

TRANSCRIPT

EPISODE 2: Sexual and Reproductive Health in Global Health Emergencies

Hosted by: Rebecca Richards

Guest: Dr. Catriona McMillan

Transcripts may have been edited for clarity.

Rebecca: Welcome back to Just Emergencies. I'm Rebecca Richards and after a brief hiatus in August, we're back today with the second episode of the podcast where I'm talking sexual and reproductive health with Dr. McMillan. So the two of us sat down and talked about what those terms mean, what tends to happen to sexual and reproductive health during global health emergencies, and in particular, we took a closer look at the Zika outbreak, what happened there, and what the role of health regulation was during that time.

It's a good one, so stick around!

[Intro Music]

This is "Just Emergencies", the podcast where we show that global health emergencies are anything but just. In each episode we explore an issue, question, or event that makes us think about global health emergencies, humanitarian crises, and how to best respond to them.

Without further ado, let's get into the episode!

Rebecca: *Today, I'm joined by Dr. Catriona McMillan to talk about sexual and reproductive health in global health emergencies and humanitarian crises. Catriona is a Senior Research fellow in medical law and ethics at the University of Edinburgh Law School and a lot of her research focuses on sexual and reproductive health. The paper she's currently working on, for example, takes a look at reproductive health regulation in Latin America.*

Welcome to the podcast and thanks so much for joining me in talking about sexual and reproductive health in global health emergencies.

Dr. McMillan: Thanks very much for having me. I'm happy to be here.

Rebecca: *So let's get right into it and sort of set the scene a little bit. So when we're talking about sexual and reproductive health, what are we talking about?*

Dr. McMillan: So sexual and reproductive health covers a broad range of issues associated with the kind of physical, mental and social wellbeing relating to our reproductive systems.

Medically speaking, these issues can range from - things that typically comes to mind - sexually transmitted infections like HIV, chlamydia etc, but also things like family planning and maternal health, and procedures such as circumcision and abortion.

Mental and social well-being is also a huge part of sexual and reproductive health. As we know, sexual violence is a huge problem for mental and physical wellbeing, worldwide. So in England, for example, 20% of women and 4% of men have experienced some kind of sexual violence since the age of 16. But the UN actually estimates that worldwide, that percentage of women is 35%.

Rebecca: *And broadly speaking, what happens to sexual and reproductive health during Global Health emergencies and why? Does it affect some groups more than others, for example?*

Dr. McMillan: So as we know, all forms of health become more at risk in GHEs. But sexual and reproductive health is one of the areas that is particularly at risk, as 'more immediate', emergency care takes priority over other forms of healthcare. This means there can be a lack of access to advice and products as simple as sanitary towels and condoms.

We know that global health emergencies tend to have a disproportionate effect on women and children. For example, women and girls in refugee camps and crises zones are at increased risk of sexual violence and unintended pregnancies. In North East Syria for example, UNFPA (which is the UN population fund) has recently reported they've had to procure 5,000 solar lamps to improve safety at night, when women and girls may face increased risk of physical and sexual violence.

Also, according to the WHO eight of the ten countries with the highest maternal mortality ratios in the world are in fragile circumstances and are affected by current or recent conflict. Neonatal mortality rates are at the highest in these kinds of areas affected by humanitarian emergencies.

The thing is with all of this that a lot of responsibility in general, whether or not we're in a global health emergency, a lot of responsibility falls on women for decisions about family planning, birth and childcare. As we all know, women carry children, women are often seen as the caregiver, and most contraception at the moment has to be taken by or inserted into women - the exception to that being used at the moment is the male condom. And, of course, women menstruate. So there's a lot of burden on women in these

situations. But, in general, there is a lack of support in terms of access or even information about sexual and reproductive health for women so it's difficult for women to make informed decisions. Generally speaking, let alone in global health emergencies and crises when these things are all amplified.

Rebecca: *Yeah, when you talked about the lack of support there for girls and women, a couple of things that I came across in my research which surprised me was even the support - when you're giving it - can be quite complex and a lot of things need to be taken into consideration.*

For example, after the Boxing Day Tsunami sanitary towels were often handed out by male aid workers and women didn't feel comfortable claiming them. And I think during a flood in Bangladesh, there wasn't a space that was made available for women to properly clean and dry their sanitary towels or the cloths they were using as sanitary towels. So they were walking around with damp sanitary towels and you know, got various health problems because of that.

So, it's a very complex issues.

Dr. McMillan: Absolutely.

