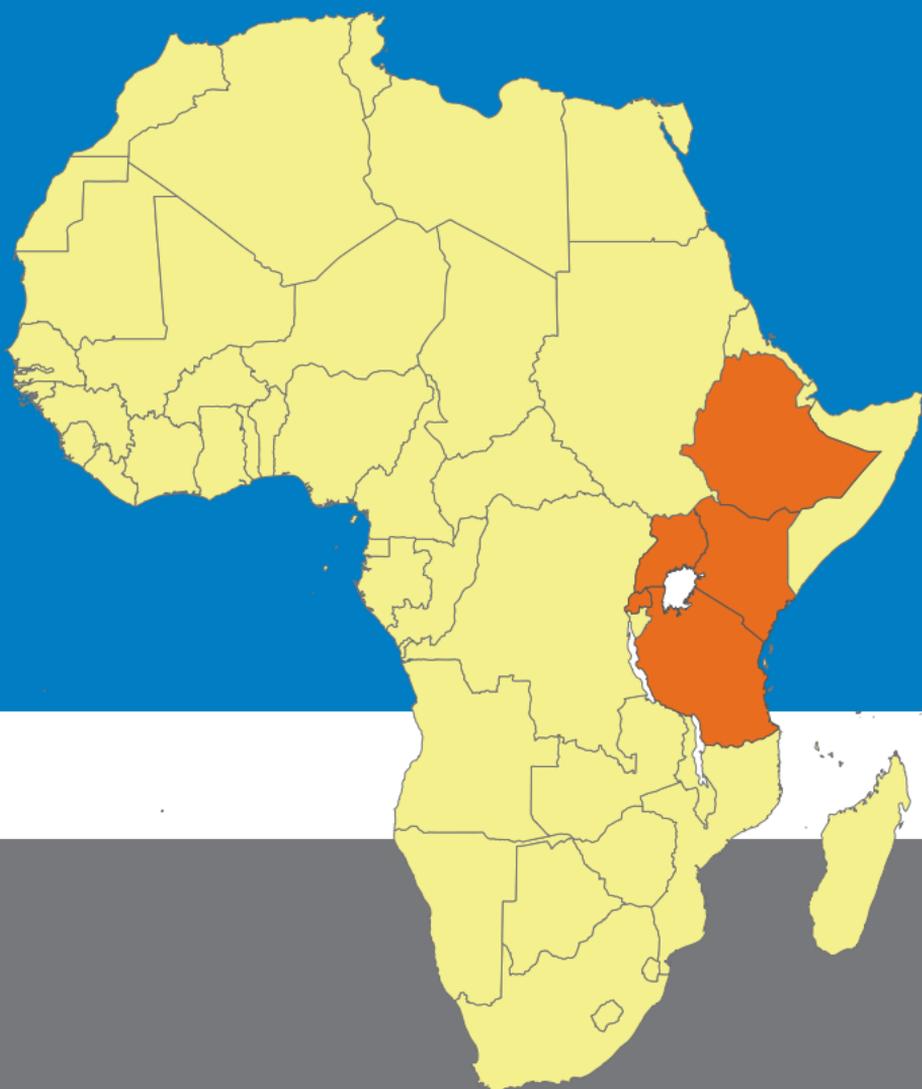


A JOURNALIST'S
GUIDE to
SEXUAL and
REPRODUCTIVE
HEALTH in
EAST AFRICA



POPULATION REFERENCE BUREAU

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The Population Reference Bureau **informs** people around the world about population, health, and the environment, and **empowers** them to use that information to **advance** the well-being of current and future generations.

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WHY SHOULD SEXUAL AND REPRODUCTIVE HEALTH ISSUES CONCERN THE MEDIA?

Sexual and reproductive health encompasses health and well-being in matters related to sexual relations, pregnancies, and births. It deals with the most intimate and private aspects of people's lives, which can be difficult to write about and discuss publicly. As a result, the public misunderstands many sexual and reproductive health matters. In addition, cultural sensitivities and taboos surrounding sexuality often prevent people from seeking information and care and preclude governments from addressing the issues.

Yet, sexual and reproductive health profoundly affects the social and economic development of countries. When women die in childbirth, children are orphaned. When girls must take over care of their siblings, they drop out of school. Without an education, girls often marry and begin having children early, which can jeopardize their health and limit their opportunities to add productively to their community and their country's development.

The media play a critical role in bringing sexual and reproductive health matters to the attention of people who can influence public health policies. These people include government officials and staff; leaders of nongovernmental organizations, including women's groups and religious groups; academics and health experts; and health advocates and other opinion leaders.

Many of these influential people read news reports and listen to broadcasts daily, and their opinions are shaped by them. Occasionally, one news report can spur a decisionmaker to act. More often, however, a continuous flow of information is needed to educate diverse audiences about issues and inform public policy debates.

The East African countries included in this guide are Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. Content and data sourced to websites were available online as of June 12, 2009.

[continued...](#)

Journalists who produce accurate and timely reports about sexual and reproductive health issues can:

- Bring taboo subjects out in the open so they can be discussed.
- Monitor their government's progress toward achieving stated goals and hold government officials accountable to the public.

This guide brings together the latest available data on sexual and reproductive health for five East African countries—Ethiopia, Kenya, Rwanda, Tanzania, and Uganda—to help journalists educate the public and policymakers on these issues.

The Vision: Sexual and Reproductive Health for All

The right to sexual and reproductive health is acknowledged internationally as a universal human right. It was first defined in the *Programme of Action* of the United Nation's 1994 International Conference on Population and Development (ICPD):

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

ICPD called for a people-centered approach that lets couples and individuals decide the number and spacing of their children. The empowerment of women is central to this approach.

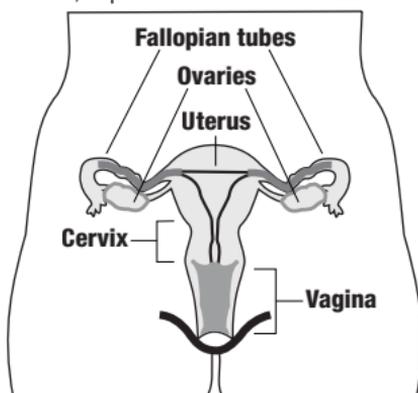
The ICPD agreement also recognizes the interconnection of reproductive health and other aspects of people's lives, such as their economic circumstances, education, employment opportunities, family structures, and the political, religious, and legal environment.

Despite recognition of these linkages, reproductive health was initially omitted from the eight Millennium Development Goals (MDGs) that governments adopted following a UN Summit in 2000. Five years later, however, world leaders agreed that reproductive health was essential to achieving the goal to improve maternal health and committed governments to universal access to reproductive health by 2015.

THE REPRODUCTIVE SYSTEM

The Female Reproductive System

- The **ovaries** are a pair of small organs that produce female egg cells, and they release one egg each month. This process is called ovulation and occurs about 14 days after the start of a woman's menstrual cycle.
- Eggs are released into the **fallopian tubes**, where **conception**—the fertilization of an egg by a sperm—normally occurs. The egg passes through the fallopian tube that joins the ovary to the uterus.
- When a fertilized egg implants into the wall of the **uterus**, pregnancy occurs. The uterus is a hollow organ that can easily expand to hold a developing **fetus**. When a fetus completes development, it passes from the uterus through the **cervix** and then through the **vagina**, also called the **birth canal**.
- If fertilization and/or implantation does not occur, the system is designed to **menstruate**, during which the uterus sheds its lining through the cervix and vagina.



