



## ***Reproductive and Sexual Health***

Report 2 May 2005

### **Did You Know That. . .**

Since 1940, maternal mortality ratios among black women have been three to four times higher than those for white women (CDC, 2003)?

New York City's infant mortality rate is 6.5 deaths per 1,000 live births, but in the city's poorest neighborhoods, 10 or 11 infants per 1,000 live births die in their first year of life (NYCDOHMH, 2003)?

At least half of all new HIV infections occur in people under the age of 25 (AGI)?

In New York City, about one third of women homicide victims each year are killed by a spouse or partner (NYCDOHMH, 2004)?

It is estimated that 400,000 NYC women of reproductive age who need publicly supported contraceptive services and supplies do not get them (AGI, 2005)?

### **What is the *Agenda for a Healthy New York*?**

The *Agenda for a Healthy New York* identifies policy goals that will improve the health of New York City residents by 2010, and then advocates for the implementation of these policies. Its premise is that a healthy New York requires effective schools, adequate housing, employment opportunities, access to good health care, a clean environment, safe neighborhoods, and the potential for all residents to participate in the political process. This vision of a healthy city has been a basic goal of public health for more than 150 years; the *Agenda* translates this aim into a specific plan for today's city.

The *Agenda* is a project of the Public Health Association of New York City (PHANYC), one of the oldest and largest affiliates of the American Public Health Association. This year, we will be holding forums on important public health issues, circulating reports on current public health challenges facing NYC, and preparing specific public health policy objectives for the city. Areas that we are addressing include: Education and Health, Nutrition and Physical Activity, Environment and Health, Health Care, Mental Health and Substance Abuse, and Reproductive and Sexual Health. We hope to work closely on this with other public health, advocacy and professional organizations, with city government and elected officials and with citizens. In the next two years, we will use the *Agenda* to encourage public discussion of the public health issues for the 2005 city and 2006 state elections.

### **The Importance of Good Reproductive and Sexual Health**

Reproductive and sexual health is linked to an individual's overall wellbeing, as well as the "health" of the society in which individuals live. Poor reproductive and sexual health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death (UN). Getting late or no prenatal care is associated with a greater likelihood of having babies who are low-birthweight, stillborn, or who die in their first year of life (Childtrends Databank). Prematurity remains a leading cause of early infant sickness and death in developed countries (ACOG). Risky reproductive health behaviors and poor pregnancy outcomes are also linked to violence in women's lives (AGI). And finally, because reproductive health is a key component of general health, it is a prerequisite for social, economic and human development (UN).

Reproductive and sexual health affects the lives of women, men and families. Most importantly, it affects the ability of women to control their own fertility, free from discrimination, coercion, or violence, and in so doing allows them to exert greater control over their lives. This is not only a health issue – it is about living in a society that protects and promotes social justice.

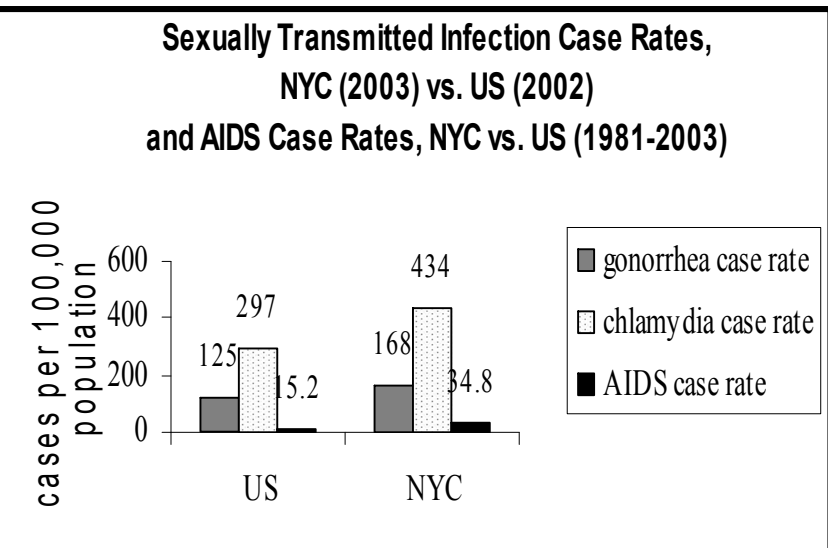
*Making abortion legal in the United States was 'a step that had to be taken as we go down the road toward the full emancipation of women.'* Harry Blackmun, 1994. In reference to opinion in *Roe v. Wade* (1973)

