Eugenic Protection Law became the most popular because abortion’s permission could be permitted readily.

## Birth control & abortion access

- Around 80% of Japanese people choose condom as their most favorable contraceptive method.
- Females under age 20 took 14.7% of all abortion in 2016 while females aged 20-24 took 38.6% of the number of abortion.

# Maternal health: prenatal care

According to the article *The Perinatal Care System in Japan*:

Improvements that can be made:

- ⇒ To improve the current situation of extreme limited areas providing obstetric primary emergency
- ⇒ To expand prenatal checkup population
- ⇒ 0.3% of the pregnant women who do not undergo regular prenatal checkups make themselves a medically high-risk group



# LGBTQ+ rights, health, forced sterilization

The article *Substance Use and sexual behaviors of Japanese men who have sex with men: A Nationwide Survey Conducted In Japan*

## ❑ **What Japanese male homosexual individuals face**

- Nearly half of single substance users had engaged in UAI during the previous 6 months and 2.3% reported infection with HIV and 8% with syphilis.
- A strong association between lifetime reported multiple substance use and depression

## ❑ **What can be improved**

- To increase knowledge about the needs and attention of MSM for Japanese doctors, nurses and other public health professionals

# LGBTQ+ rights, health, forced sterilization

The article *Forced Sterilization of Trans People in Japan*

- ★ The Law 111 requires transgender people's gonads to be entirely removed or rendered permanently nonfunction
- ★ Requirements based on beliefs that transgender people cause problems with children and society at large.
  
- ★ Consequences
  - Inhuman mistreatment toward sexual minority will still continue.
  - Worsen the existed situation of marginalized individuals.

Thank you for listening

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# Cambodia





# Maternal Health

- **Maternal mortality rate: 160 deaths per 100,000 live births**
  - ◆ Drastic declines in the past 10-20 years
- **> 50% of mothers receive pre/post-natal care**
- **Poverty is a large indication to access; rural areas suffer most**
  - ◆ Has both pre and post natal implications
- **Many issues with SBA's and the *quality* of care being received**
  - ◆ Majority of births take place outside of healthcare facilities



# Birth Control, Abortion Access, and Forced Sterilization

- **One of the lowest contraceptive prevalence rates in Southeast Asia**
  - ◆ Limited access to contraceptives; socioeconomic
- **Abortion in Cambodia is legal upon request within the first 12 wks of pregnancy (1997)**
  - ◆ Abortion rate/ration is among the highest in Southeast Asia
- **Abortion access, however, is limited**
  - ◆ Abortion thought to contribute to the high maternal mortality rate
- **No reports of coerced abortion or involuntary sterilization.**
  - ◆ Coercion via forced marriages...



# Sex Education & LGBTQ+ Rights

## → Cambodia is at the forefront of sex/LGBTQ+ education in Southeast Asia

- ◆ Allow students aged 13 and up to receive sex education from 2020 on
- ◆ Over 3000 Cambodian teachers were trained to teach this information (2019)
- ◆ Going from just biology and HIV to broader topics

## → Fairly broadscale range of LGBTQ+ rights

- ◆ No recognition of marriage, but “declaration of family relationship”
- ◆ Same sex adoption is allowed (ambiguous)
- ◆ Right to change legal gender
- ◆ However, no protections against discrimination





## ETHNIC GROUPS

### AUSTROASIATIC

- Khmer (Cambodian)
- Khmer Loeu (Tribal)
- Vietnamese

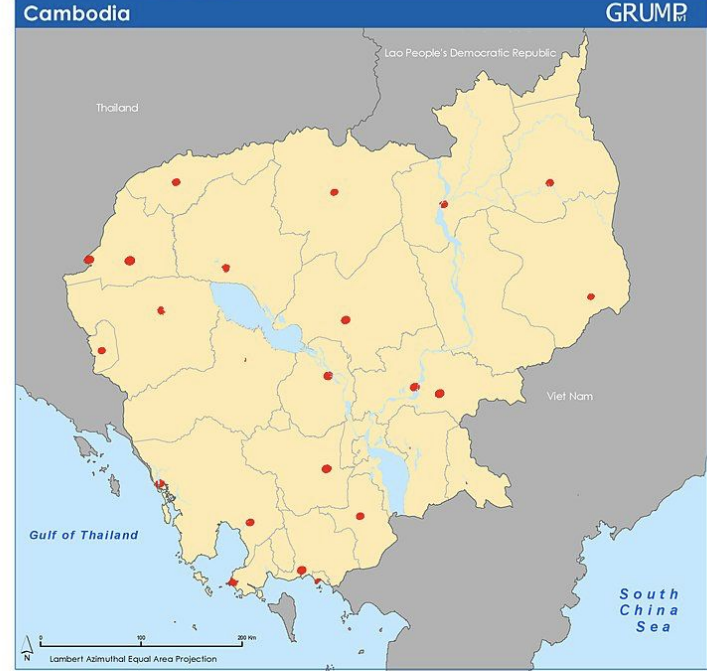
### MALAYO-POLYNESIAN

- Cham
- Mountain Cham

### TAI

- Lao
- NOTE: Chinese are located mainly in urban centers**

## URBAN EXTENTS



### Global Rural-Urban Mapping Project

- Urban Extent
- Administrative Units
- National Boundaries



Urban extents illustrate the shape and area of urbanized places. Urbanized localities are defined as places with with 5,000 or more inhabitants that are delineated by stable night-time lights. For poorly lit areas, alternate sources are used to estimate the extent of cities.

Note: National boundaries are derived from the population grids and thus may appear coarse.



Copyright 2009, The Trustees of Columbia University in the City of New York, Center for International Earth Science Information Network (CIESIN), Columbia University, International Food Policy Research Institute (IFPRI), the World Bank, and Centro Internacional de Agricultura Tropical (CIAT). Global Rural-Urban Mapping Project (GRUMP), Population Density, Palisades, NY: CIESIN, Columbia University. Available at: <http://sedac.ciesin.columbia.edu/gpw/>



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# Conclusions



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# Indonesia

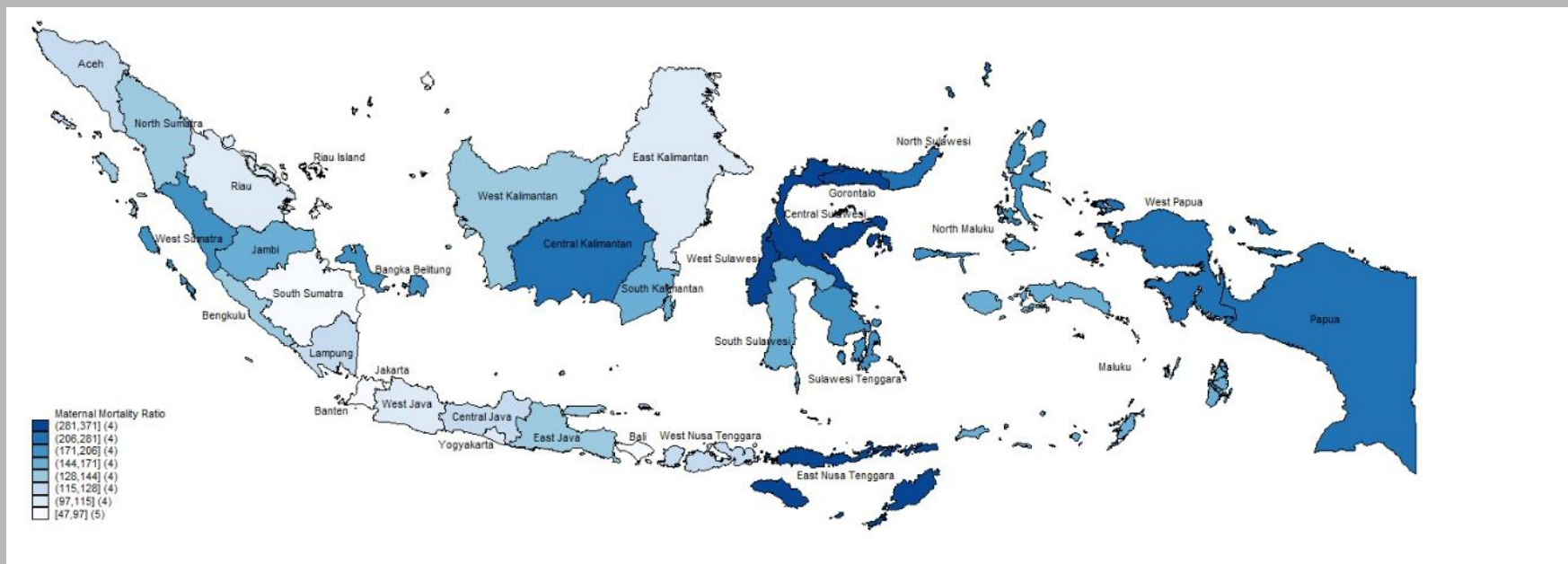


# Sex Education in Indonesia

- No formal national curriculum<sup>1</sup>
- Cultural and social stigma against sex with political and religious figures opposing sex ed curriculum<sup>2,3</sup>
- Activists and students push for consent-focused sex ed, including starting afterschool programs to make the information available<sup>3</sup>