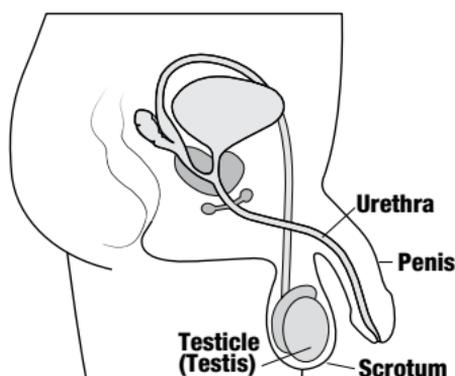
Outside the vagina are the external genitalia:

- The **labia majora** and **labia minora** surround the opening of the vagina.
- The two labia minora meet at the **clitoris**, a small protrusion that is comparable to the penis in males. Like the penis, the clitoris is very sensitive to stimulation and can become erect.
- The **hymen** is a membrane that partly covers the entrance to the vagina. It is often ruptured when sexual intercourse takes place for the first time and causes bleeding. This often is believed to be a sign of virginity, but lack of blood is not an indication that the woman has had sex before. The hymen can be torn or stretched during exercise or insertion of a tampon, and some women are born without a hymen.

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The Male Reproductive System

- The **penis** is used in sexual intercourse. The head of the penis is covered with a loose layer of skin called the foreskin, which is sometimes removed in a procedure called circumcision.



- When aroused the penis becomes erect, and at sexual climax (orgasm) it expels (ejaculates) semen, which contains the male reproductive cells called sperm.
- The **scrotum** is a loose pouch-like sac of skin that hangs behind the penis. It contains the testicles as well as many nerves and blood vessels that help maintain the temperature needed for normal sperm development.
- Most men have two **testicles** (also called testes), which are responsible for making testosterone, the primary male sex hormone, and for generating sperm.

Sources

WebMD, in collaboration with the Cleveland Clinic. www.webmd.com
MedicineNet.com, www.medicinenet.com; and its online dictionary,
www.medterms.com

PREGNANCY AND CHILDBEARING

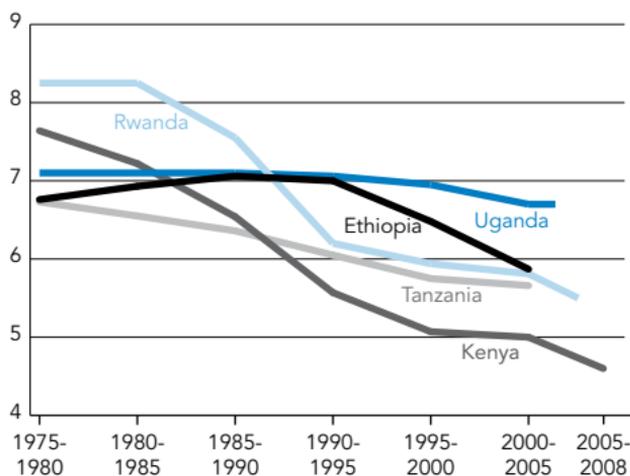
Childbearing patterns vary greatly from one region to another. Research shows that family size is influenced by women's education and socioeconomic status, societies' attitudes toward childbearing, and access to modern contraception.

Childbearing Patterns and Trends

- Women in sub-Saharan Africa have more children on average than women in other parts of the world. The total fertility rate (TFR), or number of children an average woman gives birth to in her lifetime, is 5.4 in the region, more than double the rate for the world as a whole (2.6 births).
- Fertility rates in East Africa are typical of those in sub-Saharan Africa, with Uganda being among the highest:

Ethiopia (2005)	5.4
Kenya (2008)	4.6
Rwanda (2007)	5.5
Tanzania (2004)	5.7
Uganda (2006)	6.7

Lifetime Births per Woman in Ethiopia, Rwanda, Uganda, Kenya, and Tanzania, 1975-2008



Sources: UN Population Division, *World Population Prospects: The 2008 Revision*; and Demographic and Health Surveys (Ethiopia 2005, Kenya 2008-2009, Rwanda 2007-2008, Tanzania 2004-2005, and Uganda 2006).

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- In Rwanda, Ethiopia, and Tanzania, fertility has declined steadily in recent decades, with the steepest decline in Rwanda.
- In Kenya, fertility declined substantially from the late 1970s to the early 1990s, remained relatively constant from 1995 to 2005, then dropped to 4.6 in 2008.
- In Uganda, fertility has remained consistently high since the 1970s.
- Population growth in East Africa will begin to level off only after countries reach replacement level fertility, the number of children needed to replace their parents (usually defined as 2.1). In the meantime, populations will continue to grow rapidly as large numbers of youth pass through their reproductive years during the next several decades.
- In East African countries today, 44 percent of the population is younger than 15 years old.
- Projections show sub-Saharan Africa's 2008 population of 809 million increasing to 1.7 billion in 2050—assuming that fertility declines to about 2.5 children by then. If fertility drops only to 3.0 children by 2050, the population will surpass 2 billion.
- Throughout Africa and in fact, nearly everywhere in the world: More-educated and better-off women marry later, start childbearing later, and are more likely than poor, uneducated women to use family planning.

Unintended Pregnancies

- A substantial proportion of pregnancies in East Africa are unintended (either mistimed or unwanted):

Ethiopia	35%
Kenya	45%
Rwanda	40%
Tanzania	24%
Uganda	46%

- The vast majority of unintended pregnancies occur because a modern method of contraception is not used. Less often, they occur because a method is used incorrectly or fails.
- Unintended pregnancies can pose more serious health risks than planned pregnancies. Women who are under age 18 or over age 35, who have babies too close together, or who have had many births face greater health risks for themselves and their babies.
- Unintended pregnancy may also lead a woman to seek an abortion, which is highly restricted in most African countries, and therefore often carried out in unsafe circumstances.

Infertility

- About 10 percent of couples worldwide have problems conceiving children.
- In sub-Saharan Africa, infertility is most commonly caused by untreated sexually transmitted infections, primarily gonorrhea and chlamydia, in both men and women.
- Women are often blamed for infertility. However, men are the cause or a contributing factor in about half of infertile couples in the region.

