

American Medical Women's Association  
Position Paper on Principals of Reproductive Health

The need for better reproductive health care in the United States and throughout the world is acute. Women face limited and unsatisfactory contraceptive choices, difficulty obtaining safe abortions, missed diagnoses of sexually transmitted diseases, pregnancies treated as illness, and inferior primary care for infertility. The availability of high quality, comprehensive reproductive health care for women have been shown to have a dramatically positive impact on the health of people in general, and in particular in reducing the rates of maternal and infant mortality.

This paper state's AMWA's position on reproductive health which includes critical topics, such as: family planning and abortion, sexually transmitted diseases, sexual and interpersonal abuse, infertility, challenges for underserved and minority communities, inadequacies in health care provider education, and global issues in reproductive health.

### **Reproductive Health**

Reproductive health and sexuality are a function of a human's total experience and personality, which includes cultural and social circumstances, roles, identity, thoughts, feelings, emotions, behaviors, and relationships and is also concerned with ethical, spiritual, and moral issues.

Sexual education is a lifelong process of building a strong foundation for sexual health. Studies by the National Campaign to Prevent Teen Pregnancy and UNAIDS support the facts that sexual education does not increase sexual activity and often leads to safer sexual behavior. UNAIDS examined 68 reports on sexuality education and found that in 22 reports, sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates.

**We support efforts to improve reproductive and sexual health through the promotion of activities and projects that:**

- Increase knowledge about sexual and reproductive health;
- Encourage informed and healthy sexual and reproductive health choices as appropriate;
- Increases access to safe, effective, affordable reproductive health care and services;
- Encourage healthy sexual lives;
- Ensure the right to confidentiality and protection in decisions regarding one's sexuality and health in consultation with their physician; and
- Increase access to reproductive, abortion, and prenatal health care services that are not met with social, governmental, physical, or economic barriers.

**We support comprehensive sexual health education in schools, as a partnership among parents, health care providers, and education providers.**

**We promote education, counseling, and effective physician-patient communication focusing on prevention of unwanted pregnancy and the promotion of positive health behaviors in relation to reproductive health.** We believe education, counseling and effective physician-patient communication are key services necessary for the overall well being of patients.

**We support comprehensive reproductive health services that are accessible to all patients, including all forms of contraception, safe abortion services, and the prevention, diagnosis and treatment of sexually transmitted diseases (including HIV/AIDS), and infertility.**

**We oppose restrictions on reproductive health services imposed by faith-based hospitals and their affiliates.** Faith-based medical organizations often reduce or change the balance of reproductive health services available in a community, and their health plans may necessitate that reproductive health benefits be sought out-of-network. We encourage our members to take a leadership role in their communities to prevent the imposition of faith-based restrictions on reproductive health care.

**We support collaborative efforts among medical, political, and social organizations to improve reproductive health.**

### **Family Planning**

Of the estimated 6 million pregnancies that occur each year in the United States, 49% are unintended, with approximately half of all unintended pregnancies in the U.S. ending in abortion. Worldwide, 80 million unintended pregnancies occur each year. As of 1996, only 14% of all US counties had an abortion provider and the number of trained abortion providers is declining with age. In a national survey of OB/GYNs, 57% of those who reported that they performed abortions are 50 years of age or older.

The consequences of unintended pregnancy are significant and can affect women and families in profound and irrevocable ways. For unintended pregnancies carried to term, the mother of an unintended pregnancy is at a greater risk for depression, physical abuse, and not achieving her educational, financial and career goals.

Additionally, the child of an unintended pregnancy is at a greater risk of being born at low birth weight, dying in the first year of life, not receiving resources necessary for healthy development, and being abused or neglected.

**AMWA is committed to reducing unwanted pregnancies by promoting responsible sexual behavior through eliminating barriers to free and accurate**

information about reproductive health care; increasing the awareness of and access to contraception; ensuring that contraception is used correctly and consistently; promoting programs that increase access to abortion services.

**We oppose measures that limit access to abortion services, in particular for women on public medical aid and underserved populations.** The legalization of abortion has been the only public health measure that has narrowed the persistent gap between African-Americans and Caucasians with regard to neonatal mortality.

**We support using federal and state funds for the full range of reproductive health services, including abortion, and support bills ensuring contraceptive equity.** We believe that full access to abortion, family planning services, and other reproductive health services, unrestricted by financial constraints, improves people's health and lives.

**We oppose any efforts to overturn Roe vs. Wade.** (Roe vs. Wade is the 1973 U.S. Supreme Court ruling that protects a woman's right to choose to have a safe and legal abortion.)

**We support programs that increase access to emergency contraception and medical abortion, and programs that educate health care providers and the public on their use.** The availability of medical abortion, such as Mifepristone (RU-486), expands women's early abortion options. Medical abortion is safe and effective, and it can provide women with a more private for pregnancy termination. In addition, medical abortion may decrease patients and health care providers exposure to harassment and violence.