# Maternal Mortality Rates in Indonesia



Maternal mortality ratio by province (per 100,000 live births)<sup>4</sup>

# Maternal Health in Indonesia



- Maternal health care availability and maternal health outcomes vary dramatically between provinces<sup>4,5</sup>
- Within each province socio-economic class affects access to maternal care as well<sup>4</sup>



# Abortion in Indonesia<sup>8,9</sup>

- Abortion is only legal in Indonesia in cases of rape and where the mother's life or health is at risk, but faces a strict six-week time limit from conception<sup>6,7</sup>
- Unsafe abortions result in 30-50% of maternal deaths in Indonesia<sup>7</sup>

## The estimated abortion rate in Java varies by province



No. of abortions per 1,000 women

[guttmacher.org](http://guttmacher.org)

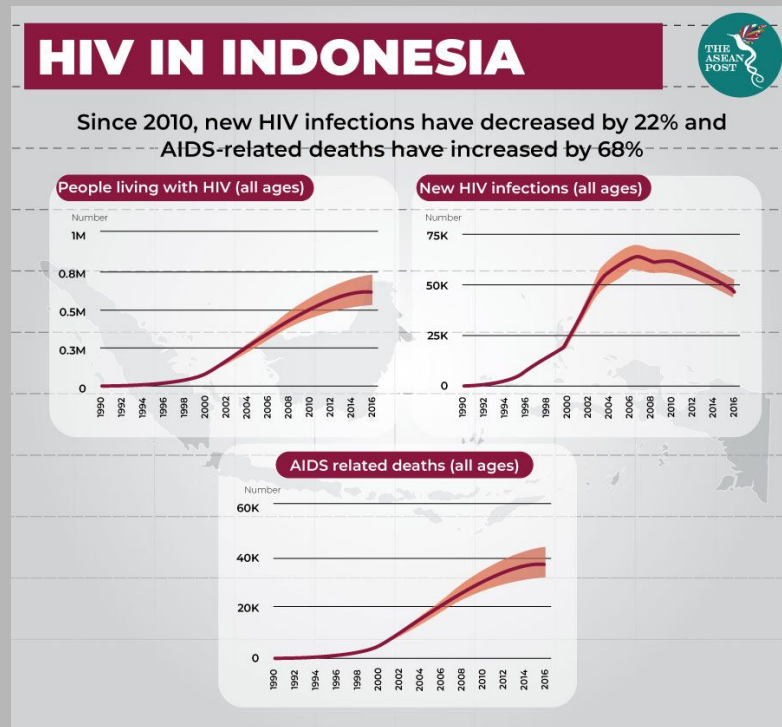
# Contraceptives in Indonesia<sup>10</sup>



- The government is heavily involved in contraceptive access and distribution – access is heavily dependent on marital status
- The most common contraceptive is the hormone injections, followed by the birth control pill

# Forced Sterilization in Indonesia

- Official sources, including the US Dept of State, report no instances of forced sterilization in Indonesia<sup>11</sup>
- Organizations however do, especially among HIV-positive women and mothers<sup>12</sup>



# LGBT Rights & Health in Indonesia



- “The Indonesian government’s failure to address anti-LGBT moral panic is having dire consequences for public health,” especially the growing HIV epidemic in Indonesia.<sup>13</sup>
- Homosexuality is not regulated by law in Indonesia, except in Aceh province where homosexual sexual relationships are banned under sharia law.<sup>14</sup>

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# Australia & New Zealand



# Sexual Health Education – Australia

- National curriculum
  - State responsibility
  - States and territories implement the curriculum to different extents
  - “Mixed bag” and “open to interpretation”
- Current push for...
  - “sex positive” curriculum
  - Acknowledge online sexual content
  - LGBTQI+ relationships curriculum
  - Intimacy and pleasure content



Questions and comments collected from Victorian school children - Sexuality Educators' Collective

# Sexual Health Education – New Zealand

- One aspect of health education - within the Health and Physical Education curriculum
- Schools discuss with their communities every 2 years
  - Each school varies in how they administer sex education
- Begins at Year 1
  - Friendships, families, respect
- By Year 10
  - Sexual and reproductive health, contraception and abortion

## Sexuality Education Guide:

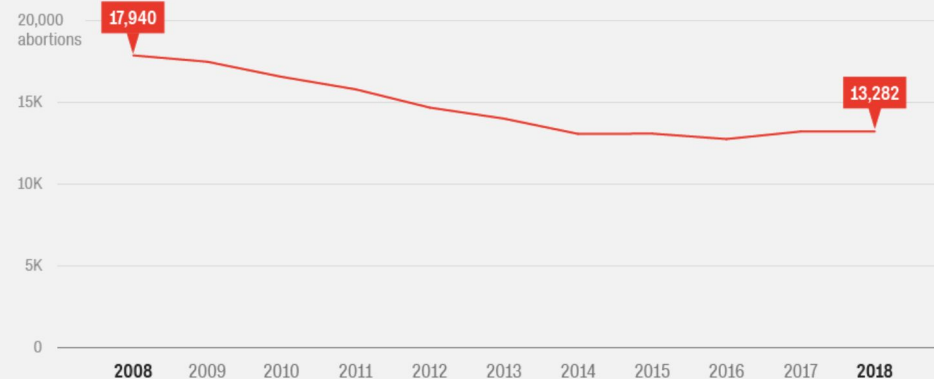
Access to information and opportunities to think about, question, and discuss:

- Relationships
- Gender
- Sexual identities
- Sexual orientation
- Sexual behavior
- Societal messages

# Birth Control and Abortion Access

- Abortion in New Zealand is legal according to the Abortion Legislation Act 2020
  - Permits termination up to 20 weeks of pregnancy
  - No longer considered a crime
  - Still have to consult multiple practitioners and health professionals
- Anyone at any age has access to contraception in New Zealand through a general practitioner
  - Under the age of 22 and it is free
- Abortion in Australia is legal, but each state and territory has legislation prohibiting unlawful abortions
  - Depends on the state or territory
- Most contraceptives in Australia require a prescription from a doctor

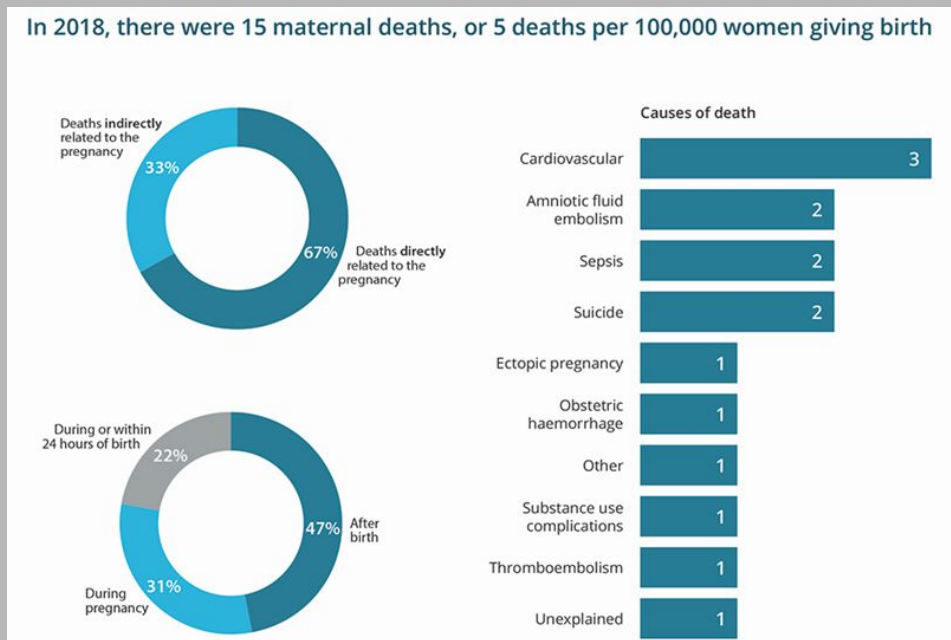
Abortions in New Zealand have declined by more than 25% in the past decade



Source: Statistics New Zealand  
Graphic: Natalie Leung, CNN

# Maternal Health

- In 2018, the maternal mortality rate in Australia was 5 deaths per 100,000 women giving birth
- In 2017, the infant mortality rate was 3.3 deaths per 1,000 births in Australia
- In 2017, the maternal mortality rate in New Zealand was 9 deaths per 100,000 women giving birth
- The infant mortality rate was 4 deaths per 1,000 births in New Zealand