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Notes and Tips for Journalists

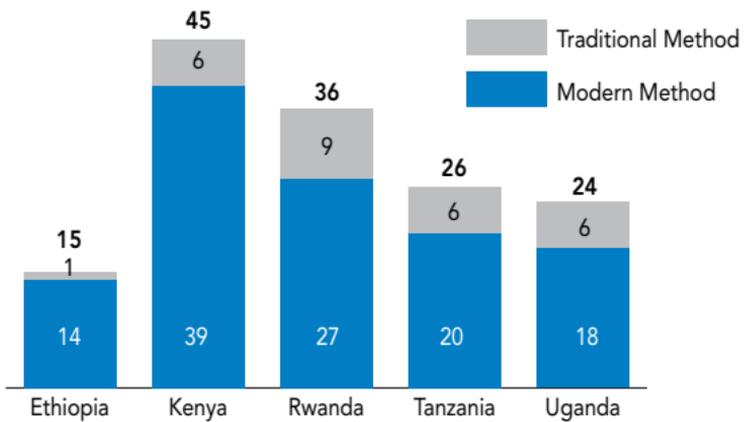
- It is usually sufficient to use the term “fertility rate” in place of the formal term “total fertility rate” when referring to the number of children the average woman has in her lifetime.
- When reporting on fertility rates, it is usually sufficient to use a whole number rather than the precise number with a decimal point. For example, a fertility rate of 5.4 can be expressed as “more than five children” or a rate of 4.9 can be “nearly five children.”
- Do not express fertility rates as percentages.
- To find population projections for specific countries and years, go to the website of the UN Population Division, *World Population Prospects: The 2008 Revision*.
<http://esa.un.org/unpp>
- Obstetricians and gynecologists are the medical specialists to consult on questions of reproductive health and family planning.

FAMILY PLANNING

Organized family planning programs began in the 1960s to make modern contraception available to women and couples who wanted to limit childbearing. Today, 62 percent of married women worldwide use some form of contraception and 55 percent use a modern method. In sub-Saharan Africa as a whole, 21 percent of women use some form of contraception while 16 percent use a modern method.

- In East Africa, the proportion of married women using contraception ranges from 15 percent in Ethiopia to 45 percent in Kenya.

Percent of Married Women Using a Contraceptive Method



Source: Demographic and Health Surveys (Ethiopia 2005, Kenya 2008-2009, Rwanda 2007-2008, Tanzania 2004-2005, and Uganda 2006).

Contraceptive Methods

- **Modern methods** include hormonal methods such as injectables like Depo-Provera, birth control pills, and implants; female and male sterilization; intrauterine device (IUD); barrier methods such as the male or female condom, diaphragm, and cervical cap; and chemical spermicides in the form of jelly or foam.
- **Traditional methods** include periodic abstinence (also known as the calendar or rhythm method) and withdrawal.
- In East Africa, as in most of sub-Saharan Africa, injectables are the most popular method, followed by the pill.

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Percent of Married Women Using Various Contraceptive Methods

	Ethiopia	Kenya	Rwanda	Tanzania	Uganda
Injections	9.9	21.6	15.2	8.3	10.2
Pills	3.1	7.2	6.4	5.9	2.9
Female sterilization	<1	4.8	<1	2.6	2.4
Other modern*	<1	5.8	5.0	3.2	2.3
Traditional method	<1	6.0	8.9	6.4	5.8
Not using	85.3	54.5	63.6	73.6	76.3

*Includes IUD, male and female condoms, implants, diaphragm, spermicides, and male sterilization.

Sources: Donna Clifton, Toshiko Kaneda, and Lori Ashford, *Family Planning Worldwide 2008*; and Demographic and Health Surveys (Ethiopia 2005, Kenya 2008-2009, Rwanda 2007-2008, Tanzania 2004-2005, and Uganda 2006).

Contraceptive Effectiveness

- No contraceptive method is 100 percent effective at preventing pregnancy. The most effective methods are those that are long-acting (IUDs and implants) or permanent (sterilization), because they do not rely on users' behavior.

Contraceptive Efficacy Rates With Typical Use

Method	% of Women Becoming Pregnant Within the 1st Year of Use (U.S.)*
No method	85
Female sterilization	<1
Male sterilization	<1
Implants	<1
IUD	<1
Injectables	3
Pill	8
Male condom	15
Female condom	21
Diaphragm	16
Periodic abstinence	25
Withdrawal	27
Spermicides	29

*Most contraceptive effectiveness data come from studies in developed countries.

Source: *Contraceptive Technology: Nineteenth Revised Edition* (2007).

Emergency contraceptives (EC) are backup methods of preventing pregnancy after unprotected sexual intercourse. They do not terminate existing pregnancies, and they do not protect against sexually transmitted infections.

- **EC pills**—also called the “morning-after pill”—use the same hormones as birth control pills but in higher doses and can reduce the risk of pregnancy by 60 percent to 90 percent if taken within five days of unprotected sex.
- If a woman is pregnant (a fertilized egg is implanted in her uterus), EC pills will not cause an abortion and the pregnancy will continue.
- EC is intended for use in exceptional circumstances, such as when a contraceptive method was not used or failed, or when sex was forced. It is not intended to be used in place of regular, ongoing contraception.

Unmet Need for Family Planning

- A woman has an unmet need for family planning if she says she prefers to avoid a pregnancy—wanting to either wait at least two years before having another child or stop childbearing altogether—but is not using any contraceptive method.
- Women may have an unmet need for family planning for a variety of reasons: lack of knowledge about the risks of becoming pregnant; fear of side effects of contraceptives; opposition to family planning from their husbands, other family members, or their religion; or lack of access to family planning services.
- Unmet need is higher in sub-Saharan Africa than other world regions. According to recent surveys, more than one-fifth of married women in East Africa (one-third or more in several countries) have unmet need for contraception:

Ethiopia	34%
Kenya	25%
Rwanda	38%
Tanzania	22%
Uganda	41%
- Unmet need is highest among women with a primary school education. This is because women with more education are more likely to be using contraception, and women with no education generally want more children.

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Notes and Tips for Journalists

- Do not confuse emergency contraception with abortion. The “morning-after pill” can prevent pregnancy (page 11). The “abortion pill” is a medication that terminates pregnancy.

MATERNAL HEALTH

Worldwide more than 536,000 girls and women die of pregnancy-related causes each year—about one every minute—and 99 percent of them are in developing countries.

- Complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in sub-Saharan Africa.
- The lifetime risk of pregnancy-related death in sub-Saharan Africa is 1 in 22, almost 40 times the risk in developed countries.

Maternal Deaths, 2005

Country/ Region	Number of Deaths	Maternal Mortality Ratio (Per 100,000 Live Births)	Lifetime Chance of Dying of Maternal Causes*
Ethiopia	22,000	720	1 in 27
Kenya	7,700	560	1 in 39
Rwanda	4,700	1,300	1 in 16
Tanzania	1,300	950	1 in 24
Uganda	8,100	550	1 in 27
Sub-Saharan Africa	265,000	920	1 in 22
Developed Countries	830	8	1 in 8,000

*Lifetime risk reflects a country or region's maternal deaths as well as its fertility rate. Risk is greater for women in areas of high fertility because they are pregnant more often and therefore face the risks of pregnancy more often than women in areas of low fertility.

Source: WHO, *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank* (2007).

