



## Unintended Consequences of US Policies on International Women's Health

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### INTRODUCTION

Significant differences in women's reproductive health outcomes exist in developed and developing countries, including the risk of dying from childbirth; access to contraception and safe, legal abortion; and the probability of contracting HIV/AIDS from sexual intercourse. For example, the 2005 maternal mortality rate in developing countries varied from a low of 77 deaths per 100,000 live births in Argentina to 450 deaths per 100,000 live births in India, to a high of 1800 deaths per 100,000 live births in Afghanistan. In developed countries such as Sweden, the rate was 3 deaths per 100,000 live births, while the overall US rate was 11 deaths per 100,000 live births.<sup>1</sup> While accurate abortion rates are difficult to determine, the best estimates in 2003 found 21.9 million safe and 19.7 million unsafe abortions reported worldwide; developed countries had only 500,000 unsafe abortions, compared to 19.2 million in developing countries.<sup>2</sup> In the United States, the proportion of AIDS cases among female adults and adolescents (>13 years of age) increased from 7% of cases in 1985 to 27% of all cases in 2005, for a total of 53,281 cases, with 80% from heterosexual contact.<sup>3</sup> These numbers, although significant, are small in comparison to sub-Saharan Africa, where women made up 61% of the 22.5 million adults living with HIV in 2007.<sup>4</sup>

To commemorate the twentieth anniversary of the Safe Motherhood Initiative, and to mobilize political will and resources in support of women's health, the Women Deliver conference was held in London, United Kingdom, October 18–20, 2007. The conference was sponsored by Family Care International and focused on the continuing gap in maternal mortality, the largest rich-poor disparity among public health indicators tracked by the World Health Organization. Attended by academics, activists, and representatives of worldwide nongovernmental and governmental agencies working on women's health issues, Women Deliver drew on the benchmarks of the United Nations Millennium Development Goals, a blueprint agreed to by world leaders to meet the needs of

the poorest countries throughout the world (Table 1). These goals were passed by a United Nations resolution in 2000, and range in scope from halting the spread of HIV/AIDS to providing universal primary education. Women are an essential part of each of the goals, and women's health, in its broadest sense, can attain huge improvements if strategies to meet the goals are enacted.

Some specific objectives of Millennium Development Goal number 5 ("improve maternal health") are to decrease maternal mortality by 75% and ensure universal access to reproductive health.<sup>5</sup> Within the maternal health community, there is agreement about the three components necessary to reduce maternal mortality: 1) comprehensive reproductive health care, including family planning and safe abortion or, where necessary, postabortion care; 2) care for all pregnant women by a trained birth attendant during pregnancy and childbirth; and 3) emergency care for all women and infants with life-threatening complications.<sup>6</sup>

As we pass the midway point in the 1990 to 2015 period designated to meet the Millennium Development Goals, it is apparent that these goals, primarily goal number 5, have only the slimmest probability of being met. The reasons include a pervasive lack of interest in and commitment to women's health issues in many countries; a reluctance to invest scarce dollars in the health and education of girls and women; the failure to guarantee access to contraception and safe, legal abortion; a lack of focus on local capacity building; and a lack of empowerment and decision-making for girls and women.

While the decisions and policies of individual countries have an impact on women's health locally, those of the US government have a profound global effect. While US agencies, both federal and nongovernmental, have expended millions of dollars in an effort to improve reproductive health, their efforts are often hampered by US policies that interfere with the best interests of the women they are trying to help. Although the United States has historically provided leadership and funding in international reproductive health agencies, the current situation is one of reduced or canceled funding to agencies and an insistence on linking funding with adherence to religious faith-based values. Over the past 8 years, three US policies in particular have greatly limited the work of government and international agencies to improve women's health: the international gag

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**Table 1.** The United Nations Millennium Development Goals

1. Eradicate extreme hunger and poverty
2. Achieve universal primary education
3. Promote gender equity and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability

From the United Nations Web site.<sup>5</sup>

rule, cessation of funding to the United Nations Population Fund (UNFPA), and abstinence focus for HIV/AIDS prevention.<sup>7</sup>

