Author Manuscript

EDITORIAL

# Editorial: Women Facing Crises

Margit Endler[1], Atziri Ramirez[2], Timothy R. B. Johnson[3]

[1]Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden

[2]Hospital Gea Gonzalez, Mexico City, Mexico

[3]University of Michigan, Ann Arbor, MI, USA

**Correspondence**

Margit Endler, Department of Women's and Children's Health, Karolinska Institutet, Tomtebodavägen 18A, 171 77 Stockholm, Sweden.

Email: margit.endler@ki.se

This IJGO special issue assembles articles on the idea of "Women facing crisis: contagion, climate, conflict". Like climate change, war, and pandemics, the effects of the suffering of women and girls is something that cannot be geopolitically contained.

Crisis puts health services under strain, and simultaneously sexual and reproductive health and rights (SRHR) violations are exacerbated by crisis. Pregnancy, childbirth, and unplanned pregnancy are common occurrences in a woman's life – even small

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/ijgo.15163

This article is protected by copyright. All rights reserved.

Author Manuscript

reductions in access will therefore result in huge numbers of additional maternal deaths, unsafe abortions, or unmet needs for contraception. Globally, the situation remains that essential SRHR services and SRHR education are often missing [1]. Perhaps this is because obstetrics and gynecology is uniquely politicized. There is no other field of medicine that is as regulated by law or subject to sudden changes depending on who holds political power.

It is in this intersection between politics and SRHR that we see the consequences of a failed SRHR care policy. Lack of essential services translates into victims of domestic violence, trafficking, rape, teenage pregnancy, unsafe abortions, and maternal deaths turning up at our clinics. Since at least the mid-1990s we have recognized that protecting SRHR is a prerequisite to poverty reduction and societal development. Child marriage – often driven by poverty – results in early births, too many births, and births that are too closely spaced, cementing a continuing cycle of poverty. This cycle deprives a girl of the education, professional skills, and reproductive choice that she would otherwise have had. It also deprives her children and community of her education, her professional skills, and her reproductive choices. Comprehensive services, especially if they are embedded in the community, will help to break the cycle of poverty through child spacing, smaller and more resourceful families, higher literacy rates, higher employment rates, and more viable communities.

Reflecting the global scope of the problem, this issue contains, among others, reports from South Korea, Pakistan, India, Afghanistan, Mexico, Colombia, Palestine, and Turkey on SRHR outcomes, mitigation and response strategies to crisis [2–9, 14, 15]. Included articles highlight the vulnerability of refugees [10] and

the disastrous impact regime change can have on access to services and maternal outcomes [5]. Several papers highlight the individual resources of disadvantaged populations, showing that sometimes vulnerable groups fare better than expected because of systems that rise to the occasion, or because of a resilience we are unable to measure [11,12]. Reflecting this idea is the report from the Mukwege foundation on their holistic and person-centered approach to rehabilitation after sexual violence [13].

Willful blindness to the health and rights of women and girls may relate to local crises, but these will ripple over time to impact the stability and sustainability of the world. Drawing on the articles in this issue, we suggest in response curiosity, compassionate care, and cooperation along the road ahead to ensure respect for human rights in the field of obstetrics and gynecology.

**References**

1. Topcu EG, Ramirez A, Ubom AE. A global study on the abortion views and knowledge of trainee obstetrician-gynecologists. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15119.

2. Moon J, Oh R, Chang EJ, Park J, Choe S-A, Kim S. Investigation of the abortion-related experience of the providers, women, and advocators in South Korea: The neglected essential healthcare service. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15054.

3. Zaigham M., Bryce-Alberti M., Campos L.N., et al. (2023), Protecting pregnant women from climate disasters: Strategies in the aftermath of Pakistan's devastating flood. *Int J Gynecol Obstet* 2023;163(2). Doi: 10.1002/ijgo.14896.

Author Manuscript

Author Manuscript

4. Kumari, SS, Suman, BA, Kiranmai, D, Bhardwaj, A. DHEERA reaching the young, a novel approach addressing gender-based violence in India. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15120.

5. Endler, M, Hassan, L, Gemzell-Danielsson, K, Babak, S, Sohail, R, . “I hope to all the world they don't forget women of Afghanistan”: An interrupted survey among doctors in Afghanistan. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14979.

6. Ramirez Negrin, A, Iturralde Rosas-Priego, P, Gomez-Pedroso Rea, J, et al. Improving Migrant's Care in Mexico: A statement by the Mexican Federation of Colleges of Obstetricians and Gynecologists. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14842.

7. Miranda, J, Sanabria, MF, Annicchiarico, W, Alfieri, N, Cortes, MS. Maternal and perinatal health among pregnant patients in the context of a migratory crisis. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14991.

8. Ismail, AM, Ismail, A, Hirst, JE. Prevalence and risk factors of obstetric violence in the Gaza strip: A retrospective study from a conflict setting. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14911

9. Topcu, EG, Okumus, ZG, Terzioglu, M. A multicenter study of the relationship between the compulsory time spent at home and sexual functioning. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15024.

10. Kasoha, M, Nigdelis, MP, Bishara, L, Wagenpfeil, G, Solomayer, E-F, Haj Hamoud, B. Obstetric practice differences between Syrian refugees and non-Syrian

Author Manuscript

nonrefugee gravidae: A retrospective cross-sectional study. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15030.

11. DiMeo, A, Karlage, A, Schoenherr, K, et al. Cultural brokering in pregnancy care: A critical review. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.15063.

12. Bellizzi, S., Panu Napodano, C.M., Pichierri, G. and Nivoli, A. (2023), Advancing the respectful maternity care agenda. *Int J Gynecol Obstet* 2023;163(2). Doi 10.1002/ijgo.14825.

13. Vidale-Plaza, D. and Djangala Fall, M.D.E. (2023), What are survivors of conflict-related sexual violence saying about care?. *Int J Gynecol Obstet* 2023;163(2). https://doi.org/10.1002/ijgo.14958.

14. Zhang, C, Kanselaar, S, Zaidi, J, Gupta, J. The association between women's disability and acceptance towards intimate partner violence among women and their male partners: A multi-country analysis. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14782.

15. Serbeniuk, A, Kaminskiy, V, Kumpanenko, Y, Vash-Margita, A, Malysheva, I. The impact of the war in Ukraine on the reproductive health of female military personnel. *Int J Gynecol Obstet* 2023;163(2). doi:10.1002/ijgo.14990