- **Direct causes** of pregnancy-related deaths worldwide are:

Severe bleeding	25%
Infection	15%
Unsafely performed abortion	13%
Hypertensive disorders	12%
Obstructed labor	8%
Other	8%

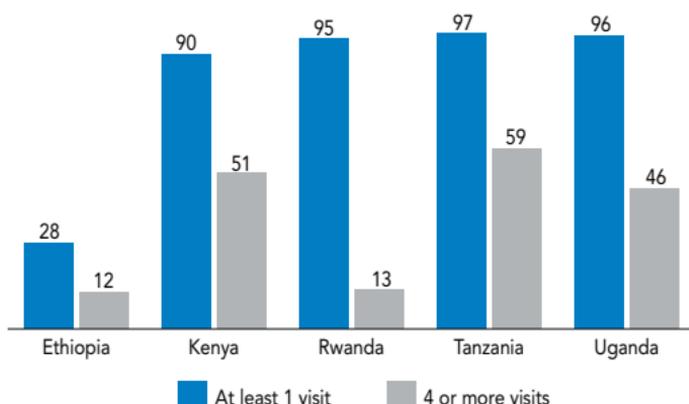
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- 20 percent of maternal deaths are due to **indirect causes**, including diseases such as malaria, anemia, HIV/AIDS, and cardiovascular disease that are aggravated by pregnancy.
- For every woman who dies, at least 30 others suffer serious illness or debilitating injuries, such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility.
- **Obstetric fistula** is one of the most physically and socially devastating complications of pregnancy. An obstetric fistula is a hole between the vagina and bladder and/or rectum caused by prolonged, obstructed labor without medical attention. In most cases, the baby dies and the woman is left with chronic incontinence and continuously leaking urine and/or feces, and she is often ostracized by her community. Some 50,000 to 100,000 cases occur each year, mostly in sub-Saharan Africa and South Asia.

Reducing Deaths and Disabilities

- Most deaths and disabilities that result from pregnancy and childbirth can be avoided by planning pregnancies, preventing complications through antenatal care, and providing safe delivery services.
- Family planning reduces the risk of maternal death and disability by reducing a woman's exposure to pregnancies, particularly those that are unintended. While every pregnancy poses some health risk, the risks are higher for women who are under age 18 or over age 35, have babies too close together, and have had many births.
- Many pregnant women do not get the care they need before, during, and after childbirth because there are no services where they live, they cannot afford them, or reaching them is too costly. Also, some women do not use services because they dislike how care is provided or the health services are not delivering high quality care.
- The World Health Organization (WHO) recommends that pregnant women have a least four **antenatal visits**, starting in the first three months of pregnancy. In East Africa, most women receive such care at least once, except in Ethiopia, where 72 percent of women receive no antenatal care.

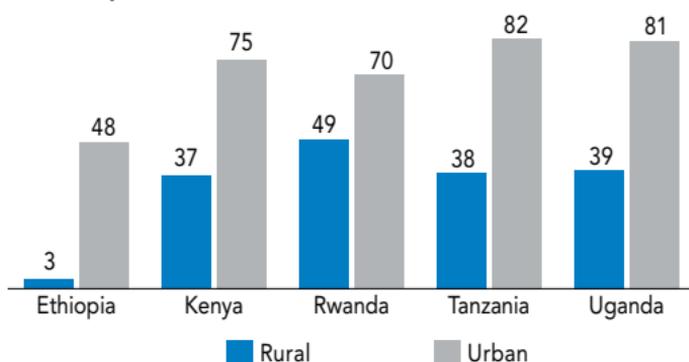
Pregnant Women Receiving Antenatal Care (percent)



Source: Demographic and Health Surveys (Ethiopia 2005, Kenya 2003, Rwanda 2005, Tanzania 2004, and Uganda 2006).

- Because many pregnancy complications cannot be predicted, safe deliveries rely on **skilled birth attendants**. These include physicians, nurses, and midwives, but do not include traditional birth attendants.
- Throughout East Africa, rural women have less access to skilled attendants than do urban women

Pregnant Women Receiving Skilled Assistance* at Birth (percent)



*Skilled birth attendants include medically trained doctors, nurses, and midwives.

Source: Demographic and Health Surveys (Ethiopia 2005, Kenya 2008-2009, Rwanda 2007-2008, Tanzania 2004-2005, and Uganda 2006).

- To address complications, skilled attendants need access to medical equipment and a facility for emergency care. Emergency obstetric care includes: the ability to perform surgery (for Caesarean deliveries), anesthesia, and blood transfusions; management of problems such as anemia and high blood pressure; and special care for at-risk newborns.
- Rates of **postnatal care** are even lower than the rates of antenatal care. Health services often neglect women during the postnatal period (up to 42 days after birth),

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even though this period is important for identifying and treating childbirth-related injuries and illness and counseling women on breastfeeding and family planning methods.

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Notes and Tips for Journalists

- In your stories, avoid using technical terms that readers and listeners may not understand. For example, instead of mortality you can say deaths, and instead of morbidity you can say disability or disease.
- If you do use technical terms, use them correctly. For example, a maternal mortality ratio—a demographic measure of pregnancy-related deaths—is expressed as the number of maternal deaths per 100,000 live births. This can be a difficult concept for many people to comprehend. The number of deaths may be easier to understand. The ratio is useful in comparing countries or regions.
- Accurately measuring deaths due to pregnancy and childbirth is very difficult in countries that have no registration system for recording such deaths. Even where deaths are recorded, a woman's pregnancy status may not be known and might not be reported as a maternal death. Many developing countries have no reporting systems, so the number of maternal deaths is estimated using a variety of methods, all of which have limitations. As a result, estimates can vary widely and may be unreliable for comparisons.

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Two-thirds of people worldwide who are infected with HIV live in sub-Saharan Africa. An estimated 22 million people in the region are living with the virus, and more than 7,500 adults and children become infected every day. Sub-Saharan Africa also accounted for 1.5 million AIDS-related deaths in 2007, three-quarters of the worldwide total.

BASIC FACTS ABOUT HIV AND AIDS

- HIV (human immunodeficiency virus) causes AIDS (acquired immune deficiency syndrome) by destroying certain white blood cells (called CD4 or T cells) that the human immune system needs to fight disease.
- HIV is present in blood, semen, and vaginal fluids of an infected person. People who are infected are referred to as HIV positive. The virus can be transmitted by:
 - Having unprotected sexual intercourse with an infected person.
 - Sharing needles or other drug-injecting equipment with an infected person.
 - Receiving a blood transfusion that contains HIV-infected blood or receiving a medical injection using equipment that has not been properly cleaned.
 - Being exposed to HIV while still in an infected mother's uterus, during birth, or through breastfeeding.
- HIV cannot be transmitted through casual contact like shaking hands or hugging, and it is not transmitted by mosquitoes.
- Women are most commonly infected through heterosexual intercourse. During vaginal or anal intercourse, tiny cuts and scrapes can open up on the skin of the penis, vagina, or anus. Researchers believe that HIV enters a person's body through these cuts or scrapes. Also, the vagina and anus have larger surface areas exposed, and the virus can survive there more easily

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than on the penis. While any sexual intercourse with an infected person is risky, transmission is more likely:

- During violent or coerced sex.
- During anal sex.
- In young women who are not fully developed and are more prone to tearing.
- If either partner has a sexually transmitted infection that causes open sores or lesions.

TRENDS IN SUB-SAHARAN AFRICA

- In sub-Saharan Africa, HIV is mainly transmitted through **heterosexual contact**, and more women than men are infected because they are biologically more susceptible and often lack the power to negotiate sex with condoms. Among HIV-infected adults in the region, 59 percent are women.
- **Young women** ages 15 to 24 in the region are three times more likely to be infected than are young men, both because of their biological susceptibility and because they often have sex with older men who are more likely than younger men to be infected.
- Almost 2 million **children** are living with HIV/AIDS in sub-Saharan Africa, and more than 90 percent of them were infected through mother-to-child transmission of HIV during pregnancy, birth, or breastfeeding. Antiretroviral therapy can reduce this risk.

