left them or who receive less care than other women who have children with the same man.

“We mustn’t let infertile couples in remote communities feel ... that they are part of a hidden plan to curb population growth.”

Yudira Ragoeven

Q: What is needed to improve infertility services in rural and remote communities?

A: The Maasai, both men and women, seem relieved whenever infertility, safe motherhood, HIV/AIDS and contraception are addressed together in a single consultation. The people are more likely to discuss birth spacing and request contraception when reproductive health issues are presented more holistically. Doctors should inform and educate men and women on these topics, including infertility in each consultation related to reproductive health. More research into the causes of infertility could help to tailor solutions to remote communities. But hospitals need support from institutions and governments by making trained staff, educational materials, diagnostics (such as hysterosalpingogram or similar technologies) and treatment available in remote areas. When these are not available, there should be referral options.

Q: How do the Maasai people view family planning?

A: Planning a family and addressing maternal health in the community I serve means safely having the number of children a couple would like. I hear that in the past the Maasai regarded family planning as offensive, especially when it meant reducing family size and practising birth control. Overpopulation is not only discussed among scientists, but also in the Maasai community. They wonder if their children, their people, are not wanted. Having children is regarded as one of the most important things in life, as they are seen as a blessing from Engai. I think we have an obligation, as health workers, donors and policy-makers, to listen to the voices in the communities we work with and adapt strategies in sexual and reproductive health to the local setting. We mustn’t let infertile couples in remote communities feel they will not be helped or that they are part of a hidden plan to curb population growth.

Q: Infertility treatment is expensive, even for people in developed countries. What infertility treatment options are you able to offer?

A: Although not all infertility is preventable, information is the key to the infertility that is. Also, access to diagnostic tools and appropriate advice to couples can lead to overcoming infertility and to safe pregnancy. There have been some successful pregnancies after referral of both men and women to Arusha for more complex diagnostics and treatment. In counselling, one has to be honest and explain that a referral does not guarantee success. Lastly, counselling helps people cope with infertility, but every community has its own view on the subject. Even my responses are only reflective of the local Maasai, and an example of just one indigenous group that faces the challenge to incorporate prevention strategies and solutions to infertility within their rich tradition.

Recent news from WHO

- On 26 October, the World Health Organization (WHO) launched a mass polio vaccination campaign across Africa to reach 72 million children in 15 countries. During the week-long campaign of mass immunization, a total of some 290,000 vaccinators were mobilized to go door-to-door to deliver two drops of oral polio vaccine to every child aged less than five years in areas considered at highest risk of polio transmission. The campaign will cost approximately US$ 42.6 million and is funded by the Bill & Melinda Gates Foundation, the United States Centers for Disease Control and Prevention, United States Agency for International Development, Rotary International, United Nations Children’s Fund and the Governments of Germany and Japan.

- World Chronic Obstructive Pulmonary Disease Day was held on 17 November to broaden understanding of the illness and advocate for better care for patients. Currently 210 million people have chronic obstructive pulmonary disease and it is predicted to become the third leading cause of death worldwide by 2030. Key risk factors are tobacco smoking, indoor and outdoor air pollution, and exposure to occupational dusts and chemicals.

- World Day of Remembrance for Road Traffic Victims was held on 21 November. Road traffic crashes kill nearly 1.3 million people every year and injure or disable as many as 50 million more. They are the leading cause of death among young people aged 10–24 years. WHO and the United Nations Road Safety Collaboration encourage governments to commemorate this day to draw attention to road traffic crashes, their consequences, costs and prevention.

- The International Day for the Elimination of Violence against Women is held every year on 25 November. The day launches 16 Days of Activism against Gender Violence, which runs through to 10 December, Human Rights Day. At least one in every three women has been beaten, coerced into sex or otherwise abused in her lifetime — and the abuser is usually someone known to her.

- World AIDS Day on 1 December draws together people from around the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. There are now 33.4 million people living with HIV, according to 2008 figures. An estimated 2.7 million were newly infected with the virus and 2 million died of AIDS the same year. Sub-Saharan Africa remains the region most heavily affected with 67% of the world’s HIV infections worldwide, 91% of new HIV infections among children and 72% of the world’s AIDS-related deaths.

For more about these and other WHO news items please see: http://www.who.int/mediacentre