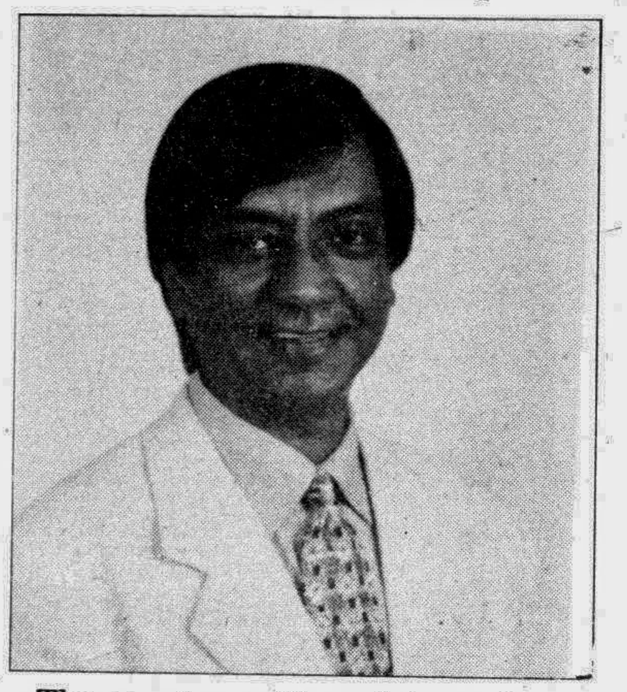
Towards better reproductive health

UNFPA's Director of Regional Country Support Team for Central and South Asia **Dr. Wasim Zaman** talks to **Naimul Haq**



The country, with assistance from its development partners, should be able to put in place, information and services that meet the full range of needs of the reproductive health of women as well as men. The way men take responsibility for the well-being of women and children is critical to further success of programmes, like that of UNFPA's, in Bangladesh.

BANGLADESH has a population of 124 million, according to recent data released by the government. It is the world's ninth most populous nation and is the most densely populated. At the current population growth rate of 1.8 per year, population will double in about 40 years. This is despite the fact that the average number of children that a woman gives birth to in her child bearing years has declined from over six in the 1960s to about three at present. Approximately 80 per cent of the people live in rural areas but by 2010 the urban population will account for more than 50 per cent of the total population.

So where does Bangladesh stand and how is United Nations Population Fund (UNFPA) looking at the gigantic problem? How does the United Nations agency intend to help an already over-populated country like ours address the problem? What are the implications for the future of continuing growth of population in the country? To find out what is being done to address these problems and discuss a few other significant issues related to population and development in the country and in South Asia, The Daily Star approached UNFPA's Director of Regional Country Support Team for Central and South Asia Dr. Wasim Zaman, who was here on an official visit.

Currently based in the Nepalese capital of Kathmandu, Dr. Zaman has done his PhD and Masters from Harvard University. Prior to that, he was a member of the erstwhile Civil Service of Pakistan and, subsequently, Bangladesh. He worked with the Kennedy School of Government, Harvard University, and as a consultant with the World Bank, USAID, the ICDDR,B and other international organisations. Dr. Zaman joined the UNFPA in 1988 and was the Representative of UNFPA in India (1995-1998), managing the largest programme of the organisation. He was concurrently Country Director for Bhutan. His pro-active leadership of the UNFPA programme in India was greatly appreciated. During that period he also served as the Chairperson, UNAIDS Theme Group in India.

Excerpts from the extensive interview:

The Daily Star (DS): What is the size of annual support that Bangladesh gets from UNFPA for population programmes?

Dr. Wasim Zaman (WZ): The UNFPA proposes to support a population programme over the period of 1998-2002 to assist Bangladesh in achieving its goals of development activities. For the next few years UNFPA will provide support in the tune of seven million US dollars per year. A package of US dollar 35 million, of which 31 million would be programmed from UNFPA's regular resources. The remaining four million would come from other multi and bilateral sources. This would be UNFPA's fifth programme of assistance to Bangladesh. The partnership with Bangladesh started since 1974.

DS: What do you think are the major challenges that Bangladesh faces in this area and what are we doing to address them?

WZ: Addressing women's health needs, particularly reproductive health needs, is a serious challenge for Bangladesh. This is a matter that needs to be viewed in the context of women's rights, including the rights to good health and therefore, reproductive health. It must not be viewed as another approach for "population control". The country, with assistance from its development partners, should be able to put in place, information and services that meet the full range of needs of the reproductive health of women as well as men. The way men take responsibility for the well-being of women and children is critical to further success of programmes, like that of UNFPA's, in Bangladesh.