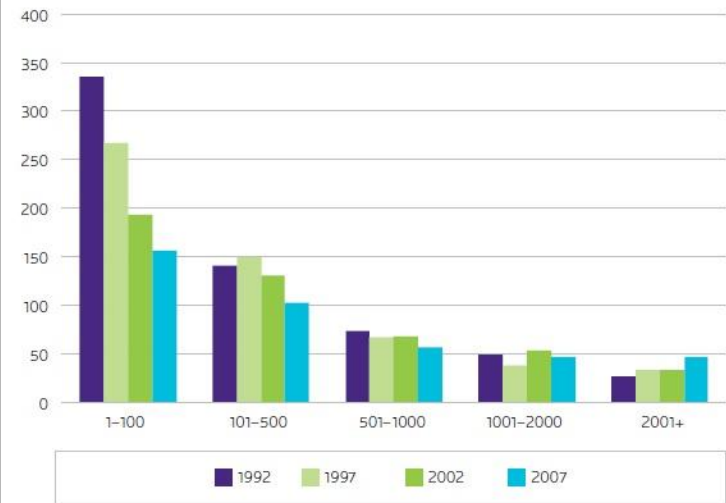
Maternal Deaths in Australia, 2018



# Maternal Health – Australian Prenatal Care

- Maternity care includes antenatal, intrapartum, and postnatal care for up to six weeks after birth
- Medicare covers the cost of pregnancy care in public hospitals or birthing centers
  - Cannot choose doctor or midwife
- Lack of facilities that provide full maternity care to women who live in rural or remote areas
  - Higher maternal and perinatal mortality rates in these areas
- Study found that private hospitals provide more single room accommodations, accommodate partner's overnight stay, enable a longer stay following birth
  - Similar issues as public facilities with adequate staffing of postnatal units

**Figure 5** Distribution of hospitals and birth centres by annual number of births



Source: AIHW Australia's mothers and babies 1998 to 2007 (multiple)<sup>10-19</sup>

\*Shows the trend of facilities moving away from rural areas

# Forced Sterilization

- Forced sterilization of people with disabilities and people who are intersex is legal and sanctioned
- People with disabilities who do not have the “capacity” to consent are subjected to substitute decision-making laws
- Disproportionately affects women and girls

Justifications fall under four broad categories:

1. The genetic/eugenic argument
2. For the good of the state, community, or family
3. Incapacity for parenthood
4. Prevention of sexual abuse

All framed as being “in the best interests” of those with disabilities

# LGBTQIA Rights & Health – Australia

- Sex Discrimination Act 1984
  - Unlawful to discriminate on the basis of sexual orientation, gender identity, and intersex status
  - Religious exemptions
    - SDA allows “religious bodies” to discriminate against people
- There are regional laws preventing conversion therapy
  - Queensland has completely criminalized the practice
- Research shows that LGBTQI Australians disproportionately experience poorer mental health
  - Related to stigma, prejudice, discrimination, and abuse
- National Survey of Mental Health and Wellbeing estimated that 1 in 3 homosexual/bisexual people aged 16 and up met the criteria for an anxiety disorder in the last 12 months (2008)

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# REPRODUCTIVE RIGHTS IN WESTERN, EASTERN, CENTRAL, AND SOUTHERN AFRICA

Arianna Pittenger, Adrienne Puryear, Riley Kluck, Kaitlyn Pierce



GZR!



MY  
RULES



TOGETHER



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**02**

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THE CONGO**

**03**

**ZIMBABWE**

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**NIGERIA**

**Trigger Warning:  
Rape, War, and  
Genocide**



# 01. RWANDA



# RWANDA FACTS



- It is known as the Republic of Rwanda
- The President is Paul Kagami (was once an RPF milita head)
- Population: 12.63 million
- Capital: Kigalo
- Well known for its GOrilla population
- Remembered in History for the Genocide

# RWANDAN GENOCIDE

- The genocide spanned 100 days (April 7th, 1994 to July 15, 1994)
- It officially started when there was news that the President's plane was shot down
- First Genocide people openly watched on TV
- This was due to generational trauma and hate that the French started
- No one was spared, women and children were targeted because the Interhamwe wanted to wipe out the next generation
- Peace keepers from the UN were murdered which caused many countries to pull out including the United State
- President Bill Clinton and many other leader refused to acknowledge the genocide because de to a treaty with UN they would've had to step in
- The UN had intel that people were being trained to fight and had picture proof of the weapon piles but refused to let General Dalliare and his men confiscate them
- They killed Hutu moderates
- Due to new discovered by U of M, U of M students are no allowed to travel there.
- Over 1,000,00 people were murdered they estimate the number is more than that due to people still being missing





# HIV/AIDS IN RWANDA

- There was HIV/AIDS already present in Rwanda, it grew exponentially after the Rwandan Genocide due to rape. There were rape camps and rapes happening all over the country at this time.
- There were men who had HIV/AIDS who spread to their victims on purpose
- By 2004, it had become an epidemic ten years later. In this time they reached out to the U.S. for access to medications.
- They began rule community health care program which now provides comprehensive HIV/AIDS.
- Though this program is benefitting their citizens it does not fully provide access to victims in regards to mental Health and dealing with this trauma
- It is important to note though they do have this program there are still anti-LGBT laws in Rwanda.

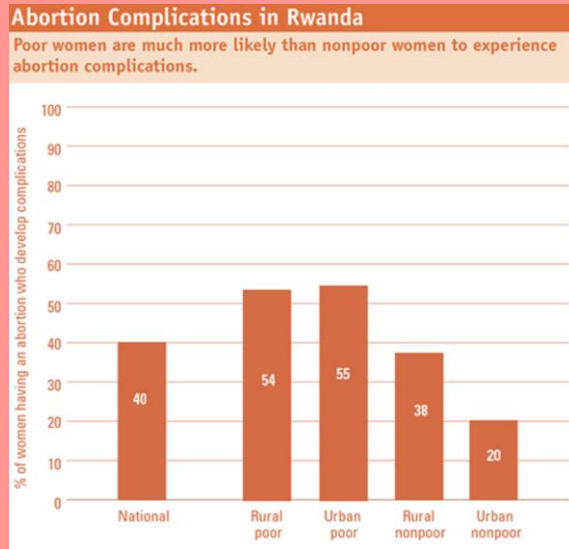


# ABORTION ACCESS

Rwanda amended its abortion law in 2012 and implemented the Maputo Protocol to allow for abortion under certain circumstances.

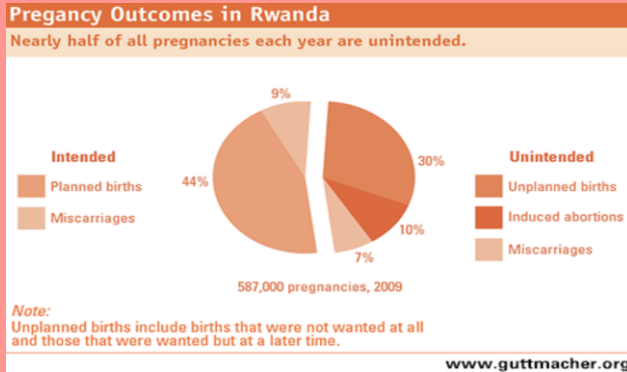
Prior to 2012:

- Half of all abortions in Rwanda are performed by untrained individuals and are considered to be very high risk
- The other half of abortions are provided by trained health professionals, but many do not take place in health facilities, resulting in complications



- Women experienced complications at different rates based on where they obtained the abortion & who performed it
- The complication rate was as high as 54-55% among poor women in both rural & urban areas
- Complication rates were highest for procedures that were induced by women themselves (67%)

# CONTINUED



- **Contraception education and services should target those groups at highest risk for unintended pregnancy:**

- **single, sexually active young women**
- **poor married women of all ages**
- **residents of Western province**

**So while this lowers the complications from unsafe abortions, it doesn't necessarily lower the amount of abortions total**

## MAPUTO PROTOCOL

- **Directs states to authorize abortion in cases of:**
  - **sexual assault**
  - **rape, incest**
  - **severe fetal abnormality**
  - **if the woman's life or physical/mental health are in jeopardy**
- **Also obligates states to protect other sexual and reproductive health rights**

**so the country has already made progress on this issue**

- **Making more contraceptive methods available, increasing access to emergency contraception, and improving family planning counseling & services have the potential to lower the unintended pregnancy rate and thereby, number of abortions**