TRENDS IN EAST AFRICA

In most East African countries, the percentage of adults with HIV is either stable or declining slightly. However, with population growth, a *stable percentage* means that an *increasing number* of people are infected with HIV each year.

HIV Infections and Trends as of 2007, East Africa

	Total Adults and Children Infected, 2007	Percent of Adults Infected, 2001	Percent of Adults Infected, 2007	Women's Share of Adult Infections, 2007 (%)
Ethiopia	980,000	2.4	2.1	60
Kenya	1,750,000	6.7*	7.8*	59
Rwanda	150,000	4.3	2.8	60
Tanzania	1,400,000	7.0	6.2	58
Uganda	940,000	7.9	5.4	59

Notes: Estimates represent the midpoint of a range of low and high estimates. *Data from national surveys in 2003 and 2007; additional data collection is ongoing.

Sources: UNAIDS, *2008 Report on the Global AIDS Epidemic*, Annex 1; and Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet*.

PROFILES OF EAST AFRICAN EPIDEMICS

ETHIOPIA

- Prevalence is at least five times higher in urban areas than in rural areas where most of the population lives.
- Knowledge about HIV and AIDS is relatively low: Only 16 percent of adult women and 29 percent of adult men demonstrate that they know how HIV is transmitted and how it can be prevented.
- A relatively small percentage of Ethiopians appear to engage in risky behavior, with only 3 percent of adult women and 7 percent of adult men reporting having had sex with a non-cohabitating partner in the previous year.

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KENYA

- HIV prevalence has declined since the 1990s. At the end of 2007, UNAIDS estimated that between 7.1 percent and 8.5 percent of adults (between 1.4 million and 1.8 million) were living with HIV/AIDS.
- Evidence of positive changes in behavior includes a decline in the proportion of unmarried young people who say they are sexually active, fewer adults reporting multiple partners, and more people with multiple partners using condoms.
- Commercial sex still features prominently in Kenya's epidemic, particularly along the trans-Africa highway linking Mombasa and Kampala. Many sex workers and their clients pass HIV to their spouses or regular partners.
- Injecting drug use (and sharing infected needles) is an increasingly important factor in Kenya's epidemic.

RWANDA

- HIV infection among adults is estimated to be 3.1 percent, with infections highest in Kigali. The 2005 Demographic and Health Survey showed HIV prevalence to be more than three times higher in urban than in rural areas. HIV prevalence is relatively low among young adults (ages 15 to 24 years), at about 1 percent.
- Among the most recent improvements in Rwanda's response to the HIV epidemic is the expansion of services for the prevention of mother-to-child transmission of HIV in more than half of the country's health facilities.

UGANDA

- This was the first country in sub-Saharan Africa to register a drop in adult HIV prevalence, but the epidemic remains serious, with close to 1 million people living with HIV/AIDS. Infection rates are highest among women and urban residents.
- Though HIV infection rates appear to be stable, there is evidence that risky behavior is increasing.
- Availability of antiretroviral therapy (ART) has been increasing steadily. By 2008, ART was reaching about 115,000 adults, or about one-third of the 350,000 who needed it.

TANZANIA

- HIV infection levels are declining but vary substantially within the country, with high levels on the mainland and lower levels in Zanzibar.
- Information gathered from women's HIV tests in antenatal clinics shows HIV highest in Iringa, Dar es Salaam, and Mbeya.
- The 2005 Demographic and Health Survey suggested that people in some sections of society are abandoning behaviors that protect against HIV. For example, the percentage of married men and women who reported having nonregular partners rose slightly between 1996 and 2005.

Other Sexually Transmitted Infections

Sexually transmitted infections (STIs) are a common source of ill-health in the region and increase the likelihood of HIV transmission. Unprotected intercourse with different partners places people at high risk for STIs and HIV.

Data on the prevalence of STIs are scarce because the vast majority of cases are not diagnosed or treated. Nevertheless, the consequences of untreated STIs are serious.

The following STIs are known to be common worldwide:

- **Chlamydia** is the most common bacterial STI. If left untreated, it causes pelvic inflammatory disease (PID), which can lead to infertility and ectopic pregnancy (when a fertilized egg starts to develop outside the uterus, usually in a fallopian tube).
- **Genital herpes** is a highly contagious infection that is easily transmitted between sexual partners and can also be passed from a mother to her baby.
- **Gonorrhea** often does not have symptoms in women but, if left untreated, it can lead to PID and infertility. In men, gonorrhea can cause epididymitis, a painful condition of the testicles that can lead to infertility if left untreated.
- **Human papillomavirus (HPV)** is one of the most common STIs in the world and has dozens of subtypes. If left untreated, specific types of this virus lead to cervical cancer.

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- **Syphilis** is a genital ulcer disease, which untreated can cause damage to the nervous system, heart, or brain and ultimately death. In pregnant women, the infection greatly increases the risk of stillbirth and birth defects, making testing early in pregnancy critical.
- **Trichomoniasis** is caused by a parasite that affects both women and men, but symptoms are more common in women, who are also more easily cured. Failure to treat it can increase the risk of HIV transmission and low birth weight in babies.

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Notes and Tips for Journalists

- Respect requests for anonymity from people living with HIV and AIDS, and take care in reporting people's HIV status and when interviewing children.

ABORTION

Many women who unintentionally become pregnant resort to abortion—making it a public health issue everywhere in the world. Abortion is an even greater health concern in countries where women’s access to safe abortion is limited and they resort to unsafely performed abortions, which account for about 13 percent of maternal deaths worldwide.

Understanding the Terms

- The term *abortion* generally refers to **induced abortion**—a procedure intended to end a pregnancy, although technically it can also refer to a **spontaneous abortion (miscarriage)**.
- The term “induced abortion” has been synonymous with **surgical abortion**, a procedure carried out in clinics or hospitals. Recently, **medication abortion** has also become available. This method relies on medications that a doctor prescribes for a woman to take at home.
- In countries where abortion is illegal or highly restricted, women sometimes try to abort the pregnancy themselves or they go to unskilled practitioners. This is an **unsafely performed abortion**, defined by WHO as “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.”

Incidence of Abortion

- According to a 2007 WHO report on unsafely performed abortion, about one in five pregnancies (42 million out of 210 million) each year are voluntarily aborted. About half of abortions are performed safely (22 million) and half (20 million) are unsafely performed. Among unsafely performed abortions, about 5 million, or one in four, require medical care for severe complications.
- Data on abortion are not easily collected. Few organizations can collect such sensitive data because health providers and women often do not report abortions if laws are restrictive. Abortion estimates are therefore often based on indirect information, such as

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what is known about contraceptive use, birth rates, and admissions to hospitals for abortion complications.

- WHO estimates that in East Africa, unsafely performed abortions account for 17 percent of all maternal deaths.