Bangladesh has become a success story in some areas. For instance, according to some recent estimates, almost 50 per cent of the women in child-bearing age group (15-49 years) now use contraceptives, thereby providing a high contraceptive prevalence rate and avoiding large numbers of unwanted pregnancies and births. Many reasons are given for this success, including a well-managed and undisrupted family planning programme.

Despite some successes, there are some numbers which are still worrisome. Estimates of Maternal Mortality range from as high as 500 to 800 per 100,000 births. Infant Mortality Rate is also high with approximately 80 infants dying out of 1,000 live births. Only about seven percent of the births are attended by health professionals, many of the rest of the 93 per cent births take place at home under unfavourable conditions, thereby contributing to the high maternal mortality rate. Close to 93 per cent of the babies born in Bangladesh weigh less than normal. All of this is happening despite the fact that Bangladesh has always had some form of maternal and child health care programmes. Clearly there are gaps in reaching the services to the right people at the right time. In Bangladesh women's health and their reproductive health needs special attention. We need to make sure that appropriate information, counselling and services are available and that the quality of care continuously meet acceptable standards.

According to the International Conference on Population and Development (ICPD) women have the right to choose and have access to quality healthcare services, including those related to reproductive healthcare which include family planning and sexual health. Now, if a woman decides to have delivery at a local hospital and the hospital lacks the basic facilities for delivery, she is denied that access. So, in a broader sense, a woman's right to choose where she would have a safe delivery is denied.

Unfortunately, there are no "quick fix" or immediate solution. One also has to appreciate the various constraints which any government in Bangladesh has to deal with. However, it is highly advisable that the government focus on improving services at the existing healthcare facilities and referral system — vital for saving the lives of mothers and their babies. There is also need for giving women more choices in contraceptive use and undisrupted availability of such contraceptives.

The overall goal of the current programme of UNFPA is to contribute to the improvement of the reproductive health situation and also to facilitate achievement of population stabilisation of the country by supporting government and non-government efforts.

DS: Could you please elaborate on the UNFPA strategies to achieve these difficult objectives?

WZ: To achieve these goals, three sub-components have been designed. They are reproductive health, advocacy, and population and development strategies. Gender issues will be a cross-cutting dimension for all three components. Of the total $35 million programme, about 60 per cent have been allocated for reproductive healthcare, one of the major issues we are now considering since the Cairo Conference. It has a much broader approach. In spite of Bangladesh's remarkable achievements in increasing contraceptive prevalence and reducing the total fertility rate, many challenges remain in the area of reproductive health. The focus will include quality of services, diversification of contraceptives rather than an over-reliance on oral contraceptives, reduction of discontinuation rates for temporary methods of contraception, address unmet need for reproductive health services including management of reproductive tract infection, sexually-transmitted diseases, provide access to and availability of services for vulnerable and hard-to-reach population groups, ensure men's involvement in reproductive health, address the special needs of adolescent girls and boys; improve the status of women. The reproductive health sub-component will seek to extend the coverage of reproductive health services including safe motherhood, quality obstetric care, clinical methods of contraception and management of RTI/STD, emphasis on thana health facilities in selected under-performing areas and urban slum areas where unmet needs are high. Support will be provided to expand reproductive health service delivery points in selected rural and urban areas, including extending the coverage of Maternal and Child Welfare Centres (MCWCs) in selected districts. The expected outputs of this sub-programme are; an increased number of service delivery points, efficient procurement of contraceptives and other reproductive health commodities, an increased number of trained service providers, increased technical capacity at service delivery points, improved interpersonal communication between providers and clients, a national quality assurance system for contraceptives and reproductive health commodities and sound clinical practices and operations. It is anticipated that the utilisation of reproductive health services would go up. Women would come out of their home and avail health centres more effectively.

The second component — advocacy — would receive 22 per cent of the total fund. Advocacy, which is an important element for the success of the programme, would mainly involve advising the government, policy makers, non-government organisations, members of parliament, local leaders, on what needs to be done on a priority basis. The main component will support the government's behaviour change communication (BCC) strategy to seek change in the attitude and behaviour of service providers. The purpose of BCC is to facilitate and create a supportive environment for family welfare and reproductive health services. Advocacy activities will also include mass information and group education, motivational meeting, orientation workshops supplemented by film shows and events.

The third component is population and development strategies. Under this sub-programme, UNFPA will contribute to strengthening national technical capacity to collect, analyse, use and disseminate socio-demographic data so as to facilitate implementation of population policies and achievement of reproductive health and family welfare goals. To ensure availability of quality data, support will be provided to 2001 population census, primarily for training and technical assistance for computerised enumeration maps.

DS: Who would implement the programmes and how would you ensure that the programmes are progressing?