# CONTRACEPTION

- **A bit of history: Rwanda has stepped up in recent years where family planning and contraceptive use is concerned- and that is thanks to more accessibility than seen before. In Rwanda, many programs have been working diligently to get this accessibility to where it is today.**
  - **Contraceptive use in Rwanda has literally increased from 17% to 53% just from 2005 to 2015.**
- **Over those 10 years, it was crucial that Rwanda's government step up to implement sustainable family planning.**
  - **Rwanda has a very dense population.**
  - **The population even led to discussions that perhaps that was reason for genocides in 1994 that were due to battles over land.**
  - **The Rwanda government is now actually well known now for it's commitment to family planning.**
- **Before the genocide, contraceptive use was really low and it lowered a lot more after the genocide, down all the way to 4% by 2000.**
  - **Rwanda's population actually grew by 90% by 2010.**
    - **Rwanda wanted to rebuild their population after their tragic loss.**
- **This rebuild did lead to some issues within the health-care systems, though. Family planning had not been a focus in Rwanda for a long time since these conflicts, and there was not a huge priority regarding family planning before the genocide regardless.**
- **The Ministry of Health was a huge help in 2001. They initiated multiple networks of mutuelles: which are community based health insurance agencies. They are supported by government funding. Over the next decade and continuing now, they are a major factor in helping Rwanda's success and access to family planning and contraceptive access. Rwanda's health services as a whole have improved through these programs.**

# CONTINUED

- The improvement of Rwanda's health care (family planning) has really increased because of the reduction of population. The reduction has helped people out of poverty with children that they can't afford, and has made sustainable life and safe and efficient health care accessible for its citizens.
- The United Nation has even dubbed Rwanda's success through family planning, contraceptive use, and overall health care in such a short time "impossible."
- It is especially great that Rwanda's government was very determined to address their health, safety, and population control issues within. The government's commitment to helping its own has caused this wild success and this significant of increases in contraceptives and family planning accessibility.
- Rwanda's climbing of the ladder to health care and contraception access success is far from finished.
- Development challenges still remain in Rwanda, eager for addressing. Just to name some, a decrease in fiery conflicts occurring, and an increase in education are a couple areas where Rwanda needs more help and commitment as soon as they can get it.
- Rwanda's government has proven their ability to address issues concerning their citizens health and wellbeing- but they do show authoritarian tendencies as well as not a lot of political diversity being appreciated in their government, which is definitely a potential major concern.
- Concerns regarding the future of contraceptive access and health care as a whole in Rwanda lay within
- the issues of government funding, and how much of that funding is even available.
- Staffing is very low and there isn't the funding nor the people to provide a lot of health care. Also, the government's funding for contraceptives isn't anywhere near where it needs to be to continue to sustain the demands for contraceptives.
- All in all, we can see that Rwanda has come very far from where it once was- but that it needs much more funding and continuation of support and government aid to reach the levels it needs to be to sustain a safe and healthy lifestyle for all of its citizens, including them having access to contraceptives and family planning education and abilities.



# MENSTRUAL PRODUCTS

- **Girls and women miss out on school and work in Rwanda due to their menstrual cycles. Many girls and women can't afford their menstrual sanitary products- a pack of pads can cost many women their entire day's wage.**
  - **Cool finding: The She28 Campaign is working to find ways to improve this situation for women in Rwanda. This campaign is actually helping women to create affordable menstrual products for their women. They are using the banana fiber from trunks that banana farmers are usually always throwing away. They provide the banana farmers with worker training and efficient equipment in return for the fiber. Then, from factories that they are providing for the communities, they manufacture the banana fiber. They actually are able to turn it into menstrual pads and then sell them at an affordable price to provide for women in their communities.**
  - **Their program is also providing efficient health education and hygiene education to women and girls in the schools there. (:**
- **In addition to programs such as the She28 Campaign, the Rwanda government (much like they did with contraceptive access and family planning) have put forth effort into creating a more affordable environment for women's hygiene.**
- **The government of Rwanda, as recent as 2019, removed the VAT (Value added Tax) from sanitary pads. This is in the attempt to make these products more affordable for women.**
- **The affordability of menstrual products aids women and girls to be able to afford to attend work and school when they couldn't before.**
- **The attending of work and the prioritization of education increases the country's gross domestic product, and also greatly benefits the girls and women of the country.**



**Ministry of Gender and Family Promotion|Rwanda**   
@RwandaGender

Moving to the right direction,from now onwards, the Government of Rwanda has added Sanitary Pads to a list of goods that are VAT exempted in a bid to ease their affordability.@RwandaFinance, @rrainfo@RwandaLocalGov@RwandaHealth,@rbarwanda,@NewTimesRwanda,@IGIHE,@ktpressrwanda

♥ 709 8:44 PM - Dec 10, 2019 

💬 376 people are talking about this 

# CONTINUED

- **Rwanda is striving and fighting for its commitment to equality, opportunity, and accessibility to health care and women's needs.**
- **Products considered necessary for proper health care are exempt from the VAT in Rwanda- and menstrual products were the addition that list desperately needed for Rwandan women.**
- **The issue was so bad it was dubbed a 'period poverty' issue in Rwanda. The absences from school and work that menstrual cycles caused girls and women there were really damaging.**
- **Besides the absence of the VAT, programs have also pushed for giving girls going through the period poverty to get some aid and relief.**
- **'The Girls Room', for instance, was put into schools in Rwanda. Due to the period poverty. Now they are able to have a safe place for them to go when they are suffering medically due to their menstrual cycles. They also provide girls with free sanitary products so that they do not have to miss anything and fall further behind. These programs are greatly benefiting Rwanda.**

- **Rwandan government as well as programs that are able to further benefit and create better health care environments for its citizens are working hard at their commitments to improve Rwanda.**
- **The future is bright for Rwanda, but the work is far from over.**
- **The path will need to be continued to create the best possible healthy and safe environment for Rwandan girls and women.**

# Sex Education and CSE

## Comprehensive Sex Education (CSE)

Rights-based approach to comprehensive sexuality education (CSE) seeks to equip young people with the knowledge, skills, attitudes and values needed to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.

Sexuality is viewed holistically, as a part of young people's emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.

1. **Gender**
2. **Sexual, reproductive health including HIV/AIDS**
3. **Sexual rights/citizenship**
4. **Pleasure**
5. **Violence**
6. **Diversity**
7. **Relationships**

Comprehensive sex education has been shown to delay the age of the first sexual encounter, increase use of condoms and contraception, and reduce rates of teen pregnancy and sexually transmitted infections.

# SEX ED IN RWANDA

In 2016, Rwanda's CSE curriculum was officially launched through a three-day teacher-training program which equipped teachers and stakeholders in the education sector on key features of the new curriculum and learner-centered teaching methodologies.

Since, CSE has been implemented in public and private schools, primary through secondary.

Parents thought the following subjects should be included in CSE instruction:

- » physical changes
- » associated with puberty and adolescence (97.6% of parents)
- » menstruation management (93.6% of parents)
- » sexually transmitted infections (93.6% of parents)
- » abstinence from pre-marital sex (92.5% of parents)
- » disadvantages of unplanned pregnancies (90.8% of parents)
- » use of contraception (85.7% of parents)

02.

DEMOCRATIC  
REPUBLIC OF  
THE CONGO ✨





# DRC FACTS



- Also known as Congo-Kinshasa, DR Congo, the DROC, or simply either Congo or the Congo, and historically Zaire
- Population: 86.79 million
- Capital: Kinshasa
- President: **Félix Tshisekedi**
- Known for: It's jungles
- Congo Wars

# THE WARS IN THE CONGO

- **There have been two wars in the Congo, both are a direct result of the Rwandan Genocide**
- **Over 2 million Hutus fled Rwanda due to fear of retaliation**
- **Many refugee camps formed at the border of Rwanda and the DRC**
- **Due to tensions Rwandan soldiers opened fire on the camps**
- **Both wars were due to their tension levels**
- **Though the Wars ended in a cease-fire there is still killing at the border today**
- **The Lord's Resistance Army and Armed Forces of the Democratic Republic of the Congo have left several civilians dead**
- **The LRA is known for making child soldiers, extorting minerals through force/slavery, and sex trafficking young girls as sex slaves**



# HIV/AIDS IN THE CONGO

“The Democratic Republic of the Congo has been plagued by political instability since the 1990s and has seen widespread attacks against civilians, violence between ethnic factions, rape and other forms of sexual violence, and murder. Sexual violence against adolescent girls and young women is common.

Violence against women and girls continues to be a global pandemic that affects one in three women in their life. Violence against women is a major factor for contracting HIV—in areas with a high HIV burden, such as sub-Saharan Africa, women subjected to intimate partner violence are 50% more likely to be living with HIV. And men who are perpetrators of violence against women tend to be at a higher risk of HIV themselves and to use condoms less frequently, thus increasing the risk of HIV transmission.