## US POLICY #1: THE GLOBAL GAG RULE

### Wambui's Story

Wambui was a 32-year-old single mother from Nairobi who, after 28 weeks of pregnancy, arrived at the hospital with ruptured membranes and a fever. After a full week of treatment, her condition was getting worse. Wambui's doctors decided that a hysterectomy was needed. When the doctors opened Wambui's abdomen, they found a catheter inside her. Wambui later admitted that she had visited an unqualified street quack to receive an abortion (Kenyan law prohibits abortions unless it can be proven that a woman's life is in danger). Wambui withheld this information when she was admitted because the nurses she spoke to were openly hostile to her—abortion, though common, remains taboo throughout much of Kenya. After the surgery, Wambui's health continued to deteriorate. She died 10 days later. Reprinted with permission from the Promise to Mothers Web site.<sup>8</sup>

Formally known as the Mexico City Policy, the global gag rule prohibits US family planning and State Department financial assistance to foreign nongovernmental organizations (NGOs) that provide any form of abortion-related information or services. This is true even if these services are legal in the country in which services are provided and/or are funded completely with non-US monies. NGOs are also prohibited from any efforts to liberalize abortion laws in their own countries.<sup>9</sup> Organizations must choose between desperately needed US assistance or the laws and practices of their own countries. Clinics that do not agree to eliminate the provision of any and all abortion-related information to women lose all funding for contraceptive supplies and services, even if they do not actually provide abortion services. US agencies working in these countries must end longstanding relationships with many clinics which had previously provided comprehensive reproductive health

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services, which are established in the community, and which have a record of providing effective services. New clinics that agree to the restrictions must be identified, however, they may or may not have trained staff and reporting and oversight procedures in place. Other organizations, fearful of losing funding, actually eliminate services for women with complications of unsafe or incomplete abortions.

The irony of the consequences of the global gag rule is that by linking funds for contraceptive supplies to a ban on counseling about abortion, unplanned pregnancies and illegal abortions will actually increase. Repercussions of the policy were examined in a 2005 project conducted by several reproductive health organizations.<sup>10</sup> Examples of their findings included the closing of five family planning clinics of a leading NGO in Kenya which served more than 19,000 women; a 35% budget reduction for the first Ethiopian NGO to provide contraceptive services because of refusal to sign the gag rule; the closing of one of three clinics run by the Family Planning Association of Nepal, largely because of loss of funds for its lobbying effort to change the current abortion law in Nepal (where one in five women who are incarcerated are in jail for the crime of having an abortion)<sup>11</sup>; and the loss of \$20 million in United States Agency for International Development funds by International Planned Parenthood for refusing to comply with the policy. These funds were used exclusively for supplies and condoms, which now have greatly limited distribution in countries like Romania, where women have an average of 2.2 abortions.<sup>12</sup> Stories like Wambui's are only too familiar to health care providers in these countries.

## US POLICY #2: CESSATION OF SUPPORT TO UNITED NATIONS POPULATION FUND

### Cristobalina's Story

Cristobalina, who lived in an indigenous mountain community of Panama, developed complications after giving birth to her twelfth child, squatting according to tribal tradition on the floor of her family's straw hut. The placenta did not emerge, and that night Cristobalina developed an aggressive infection. "I would have taken her to the hospital if I could," said her husband—but the nearest clinic was a 3-hour walk away. "I tried to get people to carry her to the clinic, but there was no one around." Cristobalina died at 3 AM. She was 36 years old. Reprinted with permission from the Women Deliver Web site.<sup>13</sup>

The United States helped to establish the UNFPA in 1969 and has historically provided one-third of its annual funding to support reproductive health programs. Their training programs are designed to help ensure that all pregnant women have access to a trained birth attendant at the time of delivery and avoid situations like Cristobalina's (above). Allegations that the agency contributed to coerced abortion and sterilization in China resulted in the US decision to withhold its contribution of \$34 million for reproductive health and family planning since 2002. Despite a fact-

finding mission in 2002 led by Secretary of State Colin Powell, which found no evidence to support the allegations of coerced abortions, the US administration has voted to continue to withhold funds from UNFPA. The agency provides population assistance to more than 140 countries and has been active in small countries with few other donors. It is estimated that the reinstatement of US funding would prevent two million unplanned pregnancies, 800,000 abortions, 4700 maternal deaths, and 60,000 cases of serious maternal illness.<sup>7</sup>

