

Review article

Reproductive health

L.H.S. de Silva¹

Journal of the College of Community
Physicians of Sri Lanka 1998; 3:27-31

Introduction

Reproductive health eludes millions of the world's people (1). Men and women, youth and children, suffer the consequences. Maternal deaths, unsafe abortions, sexually transmitted diseases including HIV/AIDS, unwanted high risk pregnancies, infertility, reproductive organ malignancies, reproductive tract infections have a dramatic impact on the socio-economic, personal and family well-being of the people. National development suffers from reduced productivity, social distress and increased demands on government services (1).

The broad based concept of Reproductive Health gained acceptance in the Programme of Action (POA) adopted at the International Conference on Population and Development (ICPD) at Cairo in 1994. The ICPD has earned a place in history as one of the most significant global conferences ever held. It radically transformed the views and perceptions of thousands of policy makers and programme managers on how population policies and programmes should be formulated and implemented. It endorsed a new strategy which emphasised the numerous linkages between population and development and focused on meeting the needs of individual women and men rather than on achieving demographic targets (2).

However it should be remembered that the POA was based on international consensus that developed since the World Population Conference at Bucharest in 1974 and the International Conference on Population at Mexico City in 1984 on issues related to population and development (3). The ICPD recommendations were also supportive of,

and consistent with and were based on the agreements reached at other important international activities such as the World Conference on Human Rights held in Vienna in 1993. It has made significant contributions to other major conferences such as the Fourth World Conference on Women in Beijing in 1995 (4).

Concept of Reproductive Health and Reproductive Rights

The ICPD, POA in paragraph 7.2 defines reproductive health as a "state of complete physical mental and social well being and not merely absence of disease and infirmity, in all matters relating to the reproductive system and to 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 capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice 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 child birth and provide couples with the best chance of having a healthy infant" (5).

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproductive and sexually transmitted diseases (5).

Reproductive rights embrace certain human rights that are already recognised in national laws, international human rights documents and other consensus documents (5). These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing

¹ Specialist medical officer, Family Health Bureau, Ministry of Health

and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. Full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality (6).

At the ICPD it has been recognised (para 7.3) that reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor quality reproductive health information and services; the prevalence of high risk sexual behaviour; discriminatory socio-cultural and religious practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because they lack information and access to relevant services. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

It is recognised that sexual and reproductive health is at the centre of human dignity, relationships and well being. The private nature of sexual and reproductive health does not diminish its significance in the lives of men and women in every culture. Everywhere sexuality and sexual behaviour have profound consequences on individuals, families and societies.

According to paragraph 7.6 of the POA it is envisaged that reproductive health is made accessible through the primary health care system to all individuals of appropriate ages.

Reproductive health care in the context of primary health care include: family planning counselling, information, education, communication and services; responsible sexual behaviour; education and services for

prenatal care, safe delivery and post natal care; breast feeding and infant health care; adolescent health needs; prevention and appropriate treatment of infertility; prevention of abortions and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases including HIV/AIDS; breast cancer and cancer of the reproductive system; gender issues and women's health including menopause.

Thus reproductive health is not limited to a woman's childbearing period, but addresses the health needs of women before and after this period as well as the health needs of men. An objective of the POA is to meet the changing reproductive health needs over the life cycle (5).

Reproductive health refers to a spectrum of conditions, events and processes throughout life ranging from healthy sexual development, comfort, closeness and joys of child bearing to abuse, disease and death. Thus, to the well established scientific paradigm of biomedicine, epidemiology and demography are now added quality of care, sexuality, ethical and human rights perspectives, and from social sciences gender analysis. Therefore it is envisaged that a paradigm shift occurs from family planning to reproductive health; from population to individual needs; from targets to concern for quality of care; from reproductive age group to life cycle approach; and from focus on females to female, male and youth.

Paragraph 7.9 of POA emphasises the importance of promoting community participation in reproductive health care delivery. Forming partnerships in cooperation with local Non-Governmental Organisations (NGOs) and private health care providers is recognised as an important strategy in reproductive health care provision.

Special health needs of vulnerable groups of population are also emphasized in para 7.11 specially emphasizing the migrants, displaced persons and victims of sexual violence who have limited access to

reproductive health care and who may face specific serious threats to their reproductive health and reproductive rights.

Reproductive Health Status in Sri Lanka

Sri Lanka being one of the 179 United Nations member states who were signatories to the POA adopted at ICPD is committed to incorporate the reproductive health elements into its development programmes (7). A Population and Reproductive Health Policy for Sri Lanka has been formulated. This policy was approved in December 1997 by the National Health Council which is chaired by the Honourable Prime Minister. In August 1998 the Cabinet of Ministers approved this policy (8).

The "Population and Reproductive Health Policy for Sri Lanka" aims at achieving a higher quality of life for its people by providing quality health information and services, achieving gender equality, providing health care and social support for the elderly, promoting the economic benefits of migration and urbanization while controlling their adverse social and health effects and reaching a stable population size in the long term (8).

Eight goals constitute the Population and Reproductive Health Policy of the Government in the medium term. The policy statement is structured on the basis of a rationale for each goal which is accompanied by a set of illustrative strategies.

An action plan has been drawn up by the Task Force mandated to formulate it, with a view to facilitating implementation of the strategies for achieving the goals. In the action plan the roles and responsibilities of the national and sub-national administrations, NGOs including Community Based Organisations (CBOs) and the private sector are identified, establishing the various linkages necessary for effective implementation (9).