Abortion Procedures

- Abortion is safest when performed early in pregnancy. (The length of a pregnancy is measured from the first day of a woman's last menstrual period.)
- Safe methods that can be used during the first trimester (the first 12 weeks of pregnancy) include:
 - **Vacuum aspiration**, usually performed on an outpatient basis, uses a tube inserted into the uterus to suction out the contents of the uterus; an electric pump or manual aspirator can be used in this procedure.
 - **Medication abortion** uses one or more drugs, most commonly mifepristone (known as RU486) and misoprostol (also known as Cytotec), that expel the contents of the uterus. The procedure usually requires at least two outpatient visits and the abortion is almost always complete within a week. In the 2 percent to 5 percent of cases where abortion is incomplete, vacuum aspiration or dilation and curettage is required.
 - **Dilation and curettage (D&C)** uses mechanical dilators to open the cervix and metal instruments (curettes) to scrape the uterine walls. The procedure is usually performed under heavy sedation or general anesthesia and has a higher risk of complications. WHO advises that D&C be used only when vacuum aspiration or medication abortion is unavailable.

When induced abortion is performed by qualified practitioners using correct techniques and in sanitary conditions, the procedure is safe. In the United States, for example, where abortion is legal, the death rate from induced abortion is 0.6 per 100,000 procedures, making it as safe as an injection of penicillin. In developing countries, however, the risk of death following unsafely performed abortion may be several hundred times higher.

Legal Status of Abortion

Abortion laws around the world span a wide range from very restricted (prohibited in all cases or allowed only to save a woman's life) to unrestricted. Within that range, countries may specify a number of conditions under which a woman may have an abortion, for example, for health or socioeconomic reasons.

Exceptions to Abortion Prohibition

Ethiopia	To save a woman's life, to preserve her physical health, and in cases of rape, incest, or fetal impairment
Kenya	To save a woman's life
Rwanda	To save a woman's life and to preserve her physical health
Tanzania	To save a woman's life
Uganda	To save a woman's life

Source: Center for Reproductive Rights, *The World's Abortion Laws* (2008).

- Written laws or policies on abortion do not necessarily reflect the reality of what is actually practiced. Women, families, and health providers may lack knowledge of the laws or interpret them differently. Enforcement of laws also can vary.
- Even where abortion is legally permitted on some grounds, women may not be able to get a safe abortion due to:
 - Lack of trained providers.
 - Lack of adequately equipped medical facilities.
 - Providers unwilling to perform abortions because of complicated procedural requirements, religious beliefs, social stigma, or unclear laws.
 - Lack of resources to pay for safe abortions.
 - Social stigma or family disapproval.

Post-Abortion Care

- Women who seek medical treatment after an unsafely performed abortion may require extended hospital stays, ranging from several days to several weeks. This consumes hospital resources, including personnel time, bed space, medications, and blood supply. Hospitals in some developing countries spend as much as half their budgets to treat complications of unsafely performed abortions.
- International health organizations generally recommend that post-abortion care include:
 - Emergency treatment for any complications of induced abortion or miscarriage.
 - Counseling to meet women's emotional and physical health needs and other concerns.
 - Family planning services to help women prevent an unintended pregnancy or unsafe abortion or to space pregnancies.

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- Management of sexually transmitted infections.
- Reproductive or other health services that are provided on site or through referrals to other facilities.
- The 1994 International Conference on Population and Development (ICPD), in its consensus Programme of Action, called for all women to have access to treatment for abortion-related complications and post-abortion counseling, education, and family planning services, regardless of the legal status of abortion.

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Notes and Tips for Journalists

- Avoid contributing to stereotypes about women who have abortions.
- When writing about abortion—whether safely or unsafely performed—respect a woman's request for anonymity.

FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) is a traditional practice in which part or all of the external female genitalia is removed. More than 100 million women and girls in the world today have undergone some form of genital cutting, usually between ages 4 and 12.

The procedure has no medical benefits but can pose serious health risks. It is not mandated by any religion.

Generally, there are three types of cutting practices. In the first type, the clitoris is partly or completely removed. In the second, excision, the clitoris along with small skin folds of the outer genitals are removed. In the third type, infibulation, the outside genitals are cut away and the vagina is sewn shut, with only a small hole left through which urine and blood can pass.

Where FGM/C Is Practiced

- The vast majority of girls who undergo the cutting live in 28 countries on the African continent.
- Of the 3 million African girls and women who are cut each year, nearly half of them live in just two countries: Egypt and Ethiopia.
- National FGM/C prevalence rates can hide variations within countries. In Kenya, national prevalence is 32 percent, but it varies by region from 4 percent to 99 percent. In Tanzania, the range is from less than 1 percent to 58 percent.

Health Consequences

- FGM/C has immediate and long-term mental and physical health effects, including severe pain, extensive bleeding, tetanus, infection, cysts and abscesses, and sexual dysfunction.
- According to a recent WHO study based on research in six countries, the most extensive forms of cutting can increase complications during childbirth for both the mother and baby.

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Human Rights and Laws

- The United Nations Children Fund (UNICEF) calls FGM/C “one of the most persistent, pervasive and silently endured human rights violations.”
- The UN Commission on Human Rights condemned FGM/C as a violation of human rights as early as 1952. The 1989 Convention on the Rights of the Child identified the cutting as both a violent and harmful traditional practice.
- Ethiopia, Kenya, and Tanzania have enacted laws to prohibit FGM/C.

Tradition Perpetuates the Practice

- FGM/C is deeply rooted in the social, economic, and political structures of communities.
- In communities where it is practiced, the procedure is perceived as a way to curtail premarital sex and preserve virginity of girls, and mothers believe their daughters will not be marriageable if they are not cut.
- Girls who undergo the cutting are thought to bring honor and respect to themselves and their families, while those who do not bring shame and exclusion.

Is It Cutting, Circumcision, or Mutilation?

There has been a heated debate about what to call this procedure. Some experts refer to it as *female genital cutting* and insist that this is a less judgmental term. Women’s rights and health advocates have more often labeled it *female genital mutilation* to emphasize the damage caused by the procedure.

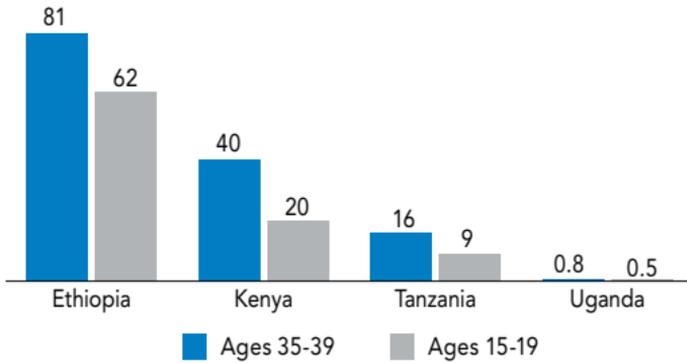
The term *female circumcision* is sometimes used, but health experts say that it mistakenly implies an analogy to male circumcision, which involves cutting the foreskin of the penis without harming the organ itself.

Debate continues about the appropriate term for the practice and many organizations now use *female genital mutilation/cutting*.

Trends

A drop in cutting by age group (older women versus younger women) can often be a sign that the practice is being abandoned.

Female Genital Cutting in East Africa



Source: Demographic and Health Surveys (Ethiopia 2005, Kenya 2003, Tanzania 2004, and Uganda 2006). The practice is not reported in Rwanda.

