Reproductive Health in South-East Asia Region- A Report prepared by WHO Regional Office of S.E.Asia. 1997.

Reproductive Health in South-East Asia Region

WHO-Regional Office of S.E. Asia.

Message

In the last decade, the life expectancy of the population has shown a remarkable improvement. The world has witnessed the development of revolutionary medical breakthroughs. Yet, despite the significant progress that has been made to prevent and control communicable diseases, 585,000 women continue to die around the world every year from pregnancy and childbirth-related complications. Of these, the WHO South-East Asia Region accounts for nearly 40% or 235,000 maternal deaths - an unacceptably high percentage of the total.

A large number of maternal deaths can be prevented. The means to prevent these deaths are known, the skills and the technology to address the problems are simple and available locally. What is missing are the matching infrastructure, resources and the will to act resolutely.

WHO believes that partnerships employing the public health approach can work most effectively in promoting and protecting the reproductive health of populations, particularly women and adolescents who are the more vulnerable sections of society. Linkages between different health programs and services must be created. Quality heath care must be ensured to women throughout their lifespan, and not just the reproductive years. For, good reproductive health-begins with the birth of a baby, and that, in turn, is dependent on the health and general well-being of its mother and her worth in society.

Moreover, every delivery must be attended by trained personnel who can recognize complications and provide timely interventions to save lives.

Women are the very foundation of society, and the fulcrum around which the family's welfare revolves. We owe it to them and to the well-being of our future generations to protect and promote their, reproductive health rights.

WHO is committed to helping Member Countries with strengthening reproductive health-care services. We hope that this information booklet will enable those concerned about reproductive healthy, including individuals, families and communities, to address this issue effectively.

Dr Uton Muchtar Rafei

Regional Director

Reproductive Health: Everyone's Right, Everyone's Responsibility

The definition of reproductive health

WHO defines 'Reproductive Health' as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health- care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." (WHO definition adopted at ICPD Program of action, A/CONF. 171/13, Paragraph 7.2)

Reproductive ill-health: a major public health problem

Although the last decade has seen a marked improvement in survival and a significant reduction in infant mortality in the countries of the South-East Asia Region (SEAR), similar achievements have not been made in the fields of maternal health. Maternal mortality remains high in all countries of the Region except in DPR Korea, Sri Lanka and Thailand.

Pregnancy is not a disease, yet over 585,000 women continue to the each year from pregnancy-related complications, and the majority of them are in developing countries. Of the 585,000 deaths each year from maternal causes, nearly 40 per cent of them are from the SEAR countries. The numbers are unacceptably high in Bangladesh- Bhutan. India, Indonesia, Nepal, the Maldives and Myanmar.

Factors contributing to reproductive ill-health

There is a complex interplay of socioeconomic, environmental, and cultural factors that contribute to the reproductive ill-health of populations, particularly women, in developing countries. Poverty, ignorance, illiteracy and malnutrition are major determinants of women's health status. Also significant are the age at marriage and pregnancy, the number an frequency of childbearing, and the numbers of unwanted pregnancies and abortions that contribute to morbidity and mortality among women and their babies. The lower the status and worth of women in society, the higher the maternal mortality. And, not least important, are the health service-related factors such as lack of access to quality reproductive health services.

Situation in SEAR countries

The high maternal mortality in the Region is primarily a syndrome of the failure and neglect of women by society. Amongst the health service-related factors, poor coverage and quality of antenatal care, lack of trained assistance during delivery, lack of access to essential emergency obstetric services for high-risk and complicated cases, and lack of referral and transport system, are major reasons.

Reproductive health status

- Globally, WHO estimates that reproductive ill health accounts for 36.6 per cent of the total disease burden in women as compared to 12.3 per cent for men of the same age.

- The mean age at marriage in most SEAR countries continues to be low and data shows that maternal mortality is three to four times in the 15-19 year age group compared to the 20-30 year group.

- Antenatal care and trained attendance delivery varies from 18 to 97% and from 6 to 97%, respectively.

- Available age-specific fertility data show that women in Bangladesh, India and Nepal have early peak patterns, with fertility highest for women aged 20-24 years and with more than 50% of women giving birth by the age of 20.

- Prevalence of anaemia in pregnant women varies in the Region and is estimated to be from less than 20% in Thailand to over 60% in Bangladesh, India and Nepal.

- The proportion of infertility caused by reproductive tract infection is estimated at 15 to 40%.

- Contraceptive prevalence for the Region is estimated to be 40%.

- It is estimated that abortions contribute to about 13% of maternal mortality in the Region.