Rebecca: *So as I mentioned in the intro, some of your current research looks at reproductive health and its regulation in Latin America. Now obviously, Zika was an issue there. And the response to Zika caused quite a bit of controversy. So, could you just explain what happened there?*

Dr. McMillan: So, the most recent Zika virus pandemic, there's been a few throughout history, but the most recent one began in 2015 and it mainly affected Latin America and the Caribbean.

The virus itself, for those that don't know, is primarily transmitted by mosquito bites. And for the person that's been bitten by the mosquito, at worst, the worst the Zika virus can present itself a bit like a flu with migraines and stiffness and sore joints, and it'll end after about a week or so. But the problem is with the Zika virus is if you catch it while you're pregnant and these can cause health issues such as foetal infection and microcephaly, which leaves babies with neurological damage and misshapen heads.

So, as a result of the outbreak there was an increased demand for abortions in Latin American countries. But the response of many Latin American governments to this outbreak was to recommend that women avoid or postpone their pregnancies altogether during the epidemic, but also shortly after because of the lifecycle of the virus within gametes.

But considering that access to contraception is quite difficult in a lot of these countries and very taboo, and also that abortion is illegal or very heavily restricted in a lot of Latin American countries, and also kind of considering the impact of gender roles and norms in these societies, women found that they might actually not have the reproductive control to follow that recommendations made by the governments.

In our paper we talked about how Zika posed an opportunity for governments to provide proper access to contraceptives, to revisit restrictive law and policy on abortion access, to ensure safe access to abortion, and do other things like provide more sex education and nurture NGOs and activist movements. But sadly, much of the abortion policy in affected countries remained largely unchanged since the outbreak, despite the fact that Zika highlighted the need for access to safe and informed abortion.

And the thing is that despite disappearing from the media - we've not seen it appear much in the news in recent times - Zika is still very much a threat. The number of new cases of Zika since the pandemic is relatively small. So for example, last year there were nearly 20,000 infections in Brazil, which compared to the more than 200,000 during the peak of the outbreak doesn't seem like much. But, it also means it's still a threat. And moreover we've also seen in recent times in countries like Angola, Thailand, and Cape Verde have reported newborns with Zika-related microcephaly. So it's still very much a problem.

Rebecca: *Considering all that and considering that law is your area of expertise, what role can laws and regulations have in addressing some of the issues we've talked about?*

Dr. McMillan: Yeah, so I think it is often the case that people look to law and policy as a solution to lots of problems. But for this particular situation, from what I have seen so far, it's actually most important that law just does not act as a barrier to providing safe, informed and empowered choices about sexual and reproductive healthcare.

And so I guess the most obvious example of that is laws that limit abortion. These problems must not be exacerbated by law and policy. But, to be honest, I think that the transformation required needs to be much more political and social. While some parts of societies worldwide have become more open and responsive to sexual/reproductive rights, we still have a long way to go. Talking about sex is still a taboo pretty much everywhere. The same goes for women's health too. I'm sure lots of people can relate to having to hide their sanitary products in their schoolbags growing up, or sneaking them in your jeans when you go to the bathroom. We are relatively lucky to have access to these kinds of products here, so imagine the effect taboos like this

have in global health emergencies, where resources are limited and governments are required to respond very quickly.

Rebecca: *So, if people are interested in learning more about this, what resources can they turn to? Do you have any recommendations - other than your excellent paper, which will hopefully be coming shortly?*

Dr. McMillan: Yeah, so the UN obviously have a lot of resources on this. And also if you'd like to get more into the nitty gritty of it, the WHO have guidelines called "Integrating sexual and reproductive health into health emergency and disaster risk management" which have a lot of detail. And in general, the WHO website has a lot of really great detail on these things and very recent case studies. Things that have been done to tackle sexual and reproductive health during global health emergencies.

Rebecca: *Well, thank you so much for sitting down with me for the second episode of Just Emergencies. It's been very interesting to tease out some of those complexities that you might not think of at first blush when you're talking about these kinds of issues. Yeah, I look forward to reading your paper when it comes out.*

Dr. McMillan: Thank you very much and thank you for having me.

[Outro music]

That's it for today – we hope you enjoyed the today's episode.

Episode transcripts are available below the episode description. We also have shownotes on our website, where we not only list all the references mentioned in this episodes, but also give you some further resources if you're interested in learning more about today's topic.

If you have any questions, comments, or ideas for topics *you'd* like to hear about in future episodes, please emails us at ghe@ed.ac.uk. We're also on twitter as @GanguliMitra and @reb_richards.

Be sure to check out and explore our website “Justice in Global Health Emergencies and Humanitarian Crises” for more great content, just go to <https://www.ghe.law.ed.ac.uk/>.

Thanks for listening and see you again on the first Monday of the month for the next episode.

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