WZ: The government will implement the major part of the programme. The United Nations agencies and other international and national agencies, including non-government organisations (NGOs), will execute certain components of the programmes. Ten per cent of the regular resources will be channelled to national NGOs for programme execution. UNFPA will limit its programme execution to international procurement and training aspects. The programme implementation will be monitored and evaluated in accordance with established UNFPA policies and procedures. The progress of each sub-programmes will be assessed through qualitative and quantitative indicators. Regular meetings on progress will help to review and evaluate programme performance.

DS: In the context of South Asia, where do you think Bangladesh stands in terms of its reproductive health, and population and development situation ?

WZ: Within South Asia Bangladesh is cited as a recent success story in terms of Family Planning Programme. Sri Lanka has been a success story for many years, with its universal literacy, very low infant mortality and good health indicators all around. As you are aware, Sri Lanka now has the lowest population growth rate (1.3 per cent) in South Asia. India's story is mixed. There are some pockets of success like the states of Kerala, Tamil Nadu and Gujrat but it also has vast populations in states like Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh where the social indicators are low and health and family welfare programmes need a lot more work. Nepal and Pakistan both need major improvements in most of the key socio-demographic and health indicators discussed before. Maldives continues to have high fertility and population growth rates. In the case of Bhutan, it has made major achievements in literacy, health care and equality of women. However, population growth rate continues to be very high at almost three per cent per year.

What goes to Bangladesh's credit is that it has achieved major reductions in fertility rates despite the persisting poverty situation, high population density, relatively low literacy rates, particularly for girls. So, within the group of South Asia, Bangladesh is being considered as a "rising star" with considerable prospects for rapid improvement in its conditions. How rapidly Bangladesh will succeed in these areas will largely depend on the priority that it will attach and the investments that it will make on:

1. Rapid enhancement of literacy, primary and adult education;
2. Improvement of the status of women and full realisation of their rights;
3. True understanding of the situation of the adolescents (who are almost 22 per cent of the population) and addressing their needs, including their reproductive health needs;
4. Ensuring male participation; and
5. Major improvements in primary health care and improvements in the access and quality of reproductive health care.

Unfortunately, there are no "quick fix" or immediate solutions. One also has to appreciate the various constraints which any government in Bangladesh has to deal with. However, it is highly advisable that the government focus on improving services at the existing healthcare facilities and referral system —vital for saving the lives of mothers and their babies. There is also need for giving women more choices in contraceptive use and undisrupted availability of such contraceptives.

All about reproductive healthcare

Definition

REPRODUCTIVE health is a state of complete physical, mental and social well being and not merely the absence or disease or infirmity, in all matters related to the reproductive system and to its functions and process. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have 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 healthcare services that 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 Programme of Action. A/CONF. 171/13, paragraph 7.2

Reproductive health and rights

EVERYONE has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to healthcare services, including those related to reproductive health care, which includes family planning and sexual health.

Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have basic right to decide freely and responsibly the number and spacing of their children and to have information, education and means to do so.

(From the ICPD Programme of Action: Chapter 2, Principle 8)

Why is Reproductive Health so Important?

WHILE reproductive health programmes should also address the needs, roles and responsibilities of men and youngpersons, the real thrust of reproductive health strategies and programmes must ensure that women are able to fulfil their reproductive roles safely because, to a great extent, the burden of reproductive ill-health is borne by women:

— Women assume most of the responsibility of contraception.
— Women face the risk of childbearing.
— Women are biologically and socially more vulnerable to sexually transmitted diseases including HIV/AIDS and cancers.
— Women are exposed to gender-based violence and abuse.
— Women can suffer from complications of unsafe abortions.

- Reproductive ill-health accounts for over 30% of the overall burden of disease and disability among women compared with only 12% for men.
- Problems related to pregnancy and childbearing represent the major portion of healthy years of life lost to women of reproductive age, followed by sexually transmitted diseases which accounted for 8.9% of the burden of disease in women compared to 1.5% in men of the same age-group.
- Hence, health programmes must address the reproductive and sexual health needs of all individuals and couples of all ages.
- The programmes must provide all persons with the necessary information and care so that they can experience healthy sexual development and maturation and have the capacity for healthy, equitable and responsible relationships and sexual fulfilment.

Reproductive health is a crucial component of general health. It affects everybody. Reproductive health has developmental and intergenerational components. It reflects health in childhood and adolescence and sets the stage for health beyond the reproductive years for both women and men.

Reproductive Health Approach

THE conventional approach accords women special care only during pregnancy, delivery and post partum. The Reproductive Health approach, however, covers the whole life span of a woman, with particular emphasis on critical periods of her life: birth, adolescence the reproductive years, and after.