- HIV infection among pregnant women vanes from 1 to 8% in various parts of SEAR countries.

Rate of HIV infection among pregnant women - 1996	
Africa	30-40 %
Caribbean	10 %
Chiang Mai, Thailand	8.0 %
Pune, India	5.0 %
Mumbai, India	4.2 %
Chennai, India	1.5 %
Manipur, India	1.0 %
Parts of Myanmar	3-7 %

Europe	< 0.5 %
United States	< 0.1 %

Source - STD/HIV UNIT, WHO/SEARO, 1996

Objectives of RH programs

The objectives of Reproductive Health programs are to ensure that people benefit from the enabling conditions necessary information and care so that they can:

- have the capacity for healthy, equitable and responsible relationships and experience healthy sexual development and maturation;

- achieve their reproductions intentions - the desired number and timing of children - safely and healthfully;

- avoid illness, disease and disability related to sexuality and reproduction and receive appropriate counseling, care and rehabilitation when needed; and

- avoid injuries related to sexuality and reproduction and receive appropriate counseling when needed.

Vulnerable points in reproductive health

- A woman's general health is the outcome and reflection of her own health status as a newborn which, in turn, is determined by her mother's health status during pregnancy, during and just after delivery.

- There are three critical points at which intervention is required in order that the health of women, children and families is not compromised. These critical points are at birth, during adolescence, and during the reproductive years.

- Thus, though at each stage of life, an individual's needs differ, there is a cumulative effect across the lifespan - events at each phase having important implications for future well-being.

- Reproductive health must, therefore, be promoted, protected and restored by social as well as medical interventions across the lifespan of individuals, particularly women, using the "Lifespan Approach".

Regional RH strategy

A Regional reproductive health strategy for South-East Asia was developed through a consultative meeting and consensus involving Member Countries, relevant UN agencies and NGOs in 1996.

It was observed that SEAR countries still had very high levels of maternal mortality, low contraceptive prevalence and unsafe abortions contributing to high MMR, high prevalence of STDs and a large number of adolescent pregnancies. Therefore, an essential package of priority interventions focusing on the reproductive age group was identified and recommended by levels of care within the context of primary health care as a short-term program.

The essential RH package for SEAR countries defines the minimum services in priority areas for each level of care - community level, health post level, health center level and district level.

The essential RH package consists of: safe motherhood, family planning, prevention and management of reproductive tract infections including sexually transmitted diseases, prevention and treatment of complications of abortion, and adolescent health.

The meeting suggested a comprehensive RH package involving the lifespan perspective. This package also addresses problems like violence, reproductive, tract cancers and problems of the elderly as a long-term program.

National RH strategies

Since all of the reproductive health issues cannot be effectively addressed immediately, the SEAR countries have prioritized interventions which have the highest impact on the reduction of reproductive morbidity and maternal mortality.

Country Programs

SEAR countries have adapted the Regional framework according to their national priorities:

Bangladesh

Bangladesh has identified an essential package of basic services which includes reproductive health:

- The strategy is based on client's needs, especially women's, client-orientation, quality of services and informed choice, investing in women's groups and provision of information and services for young people, including adolescents.

- The goals are to prevent adolescent pregnancies, postpone births, enhance services for safe pregnancy and delivery, including fertility regulation, treatment of abortion patients and managing reproductive morbidity and mortality, including STD/RTIs.

Bhutan

Bhutan has identified priority RH interventions for the community, basic health units and outreach services, and for regional and national referral hospitals:

- The government is committed to the safe motherhood program and expanded choices for FP methods and ensuring appropriate actions at intersectional and interministerial levels.

India

India has reoriented it's existing Family Planning and Child Survival and Safe Motherhood programs and integrated them in the Reproductive and Child Health (RCH) package:

- The RCH package has been defined by the four levels of care. The states are using the target-free approach to family planning and propose a decentralized planning exercise for, RH programs.

- Efforts are under way to develop training materials including RTI into FP/MCH services.

Indonesia

In Indonesia, a multi-sectoral national RH Committee has been set up. This committee facilitates implementation of essential reproductive health care through functional integration of various existing programs using the incremental approach:

- Highest priority is given for reduction of maternal mortality. Other priority RH programs include family planning, STD/RTI/ adolescent health.

- In addition, the Indonesian strategy promotes the involvement of men and family members as effective partners.

Myanmar

The Myanmar RH strategy focuses on expanding family planning services, strengthening maternal care, and training MCH staff on the management of reproductive tract infections:

- The program also included enhancing public awareness and community involvement in RH programs.

