

E M E R G I N G I S S U E S

MENTAL, SEXUAL
& REPRODUCTIVE
HEALTH



Although the international community has pledged to address mental health problems related to sexual and reproductive health, too many women and men still suffer their deleterious effects. These include perinatal depression and suicide; the mental and psychological consequences of miscarriage, abortion or complications stemming from pregnancy and childbirth, lack of support following childbirth, gender-based violence (GBV) and HIV/AIDS.

Perinatal mental health problems are associated with increased physical illness and higher mortality among women and children. Mental health problems are associated with risky sexual behaviour and substance abuse, which can lead to unintended pregnancy, GBV and sexually transmitted infections (STIs) including HIV.

Countries and local communities need resources and strategies to address the global increase in the number of mental health problems associated with sexual and reproductive health.

- **One in four women experience depression.**
- **10-15 per cent or more women experience depression during pregnancy or after childbirth.**
- **Suicide is a leading cause of pregnancy-related death in some countries.**
- **One-third of rape victims suffer from post-traumatic stress disorder.**
- **Up to 40 per cent of people living with HIV suffer from depression.**

Mental health should be integrated into sexual and reproductive health policies, strategies, programmes, services, statistics, training and publications.

Today, about 450 million people worldwide suffer from mental health problems.¹ Primary health care professionals note that, on average, 20 per cent of all patients display one or more mental disorders.¹ Of these, depression is among the most prevalent with 20 to 25 per cent of all people experiencing it at some time in their lives.¹ In developing countries, depression is 1.5 to 2 times more prevalent than in developed countries.² Worldwide, women suffer from depression twice as often as men-while men are twice as likely to become dependent on alcohol.³ In addition to depression, mental health problems such as post-traumatic stress disorder (PTSD) and substance abuse frequently show up in people attending facilities offering sexual and reproductive health services. Poverty, gender inequity and human rights violations are shown to increase the incidence of mental health problems, and vice versa.

Mental health problems also correspond to the decreased ability to make rational choices and increase the probability of risky sexual behaviour and substance abuse. This can lead to more unintended pregnancies, STIs-including HIV-and a higher risk of being either the victim or perpetrator, of GBV.

Mental, physical health and social conditions are three vital strands of human life that are deeply interdependent and interconnected. The prevention and treatment of mental health problems is not only critical to general well-being, but also necessary to prevent problems relating to sexual and reproductive health.



Carina Wint / UNFPA

HIGH BURDEN OF MENTAL HEALTH PROBLEMS

Mental and behavioural disorders are estimated to account for 12 per cent of the Global Burden of Disease (GBD).¹ Depression ranks fourth worldwide in GBD and is projected to move up to second place by 2020.¹ For women, depression accounts for the loss of 5.7 per cent of total disability-adjusted life years (DALYs); one DALY represents the loss of one year of equivalent full health.⁴ Fifteen to twenty per cent of patients diagnosed with depression commit suicide.² One million people commit suicide every year.¹

PREVENTION, TREATMENT AND CARE

Screening can detect mental health problems. Medication and psychological interventions, most of them deliverable through primary health care services, can prevent these problems. Family, partner and peer support are effective; community involvement also plays an important role-as does the social environment. Special attention should be paid to vulnerable populations such as women, young people, older persons, migrants, people in conflict situations and those affected by natural disasters, persons with disabilities, indigenous people, and other minorities.

PERINATAL DEPRESSION AND SUICIDE

Perinatal depression is one of the most common and severe complications relating to pregnancy and childbirth. Between 10-15 per cent of women in developed countries experience perinatal depression, which is defined as depression occurring during pregnancy or following childbirth.⁵

Numbers are even higher in developing countries. A severe disorder requiring appropriate treatment and care, perinatal depression differs from 'postpartum blues', which often disappears spontaneously-usually after several days. Perinatal depression has been shown to be associated with maternal physical morbidity, substance abuse, suicide and premature delivery. Children born to depressed mothers tend to have low birthweight and delayed emotional, cognitive and behavioural development.

Suicide is one of the leading causes of pregnancy-related death in countries as diverse as the UK and Viet Nam;⁵ in Viet Nam, 14 per cent of pregnancy-related death is attributable to suicide.⁶ Sometimes

depression leads to infanticide. Depression also increases susceptibility to GBV.

MENTAL HEALTH AND GENDER-BASED VIOLENCE

Victims of GBV commonly experience fear, shame, guilt and anger, and may suffer from stigma. This can lead to severe and chronic mental and behavioural disorders, such as depression, anxiety disorders, PTSD, substance abuse, dissociative disorders and suicide. About a third of all rape victims develop PTSD and the risk of depression and anxiety increases three- to four-fold after exposure to GBV.³ Following the wars in Croatia and Bosnia and Herzegovina, 76.5 per cent of rape victims experienced depression and 30.9 per cent suffered from PTSD.⁷

These conditions commonly continue even after physical injuries have healed and may last a lifetime without appropriate intervention. Research shows a highly significant correlation between domestic violence and increased contemplation of suicide. Other types of GBV, such as female genital mutilation/cutting, human trafficking and forced marriage, are also associated with mental health problems. These not only affect the lives of victims but also damage the economy and slow development owing to lower productivity and higher costs associated with illness and care.