### US POLICY #3: ABSTINENCE-ONLY FUNDING

#### Patricia's Story

Patricia, a vivacious and articulate 16-year-old from Zambia, lost both her parents to HIV. "After my mother died, I went to my mother's mother. In 2001, she died, so I stopped school, because I had no more sponsor. Then we went to my auntie [. . .] Most girls find that they start keeping up [sleeping] with stepfathers or uncles. Most are raped. They have no say. If you bring them to the police, there will be no one to keep me. So they keep quiet . . ." These girls are usually the first to drop out of school, which further reduces their access to information and their economic and social ability to protect themselves against HIV infection. They end up on the streets and engage in sex work as their only economic alternative.

Reprinted with permission from the Human Rights Watch Web site.<sup>14</sup>

The US State Department's Global AIDS Coordinator and US Congress have ruled that one-third of the US HIV/AIDS prevention funds—more than \$133 million annually—must be used to promote abstinence and "faithfulness," the two goals of the abstinence until marriage programs.<sup>15</sup> Research studies conducted in the United States and internationally show that abstinence-only programs lack effectiveness.<sup>16,17</sup> For example, when compared to adolescents who received comprehensive sex education, several studies have now found that students in abstinence-only programs had high rates of sexual activity and lower rates of condom use.<sup>18,19</sup> Mandated spending on these nonscientific programs has meant reduced funds available for other key prevention programs, such as those encouraging condom use for HIV-positive people or sexually active adolescents. The rigid mandate and one size fits all approach do not allow policymakers to respond to the conditions of the epidemic in their countries or to freely develop culturally tailored behavioral interventions. Ineffective prevention campaigns mean that the high HIV transmission rates among women and girls continue around the world. Freeing HIV programs to implement a prevention agenda that responds to local community needs results in decreases in HIV prevalence. Such decreases have been seen in countries across southern Africa, southeast Asia, and Europe, which have serious HIV epidemics that vary greatly in their composition. Tailored prevention pro-

grams over the past 7 years, that include but are not limited to abstinence-only programs, have resulted in downward trends in HIV prevalence nationally and in subpopulations of women and children.

### CONCLUSION

The implications of these US policies, which are based on ideology and politics instead of science, not only hinder further progress in improving women's health but actually roll back advances previously made toward reducing maternal mortality and morbidity and improving women's health status. The current policies severely limit reproductive rights, devalue women's lives, and condemn many women to unnecessary or premature death.

The message with which participants left the Women Deliver conference was that change around reproductive health is possible. Economic commitment and political will are both necessary, but a commitment to this global movement has been activated on the part of government officials, women's health activists, policymakers, young people, and corporations. Midwives, nurses, and health professionals concerned with women's reproductive health should certainly be a part of this movement. **Table 2** offers suggestions for women's health care providers who wish to take action and Appendix A provides a list of resources.

Midwives and nurses who provide care to women and children are a powerful political force. Their experience and expertise can provide education and leadership that will extend their scope of practice beyond the clinic and the hospital to include a broad policy agenda to improve the health of women around the world. Their actions can help to ensure that full range of health services will be available to women around the world.

