A Global Perspective on the Future Health of Women and Girls

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Outline of Talk

- Future health of women and girls is dependent on the relationships between social, biological and environmental factors

- Diseases/Conditions of Focus
  - Maternal Mortality
  - HIV among adolescent girls and young women
  - Noncommunicable diseases
Interplay of Social, Biological and Environmental Factors
Health of women and girls is heavily influenced by socioeconomic status (poverty), education, gender equality and political will/policies.

Violence against girls and women affects both physical and mental health.

Sustainable Development Goal 1

End poverty in all its forms everywhere by 2030.

Poverty affects living conditions, nutrition, access to health care and opportunities.


Poverty: Odds Ratios of Under-five Mortality for Poorest compared to Richest Children (Data from UNICEF)
Maternal Education

About half of the reductions in under-five mortality are linked with increased maternal education


Children under of five of mothers with seven or more years of schooling have a 58% lower odds of mortality than children of mothers with no schooling

Girls’ Education and HIV Risk

Studies from Africa have shown that keeping girls in school reduces their risk of HIV, sexually transmitted infections and early marriage.


Gender Equality

In some parts of the world gender discrimination starts with a fetus or a newborn baby girl.

-Sex Ratio at birth: 118/100 in China


 Preferential treatment may be given to boys over girls: preventative and health-seeking behaviors

Gender Equality and Empowerment

- Gender equality: Equal treatment of women and men in laws and policies, and equal access to health resources and services within families, communities and society at large (WHO 2009).

- Empowerment: The ability to make strategic life choices in a context where the ability was previously denied (Kabeer 1999, 2005).

Gender Equality and Empowerment

- Women’s autonomy (decision-making) is associated with better maternal health and child health outcomes.


Gender-based Violence

Gender-based Violence: any form of violence used to establish, enforce, or perpetrate gender inequalities and keep in place unequal gender-power relations.


One out of three women has experienced gender-based violence in her lifetime, often by someone she knows.

One out of five women has been sexually abused as a child.

Gender-based Violence

Women who have experienced gender-based violence:

- 16% more likely to have a low birth weight baby

- In some settings, 50% more likely to acquire HIV

- Have been shown to be at greater risk for mental health disorders in several studies


Diseases/Conditions of Focus
Reducing Maternal Mortality

“Motherhood and childhood are entitled to special care and assistance”

UN General Assembly, 1948. Article 25 of The UN Declaration of Human Rights
Reducing Maternal Mortality

Definition

- Maternal death: the death of a woman while pregnant or within 42 days of the termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management.

- **Direct obstetric deaths**: result from obstetric complications of pregnancy, labor or the postpartum period
  - Most common causes: hemorrhage (often postpartum), sepsis, eclampsia, obstructed labor and complications of unsafe abortion

- **Indirect obstetric deaths**: result from previously existing diseases or from diseases arising during pregnancy (without direct obstetric causes) which were aggravated by the physiological effects of pregnancy.
  - Examples: Malaria, anemia, HIV and cardiovascular disease
Reducing Maternal Mortality

**Millennium Development Goal 5A:** To reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio (MMR).

**Global Ratios**
1990: MMR: 400/100,000  
2008: MMR: 260/100,000  
2015: MMR: 216/100,000

**Global Numbers**
2000: 529,000 maternal deaths  
2008: 358,000 maternal deaths  
2015: 303,000 maternal deaths
Reducing Maternal Mortality

**Sustainable Development Goal 3**: Ensure healthy lives and promote well-being for all at all ages.

Target 1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
Reducing Maternal Mortality

80% of maternal deaths are preventable with known interventions.

What do we need to do to prevent maternal deaths?

Ensure equitable access to maternal health services

Address distance and transport as obstacles to receiving care

Postnatal (Postpartum) Care: 36% of maternal deaths occur from birth to six weeks postpartum

More focus on indirect causes of maternal deaths

Better access to contraception/family planning (8% of maternal deaths are due to unsafe abortions)
Adolescent Girls and Young Women 15-24 and HIV

Overall HIV incidence is down 44% from 2001 to 2015.

Incidence remains high among female adolescents and young women: In 2016 there were 420,000 new infections

- Often twice as likely to be infected than then adolescent boys and young men in same age group.

- Majority in sub-Saharan Africa
What are the key risk factors?

Behavioral factors: Age disparate relationships, transactional and commercial sex, early sexual debut

Biological factors: biological susceptibility of women and girls, high viral load among male partners, lack of male circumcision, presence of other infectious and harmful practices

Structural: social and gender norms, low secondary school attendance, spousal separation, orphanhood, barriers to obtaining services, gender-based violence, sexual abuse during children and marriage patterns

Reference: UNAIDS (2016) HIV Prevention Among Adolescent Girls and Young Women
Adolescent Girls and Young Women 15-24 and HIV

What do we need to do?

Behavioral Interventions: Condom promotion and distribution, social and behavior change communication program

Biological Interventions: Pre-exposure prophylaxis, voluntary male circumcision, HIV testing and treatment

Structure: School-based interventions and keeping girls in school, cash transfer programs and youth friendly services

Reference: UNAIDS (2016) HIV Prevention Among Adolescent Girls and Young Women
Noncommunicable Diseases (NCDs)

**Definition: chronic disease not passed from one person to another**

Among the leading causes of death to women globally: heart disease, stroke, cancer, chronic respiratory disease and diabetes

- cardiovascular disease is the leading cause of death to women at a global level: 8.6 million deaths

- cervical cancer kills 266,000 women annually thought it is preventable

- women exposure to indoor air pollution are 2.6 times more likely to develop chronic obstructive pulmonary disease than women who use clean sources

- 21 million pregnancies are affected by high blood glucose

NCD Alliance. 2015. A Call to Action. Women and Noncommunicable Diseases
Noncommunicable Diseases (NCDs)

**Double burden of disease**: Low and middle income countries are still combatting infectious diseases and must also work to prevent NCDs.

Risk factors: smoking, alcohol use, diet and limited physical activity

**What is needed?**

Screening and treatment need to be made more available in low and middle income countries.

Education on risk factors

A life course approach

In Conclusion

Social, biological and environmental determinants interact to affect the health of women and girls.

We need a life course perspective from childhood, adolescence, reproductive years and older age.

Services need to reach all women and girls.
Thank you