

Ebola crisis: the unequal impact on women and children's health

There seems to be no biological sex difference regarding vulnerability to Ebola virus disease,¹ yet many sociocultural and health-care-related factors increase the risks for women in the Ebola outbreak in west Africa.

First, the worsening of suboptimal access to reproductive and maternal health care in the Ebola crisis countries is posing a major threat to the lives of mothers and infants.² Second, women are the primary caregivers in their homes, communities, and health facilities and, as such, assist most infected individuals, which puts them at an increased risk of contracting the virus. Moreover, traditional burial practices, typically performed by women, can also place them at higher risk.³ Finally, there is evidence of sexual transmission of Ebola after individuals recover from the infection.⁴ Since women have little control over sexual behaviour including abstinence or protected sex, this represents an additional source of increased exposure to the virus.

All pregnant women require good quality and timely health care, without which outcomes can be fatal.⁵ More than 1.3 million pregnancies are estimated to occur annually in Guinea, Sierra Leone, and Liberia (734 000, 382 000, and 221 000, respectively).⁶ Under normal circumstances, many of these women do not receive the care they require, owing to access barriers and weaknesses of health systems. These obstacles have significantly increased since the start of the outbreak, as health facilities have closed and overwhelmed health-care staff lacking clear protocols turned pregnant women away. Additionally, fear of transmission and stigma against potentially infected individuals at the community level have made access to care for pregnant women even more difficult. Women with

obstetric haemorrhage, in particular, often do not receive appropriate care owing to Ebola-related discrimination, the complex management required, and their high mortality rate.

Although there is not enough evidence about the biological mechanisms through which the Ebola virus aggravates maternal and perinatal health, studies have shown that Ebola-infected pregnant women have high rates of miscarriage and a 100% neonatal mortality.⁷ Health systems, social, and biological circumstances result in pregnant women with Ebola and their newborns ranking low among the priorities of overwhelmed health-care facilities.

Sierra Leone, Liberia, and Guinea were among the worst places to be a mother before the Ebola crisis.⁸ However, substantial progress had been made in recent years in terms of maternal mortality reduction and increased access to maternal and reproductive health care, resulting in 50% of deliveries attended by skilled health personnel and a third of women accessing family planning services.⁹ Now, without emergency maternity care or family planning services available and immunisation programmes halted, the Ebola crisis could quickly erase the gains achieved by these countries. Additionally, the breakdown of weak public health systems triggered by the epidemic has contributed to making the scarce medical resources to treat preventable diseases such as malaria, pneumonia, and diarrhoea, that severely affect maternal and child health in the region,¹⁰ even less available, resulting in much higher mortality rates.

While we focus on the current crisis, it is crucial that we look beyond it, because after the current Ebola outbreak is contained, the situation of the most vulnerable populations, especially women and children, will remain stark. This outbreak is exacerbating problems that have persisted for decades. The underlying cause of its devastating impact is the fragility of health systems

in states that are failing to provide for the most basic needs of their citizens. Making long-term investments to ensure appropriate care for women and children's health under normal circumstances and in future crises that will inevitably occur is an ethical and public health imperative that global and national health communities need to embrace urgently. Acting effectively now is a prerequisite to ending the preventable deaths of mothers and children in these settings.

We declare no competing interests.

Copyright © Menéndez et al. Open Access article distributed under the terms of CC BY-NC-SA.

*Clara Menéndez, Anna Lucas, Khátia Munguambe, Ana Langer menendez@clinic.ub.es

ISGlobal, Barcelona Centre for International Health Research (CRESIB), Hospital Clínic - Universitat de Barcelona, 08036 Barcelona, Spain (CM); Barcelona Institute for Global Health (ISGlobal), Barcelona, Spain (ALu); Centro de Investigação em Saúde de Manhiça (CISM), Maputo, Mozambique (KM); and Women and Health Initiative, Maternal Health Task Force, Harvard School of Public Health, Boston, MA, USA (ALA)

- 1 WHO Ebola Response Team. Ebola virus disease in West Africa: the first 9 months of the epidemic and forward projections. *N Engl J Med* 2014; **371**: 1481-95.
- 2 Delamou A, Hammonds RM, Caluwaerts S, Utz B, Delvaux T. Ebola in Africa: beyond epidemics, reproductive health in crisis. *Lancet* 2014; **384**: 2105.
- 3 Hewlett BS, Amola RP. Cultural contexts of Ebola in northern Uganda. *Emerg Infect Dis* 2003; **9**: 1242.
- 4 WHO. Ebola virus in semen of men who have recovered from Ebola virus disease. <http://www.who.int/reproductivehealth/topics/ebola-virus-semen/en/> (accessed Nov 28, 2014).
- 5 WHO. Managing complications in pregnancy and childbirth: a guide for midwives and doctors. http://whqlibdoc.who.int/publications/2007/9241545879_eng.pdf?ua=1 (accessed Nov 27, 2014).
- 6 UNFPA. The State of the world's midwifery, 2014. <http://www.unfpa.org/sowmy> (accessed Jan 12, 2015).
- 7 Mupapa K, Mukundu W, Ado Bwaka M, et al. Ebola hemorrhagic fever and pregnancy. *J Infect Dis* 1999; **179** (suppl 1): S11-12.
- 8 Save the Children. State of the world's mothers. http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2014_MOTHERS_INDEX.PDF (accessed Nov 25, 2014).
- 9 Countdown to 2015. Country profiles. <http://www.countdown2015mnch.org/country-profiles> (accessed Nov 21, 2014).
- 10 WHO. WHO country health profiles. <http://www.who.int/countries/en/> (accessed Nov 25, 2014).



Published Online
January 22, 2015
[http://dx.doi.org/10.1016/S2214-109X\(15\)70009-4](http://dx.doi.org/10.1016/S2214-109X(15)70009-4)