**We support the development of safer and more effective methods of contraception and abortion and oppose restrictions on research intended to hamper such developments.** Restrictions on development not only prevent innovation in family planning, but also impede the discovery and development of newer, perhaps life-saving, procedures for abortion.

### **Sexually Transmitted Diseases and HIV/AIDS**

Sexually transmitted diseases (STDs) are among the most common and least understood health problems. In the United States alone, one in every four people will contract a sexually transmitted infection at least once in their lifetime. The status of Americans' sexual health in relation to STDs and HIV/AIDS is as follows:

- As many as 56 million American adults and adolescents may have an incurable viral STD (other than HIV), with the annual number of new STD cases in the U.S. at 15.3 million
- Seventeen percent of American adults under 65 think all STDs are curable

- At least 24 million people are infected with human papillomavirus (HPV) or genital warts and as many as 1 million new infections occur each year. HPV is associated with cervical cancer and other cancers
- Young adults are the group at greater risk of acquiring a STD. Approximately one in four sexually experienced teens acquire a STD every year
- Complications of STDs are more severe and more frequent among women than among men. STDs are less likely to produce symptoms in women and are therefore more difficult to diagnose until serious problems develop. Up to 80% of Chlamydia infections in women are asymptomatic compared to 40% in men
- Pelvic inflammatory disease resulting from a STD causes infertility in at least 15% of American women. Fifteen to thirty percent of the nation's 2.3 million couples who are infertile may be unable to conceive because of a STD
- Patients with active syphilis, genital herpes or chancroid infection are 3-5 times more likely to contract HIV than patients without these diseases.
- As of December 2000, 774,467 AIDS cases have been reported in the United States. Currently 800,000-900,000 Americans are living with HIV.
- In the U.S., twenty percent of the people living with HIV/AIDS are women and 77% of those women are either African American or Hispanic.
- AIDS is the second leading cause of death among African American women aged 25-44 (their peak childbearing years), which leaves untold numbers of children motherless and affects entire communities.

**AMWA encourages and supports programs and policies that educate and train health care providers on the diagnosis, treatment, and prevention of STDs and HIV/AIDS. Training of health care providers should include STD and HIV/AIDS prevention and care tailored to the patient's needs.**

### **Sexual and Interpersonal Abuse**

Abuse of any kind degrades a woman's physical and mental ability to care for herself and her children. Such harmful acts include circumstances of coercion; violence; rape; incest; reliving of sexual trauma; and unprotected or poorly protected intercourse. The medical repercussions of such behaviors include the contraction of sexually transmitted diseases; physical and psychological injuries caused by violence or threat of violence; unintended pregnancy and childbirth; severe loss of self-esteem; and even suicide.

A 1998 survey by the Commonwealth Fund reported that one-third (31%) of all women in the U.S. have been kicked, hit or punched, choked, or otherwise physically abused by a spouse or partner in their lifetimes. More than three million women reported that they had been physically abused within the past year. Approximately one out of six (16%) women reported that they were either sexually or physically abused during their childhood. In 2000, there were 261,000 victims of rape, attempted rape or sexual assault in the United States. In 1999, nine out of every ten

rape victims were female. One out of every six American women has been the victim of an attempted or completed rape in their lifetime. A total of 17.7 million women have been victims of these crimes. About 44% of rape victims are under 18 and three out of every twenty victims (15%) are under 12.

**AMWA supports programs that protect individuals from abuse and exploitation and we promote programs that train health care professionals to recognize and treat signs of abuse.** Health care providers should be trained to detect and treat and if necessary refer victims of sexual, physical and mental abuse. Programs should address the need to support victims and the role that substance abuse and other psychosocial factors may play in an abusive situation.

### Infertility

An estimated 6.1 million women ages 15-44 suffer difficulty conceiving a child. Although one in five women who seek infertility counseling never identify the cause, there are two identifiable factors that increase a woman's probability of becoming infertile; exposure to sexually transmitted disease, and age. Exposure to STDs is the leading cause of infertility in the U.S. One in every four Americans will contract a sexually transmitted infection at least once in their lifetime. As age increases so does the likelihood of becoming infertile: one in seven couples are infertile if the woman is between 30-34, one in five if she is between 35-40, and one in four if she is between 40-44.

**AMWA encourages and supports programs and policies that help to protect individuals from the causes of infertility.** Health care providers should be trained in infertility prevention and care tailored to the patient's needs.

### **Minority and Underserved Communities**

Disparities in health care have a disproportionately negative affect on women's health, particularly women of color or those who are poor. Many women of color face social, economic, cultural, and other barriers to health that decrease access to health care services and opportunities for improving health. Minority women suffer higher disease-related morbidities and mortalities than non-minority women. Women of color have a higher incidence of cervical cancer and HIV infections and an overall increased incidence of infant mortality as compared to non-minorities.