As the high prevalence of mental and behavioural disorders indicates, it is impossible to provide a comprehensive response to GBV without addressing its mental health consequences, as stated in the International Conference on Population and Development and the Fourth World Conference on Women.

HIV/AIDS AND MENTAL HEALTH CARE

People living with HIV, their partners and families, and even care providers face stigma, the fear of HIV infection, the onset of AIDS related complications-especially when treatment is not available-and bereavement. This may lead to, or exacerbate, mental health problems. Psychological disturbance is common, especially before, during and after voluntary counselling and testing. HIV and AIDS themselves can biologically induce mental health problems such as depression, acute psychotic disorders, mental retardation and dementia.

Up to 44 per cent of persons living with HIV/AIDS (PLWHAs) suffer from depression.² Mental health problems such as injecting drug use; alcohol abuse; depression; psychotic disorders; developmental disorders, and other mental disorders that impair judgement and decision-making make people more vulnerable to infection and more likely to transmit HIV. Mental health problems can prevent PLWHAs from adhering to treatment regimens, which are crucial, not only to their health, but to ensure that medicines remain effective and to reduce the likelihood of drug-resistant strains from emerging.

YOUNG PEOPLE AND MENTAL HEALTH PROBLEMS

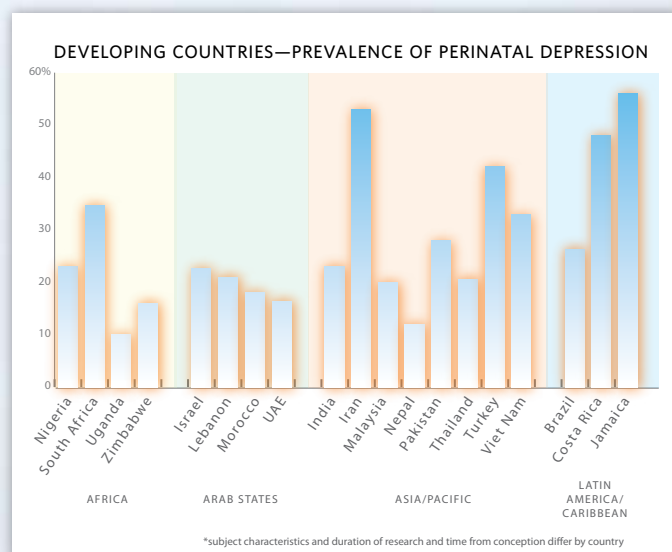
Young people experience drastic physical, mental and social change during puberty and sexual debut. In the process of dealing with these changes and establishing their own identity-including gender identity-they are susceptible to mental health difficulties, which can include depression and anxiety disorders. Suicide is one of the three leading causes of mortality among people between the ages of 15-35 years.¹

Young people are also more likely to engage in risky sexual behaviour, substance abuse and violence owing to mental health difficulties. These can lead to unintended pregnancy and STIs including HIV infection. Attention to mental health is necessary to prevent these and other behaviours that lead to sexual and reproductive problems in young people.

ADDRESSING MENTAL HEALTH WITHIN SEXUAL AND REPRODUCTIVE HEALTH

Mental health is relevant to many aspects of sexual and reproductive health. These include premenstrual tension syndrome (PMS); mood changes associated with menopause; feelings of loss and guilt after miscarriage, stillbirth or abortion; anxiety over unintended pregnancy; postpartum psychosis; social segregation and low self-esteem owing to obstetric fistula, infertility, sexual dysfunction and being part of a sexual minority. Other mental health conditions include depression and trauma following humanitarian crises. The sexual and reproductive health of persons with mental disabilities is also a critical component of mental health overall.

Mental health in these areas is important and should be addressed routinely as part of sexual and reproductive health services. The critical to achievement of the Millennium Development Goals (MDGs), addressing mental health leads not only to better sexual and reproductive health, but better quality of life.



Source: United Nations Population Fund

10 LEADING CAUSES OF DISEASE BURDEN, 2002 % of total DALYs (disability-adjusted life years)

1	perinatal conditions	6.5%
2	lower respiratory conditions	5.8%
3	HIV/AIDS	5.8%
4	unipolar depressive disorders	4.5%
5	diarrhoeal diseases	4.1%
6	ischemic heart disease	3.9%
7	cerebrovascular disease	3.3%
8	malaria	3.0%
9	road traffic accidents	2.6%
10	tuberculosis	2.4%

Source: WHO: Global Burden of Disease in 2002: Data Sources, Methods and Results

*"Now is the time
to pay more attention
to the mental and
psychological implications
of sexual and
reproductive health"*

*- Thoraya A. Obaid,
UNFPA Executive Director*

UNFPA, in collaboration with WHO and other partners, is developing technical guidance on mental health in sexual and reproductive health.

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