## Reproductive and Sexual Health in NYC

Some indicators of reproductive health are significantly worse in NYC than in most of the US, due in large part to NYC's high rates of poverty. For example, NYC's high maternal mortality ratio, 17.7 deaths per 100,000 live births, is twice as high as the U.S. maternal mortality ratio of 8.9 (NYCDOHMH, 2003). Access to timely prenatal care is another important reproductive health indicator that affects the health of women and infants. Again, NYC does significantly worse than the U.S. average, with 27.3% of pregnant New Yorkers getting late or no prenatal care, compared to a national rate of 16.3%. (NYCDOHMH, 2003).

**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 processes. Reproductive health 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. Men and women [have the rights] to be **informed** and to **have access to safe, effective, affordable and acceptable methods of family planning** of their choice... and the **right of access to appropriate health care services** that will enable women to go **safely through pregnancy and childbirth** and provide couples with the **best chance** of having a **healthy infant**.  
 UN Cairo Consensus, recognized by 179 countries

As the table below shows, NYC's sexually transmitted infection (STI) rates are higher than the US rates. While chlamydia is easily treatable, it is often asymptomatic and goes undetected, potentially leading to serious reproductive health problems, including pelvic inflammatory disease (PID) and infertility. STIs have also been shown to increase susceptibility to HIV/AIDS. NYC's AIDS case rate is also much higher than the U.S. rate. More than 100,000 New Yorkers are living with HIV/AIDS, and as many as 25,000 are HIV-positive but are not aware of their status (NYCDOHMH, 2003).

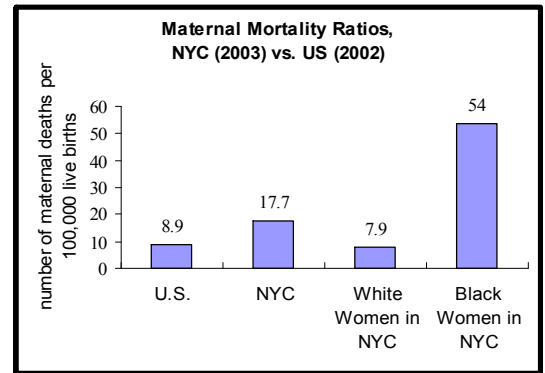


**Intimate partner violence** and sexual assault also harm women in NYC and the US. Intimate partner violence is the leading cause of serious injury to women in NYC. The U.S. Department of Justice (DOJ) estimates that one in every six women and one in every 33 men in the US will be the victim of an attempted or completed rape (NYCDOHMH, 2004; DOJ, 2000). Making it worse, rape is systematically under reported; only one in four rapes is reported to the police.

*New York City schools are “overwhelmingly unaware of, and unable to comply with, even New York State and City’s minimal mandates on health education,[including sex education].” From “Failing Grade: Health Education in NYC Schools,” NYS Assembly, 2003.*

## Causes of Poor Reproductive and Sexual Health Need Attention

The maternal mortality ratio for black women in NYC is three times the city average and six times the national average. Infant mortality rates in poor neighborhoods are more than twice as high as in better-off ones. (NYCDOHMH, 2003). Although African American and Latina women make up less than one-fourth of all American women, they account for more than three-fourths of US AIDS cases among women. Reducing these inequities is one of New York City’s and the country’s greatest public health challenges.