Women, especially women of color, are more likely to be burdened with economic challenges that add to the barriers they face in living a healthy lifestyle and obtaining health care. Poverty is an important determinant of lowered health status. 47% of families headed by single women have incomes below the federally defined poverty level. Lack of income is often accompanied by lack of availability of health insurance and limited access to health care, which are major barriers to improving

one's health and contributors to the increasing class differences health status. Lack of income is often an indicator for other factors that have a negative effect on health including inadequate housing, malnutrition, stress, dangerous occupations, and lack of preventive medical care."

**AMWA promotes programs and policies that encourage the medical and health care community to deliver high quality, comprehensive reproductive health care services necessary to meet the diverse cultural and economic needs of all people.**

Health care providers should be trained in disease prevention and health promotion tailored to the patient's needs.

### **Health Care Provider Education**

Although U.S. medical schools provide adequate training in obstetrics and gynecological services, all too often they fail to adequately cover family planning, primary care for infertility, and sexually transmitted disease treatment and prevention. Most provide little, if any, training on abortion. In 1995, the AAMC conducted a survey that found very few medical schools teach the following topics as a separate required course or elective: conception control, adolescent pregnancy and parenting, causes and consequences of infertility, taking a sexual and reproductive history, HIV testing/counseling, and pregnancy testing and counseling. Even fewer schools teach abortion as a separate required course and a little more than half teach abortion procedures as part of a required course.

**AMWA promotes programs that encourage medical education institutions, medical educators, and health care providers to make information on reproductive health available to their patients and colleagues, and continually assess their capacity to teach and deliver comprehensive reproductive health care.**

Medical schools should effectively train physicians and other health care professionals to provide the full range of reproductive health services in a manner that is responsive to the public health and individual needs of people.

**We support health care training that: expands medical school curricula to fully address reproductive health; broadens training in the detection and treatment of violence; increases specialized rotations for medical students and residents; and provides training on abortion services to every future physician; and, improves contraceptive research and training on the use of contraceptive methods including emergency contraception.**

Medical training also should be designed to increase medical professionals' understanding of and ability to address psychosocial factors such as culture, education, employment, and economic status,

as potential determinants of the general health and well-being of people.

**We support and actively work to improve reproductive health education and training for health professionals offered at medical schools worldwide.** We support and actively participate in efforts to improve reproductive health through the development and dissemination of curricula, and by promoting education and exchange programs for medical students and physicians and other health professionals between the U.S. and their counterparts in other countries.

### **International Reproductive Health**

Almost half of the world's population is under 25 years of age, and one billion are between the ages of 15 and 24. Current services cannot meet existing needs for family planning, which are expected to increase rapidly in the next 20 years as young populations come of age and demand grows. The number of people with unmet contraceptive needs is currently estimated at over 100 million. Unmet contraceptive needs result in unwanted pregnancies, which often leads a woman to seek an abortion in countries where abortion procedures may be illegal, unregulated, and unsafe. Complications from unsafe abortions account for 13% of all maternal deaths in developing countries. This number of people with unmet contraceptive needs is expected to increase as the largest ever group of adolescents, 1.1 billion, enter their peak reproductive years. Most of the world's adolescent population lives in countries with challenged health infrastructures, low public sector expenditures on health and under-developed markets to meet increasing demand.

In developing countries, most women live in conditions of environmental degradation, poverty, high fertility, poor health, and limited opportunities. Women need better access to reproductive health information and services, including voluntary family planning. Inadequate funding for such programs contributes to high fertility and high maternal mortality rates. In addition to overpopulation, HIV/AIDS is decimating societies in developing countries where health care and social structures are not prepared to deal with an epidemic of this proportion. At the end of 2001, an estimated 40 million people globally were living with HIV/AIDS, one-third of which are aged 15-24. HIV/AIDS is now the leading cause of death in sub-Saharan Africa and the fourth leading cause of death worldwide. Even without being infected, women in AIDS-decimated areas are often expected to care for the sick when inadequate health care facilities exist, barring them from advancing their education and earning an income.

According to the United Nations Population Fund (UNFPA):

- Each year close to 600,000 women die as a result of pregnancy and childbirth. More than 90% of these deaths occur in developing countries

- Even though some 60% of the world's couples are using a contraceptive method, at least 100 million couples have an unmet need for family planning
- Each year some 40-50 million women worldwide have an induced abortion. About half of these abortions are carried out under unsafe conditions. Unsafe abortion is a major cause of maternal death and disability
- More than 300 million curable cases of sexually transmitted disease occur each year. Many of the people infected are adolescents.

**AMWA supports efforts that improve reproductive health globally by developing comprehensive reproductive health services that are accessible to all patients, including all forms of contraception, safe abortion services, and the prevention, diagnosis and treatment of sexually transmitted diseases (including HIV/AIDS), and infertility. We support education and training programs that improve access to and services for reproductive health care.**

**We support collaborative efforts among medical, political, and social organizations to improve reproductive health worldwide.**