

## SCIENCE & ENVIRONMENT

# Using new technologies to promote women's sexuality

BY JANE GODIA

**W**HILE the World Health Organisation states that enjoyment of health is a fundamental right of every human being, not everyone enjoys this freedom.

Factors like gender and age inequities, socio-cultural norms, educational opportunities, providers' attitudes and economic opportunities affect youth's and women's ability to use health information and services.

Women are the hardest hit as they do not have the freedom to pursue their own sexual health.

A major barrier for women is inequality in geographic regions, social classes and indigenous and ethnic groups.

But with emerging technologies, women should not be allowed to suffer.

Health technologies are described as application of organised knowledge and skills in the form of devices, medicines and vaccines developed to solve a health problem and improve the quality of lives.

Speaking at the just concluded Third Africa Conference on Sexuality and Health Rights in Abuja, Nigeria, Prof Gamal Serour of Al-Azhar University in Cairo, Egypt, says there are women who are unable to have children. But with the new technologies like Assisted Reproductive Technologies (ART), he says, women can be enabled to conceive and have children.

"ART, whether in vivo or in-vitro, enables women to conceive without sex," says Serour, the director of the International Islamic Centre for Population, Studies and Research, Al-Azhar University in Cairo, Egypt.

It is through such technologies that the world experienced the first test tube baby, Louise Brown. Louise was born on July 25, 1978, after her parents, John and Lesley, had tried for nine years to have a child. Her birth brought hope to infertile couples.

And since then, millions of babies have been born using IVF, including the couple's second child, Natalie.

Louise got her own baby through natural means in January last year.

Other than women, ARTs have also been used to help men who are unable to impregnate a woman through sex.

The introduction of the intracytoplasmic sperm injection (ICSI) has helped many men. ICSI was developed to help couples with severe male factor infertility or those who have not succeeded with in vitro fertilisation.

The procedure was first used in 1994 and the first successful birth, achieved with ICSI assistance, was in February 1995.

The goal of the Abuja conference was to examine the interrelationship between poverty and sexuality.

Other than the devices and procedures, there are other new technologies in sexuality that include medicines, vaccines and information on policies and health systems.



Participants at the Third Africa Conference on Sexuality and Health Rights in Abuja, Nigeria. INSET: Prof Gamal Serour of Al-Azhar University in Cairo, Egypt.

PICTURES: JANE GODIA

The medicines include antiretroviral treatment — microbicides and long term contraceptives such as injectables and implants.

Antiretroviral treatment for HIV infection consists of drugs which slow down the replication of HIV in the body.

While there has been a lot development in the HIV field, there is still little access to antiretroviral treatment and health care provision. Five to six million people in low and middle-income countries are in immediate need of antiretroviral treatment.

According to M Chan of the World Health Organisation: "The challenge in this field is that the yearly number of new infections outpaces our ability to expand access to treatment."

However, just like in all other areas of health, women remain the greatest losers in accessing antiretroviral treatment.

Children also cannot access antiretroviral treatment. Figures emerging in 2006 show that two million children are living with HIV/Aids. Only 15 per cent of these, Serour says, receive antiretroviral treatment.

Microbicides are compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections, including HIV. Microbicides may compensate for the shortage of antiretroviral drugs with the cream, foam or gel being inserted vaginally to protect women when condom use is not possible.

As for long term contraceptive methods, Serour says clients have to rely on health care providers to obtain and discontinue Intra-Uterine Devices, injectables, implants and sterilisation.

Among the vaccines, there is breastfeeding, HPV and anti-fertility. Breastfeeding is a "vaccine" taken orally at no costs and prevents death of one million babies around the world every

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year.

The Human Papillomavirus (HPV) vaccine targets certain sexually transmitted strains of human papillomavirus associated with the development of cervical cancer and genital warts. Delay in vaccination due to unavailability, unaffordability and inaccessibility will result in additional generations being at risk of cervical cancer.

Says Serour: "In low and middle income countries, a combination of HPV vaccination and screening one to three times per lifetime can be cost effective for cervical cancer prevention."

What is important is that the new reproductive technologies can enhance the reproductive and sexual lives of women and youth.

Serour says: "New technologies and media, particularly Internet, provide many opportunities for interaction and experience in regards to promotion of sexual health and STD/HIV prevention."

Current sexual health indicators show that 500,000 young people are infected with STIs every day.

For there to be change in the health situation within the continent, doctors and health care providers will have to convince the governments that investment in health care is the best investment.

Serour says women should be empowered to decide when and how often to have safe and pleasurable sex without coercion, discrimination and violence.

"If you have a healthy population, you have a healthy nation," says Serour, who is also the president of the Federation of International Gynaecologists and Obstetricians. [jgodia@eastandard.net](mailto:jgodia@eastandard.net)

## Health watch

### HIV risk to babies through pre-chewed food — report

WASHINGTON

THE Aids virus can be passed from an infected mother to her baby if she pre-chews the child's food as sometimes occurs in developing countries, US government scientists say.

The US Centres for Disease Control (CDC) and Prevention said it had identified three cases — two in Miami and one in Memphis, Tennessee — in which a child was infected between 1993 and 2004. The mother was involved in two of the cases and a relative was involved in the third.

In developing countries, some mothers pre-chew food for babies. These women may lack access to packaged baby food or may not have a way to blend baby food.

The researchers, who presented their findings at a scientific meeting in Boston, said the infected women's saliva itself did not transmit the virus to the child, but rather it appears blood present in the saliva caused the infection.

The researchers said HIV transmission appears to have occurred when the children ingested pre-chewed food that contained blood from the bleeding gums of HIV-infected women, and this entered the children's bloodstreams through a cut, sore or inflammation of the mouth or digestive tract.

They ruled out other possible means of infection such as breastfeeding or blood transfusion.

"Pre-mastication is a newly recognized route for HIV transmission that warrants further investigation in order to continue reducing cases of HIV transmission in the US," the CDC said in a summary of the findings by epidemiologist Dr Ken Dominguez and other researchers.

In one case, a girl, age nine months, was diagnosed with HIV in 2004. The HIV-positive mother reported giving pre-chewed food to the child. The child is alive and receives HIV drugs.

In a second case, a three-year-old boy was diagnosed in 1995. The infant's mother had Aids and had given pre-chewed food to the child, who died of Aids in 1996.

In a third case, a boy, age 15 months, was diagnosed with HIV in 1993. The boy's mother is HIV-negative but his HIV-positive great-aunt served as a caregiver and had given him pre-chewed food. The researchers said the mother did not know the aunt was HIV-positive until after she died of Aids. The boy is still alive, getting HIV drugs. "The researchers advise that health care providers and HIV-infected child caregivers should be aware of the potential health risks and should advise those caregivers against the practice," says CDC.

— Reuters