**New York City’s sexual and reproductive health—like its general health—is a tale of two cities, divided along lines of income, race, and immigration status.**

### It is Important to Act Now

The current political climate in the US further threatens the reproductive and sexual health of US and NYC women and men. The deep proposed cuts in federal and state support for Medicaid and the significant underfunding of Title X would deny access to the medical care that promotes healthy birth outcomes, effective contraception, and the early diagnosis of breast and cervical cancers.

In 2004, a federal law was passed that could ban certain abortions as early as the 13th week of a pregnancy. The newly released Department of Justice protocol for the emergency treatment of survivors of sexual assault does not include emergency contraception (EC), a disturbing fact given that EC could reduce half of all unintended pregnancies each year in the U.S.

Another challenge is meeting the need for reproductive and sexual health and educational services. Although 60% of all pregnancies in NYC are unintended — as high as 80% among low income women — it is estimated that 400,000 NYC women of reproductive age do not get publicly supported contraceptive services and supplies who need them (NYSCO, 2003; Besculides, 2002, AGI). Teenage sexual behavior and pregnancy pose additional concerns. Teen parenthood is the number one cause of school dropout among young women, resulting in negative economic and social consequences. Approximately one-quarter of NYC high school students who had sex in the past three months did not use a condom (CDC, 2003). The percentage of high school students who have had sexual intercourse with four or more people was 17% for NYC, almost one in five (CDC, 2003). Despite these statistics, NYS schools still do not have a state-mandated comprehensive, medically accurate sex education curriculum. These findings illustrate that **access to care is the necessary precondition to reproductive and sexual health.**

# Goals for 2010

By 2010, New York City should:

1. **Increase access to preventive reproductive and sexual health care.**
2. **Increase the availability of comprehensive, age-appropriate, medically accurate sex education.**
3. **Institute new policies to decrease intimate partner violence and sexual assault.**

**The result of these policy changes will be a(n):**

- **Decrease in sexual and reproductive health disparities**
- **Increase in the number of healthy mothers and babies**
- **Decrease in the number of unintended pregnancies and births**
- **Increase the number of New Yorkers practicing safer sex**

All activities should be culturally, language and literacy competent and, with limited resources, priority should be given to the individuals at greatest risk and populations with the greatest disparities.

## Possible Action Steps –Can You Add More?

\*Conduct public education campaigns\*Develop reimbursement mechanisms to support the work of reproductive health providers in providing wellness services \*Conduct intensive outreach on prenatal care to high risk groups  
\*Educate obstetrical providers about ways to decrease maternal mortality \*Assure the provision of abortion training for doctors in ob/gyn residency programs and for practicing ob/gyns \*Increase enrollment in PCAP, FPBP, and FPEP through expansion of facilitated enrollment \*Increase the capacity of home visiting programs to serve more pregnant women and new parents \*Expand the availability of pregnancy prevention counseling and contraception  
\*Maintain Medicaid coverage for contraception and abortion \*Provide free emergency contraception (EC) to all women upon request at CBOs, health clinics and hospitals \*Provide free condoms at CBOs, health clinics and hospitals  
\*Implement universal access to comprehensive, age appropriate medically accurate, skills-based sex education in NYC public schools \*Integrate and provide funding for parent-child communication programs in all youth development programs \*Expand use of rapid HIV testing in reproductive health centers, community health centers, and hospitals  
\*Increase outreach on breast and cervical cancer screening and assure coverage for testing and treatment \*Extend bad debt and charity care funds to freestanding reproductive health centers \*Screen for intimate partner violence (IPV) in all primary care settings with appropriate instruments and training for providers

**WE WANT YOUR SUGGESTIONS!**

To give feedback on this report, volunteer to help with PHANYC's *Agenda for a Healthy New York*, or join PHANYC, contact [info@phanyc.org](mailto:info@phanyc.org) or call (212) 722-1063 . Please also visit [www.phanyc.org](http://www.phanyc.org) for information.

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