According to the latest Demographic and Health Survey of the Democratic Republic of the Congo, HIV prevalence is three times higher among women aged 15–49 years (1.1%) than among men of the same age (0.4%) and twice as high among young women aged 15–24 years (0.46%) than among young men of the same age (0.22%).RENADEF (Réseau National des ONG pour le Développement de la Femme), a platform of approximately 350 non-state groups working for women, is tackling this issue front and centre.”- UNAIDS



# CONTRACEPTION ACCESS

- **The Democratic Republic of the Congo has suffered from twenty plus years of violence.**
- **This violence has resulted in very poor reproductive health care.**
- **Contraception for young women in the DRC has been very difficult to find in humanitarian settings over the years.**
- **Due to this lack of contraceptive access, there is an issue with unwanted pregnancies and abortions.**
- **In 2017, the World Health Organization put it out there that the DRC is making insufficient progress when it comes to maternal health improvement.**
  - **The government in the DRC gives less than 1% contribution to the cost of contraceptives for women, compared to the upwards of 60% that most women in other African countries receive now.**
  - **It is noted that the DRC is actually one of the ten lowest performing countries in the world when it comes to putting in efforts towards national contraceptive programs**
- **The DRC has promised to making a greater commitment to contraceptive access and family planning since then.**
- **From what I am able to find in just a couple of weeks time of research, I can not see there has been the necessary government commitments to improving the accessibility and health of the women and girls in the DRC.**
- **The women in the DRC are suffering from unintended pregnancies leading to higher mortality rates and also leading to unsafe abortions. It's a major problem.**
- **Women have a need for contraceptive access and they also have a need for education. This will help the overall issue of needs for family planning accessibility in the DRC.**

# CONTRACEPTION

- **(2017) Over one fourth of women need family planning access and education about it as well as contraception accessibility.**
  - **It's also three times higher among urban than rural women.**
- **There are barriers to this contraception access.**
  - **Besides lack of government funding, commitments, advocacy, and accessibility**
    - **There is the fact that many married men and women (women who do not want to get pregnant) have many pregnancies and do not access contraceptives, even when they would have been available.**
- **Many of these married women in the DRC want a more modernized opportunistic availability of family planning and contraception access.**
  - **Barriers to this for these women include lack of knowledge, fears that are baseless concerning side effects, lack of communication with their spouse, as well as sociocultural norms.**
  - **The sociocultural norms present issues for these women. Citizens of the DRC want to have very large families, in part because it is the children's responsibility to be able to care for the parents.**
  - **There are also a lot of diseases and a high death rate in many areas of the DRC. This is another reason for wanting more children, and therefore not being overly concerned with the accessibility to contraception.**
  - **The women are less likely to want this large of families as they have been, due to the fact that they are those that bear the children and physically they do not get the health care and maternal care that they need. They do not want the risks that come with the high number of pregnancies.**
  - **Women that are using modern day contraceptive methods have come out to state that they have had to go against their societal and cultural norms to take them.**
  - **This could lead a lot of women to, as I have mentioned, still not take use of the contraceptives even as they become more accessible. This is an issue for family planning concerns, now regarding a multitude of the DRC citizens life situations.**

# MENSTRUAL PRODUCTS

- **Lack of menstruation hygiene in the DRC is a major issue.**
- **This issue seems to stem from an overall disapproval and complete lack of support when it comes to women menstruating.**
- **Pulling from one girls personal experience provided by UNICEF, (<https://reliefweb.int/report/democratic-republic-congo/menstruation-sin-0>), girls and women have a very difficult experience with menstruation cycles in the DRC.**
- **It is difficult for girls to even attend school when menstruating because they are not given permission to use the same restrooms as girls not menstruating. There is a concerning lack of knowledge regarding the menstruation cycle, which is damaging to these girls. They are treated as if they are “contaminating” the areas, when they really just need education, guidance, and product accessibility in regards to their menstruating.**
- **Also a major concern is the financial aspect of the menstruation. Many girls are not able to afford the sanitary menstruation products that they need to be able to attend school, or have a sanitary and safe menstruation cycle.**
- **It is the hopes of many young women in the DRC that they are able to eventually reach a point of their menstruation cycles being treated as the natural process that it is, and therefore receiving the proper care and accessibility regarding the menstruation.**
- **The education barrier that the lack of menstruation care has created for girls in the DRC is a major issue regarding the lack of accessibility.**
- **Due to traditions in their social culture, this is a deeply rooted problem that is often ignored- girls and women do not feel comfortable speaking out about their experiences regarding their cycles, and therefore the lack of attention the issue needs remains.**



# MENSTRUAL PRODUCTS

- **The DRC, as they do with contraception access and education, have a long way to go with menstrual sanitary health services access and education about their cycles.**
  - **It is not traditional, and more so taboo, to discuss menstruation between mothers and daughters. Girls are left to more so figure their flows out for themselves without guidance or education.**
  - **In the DRC, there are not sanitary pads guaranteed available with school nurses, or in every convenience store, etc.**
  - **They also are expensive for the girls, so even if they do happen to be available, there is the major issue of affordability. These girls are simply attending school, but essentially cannot afford to since they cannot afford to obtain sanitary pads.**
  - **Girls in the DRC will attempt to use used pieces of clothing instead of sanitary pads, and attempt to also wash them themselves. They are often met with hygiene issues when using this method, but they don't have any other choices.**
- **The girls and women of the DRC are in need of menstrual products, sanitary hygiene and education. There are programs such as Pathfinder or FEMPads that provide donations of sanitary pads and as much information as possible that they can get to the women and girls of the DRC.**
- **For the issue to be truly resolved though, the DRC is going to need assistance and commitment from their government.**

# ABORTION ACCESS

The penal code of the Democratic Republic of Congo prohibits abortion under all circumstances

Maputo Protocol was implemented in 2018

- Therefore, data for abortion within the DCR is hard to track down specifically
- Although abortion has been tolerated informally, access to safe services is highly limited

- Published in the country's legal gazette in 2018; Formalized the government's obligation to expand access to safe abortion within the terms outlined in the protocol
- Publication of the protocol in the national gazette indicates that the legal status of abortion may shift toward liberalization, but execution of this protocol will take time
- Efforts will be needed to balance the country's penal code with the protocol to achieve a clear, consistent legal status for abortion, and to establish ways to ensure that women who are legally allowed to have an abortion have access to the service

# SEX ED IN DRC

**DRC sex education is** comprehensive program, including major sexual and reproductive health issues like homosexuality, family planning, STDs/HIV/AIDS, risk behavior, unintended pregnancy and abortion.

The Ministry of Health identified reproductive health and the fight against HIV/AIDS as two priorities in its public health strategy.



03.



# ZIMBABWE



## Zimbabwe (2019)

1.4m people living with HIV

12.8% adult HIV prevalence (ages 15-49)

40,000 new HIV infections

20,000 AIDS-related deaths

86% adults on antiretroviral treatment\*

71% children on antiretroviral treatment\*

\*All adults/children living with HIV

Source: UNAIDS Data 2020

# HIV/AIDS IN ZIMBABWE

“Zimbabwe has one of the highest HIV prevalences in **sub-Saharan Africa** at 12.8%, with 1.4 million people living with HIV in 2019.<sup>1</sup>

The HIV epidemic in Zimbabwe is largely caused by unprotected heterosexual sex. Heterosexual people in stable relationships make up for about 55% of new HIV infections. Women are disproportionately affected, particularly **adolescent girls and young women**. However, there are growing epidemics among **key populations**, such as sex workers and men who have sex with men, who are at higher risk of HIV

“The illegal nature of sex work and homosexuality in Zimbabwe presents huge barriers for sex workers and men who have sex with men from accessing HIV services. Nearly every pregnant woman now has access to antiretroviral medicines thanks to the success of PMTCT services in Zimbabwe – also contributing to a decline of new infections among infant”

Information from AVERT and UNAIDS

## ZIMBABWE Progress towards 90 90 90 targets (all ages)



Source: UNAIDS Data 2020

# CONTRACEPTION ACCESS

- **A bit of background: Zimbabwe's family planning program was incorporated into its overall public health system in the 1980s.**
- **Today, there is very high contraceptive access and knowledge in Zimbabwe.**
- **Also, they have instilled a method of mobile family planning units. These units have been successful in providing more girls and women with some education on contraceptives and promoting the use of them as well as family planning.**
- **They have tried to target youths with this program, and I thought that was beneficial. But what I also found really beneficial is that they appear to have also targeted males.**
  - **This just brought up to me the fact that males should really have more of a knowledge of contraception use and accessibility, not just women.**
- **There needs to be methods further instilled yet. Since the 1990s, there has been an increase in contraceptive use- but nowhere near great enough to stop trying. But the funds and resources also need to be in place for the expansion to continue.**
- **A theme in Zimbabwe is that of mortality rates due to early childbearing. Also, some due to women giving birth late in life. These rates can be majorly decreased through a more expansive use of modern day contraception methods.**
- **A major reason for the lack of modern day contraceptive use is lack of knowledge. There is not a required education being provided to these girls and women on their contraception options.**



# MENSTRUAL PRODUCTS

- Menstrual products accessibility and sanitation when it comes to menstruating is a major issue in Zimbabwe.
- They have been dubbed as going through a sanitation crisis when it comes to this issue among others.
- School aged girls can not afford any sort of sanitary pad products.
- They will use old torn clothes or pillowcases, newspapers, and leaves for their flow.
- The girls have participated and held events such as a Feb. 2018 “Happy Flow March” to demand more affordable sanitary menstrual products.
- The Period Poverty issue in Zimbabwe drives girls to making far from sanitary decisions, also leaving them a lot more susceptible to disease and poor hygiene.
- This crisis has also made note to the fact that some homeless women, clearly struggling through the period poverty as well, turn to street drugs instead of painkillers for the pain their menstrual cycle gives them.
- Zimbabwe’s poverty issues put the period poverty crisis on the back burner, leaving so many girls and women to suffer through their periods.
- The cost of pads has risen, and even in 2020, it is unattainable for most women. It is seen as a luxury item, one that many can go without, because they have to prioritize feeding their families over their menstruation.
- COVID-19 did not at all help the crisis. Women’s reproductive health in Zimbabwe has taken a huge hit due to the pandemic , and lack of supplies, funding, transportation, and sanitary care.
- Once again, their reproductive health (their menstruations) are put on a very far back burner.



