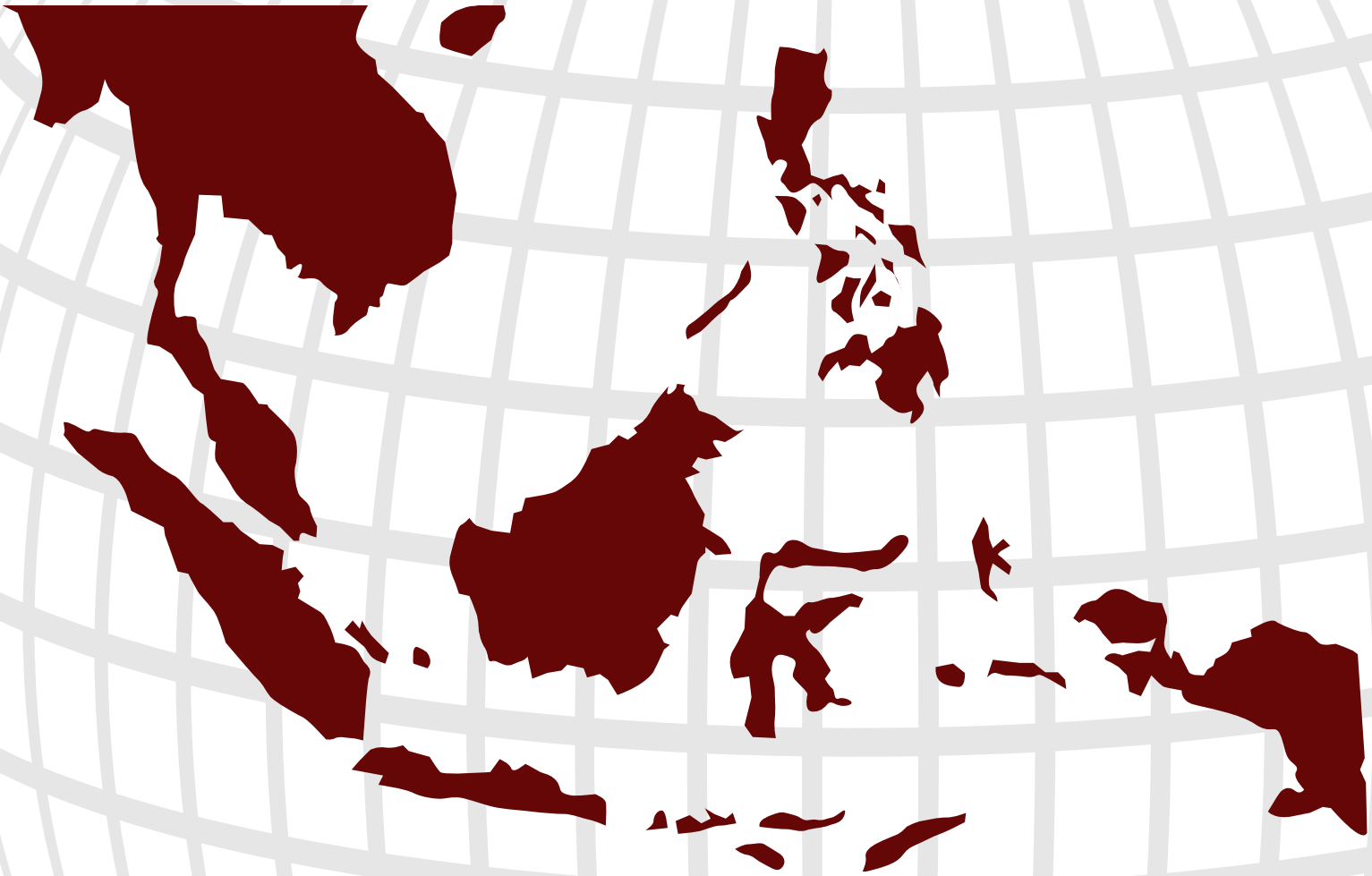
AMWHO 2019 International Conference



SEARO/WPRO

South-East Asia and Western Pacific

Regional Guide

AMWHO

Break the Stigma:

Sexual and Reproductive Health

SUMMARY

The World Health Assembly's South-East Asian and West Pacific region is very diverse in terms of race, language, culture and economic growth. However, all the countries in the region are affected by problems of reproductive and sexual health and policy. Maternal health in Asia unfortunately overlaps with adolescent sexual health, since so many young girls, under the age of 18 are pregnant and married. Due to economic constraints as well as cultural factors, the elderly sometimes do not have access to programs that can give them information and support when it comes to sexual health. Activists are fighting everyday for better reproductive health policy to be implemented in the different countries in the region. Any policy suggested in this region should keep low and middle-income countries in mind.

REGIONAL TOPICS

Maternal and Newborn Health

According to the latest UNFPA (United Nations Population Fund) report in South Asia, 46 per cent of women aged 20–24 were married or in union before they reached the age of 18. [1] Child marriage in this region remains a big barrier to improving maternal and sexual health. This is because, child marriage has been linked to poor maternal health outcomes and higher maternal as well as newborn mortality.