Nepal

In Nepal, the RH strategy, has defined 'reproductive health' as an approach which will strengthen the existing Safe Motherhood and Family Planning programs through a multisectoral approach and development of necessary linkages with other programs:

- Nepal is using the incremental approach through the addition of other components, e.g. STD/RTI/infertility and adolescent health.

- Nepal has added a fifth level - the family level - to the other four levels of rare.

Sri Lanka and Thailand

Sri Lanka and Thailand have brought down MMR, and have achieved a high Contraceptive Prevalence Rate (CPR). Therefore, the RH programs are focusing on development of adolescent health services.

Essential RH package by levels of care within PHC

The essential RH package for SEAR countries defines the minimum services in priority areas for each level of care. The levels of care include community level, health post level, health center and district level. The regional strategy also identified areas in training, information, communications and research needed to support the implementation of the strategy.

Priority RH interventions

The priority reproductive health interventions identified in the strategy are:

- Safe motherhood, including care of the new-born;

- Family planning;

- Prevention and management of complications of abortion;

- Adolescent reproductive health; and

- Prevention and management of Reproductive Tract Infections/Sexually Transmitted Diseases (RTI/STD).

Safe motherhood

Though safe motherhood is a high priority program in all countries of the Region, many countries are unable to ensure all deliveries are attended by trained personnel and there are still obstacles which cause delays in obtaining emergency obstetric care in case of complications. Midwifery-trained personnel have crucial roles at various levels in PHCs in providing clean/safe delivery services at each level.

Midwifery-trained personnel in the SEAR context include various categories of auxiliaries, e.g. ANMs, MCH workers, family welfare visitors, family welfare assistants, etc.

Effective community-based midwifery services and referral system and advocacy and multi-sectoral social action should ensure that all negative socio-cultural barriers are removed and emergency obstetric care is accessible, affordable and available to pregnant women when and where needed.

Family planning

The Contraceptive Prevalence Rate (CPR) has increased impressively in all countries of the Region and fertility is coming down with the small family norm becoming accepted by a majority of the countries. However, the CPR is low when compared to the high awareness levels about family planning.

There are unmet needs because of several reasons such as lack of contraceptive choices, and cultural and economic barriers. The challenge is to fulfil these unmet needs at the earliest.

Adolescent/young people's reproductive health

WHO defines adolescents as those aged between 10 and 19 and young people of 10 to 24. In many countries of the Region, early marriage and childbearing trends pose reproductive health problems. The use of contraceptives is lowest amongst women where the need is higher. Maternal mortality ratio amongst the 15-19 year age group is higher than those in over 20 years. Even when the age of marriage is higher, unprotect sexual relations amongst unmarried adolescents leads to unwanted pregnancies and abortions, oftentimes hazardous conditions, leading to maternal deaths.

Another major consequence of unprotected sex in adolescence is the risk of infection from a sexually transmitted disease. Thought reliable data are not available, it is known that adolescents are especially vulnerable to STD/HIV because of their high-risk behavior.

Reproductive health of young people (10-24 yrs.)					
Country	**10-24 yrs as % total population**	**Average age at first marriage (females)**	**% currently married (females)**	**% giving birth by age 20 (15-19 yrs)**	**% using contraceptive (15-19 yrs)**
BAN	34	18	48	66	25
IND	30	20	38	49	07
NEP	32	17.9	50	50	01
SRL	29	24.4	07	60	20
INO	31	21.1	17	33	36
MMR	30	22.4	16	--	--
THA	30	22.7	16	24	43

(Source: The World's Youth, 1996, Population Reference Bureau)

With the recent recognition of the special vulnerability of adolescents, adolescent health programs are currently operational in Bangladesh, India, Indonesia, Myanmar, Sri Lanka and Thailand.

Prevention and management of complications of abortion

It is estimated that abort-ions contribute to about 13% of maternal mortality in the Region. Most abortions are induced when there is an unwanted pregnancy. This is attributed to the clandestine abortion practices prevalent in many countries where abortion is not legal or where safe abortion services are not accessible.

Therefore, prevention of unwanted pregnancy through counseling, emergency contraception and greater use of FP services is the key to the prevention of abortion. Where this is not possible, safe abortion services should be made accessible and affordable within the cultural context of the country.

RTI/STD/prevention of infertility

Nearly 50 million sexually-transmitted infections occur annually in SEAR countries. Incidence of curable STDs in SEAR countries varies from 7 to 9 cases per 100 women in the reproductive age.

WHO has developed the syndromic approach for the treatment of STDs. However, in many countries STD services are run in clinics which cater mostly to men. To address the issue of RTI/STD among women, RTI/STD services should be integrated with FP/MCH services in the context of PHC. Orientation and training of MCH/PHC workers in STD/RTI needs to be provided.