**Table 2.** Action Suggestions for Women's Health Care Providers

- Speak up in workplaces and communities to advocate for health policies that are based on medical evidence and scientific principles
- Insist on science-based policies for health; learn about the evidence and speak up
- Know legislators' voting records on women's health issues
- Learn how to effectively educate legislators about women's health issues; talk to legislative staff about personal areas of expertise or interest
- Join and support an organization that works on international women's health issues; use its policy forum to stay up to date about current issues involving women's health
- Consider sharing your expertise through a service trip sponsored by an organization that works on international women's health issues—it could be a life-changing experience
- Work to ensure that women's reproductive health services are available to ALL women—immigrants, uninsured, and adolescents
- Continue the excellent work currently done to support women's health in your own community, whether through clinical care, teaching, policy work, or writing

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## Appendix A. Resources on International Women's Reproductive Health

Organization	Web Site
34 Million Friends of UNFPA—Works to have 34 million people each contribute \$1 to make up for blocked US funds	<a href="http://www.34millionfriends.org/">www.34millionfriends.org/</a>
Center for Reproductive Rights—Promotes and defends women's reproductive rights throughout the world through legal advocacy and public policy	<a href="http://www.reproductiverights.org/about.html">www.reproductiverights.org/about.html</a>
Family Health International—Conducts biomedical research and provides technical assistance throughout the world on issues of reproductive health	<a href="http://www.fhi.org/en/RH/index.htm">www.fhi.org/en/RH/index.htm</a>
The Guttmacher Institute—Provides research, policy analysis, and education on sexual and reproductive health issues	<a href="http://www.guttmacher.org/">www.guttmacher.org/</a>
International Planned Parenthood Federation—Advocates for and provides reproductive health care globally	<a href="http://www.ippf.org/en/">www.ippf.org/en/</a>
Ipas—Works to reduce abortion-related deaths and injuries	<a href="http://www.ipas.org/">www.ipas.org/</a>
JHPIEGO—Works with front-line health workers to design and implement low-cost solutions for health care services for women	<a href="http://www.jhpiego.org/">www.jhpiego.org/</a>
The Kaiser Foundation—Makes an e-mail report on women's health available on a daily basis	<a href="http://www.kff.org/profile/subscriptions.cfm">www.kff.org/profile/subscriptions.cfm</a>
The Lancet, October 13–19, 2007, volume 370—A special issue on international maternal health	<a href="http://www.thelancet.com/online/focus/women-deliver">www.thelancet.com/online/focus/women-deliver</a>
NARAL Web site—Keeps abortion-related legislative information up-to-date	<a href="http://www.prochoicewashington.org/politicalupdates/legislators.shtml">www.prochoicewashington.org/politicalupdates/legislators.shtml</a>
Pathfinder International—Works to overcome structural barriers to the provision of women's health care services	<a href="http://www.pathfind.org/site/PageServer">www.pathfind.org/site/PageServer</a>
PATH—Provides information and services for women's health programs throughout the world	<a href="http://www.path.org/maternal_and_reproductive_health.php">www.path.org/maternal_and_reproductive_health.php</a>
Population Connection—Makes available general legislative information on women's health issues	<a href="http://capwiz.com/zpg/home/">http://capwiz.com/zpg/home/</a>
United Nations Population Fund—Supports countries in using population data to develop programs and policies to further women's health	<a href="http://www.unfpa.org/">www.unfpa.org/</a>
Women Deliver Conference—Works to energize efforts to reduce global maternal mortality	<a href="http://www.womendeliver.org">www.womendeliver.org</a>

### International Health Opportunities

American College of Nurse-Midwives Department of Global Outreach	<a href="http://www.midwife.org/global.cfm">www.midwife.org/global.cfm</a>
Doctors for Global Health	<a href="http://www.dghonline.org/index.html">www.dghonline.org/index.html</a>
MADRE	<a href="http://www.madre.org/">www.madre.org/</a>
Maison de Naissance (Haitian birthing center)	<a href="http://www.maisondenaissance.com/index.php?site_prefix=&amp;pid=30">www.maisondenaissance.com/index.php?site_prefix=&amp;pid=30</a>
Midwives for Midwives and Women's Health International	<a href="http://www.midwivesformidwives.org/">www.midwivesformidwives.org/</a>
Midwives for Haiti	<a href="http://www.midwivesforhaiti.com/">www.midwivesforhaiti.com/</a>
Proyecto Adames	<a href="http://www.proyectoadames.org/home.html">www.proyectoadames.org/home.html</a>