Furthermore, neonatal mortality accounts for more than 50% of under-five mortality in the region. Three quarters of neonatal deaths occur in the first week of life, and preventing these depends on attention to the causes of death that are unique like birth asphyxia and prematurity. In the South-East Asian and West Pacific regions, the main direct causes of neonatal deaths in South-East Asia are preterm birth complication (37%), neonatal infections including sepsis and pneumonia (28%) and birth asphyxia (19%). Underlying factors affecting newborn and child health range from poverty, maternal education, urbanization to environmental threats (access to clean water etc.) [2]

Case Study: Sri Lanka's Story of Success in Maternal Health [3]
Beginning in the 1950s, the government of Sri Lanka made special efforts to extend health services, including critical elements of maternal health care, through a widespread rural health network. Today, Sri Lanka boasts an incredibly low (as compared to the region) 60 per 100,000 mortality to birth ratio and its success in reducing maternal deaths is attributed to broad access to maternal health care, which is built upon a strong health system. It now provides free services to the entire population, including in rural areas. It is also responsible for the professionalization of midwives and systematic uses health information to identify problems and guide decision making. It also targets quality improvements to vulnerable groups. Sri Lanka has spent less on health—and achieved far more—than most countries at similar income levels.

Adolescent Health

Young people in this region live in diverse socio-cultural and economic contexts, yet they share important challenges and opportunities related to their sexual and reproductive health. In all countries, increasing access to media, urbanization and globalization are contributing to changing sexual values, norms and behaviors of young people, often in conflict with the traditional, conservative socio-cultural attitudes towards premarital sex and gender norms. These factors contribute to significant barriers that limit young people's access to information and services that they need to make a healthy transition into adulthood. [4]

Furthermore, in this region, adolescent health also concerns maternal health because pregnancy at an early age is common. Pregnant adolescents have a higher chance of experiencing obstetric complications and neonatal death, having a low birth weight infant; acquiring HIV/AIDS due to unprotected sex, and suffering the consequences of an illegal abortion. Compared with adult mothers, those who give birth as teenagers are also at increased risk of socioeconomic disadvantage in terms of employment, living arrangements and parity. Furthermore, children of young mothers themselves are more likely to become young parents, predisposing their female offspring to be more likely to experience teenage pregnancy.[5]

Case Study: A study indicating adolescents' perceptions of sexual and reproductive health services in Vanuatu [6]

A qualitative study consisting of focus groups and semi-structured interviews revealed that the most commonly reported reason for accessing sexual and reproductive health (SRH) services was to seek information or advice. The primary barriers to accessing SRH services were fear and shame related to socio-cultural norms and attitudes regarding adolescent sexual behavior, judgmental attitudes and lack of skill of service providers, cost and availability of services and the perception that these services were only for married couples.

Traditional healers were identified as providers of SRH services in half the groups, with some suggesting that they were more affordable than clinics. Some adolescents described accessing traditional healers for specific problems such as STI or abortion. This identified a major problem in the system since traditional healing is not always backed up by controlled experiments and these centers may not have the required sanitation or tools required in the case of an emergency.

To increase adolescents' access to SRH services, Kennedy et. al. suggested training service providers to be friendly and non-judgmental, building reliable commodity supply networks, making SRH services free, building a system of confidentiality, employing both male and female providers, having convenient open hours and creating a sense of privacy in the clinic. Stand alone youth clinics were also recommended.

Middle aged and Elder Health

While as early as in 1994, the Program of Action recognized that "older women and men have distinct reproductive and sexual health issues which are often inadequately addressed", research, policy and programs have consistently failed to adequately attend to their needs. [7] Even data collected through Demographic and Health Surveys and health indicators focus primarily on adults of reproductive age 15–49 years. However, sexuality in later life has received growing attention in the past decade, though it has mainly centered around medical aspects of sexual functioning, with a prime focus on addressing erectile dysfunction in heterosexual men. This is likely an outcome of the successful marketing of *sildenafil* (Viagra) and other sexual performance enhancers. However, except for this strong focus on clinical/pathological aspects of sexuality, there has been a dearth of literature on sexuality, sexual and (post-) reproductive health and rights of people in later life. [8] Additionally, when women hit menopause, their risk of chronic disease or breast cancer increases. [9] Health programs should make women aware of this and make sure that they get screened regularly.

Case Study: Sexual behavior and dysfunction and help-seeking patterns in adults aged 40–80 years in the urban population of Asian countries [10]

To study sexual activity, the prevalence of sexual dysfunction and related help-seeking behavior among middle-aged and elderly people in Asia, researchers conducted a random population survey among urban residents aged 40–80 years in China, Taiwan, South Korea, Japan, Thailand, Singapore, Malaysia, Indonesia and The Philippines. This consisted of interviews, based on a standardized questionnaire covering demographic details, health, relationships, and sexual behaviors, attitudes and beliefs. The study reached the conclusion that men and women in Asian countries continue to show sexual interest and activity into middle age and beyond. Although sexual dysfunction is prevalent in this age group, several sociocultural and economic factors appear to be preventing individuals from seeking medical help for these problems.

Reproductive Health and Rights

Reproductive health and rights in this region covers a broad range of topics including transgender rights, rights of the woman to make decisions regarding pregnancy etc., sexual violence and child marriage.

People of transgender identity are constantly harassed and are targets of physical violence by law enforcement as well as civilians. Fear of violence and discrimination has led to some people having to leave school. They are discriminated against when it comes to healthcare, employment or even housing. Furthermore, NGOs that want to help in this field, face several restrictions and denial of legal registration.[11]

Malaysia took a step forward in the protection of women's rights in 2017 by amending its domestic violence law to provide better protection for victims of domestic violence. It also passed a law expanding criminal sanctions for sex offenses against children. Efforts to pass a law to end child marriage were defeated, however, and Malaysia is one of the few countries that does not collect data on the number of children marrying. Marital rape is not a crime in Malaysia, much like other countries in the region. [12]

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women and can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.More than 200 million girls and women alive today have been affected in 30 countries in Africa, the Middle East and Asia where FGM is concentrated. It is mostly carried out on young girls between infancy and age 15 and is a violation of the human rights of girls and women. [13] The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. [14]

Citations:

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