# ABORTION ACCESS

Primary focus on health care → to preserve health, socio-economic conditions, and elimination of poverty & under-development

- Women are required to get spousal consent for medical treatments that impact reproductive function

If a minor; “parent” consent is needed

Free to low-income or unemployed women!

abortion not included

contraceptives are

## Legally permissible in limited circumstances:

- Pregnancy endangers life of woman
- Pregnancy poses serious threat of permanent impairment of health
- Severe risk the child would suffer from serious physical or mental handicap
- Pregnancy was the probable result of “unlawful intercourse”

- must obtain certification of the health status by 2 medical practitioners before granted permission
- certification from medical practitioners as well, but they must also certify that the risk of defect in the fetus was properly investigated
- requires precertification by a local magistrate → may only issue certification if criminal complaint has been filed and investigation has established the crime most likely occurred and the pregnancy could have resulted from the crime

# CONTINUED

## Who knows all four reasons under which abortion is legal?

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- **25% of providers**
  - **31% misinformed**
- **47% of experts**
  - **50% misinformed**

- **Most were in support of expanding legal provisions of abortion**
- **71% of experts recommend liberalizing the abortion law**



**EDUCATION  
NEEDED**

# SEX ED IN ZIMBABWE

2005/2006 Zimbabwe Demographic Health Survey (ZDHS) had highlighted poor reproductive health outcomes for young people in the country, with high rates of STIs, low uptake of HIV testing and high-risk sexual activity involving paid sex or sex with an older partner.

These were barriers to accessing youth-friendly services.

The program implemented between 2010 and 2015, reported a 36.6% increase in HIV testing, 30.4% increase in treatment of STIs among youth engaged in the entire five-year program.



# 04. NIGERIA



# NIGERIA FACTS

- **Capital: Abuja**
- **Population: 201 million**
- **President: Muhammadu Buhari**
- **7th most populated country in the world**
- **Has the largest and longest**
- **The average age is 19 63% of the population is 24 and under.**





# RAPE IN NIGERIA

“Olatunji conducted an extensive review of the Nigerian anti-rape law and identified shortcomings in the provisions which make rape prevention challenging . First, according to the law, rape can only be committed by a man to a woman, and it involves only penal and vaginal sex. The law does not acknowledge male rape victims nor does it recognize anal sex as part of rape. Second, a victim of rape needs to establish that penetration occurred, corroboration (or validation) of the crime needs to be established, and proof must be provided that consent was not given. The limitations with establishing consent make proving many of the few valid rape cases difficult (10). Overall, the low prospect of receiving legal judgment for rape stifles enthusiasm in seeking legal recourse.” (Folayan, M. O., Odetoyinbo, M., Harrison, A., & Brown, B., 2014).

“The recent rape and abduction of 276 female adolescents in Nigeria have further stirred up discussions and media attention about rape of girls and women within the context of conflict in the country . Unfortunately, there is still little public dialogue linking rape and HIV infection, even when rape is occurring among married couples. The general population, government, and lawmakers need to understand the epidemic proportions of the crime and its potential long-term impact on the health of victims. This will help facilitate more structured interventions for the prevention of HIV among female adolescents in Nigeria.” (Folayan, M. O., Odetoyinbo, M., Harrison, A., & Brown, B., 2014)

## Nigeria (2018)

1.9m people living with HIV

1.5% adult HIV prevalence (ages 15-49)

130,000 new HIV infections

53,000 AIDS-related deaths

55% adults on antiretroviral treatment\*

35% children on antiretroviral treatment\*

\*All adults/children living with HIV

Source: UNAIDS Data 2019

# HIV/AIDS IN NIGERIA

In Nigeria it is estimated that 58% of the people living with HIV are women. Part of the reason why so many more women and girls are affected by HIV is the deep roots that gender inequality has in Nigerian society, culture and law.

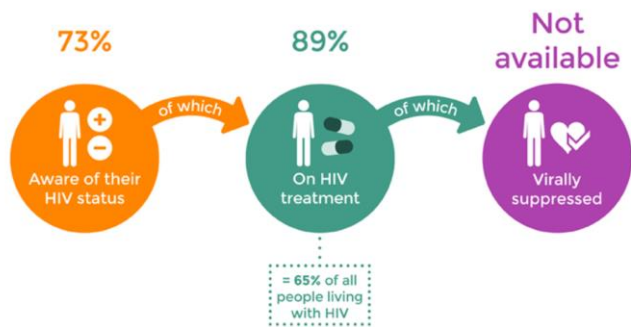
In the most recent rankings, Nigeria was placed 122nd out of 144 for the size of its 'gender gap', meaning that it has one of the most unequal balances of power between men and women in the world.

Gender power imbalances mean that women often face barriers in dictating their own sexual partner selection, use of contraception, number and spacing of children, and their own healthcare, all of which put them at greater risk of HIV

In 2016, it was estimated that 14.4% of sex workers were living with HIV in Nigeria. This is a significant drop since 2013 when it was estimated that 24.5% of sex workers were living with HIV

Men who have sex with men are the only group in Nigeria where HIV prevalence is still rising. In 2017, prevalence in this group stood at 23%, significantly more than the next highest prevalence group - sex workers - at 14.4%. Of all new HIV infections in the country, 10% occur among men who have sex with men.

## NIGERIA Progress towards 90 90 90 targets (all ages)



Source: UNAIDS Data 2020

From AVERT and UNAIDS

# CONTRACEPTION ACCESS

- (2017) Sustainable family planning and contraception accessibility are the plans for addressing diseases, high risk pregnancies, and unwanted pregnancies in developing countries.
- Contraception use can be low for a multitude of reasons in Nigeria.
  - Cultural norms and values can diminish women from using contraceptives for family planning.
  - There are many myths too about modern day contraceptive use that can scare women and girls from wanting to use them.
- It has been noted that Nigeria has actually been unable to make progress in increasing their contraceptive use in the past ten years. (2017)
- A lack of knowledge is what appears to be lying at the heart of many of the issues, and I believe following suit would be the accessibility.
  - Also lack of knowledge doesn't mean just being unaware of modern day contraceptive methods. It means, as stated, lack of realistic knowledge about the benefits of them, how to use them, and how to access them.
- The population in Nigeria can not afford to keep growing at the rate that it is. The overall health of the population will decrease greatly.
- Knowledge and education reaching to people in Nigeria is one step in the right direction of avoiding a population crisis.