In Sri Lanka family planning services commenced in 1968, and from the inception it was integrated to the maternal and child

health programme which commenced way back in 1926 (10). The well developed primary health care infrastructure which has developed over the past decades have contributed to the achievements in the field of population and reproductive health despite the low per capita income. The welfare programmes of the various governments such as free education and food subsidy too have contributed to the satisfactory health status of its people who were literate enough to utilise the Maternal and Child Health and Family Planning (MCH/FP) services (11).

Challenges Ahead

Yet, much remains to be done. The changing demographic, epidemiological and social situation demands additional services. Of the 200 maternal deaths that occur during a year, 50% are preventable. Sixty percent of the pregnant women are anaemic. Unwanted pregnancies result in high levels of unsafe abortions leading to serious consequences. Child abuse is increasing. High risk sexual behaviour leads to various reproductive health problems specially among the adolescents, even leading them to commit suicides. Nearly 10-15% of married couples are sub-fertile. Eighteen percent of the new borns are low birth weight babies (12).

Increase in life expectancy has resulted in many women suffering from advanced malignancies of the breast and reproductive system. Conflict situation in the country has resulted in large numbers being internally displaced. Many young mothers have left their homes to other countries seeking employment leaving behind their husbands and young children resulting in many reproductive health problems. Child prostitution, sexual harassment are causing concern. Adolescents leaving their villages to seek employment in urban areas increase the demand for preventive and promotive reproductive and sexual health services. Menarche is reached at younger age and the age of marriage is rising. Thus, sexually active period before marriage is long, exposing them to reproductive health risks.

Incorporation of reproductive health elements into the various programmes undertaken by the health sector as well as other relevant sectors in government, nongovernment and private organisations is therefore very appropriate and useful to face the challenges successfully.

In addition to improving the quality of care in the delivery of MCH/FP services, steps have been taken to provide services to the adolescents and youth who are the most dynamic element in the society. Reproductive health education has been incorporated into the curriculum at appropriate levels. Life skills such as problem solving skills and coping skills of students are developed in the school system. Higher grade students are given a book giving information regarding the changes that occur physically and psychosocially during the transition period of adolescence (13). A manual has been prepared to educate health workers regarding adolescent health needs (14). Well woman clinics have been set up in every health area, to screen apparently healthy women over 35 years of age for early signs of reproductive organ malignancies. Primary health care providers are being trained to develop skills in counselling enabling them to help individuals and couples to take free informed choice in issues related to their reproductive health.

Various activities are planned for female empowerment, improvement in male participation and for extension of services to vulnerable groups such as the urban slums, plantations, migrant workers, factory labour, the internally displaced persons and the under-served rural areas.

Various government organisations in the health sector such as the Family Health Bureau, Health Education Bureau, Epidemiological Unit, Cancer Control Programme, National AIDS and Sexually Transmitted Disease Control programme and all institutions in the provincial health system, other government sectors such as the Ministry of Education, Women's Affairs, Justice and Labour and various NGOs, CBOs and National Youth Services

Council should join hands to deliver the reproductive health services to ensure a better status of reproductive health of their choice to all individuals in Sri Lanka.

A new Management Information System on Reproductive Health has been planned by the Family Health Bureau, which is the main coordinating organisation of the Health Department of Sri Lanka responsible for planning, monitoring and evaluating reproductive health activities.

Reproductive Health is Everyone's Responsibility and Everyone's Right! (15)

References

01. Family Care International Commitments to sexual and Reproductive Health and Rights for All. Frame work for Action. New York: 1995; 22.
02. United Nations Fund for Population Activities. UNFPA Report, 1995.
03. United Nations. Summary of the Programme of Action of International Conference on Population and Development. United Nations.. New York: 1995: 4-17.
04. Singh Jyoti Shankar. Creating a new Consensus on Population, International Conference on Population and Development. Earthscan Publication. London: 1998; 29-103.
05. United Nations. Population and Development. Vol.1. Programme of Action adopted at the International Conference on Population and Development Cairo, 5-13 Sep. 1994. UNFPA. New York: 1995: 1-79.
06. United Nations Fund for Population Activities. The State of World Population 1997. The Right to Choose: Reproductive Rights and Reproductive Health UNFPA. New York: 1997.
07. United Nations Fund for Population Activities. UNFPA supported Reproductive Health Programme in Sri Lanka. 1997. UNFPA. Sri Lanka.

08. Ministry of Health and Indigenous Medicine. Population and Reproductive Health Policy. Democratic Socialist Republic of Sri Lanka. 1998.

09. United Nations Fund for Population Activities UNFPA's Reproductive Health Programme in Sri Lanka 1998. UNFPA. Sri Lanka.

10. Ministry of Health and Indigenous Medicine. Health Development in Sri Lanka. Vol.1 Modern Medicine sponsored by UNICEF. Feb.1998

11. Ministry of Health Annual Health Bulletin 1997. Sri Lanka: 1998; 12.

12. Ministry of Health. Family Health Bureau and UNICEF. Safe Motherhood in Sri Lanka.

13. Adolescent Health Steering Committee. Udavu Yauwanaya. sponsored by UNFPA Sri Lanka: 1996.

14. Adolescent Health Steering Committee. Yowun Saukkya. Hand Book for health care staff. Coordination -Family Health Bureau. Sri Lanka:1999.

15. World Health Organization. Reproductive Health in the South East Asia Region. 50 years: Commemorative Series-5. Regional Office for South- East Asia. WHO. New Delhi.:1998; 3.