

PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS

HAITI



Médecins du Monde has been involved in sexual and reproductive health (SRH) projects for more than 30 years. Mdm defines SRH as “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 [...]”¹

Over the past 20 years, governments and international bodies have become aware of the need to include sexual and reproductive health in their action priorities. Laws adopted by many countries demonstrate this commitment and provide a strategic framework for carrying out SRH projects. Mdm uses this framework to promote sexual and reproductive rights in its areas of operation.

MÉDECINS DU MONDE IN HAITI

Operating in Haiti for more than 25 years, Médecins du Monde has been focusing on improving the prevention and care of unwanted pregnancies in Port-au-Prince since 2014. This project, conducted in partnership with two Haitian civil society organisations (SOFA and POZ), seeks to increase access to information, sex education and contraception for young people, women and couples, while also improving post-abortion care by enhancing the skills of care providers.

POZ, an organisation that aims to eliminate AIDS, has set up a helpline to help young people gain access to information concerning sexuality, especially sexually transmitted diseases such as HIV/AIDS. SOFA (Haitian Women’s Solidarity) educates communities about their sexual and reproductive rights and promotes family planning services. Médecins du Monde works with POZ and SOFA to raise young people’s awareness about the risks associated with unsafe abortion and inform them about available health services, with the aim of improving the prevention and management of unwanted pregnancies.

WORLDWIDE

225 MILLION WOMEN DO NOT ALWAYS HAVE ACCESS TO SAFE AND EFFECTIVE CONTRACEPTION

22 MILLION UNSAFE ABORTIONS ARE ESTIMATED TO TAKE PLACE EVERY YEAR

ALMOST **50,000 WOMEN** DIE EVERY YEAR FOLLOWING AN UNSAFE ABORTION

IN HAITI

35% OF WOMEN ARE USING A CONTRACEPTIVE METHOD

1 IN 7 WOMEN FACE ABORTION ONCE IN THEIR LIFETIME

ABORTION RELATED COMPLICATIONS ARE THE **3RD MATERNAL MORTALITY CAUSE**

¹ICDP International Conference on Population and Development, Cairo, 1994

PORT-AU-PRINCE

IMPROVE ACCESS TO AND THE QUALITY OF PREVENTIVE AND CURATIVE HEALTHCARE FOR UNWANTED PREGNANCIES

The organisation focuses on the following three areas to achieve these goals:

INCREASE WOMEN'S ACCESS TO FAMILY PLANNING (FP)

In response to the low use of FP and emergency contraception, MdM has developed a number of awareness-raising activities with the support of SOFA staff and the use of the POZ helpline. These efforts are carried out with the programme's partner health institutions and community organisations aware of the issue of unwanted pregnancies. Findings show a gap between the level of knowledge about family planning and the actual use of contraceptive methods. In addition, the project provides information about emergency contraception to a population unaware of this method..

IMPROVE THE TREATMENT OF ABORTION-RELATED COMPLICATIONS

It is well known that most women with unwanted pregnancies resort to an illegal abortion. Little treatment of abortion-related complications is available even though they are one of the main causes of obstetrical complications and maternal mortality. MdM conducts a training programme for care providers at six partner health institutions on treating abortion complications, followed by the provision of adequate equipment.

SUPPORT FOR CREATING A COLLECTIVE OF CIVIL SOCIETY ORGANISATIONS AIMING TO PROMOTE SEXUAL AND REPRODUCTIVE RIGHTS AND ADVOCATING FOR THE DECRIMINALISATION OF ABORTION IN HAITI

As part of a collective led by SOFA and in partnership with POZ and 13 human rights organisations, MdM lobbies for unsafe abortions to be recognised as a public health problem and for full respect for women's right to choose

PERSONAL ACCOUNTS

"I had an abortion because I have four children and no one to help me take care of them. And to have something to eat, I found a little bit of money but I got pregnant. Two months later, I bought four pills at the pharmacy, swallowed three of them and put one in my vagina; I massaged my stomach and four days later, the baby fell out. I bought leaves at the market and made an herbal steam bath. After that, I took amoxicillin to prevent infection and that worked.

My message is for hospitals that refuse to admit women who want an abortion: I'd like to tell them that all women are women and you have to admit them because there's nothing good about having children – it just leads to poverty! I'd like hospitals to take care of women when they go there to get an abortion so they don't die from having one.

I'd advise all girls like me that don't want to get pregnant to use contraception and condoms. I myself have varicose veins so I can't use contraception and I don't like condoms, so I have to live without a man. I'm not saying others should do the same, but contraception and condoms are available to keep them from getting pregnant."

Ms Y.M.
February 2016

MDM AND ITS PARTNERS CALL ON HAITIAN DECISION MAKERS TO:

Monitor and update the MSPP initiative on the decriminalisation of therapeutic abortion that was launched in May 2013;

Include data on incomplete abortions (number of cases, complications, deaths, etc.) into the Health Information System and special care reports;

Mobilize resources for providing free treatment of abortion complications.

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