# MENSTRUAL PRODUCTS

- **Period Poverty reigns in Nigeria**
- **It is cultural norm that menstrual health is not discussed openly, if at all, in Nigeria**
- **School girls only option is generally to figure things out for themselves**
- **In 2017, UNICEF did develop the Menstrual Health Management program that has helped countries such as Nigeria with its concerns of menstrual education, as well as product and sanitary access.**
- **Nigeria is one of the (many) countries that have a very high tax on sanitary pads, leaving girls with not much other choice than to use whatever they can find when dealing with their menstruation flows.**
- **There has been activists and organizations pushing for (and providing/creating) reusable sanitary menstrual pads for the women of Nigeria.**
- **Menstruation has caused Nigerian girls to miss school, and be more susceptible to disease and poor hygiene.**
- **Nigerian women as of 2019 have held marches and protests, and signed petitions.**
  - **They demand that the tax be lifted from sanitary pads to make them more affordable, as well as sanitary pads being free for school aged girls.**
- **The period poverty has created a lot of difficult obstacles for women and girls in Nigeria (among many other developing countries).**
  - **Accessibility to education and work is stripped away when they need to figure out how to deal with their bleeding.**
  - **Lack of knowledge causes them to suffer in silence, as well as the cultural norm that periods are taboo and not to be discussed, therefore leaving girls alone when struggling with such.**
- **There is a long road to proper sanitary menstrual care, and it is crucial to be aware of the issues these women are facing.**

# ABORTION ACCESS

The performance of abortion is only permitted to save a woman's life -- otherwise it's a criminal offense

Government doesn't subsidize abortion services, and most public health facilities don't perform abortions

- **Criminal code: Applies to southern states**
  - Only requires *intent* to commit the act
- **Penal code: Applies to northern states**
  - Regards performance of *most* abortions as a criminal act
- Both impose a penalty of up to 14 years of imprisonment, and medical practitioners could lose license as well as serve similar time



- Nigeria's maternal mortality rate is estimated to be among the highest in the world


- Nigerian politicians had poor knowledge of the abortion law & number of abortions/abortion-related deaths, but many knew of women who had died/nearly died as a result of an unsafe abortion
- Many were guided by moral/religious considerations, rather than evidence-based approaches

Intense public health education & advocacy targeting policymakers is needed to increase political will for reducing abortion-related

# CONTINUED

- **Among abortion care seekers in 2014:**

- **42.8% between ages of 15-24**
- **11.7% between ages 15-19**
- **48.4% were unmarried**
- **51% were married**
- **32.4% were students**
  
- **43.4% obtained abortions from facilities they previously used as a family clinic**
- **38.6% introduced to providers by friends**
  
- **Among the abortion care seekers, contraceptives were only prevalent among only 29.8%**



**Abortion needs cut across all reproductive age groups. Reproductive health services including sex education, contraception and abortion should be provided for women, and governmental policy changes should be made to make abortion care accessible and ultimately safe.**



# SEX ED IN NIGERIA

- The average age at first sexual intercourse for all women is 15.9 years.<sup>21</sup>
- The median age at first marriage is 16 years.<sup>22</sup>
- Half of all women have children by the age of 20,23 and 17% of all births in 1993 were to women under the age of 20.<sup>24</sup>

-“Issues of self-esteem, body image, healthy relationships, sexual orientation, sexual identity, gender, and confident decision making”

-These cultural or value-charged areas of sexuality are often omitted from sex education in Nigeria.

\*Nigeria mandated the teaching of sex education in 2001. However, implementation didn't begin in earnest until 2011 with the support of a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. By that time, the curriculum had shifted from comprehensive to abstinence-only.\*

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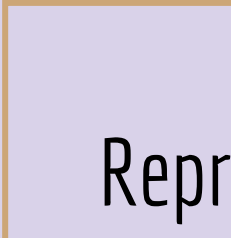
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# Reproductive Justice in the Middle East and North Africa

Modupe Olatunji, Kattiah Richardson,  
Eliza Samra, and Emmerson Unger



# Lebanon





# Abortion Access

- Lebanon's Penal Code of 1943
  - 1969 - legal only to save the mother's life
  - No further attempts to expand the laws
- In the restrictive context of Lebanese law, abortion is a privilege not a right
  - Social networks, negotiation with partners and physicians, socioeconomics
  - Often not predetermined
  - Marital status is the biggest determinant
- 11,549 “legal abortions” in 2015...(Ministry of Public Health)
- Those who have an abortion and who perform them are subject to time in prison
- Abortions are common but not addressed as a public health issue

# Child Marriages

- Lebanon has no legal age for marriage for all citizens
  - Religious courts within the country set different laws
- 6% of girls are married before 18, 1% are married before 15 (2009)
- Refugee girls in Lebanon are at increased risk
  - 29% of Syrian refugee girls ages 15-19
- Child marriage in Lebanon is perpetuated by:
  - Family honour, religion, gender norms
- Lebanon made a commitment to end forced marriages, including child marriage, by 2030

# Domestic Violence (content warning)

- Domestic violence is very prevalent in Lebanon but not taken seriously
  - 2002 study found that 35% of the participants experienced domestic violence
    - Verbal abuse was most common - 88%
    - Physical abuse was second most common - 66%
- Parliament repealed article 522 of the Lebanese Penal Code in 2016
  - Perpetrators in a marriage are still exempt from consequences today
- December 2020- new sexual assault law for jail time
- February 2021 - the effects of COVID-19
  - Domestic violence reports doubled in 2020 to 1,468 cases (Internal Security Forces)
  - Women's organization (ABAAD) saw triple the amount of calls to their DV helpline

# Contraceptives

- Of the entire region, Lebanon has the highest prevalence of contraceptive use at 53.7% (2009)
- People are generally aware of contraceptive methods and understand the importance of family planning
  - Urban areas
- Many contraceptive methods can be purchased at a pharmacy without a prescription
  - 3000 Lebanese pounds (or \$2) per pack of contraceptive pills
  - Accessible to most
- Family planning services are available in 204 primary health care centers within the MOPH
  - 57 additional centers outside of the MOPH network

# Maternal Health

- Lack of reporting of maternal mortality ratios (MMR)
  - Number of maternal deaths per 100,000 live births during a time period
  - Category H in 1990 = “no national data on maternal mortality”
- The Reproductive Age Mortality Study of 2009 aimed for an accurate MMR
  - Mean MMR was 23
  - Moved from category H to B
- MOPH’s study between 2010-2018 found an average MMR of 14.9
  - Main cause: postpartum hemorrhage (25%)
  - Increase in Syrian refugees in 2016 caused slight increase in MMR
- 76% reduction in maternal deaths between 1990 and 2015

# Israel





# Abortion Access

- If lucky and wealthy, can pay between \$600-\$830 to have a no questions asked abortion
- Only legal if go through a Pregnancy Termination Committee
  - Two doctors and a social worker
  - Meet one of four criteria
    - Under 18 or over 40
    - Result of criminal or extra marital relations
    - Fetus is likely to have a physical or mental defect
    - Could cause you mental or physical harm
- Some aspects are more liberal
  - Up to 40 weeks
  - A minor doesn't require parental consent
  - Doctors performing illegal abortions are very rarely prosecuted
  - Committees approve nearly all applications: 96.4%
- 2019: 17,688 went to the committees
  - 99.4% were approved and 106 were rejected
  - 8.4 requests per 1,000 (from age 15-49)
    - Continuously declining since 1988 (18.6 per 1,000)
- 42 locations where the committees meet
  - 13 locations for late-term abortions
    - 1.6%
  - Majority (85%) are in first trimester

# Child Marriages

- 2016 report: 716 child marriages took place 2014-2015
  - Only 37 cases investigated
- Country has committed to eliminated child, early, and arranged marriages by 2030
- Minimum legal marriage age is 18
  - Special exceptions at 16 with courts

# Sexual Violence

- During COVID, saw a rise of 33% of sexual abuse cases
  - 1 out of 5 children suffer
- 9 out of 10 rape cases are closed with no prosecution
- In 2018, 6,220 sex crimes and harrassment cases opened by the police
  - Including 1,166 cases of rape
  - 12% increase from 2017 and 40% from 2013
  - Of cases handed over to prosecutors, 83% were closed and 17% resulted in indictment
  - 91% of rape allegations resulted in no criminal charges
  - 181 of 182 sex crime appeals were also dismissed (99.5%)
- 63% of reported gang rape cases were underage girls
- Of 51,000 complaints, 89% were women and 11% were men

# Contraception and Birth Control

- Very similar to american contraception and birth control
- Example, A woman in Israel shared her story that showed the differences
  - She was able to schedule and receive an appointment within a few days
    - Normally would have to wait a month
  - Gynecology wing located next to the head-lice sector
  - Waited about 20 minutes
  - Different hormones every week to mimic a real cycle
  - 21 (instead of 28) pills
  - The copay way the equivalent of \$2
    - Besides two free packs, each was the equivalent of \$8

# Maternal Health

- According to Our World in Data
  - Maternal deaths: 11 in 1990 and 9 in 2015
  - Mortality risk per pregnancy: 11 in 1990 and 5 in 2015
  - Expected to die by pregnancy: 0.04% in 1990 and 0.02% in 2015
- According to The Lancet
  - 2015: 3.1 infant deaths per 1,000 live births
    - 2 maternal deaths per 100,000 live births
- According to World Data Atlas
  - 2017: maternal mortality rate was 3 deaths per 100,000 live births
  - 2003: 6 per 100,000 live births