Sources

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Notes and Tips for Journalists

- Be sensitive to the stigma surrounding FGM/C, as it affects both girls and women who have been cut as well as those who have not.

ADOLESCENTS AND YOUNG ADULTS

In sub-Saharan Africa, 157 million people, 20 percent of the total population, are between ages 15 and 24. This is when most people become sexually active, which makes it a critical time for learning about sexual and reproductive health risks. These risks include HIV and other sexually transmitted infections, unintended pregnancy, early childbearing, and unsafely performed abortion.

Sexual Health Risks

In East Africa, young women are about three times as likely as young men to be infected with HIV because:

- Females are biologically more susceptible than heterosexual men to becoming infected.
- Their husbands or sexual partners tend to be older and have had previous sexual relationships, making them more likely to already be infected with HIV.
- Young women often are unable to negotiate safer sex and condom use with their sexual partners.
- Young women often lack access to sexual and reproductive health information and services.

Unintended Pregnancy

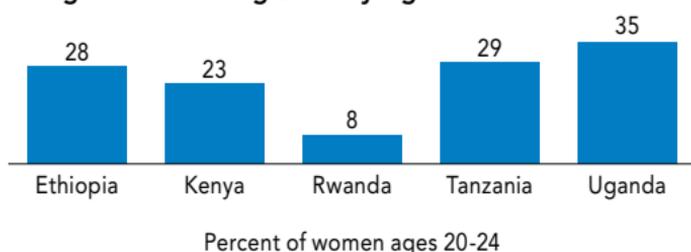
- More than one-third of adolescent pregnancies in sub-Saharan Africa are unintended: 22 percent of adolescents have unintended births and 13 percent have abortions.
- Nearly half of sexually active never-married adolescent females have an unmet need for contraception—they are not using any contraception but do not want a child within the next two years or don't want any more children.
- Nearly 60 percent of women in sub-Saharan Africa who have unsafely performed abortions are younger than 25, and one-quarter are still in their teens.

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Early Marriage and Childbearing

- The proportion of women who have a baby before they turn 18 ranges from 8 percent in Rwanda to 35 percent in Uganda.

Young Women Giving Birth by Age 18



Source: Donna Clifton, Toshiko Kaneda, and Lori Ashford, *Family Planning Worldwide 2008 Data Sheet*.

- Teenagers who give birth face a greater risk of dying of maternal causes than do women in their 20s and 30s. Those under age 16 are at an especially high risk of obstructed labor, fistula, and permanent damage to their reproductive organs.
- Infants of young mothers have a higher likelihood of low birth weight and dying in the first year of life. Low birth rate is associated with a range of health problems, including breathing problems due to immature lungs.
- Teenage mothers are more likely to be poor than women who delay childbearing. These young mothers are more likely to leave school early, have fewer income-producing opportunities, and be socially isolated.
- In Ethiopia and Uganda, nearly half of women ages 20 to 24 were married before they turned 18. In Ethiopia, nearly one-quarter married before age 15.

Child Marriage in East Africa

	Percent of Women Ages 20-24 Who Married	
	By Age 15	By Age 18
Ethiopia	24	49
Kenya	4	25
Rwanda	1	13
Tanzania	6	41
Uganda	12	46

Sources: Demographic and Health Surveys (Ethiopia 2005, Kenya 2003, Rwanda 2005, Tanzania 2004, and Uganda 2006).

Sources

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UN, *World Youth Report 2007: Young Peoples' Transition to Adulthood: Progress and Challenges* (New York: UN Dept. of Economic and Social Affairs, 2007).

Notes and Tips for Journalists

- When talking to young people for a story, be sure they understand you are a journalist. Adolescents may not understand the consequences of speaking to a reporter.

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GLOSSARY OF SEXUAL AND REPRODUCTIVE HEALTH TERMS

Adolescence: The transition between puberty and adulthood, generally defined as ages 10 to 19. Data on adolescent health, education, employment, and behaviors are usually available for ages 15 to 19. (page 31)

Antenatal period: The period from conception until the onset of labor, approximately 40 weeks. (page 14)

Acquired immune deficiency syndrome (AIDS): A progressive, usually fatal condition that reduces the body's ability to fight certain infections. It is caused by infection with human immunodeficiency virus (HIV). There is no cure for AIDS, but antiretroviral therapy can control symptoms. (page 17)

Childbearing years: The reproductive age span of women, assumed for statistical purposes to be ages 15 to 44 or 15 to 49. (page 5)

Chlamydia: A sexually transmitted infection that often causes irregular bleeding and pain during intercourse in women, burning during urination in men, and discharge in both men and women. If left untreated, chlamydia can lead to pelvic inflammatory disease. (page 21)

Circumcision (male): Removal of the foreskin or prepuce of the penis. (page 4)

Contraceptive prevalence rate: The percentage of married women of reproductive age (usually ages 15 to 49) currently using a contraceptive method. (page 9)

Dual protection: Using two types of contraceptive methods, a barrier method such as a condom and another method such as pills or intrauterine devices, to provide a simultaneous safeguard against both pregnancy and sexually transmitted infections (STIs), particularly HIV.

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Eclampsia and pre-eclampsia: Complications of pregnancy. Pre-eclampsia generally appears in the second half of pregnancy and is marked by high blood pressure; swelling in the hands, legs, and feet; and high protein levels in the urine. It can progress to eclampsia, which can cause convulsions and coma and can be fatal.

Ectopic pregnancy: Pregnancy outside of the uterus; a life-threatening condition that can cause massive internal bleeding or spontaneous abortion. The pregnancy must be surgically terminated. (page 21)

Emergency contraceptives (EC): Also known as the “morning-after pill,” it is used to prevent pregnancy after unprotected intercourse, such as when a contraceptive fails or when sex occurs without contraception. (page 11)

Female genital mutilation/cutting (FGM/C): All procedures involving cutting or removing all or part of the external female genitalia or other injury to the female genital organs. It is also referred to as *female genital mutilation* (FGM) and *female circumcision*. (page 27)

Fistula: An abnormal opening between two cavities (vagina/bladder, or vagina/rectum), which can lead to incontinence—the inability to retain urine and/or feces. (page 14)

Gonorrhea: A sexually transmitted infection that, if left untreated, can lead to pelvic inflammatory disease in women and infertility in men and women. (page 21)

Hemorrhage: Heavy bleeding; it’s the leading cause of maternal death worldwide. (page 13)

Human immunodeficiency virus (HIV): A virus that attacks the body’s immune system, making the body unable to fight infection. It can cause AIDS, which is the last stage of HIV infection. HIV is the most dangerous sexually transmitted infection. (page 17)

Human papillomavirus (HPV): A sexually transmitted agent that infects the cells of the cervix and slowly causes cellular changes that may result in cancer. HPV is one of the most common STIs in the world and has dozens of subtypes, some of which lead to cervical cancer if not detected and treated early. (page 21)

Hypertension: High blood pressure. (page 15)

Incidence rate: The number of people contracting a disease per 1,000 population at risk for a given period of time (usually annually).

Incomplete abortion: An abortion that leaves products of conception in the uterus.

Induced abortion: The intentional ending of a pregnancy. (page 23)

Lactational amenorrhea method (LAM): A family planning method that relies on breastfeeding as natural protection against pregnancy for up to six months after childbirth. Women who use LAM must fully breastfeed or nearly fully breastfeed to protect themselves from pregnancy.