- The Reproductive Health approach advocates care during infancy and childhood with special attention to nutrition, immunisation, hygiene and health-promotion counselling.
- The Reproductive Health approach places emphasis on the life-cycle perspective, with one stage building into the next — from infancy and childhood through adolescence, before and during pregnancy — to ensure the good health of the mother-to-be.
- The Reproductive Health approach advocates multi-sectoral action such as raising the age at marriage, education, and income-generation to set the stage for the successful outcome of pregnancy.
- The Reproductive Health approach projects family planning as a safe motherhood intervention, advocating counselling for both husband and wife, and prevention of abortions.
- The Reproductive Health approach seeks to prevent sexually-transmitted diseases and reproductive tract infections to guard against infertility and ectopic pregnancies.
- The Reproductive Health approach seeks to ensure quality care of women during pregnancy and delivery with an emphasis on:
  1. family and community involvement;
  2. deliveries by trained midwives to minimise risk to the mother and new-born;
  3. the support of NGOs and local volunteers to help reduce delays in seeking and getting care during emergencies.

The concept of Reproductive Health brings a new dimension to safe motherhood, family planning and STD programmes. Integrating them so that they are not delivered in isolation enables communities to deal in a more comprehensive manner in order to overcome the issue of territoriality. Health-care providers must collaborate with NGOs, women's health advocates, and young people. Managerial and administrative changes are also needed.

Reproductive Health Strategy

- The mother's health status and access to health care affects the health of the new-born.
- Nutritional status during infancy and childhood has an impact on future reproductive health.
- Reproductive health needs of women increase in adolescence and the reproductive years.
- Society's failure and neglect of women reflected in factors like gender-bias, low status, poor education, abuse, violence, etc., impacts negatively on MMR.
- Major reasons for MMR attributable to health services include:
  — inadequate coverage of antenatal care.
  — lack of trained assistance at delivery,
  — insufficient essential obstetric services,
  — poor referral and transport systems.
- The Reproductive Health approach will strengthen the safe motherhood programme through:
  — the life span perspective,
  — proper nutrition, and education,
  — immunisation,
  — emphasis on family values,
  — improvement in quality of care.
- To empower women with choices, through multisectoral action to raise age of marriage, education, income-generation, etc.
- Family planning, integrated with STD/RTI treatment, as safe motherhood interventions, will help in promoting women's and child health through spacing and prevention of abortion and, thereby, deaths due to complications.

By addressing all these issues holistically, the Reproductive Health approach will place reproductive health goals in the broader context of people's lives.

Women, the Vulnerable Sex

REPRODUCTIVE ill-health represents an important part of the overall burden of disease, especially for women. From infancy through into old age, problems such as female genital mutilation, malnutrition and anaemia, unwanted pregnancies, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, infertility, sexual and gender violence, unregulated fertility, maternal mortality and morbidity, reproductive tract cancers, osteoporosis and prolapse in later years take a toll of women both in terms of loss of healthy life and well-being.

- The health consequences of violence against women — rape, sexual abuse, forced prostitution and human trafficking — have been shown to contribute substantially to the burden of disease in women.
- The rapid spread of HIV/AIDS, particularly among young women demonstrates their vulnerability and the need for sensitive and responsive educational messages, technologies and services that reach them. It also demonstrates the need to address prevailing gender inequalities.
- Women's disparate burden is a result of the social, economic and political disadvantages that have a detrimental impact on their reproductive health.

STD services need to be integrated or closely linked at the primary health-care level, and must include the following:
— proper and complete information
— health education for both sexes
— prevention of infection
— condom promotion and distribution
— syndromic diagnosis and treatment
— case findings for treatable STDs
— partner referral
— intensified interventions for high-risk populations
— referral services

Bangladesh and UNFPA

FORTY-SIX per cent of the population live below poverty line. Forty-three per cent of the population are below age 15.

The current population growth rate is 1.8. In 40 years the size of the population will double before stabilising around 250 million.

Life expectancy for men exceeds that of women (58.1 years for men while for women it is 57.6).

Approximately 20 per cent of the population live in urban areas.

The gross national product (GNP) per capita remains very low at around 250 US dollar. Income is 60 per cent higher in urban areas.

Only 45 per cent of the population has access to basic healthcare services.

Only seven per cent children have normal weight. Infant mortality is 78 per 1000 live births, under five mortality rate is 116 per 1000 live birth. The maternal mortality rate is 470 per 100,000 live births. Only seven per cent births are attended by health professionals.

About 50 per cent of the married women of reproductive age suffer from reproductive tract infection.

Population density: 821 per square kilometre.

UNFPA is the largest provider of contraceptives in Bangladesh. During the fourth population and health project, UNFPA procured contraceptives worth $101,603,636. Out of $35 million in UNFPA's fifth programme, $5 million will be allocated to procure contraceptive. Another $5 million will be used to improve the quality of Reproductive Health services, including strengthening quality assurance of contraceptive and other reproductive health commodities.