# Egypt





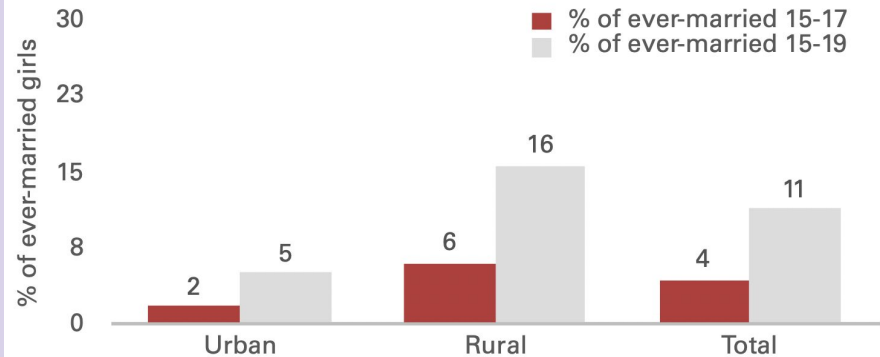
# Abortion Access

- Penal Code of 1937: Articles 260-164
  - Abortion is prohibited
  - Article 61: exceptions in case of necessity (mother's health, fetal impairment, etc.)
- Although prohibited, abortion is a fairly common practice in Egypt
  - Of every 100 pregnancies, nearly 15 end in termination
  - ¼ of Egyptian women have had an abortion
- Safety & Hygiene:
  - 35% of abortions take place with no medical oversight
  - Cost drastically varies, upwards of \$500 in medical clinics, \$150 for midwife abortion
  - High rates of self-induced abortion; aspirin, herbal douche, palm fronds w/ gasoline, etc.
- Potential imprisonment for those who have abortions and the physicians who perform them
- Wealthy women have the best outcomes with better access to safe and hygienic care
- Although common, abortion not viewed as public health issue. Often overshadowed by religious jurisprudence of the region

# Child Marriages

- Egyptian Child Law of 2008: minimum age of marriage set at 18 (males & females)
- Law didn't change child marriage rates drastically, but did decrease marriage rates for younger girls (under 15)
- Disparity between urban and rural populations
  - Higher levels of poverty, lower levels of literacy
  - Higher cultural acceptance

**Figure 1: Prevalence of child marriage, by urban/rural residence, 2017**



Source: CAPMAS, Egypt Census of Population, Housing and Establishments 2017

# Sexual & Domestic Violence

- 2014 Egyptian Demographic Health Survey: 90% of Egyptian women had some sort of female genital mutilation
- 2016 FGM Survey in Egypt: 64% of respondents had an FGM procedure
- 2017 Survey: 17% of Egyptian women reported physical or sexual partner violence in the past year
  - 34% of women had been abused at some point in their lives
  - Women who reported being abused faced STI rates 2.67x higher than those who hadn't been abused
- Women who had been previously married were 2x more likely to face intimate partner violence than those only married once
- Women who report intimate partner violence reported higher rates of unwanted pregnancies and had more children
  - 28% of women who experienced violence reported they did not want their last birth
  - Women who experienced violence were less likely to receive prenatal care during pregnancy
- Egyptian Constitution: Article 60
  - Domestic violence perpetrators can be pardoned if they “acted in good faith” referring to “the husbands right to discipline his wife”

# Contraception & Birth Control

- Egypt is actively promoting the use of birth control & contraception in rural areas
  - Initiative to slow population growth by President Abdel Fattah al-Sissi
  - Health ministry said to deploy 12,000 “family planning advocates” to rural regions

“The ministry runs nearly 6,000 family planning clinics where women receive free check-ups and can buy heavily subsidized contraceptives ranging from condoms at 0.10 Egyptian pounds to copper Intrauterine Devices at 2 Egyptian pounds.” -Asia News Monitor

- Among educated, employed and urban women, IUDs and birth control pills were most common forms of contraception
- 57.5% of women report using some form on contraception

# Maternal Health

- 2017 Maternal Mortality Rate: 37/100,000
  - Down from 57/100,000 since 2003
- Total Fertility Rate: 3.265
- Public, national health insurance suggested to have a positive impact on maternal healthcare service utilization among Egyptian women
- Higher education was positively correlated with use of maternal healthcare services
  - Women whose husbands have secondary or higher education were also more likely to use maternal healthcare services in rural regions
  - Increased household status and familial support correlates with higher levels of maternal healthcare service use



# Morocco





# Abortion Access



- Morocco's Article 453 of the Penal Code states:
  - Abortion is permitted only if the mother's life is threatened, and for rape, incest & birth defects
  - Laws have been amended in efforts to decrease illegal abortions
- King Mohammed VI believes the Penal Code is "very restrictive and unfair to women"
  - To get an abortion it costs 3,000-9,000 Dirhams, \$300-\$2,450 USD
  - 800 illegal abortions have been reported
- Most of Morocco follow the traditions of The Maliki school of Law
  - Hanafi, and Shafi schools allow women to get the procedure done after 120 days
  - Hanabi school permits before the 40th day
  - Abortion is still controversial due to the fact it doesn't value the sanctity of life in the Qur'an
- Most women can not afford the costs to get the procedure done due to socioeconomic conditions
  - Churches, institutions, NGO's and Donor Organizations have an influence on such laws and regulations
  - Majority of Moroccan's support abortion only if it's a case of rape, incest and deathly conditions
  - Underground abortions are still performed

# Child Marriages



- Child Marriages are still prevalent and have risen throughout the years
  - The Family Code(Mudawuna) of 2004 raised the age of marriage from 16 to 18
  - Morocco's government are making efforts to alter such laws, but there are loopholes due to the Family Code
  - Hot spots are in Aruz, Casablanca, Azilal, Marrakesh, Midelt , and Beni Mellal
- Minors can still be married with the approval of a judge
  - 25,920 requests were made in 2019, and all were approved
  - In 2020 there were 32,000 approved requests
  - 98% of the requests came from rural areas , while the individuals also move to urban cities and are widespread
- These marriages happen in order to avoid premarital sex, lack of education and to honor Family
  - 14% of girls are married before the age of 18
  - Some marriages are not officially registered
  - Numbers have decreased over three decades



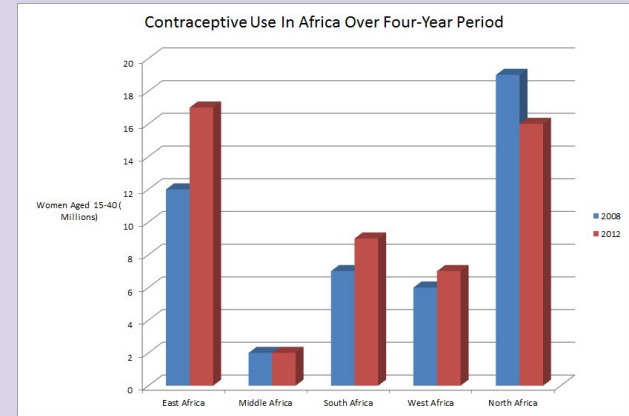
# Sexual & Domestic Violence(Content Warning)

- More than 50% of Moroccan women have experienced gender based or sexual violence
  - Only 28% have taken action to get help
  - Ages range from 18-65
  - Women in poverty are more at risk to such violence
  - Most women return to their abusive partner due to the lack of education, financial support and pressures from family
- Lack of education correlates to the lack of power to exercise their rights
  - June of 2019 The International Commission of Jurists called action to eradicate legal obstacles and discriminatory practices
  - New laws were presented in 2018 to allow authorities to be involved if needed , Law No. 103-13
  - Charges can be applied to family members , and the abuser
  - Marital rape is not seen as crime
- Human Trafficking is on Tier 2
  - Efforts are being made to convict the traffickers and provide care to the victims
  - More violence like genital mutilation is also illegal and not practiced in Morocco
- There are still flaws due to their no supervision to check if these duties are being done
  - Online abuse is also included in these cases
  - Sexual and Domestic violence in Morocco have increased since lockdown protocols have been enforced
  - Support groups and shelters are provided



# Contraception & Birth Control

- Contraception was legalized in the 1960s
  - Can be obtained in hospitals and pharmacies
  - It is the woman's responsibility not the man's responsibility
  - Birth control and the morning after pill are also included
- No prescription is needed for the pill and was legalized in 2008
  - The French Law of 1920 banned sale, advertising and distribution of contraceptives, this law was abrogated in 1967
  - Premarital sex is highly discouraged therefore married couple are the main targets for such use
  - About 68% of women use contraception, and 48% use more modern contraceptives
  - 1.2% of men use condoms
- The Pill is highly encouraged to be used within married couples
  - Cost is 13 DH , \$4 USD
  - Contraception usage is accepted for married couples therefore single women have a harder time retrieving contraception



# Maternal Health

- Maternal deaths have decreased
  - In 2000 there were high rates of deaths
  - About 188 women died out of 100,000 live births
- Midwives have helped labor and birth become safer
  - They help with family planning, screenings, and confidential care
  - With the help of midwives about 75% maternal deaths are preventable
  - 66% of these deaths occur in rural areas due to lack of access to midwives
- Maternal leave for women are for 14 weeks full paid
- The under-five mortality rate has dropped by 60%
  - Morocco is implementing national plans through World Health Organizations to improve maternal health



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