Lifetime risk of maternal death: The probability of becoming pregnant combined with the probability of dying as a result of the pregnancy, cumulated across a woman's reproductive years. (page 13)

Live birth: Birth of an infant, regardless of the length of the pregnancy, that shows some sign of life, such as breathing or a heartbeat. (page 16)

Low birth weight: The weight at birth is less than 2,500 grams. (page 32)

Manual vacuum aspiration: A method of removing tissue from the uterus by suction for diagnostic purposes or to remove the elements of conception. (page 24)

Maternal morbidity: Illness or disability occurring in relation to pregnancy, childbirth, or in the postpartum period. (page 16)

Maternal mortality: The death of a woman while pregnant, during delivery, or within 42 days (six weeks) of delivery or other termination of the pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes. (page 16)

Maternal mortality ratio: The number of women who die during pregnancy, or during the first 42 days after delivery per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. The ratio reflects the risk women face of dying once pregnant. (page 16)

Millennium Development Goals (MDGs): A set of measurable goals, agreed upon by world leaders following the United Nations Millennium Summit in September 2000, to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. (page 2)

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Obstetric fistula: A hole that develops between the vagina and the rectum or bladder, often as a result of obstructed labor (when the baby cannot pass through the birth canal). Openings in the birth canal allow leakage of urine or feces through the vagina. (page 14)

Pelvic inflammatory disease (PID): A progressive infection that harms a woman's reproductive system. It occurs throughout the pelvic area, the fallopian tubes, the uterus, the uterine lining, and ovaries. PID can lead to infertility (sterility), ectopic pregnancy, and chronic pain. (page 21)

Post-abortion care: Includes emergency treatment of incomplete abortion and potentially life-threatening complications as well as to post-abortion family planning counseling and services. (page 25)

Postpartum period: After childbirth; the period from the delivery of the placenta through the first 42 days after delivery.

Prenatal period: The period between conception and birth; also called the antenatal period. (page 14)

Prevalence rate: The number of people having a particular disease at a given point in time per 1,000 population at risk.

Reproductive age: See *childbearing years*.

Sexually transmitted infection (STI): Any infection acquired mainly through sexual contact; also referred to as sexually transmitted disease (STD). (page 17)

Skilled birth attendant: Refers exclusively to people such as doctors, nurses, and midwives who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage, or refer complications of pregnancy and delivery. (page 15)

Spontaneous abortion: Miscarriage, or loss of a pregnancy due to natural causes. (page 23)

Stillbirth: The death of a fetus weighing at least 500 grams (or when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm. or more), before the complete expulsion or extraction from its mother. (page 22)

Syphilis: A sexually transmitted infection that, if left untreated, can damage the nervous system, heart, or brain and ultimately cause death. In pregnant women, the infection greatly increases the risk of stillbirth and birth defects. (page 22)

Total fertility rate: The number of children that an average woman would have if she lived through all of her reproductive years. (page 5)

Trichomoniasis: A sexually transmitted infection; one of the causes of vaginal discharge. (page 22)

Unmet need for family planning: The percentage of married women who prefer to space or limit their births but are not using contraception. (page 11)

Unsafely performed abortion: Defined as a procedure for terminating a pregnancy either by someone lacking the necessary skills or in an environment lacking minimal medical standards, or both. (page 23)

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Reproductive Health Outlook. www.rho.org

White Ribbon Alliance. www.whiteribbonalliance.org

WebMD. www.webmd.com

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SOURCES OF INFORMATION

The following are evidence-based sources of information on sexual and reproductive health and related topics. Many were used in preparing this guide.

African Population and Health Research Center (APHRC) is a nonprofit, nongovernmental organization that conducts policy-relevant research on population, health, and education issues in sub-Saharan Africa. Based in Nairobi, APHRC promotes the use of research in policy and practice, and strengthens the research capacity of African scholars and institutions. www.aphrc.org

The Centre for African Family Studies (CAFS) is a nongovernmental African institution dedicated to strengthening the capacities of organizations and individuals working in the field of reproductive health, population and development to contribute to improving the quality of life of families in sub-Saharan Africa. With offices in Nairobi and Lomé, CAFS conducts courses and provides research and consultancy services. www.cafs.org

Centers for Disease Control and Prevention (CDC) is a U.S. government agency whose mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. It works throughout the United States and the world monitoring health, investigating health problems, conducting research, and implementing prevention strategies. www.cdc.gov

Center for Reproductive Rights is a nonprofit legal advocacy organization based in the United States dedicated to promoting and defending women's reproductive rights worldwide. www.crlp.org

Demographic and Health Surveys (DHS) project is a global data collection effort funded by the U.S. Agency for International Development and carried out by ORC Macro and in-country organizations. These nationally representative household surveys collect data on demographic patterns, fertility, health, and nutrition for policy and program planning. www.measuredhs.com

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Disease Control Priorities Project (DCPP) assesses the major causes of ill-health in developing countries and produces evidence-based analysis and resource materials to inform health policymaking. In 2006, DCPP released the second edition of *Disease Control Priorities in Developing Countries*, published by the World Bank with input from some 600 public health and policy experts.

www.dcp2.org

GlobalHealthReporting.org is a project operated by the U.S.-based Kaiser Family Foundation with major support from the Bill & Melinda Gates Foundation, providing journalists and others with the latest information on HIV, tuberculosis, malaria, and other topics.

www.globalhealthreporting.org

Guttmacher Institute is a U.S.-based, nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education.

www.guttmacher.org

International Consortium for Emergency Contraception was founded by seven internationally known organizations working in the field of family planning with a mission to expand access to emergency contraception worldwide but especially in developing countries. www.cecinfo.org

ipas is an international nonprofit organization that has worked for three decades to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries of women from unsafe abortion.

www.ipas.org

Population Council's Reproductive Health Program focuses on improving sexual and reproductive health—especially for disadvantaged populations in developing countries—through the development and introduction of appropriate technologies, assistance to policymakers, and innovations in service delivery. The Council has a regional office in Nairobi. www.popcouncil.org

Population Reference Bureau informs people around the world about population, health, and the environment, and empowers them to use that information to advance the well-being of current and future generations. PRB's International Programs aim to bridge the gap between research and policy on a wide range of topics including reproductive health, gender, global health priorities, population dynamics, the environment, and youth.

www.prb.org

Save the Children is an international nonprofit organization founded in the aftermath of World War I that works to improve the lives of children in need and mobilizes life-saving assistance to children in times of war, conflict, and natural disasters. www.savethechildren.org

United Nations Population Fund (UNFPA) helps governments formulate policies and strategies to reduce poverty, improve reproductive health, promote girls' and women's empowerment, and work for sustainable development. The Fund also helps countries collect and analyze population data that can help them understand population trends. www.unfpa.org

World Health Organization (WHO) is the UN's specialized agency for health. It was established in 1948. WHO's objective, as set out in its Constitution, is the attainment by all people of the highest possible level of health. www.who.int

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN organizations to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic. UNAIDS helps mount and support an expanded response to AIDS—one that engages the efforts of many sectors and partners from government and civil society. www.unaids.org

A JOURNALIST'S GUIDE
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