Implementation of RH strategy

A public health approach to reproductive health within the context of primary health care, is recommended. Such an approach responds to people's needs and involves them in program formulation, implementations monitoring and evaluation so that a strong feeling of ownership is established. It seeks sustainable strategies and actions that have the greatest impact for the most people at an affordable price. It includes women's empowerment and gender perspective as an integral component.

The public health approach recognizes that

• An individual's reproductive health affects, and is affected by, factors other than health-care interventions - such as the economic circumstances, family and social environment, cultural and religious beliefs, traditional and legal structure within which they live, and their access to education and employment.

• Gender relationships and sexual exploitation play a critical role in determining the reproductive health status of women.

The reproductive health strategy, therefore, advocates the integrated approach-stressing the importance of free, informed decision-making in reproductive health issues. It stipulates that people themselves must be involved in the development of services as partners.

Gender perspective and WHD

In applying a gender approach to health, WHO moves beyond describing women and women's health in isolation to bring into the analysis how different social roles, decision-making powers and access to resources between women and men affect their health and access to health care. In a gender approach leads to a consideration of all factors that affect women's health, not only biological factors; more attention to all of women's roles and relationships across their lifespan; more attention to the roles and responsibilities of men and the inequalities between men and women; and more involvement of men in bringing about change.

The WHO program on Women, Health and Development (WHD) aims to address the critical issues of women's health within this broader context and their vital role in development and to integrate a gender perspective in national health programs. Key activities focus on advocacy - especially for emerging or previously neglected WHD issues - information dissemination, gender training and compilation of WHD country profiles in collaboration with all countries in the Region, to address the need for reliable and gender disaggregated information.

Role of WHO

WHO collaborates with Member Countries in the following broad areas:

• Advocacy and technical cooperation with countries for strengthening RH programs at various levels.

• Promotions and support for operational research aimed at program improvement.

• Development of training programs at regional and country levels.

• Development of prototypes and training materials to be adapted by countries.

The Role of Government

Governments should adopt healthy public policies that:

• Advocate intensively for health, especially for family and reproductive health.

• Ensure quality health services for women, children and families.

• Create conditions to promote health, particularly those of women and children.

• Ensure quality and relevance of training for health personnel in reproductive health.

• Strengthen epidemiological surveillance and health information.

• Strengthen existing partnerships and forge new ones for health development at all levels.

• Ensure adequate access to food and proper nutritional status.

The Role of individuals and communities

WHO emphasizes partnerships to promote reproductive health. Key interventions for better reproductive health that can be promoted by individuals families, communities, health-care workers, policy makers and the media:

Role of individuals:

• Individuals, both men and women, should practice and promote family planning - too many, too early, too frequent, or too late or unplanned pregnancies can affect a woman's health. To avoid unwanted pregnancies and STDs, they should practice safe sex, and women should adopt hygienic practices during menstruation.

• Pregnant women should eat adequate quantities of nutritious foods with pulses, legumes and green, leafy vegetables along with meat and milk products when available.

• They should recognize the danger signals during pregnancy and seek help when needed.

Role of families and communities:

• Communities should discourage discrimination against the girl child. They should ensure equitable access to heath care, educational and recreational opportunities to boys and girls.

• Community leaders should advocate and promote delaying the age at marriage and first pregnancy and childbirth to save lives. Early marriage educational and future employment opportunities.

• Communities should ensure that women are accorded equity and respect - a woman's worth determines her health status.

Role of health workers:

• They must provide appropriate education and counseling to enable people to promote RH and prevent RH problems.

• They must provide reproductive health care and arrange appropriate referrals when needed.

• They should involve communities in the planning and implementation of RH services.

• They must adopt a client-oriented approach in providing health services.

Role of NGOs:

• NGOs should try to influence social attitudes towards women.

• They should advocate the rights of the girl child and the special reproductive health needs of women.

• NGOs should also provide RH services which are complementary to government efforts.

Role of media:

• Media should strive to generate social action to end discrimination against the girl child. They should plan advocacy role to abhor violence and social injustice against women, and provide adequate health services to women.

• They can highlight the need for improved reproductive health practices through articles, features and advocacy.

• They can document success stories in the Region.

Reproductive health is a crucial part of general health and is central to development. It affects everybody and involves intimate and highly valued aspects of life. Not only is it a reflection of health in infancy, childhood and adolescence, it also sets the stage for both women and men to achieve healthy reproduction, and has pronounced effects from one generation to another.