Perspectives from Asia on new burden of diseases with specific emphasis on SRHR

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ARROW is a regional women's NGO which works in 13 priority countries in the region:
• Bangladesh
• Cambodia
• China
• India
• Indonesia
• Lao PDR
• Malaysia
• Nepal
• Pakistan
• The Philippines
• Thailand
• Vietnam
Sub-regionally these would cover:
• Southeast Asia
• East Asia (China)
• The Mekong
• South Asia

Why is SRHR important?

- Women constitute half the world’s population, yet in health and medicine the standard has always been ‘male’;
- It can be said that women’s sexual and reproductive health continues to be marginalised rather than to be perceived as a vital and integral part of women’s well-being.
- This is especially pertinent in contexts where women may not be free in making and exercising choices and decisions around their own sexuality and reproduction.

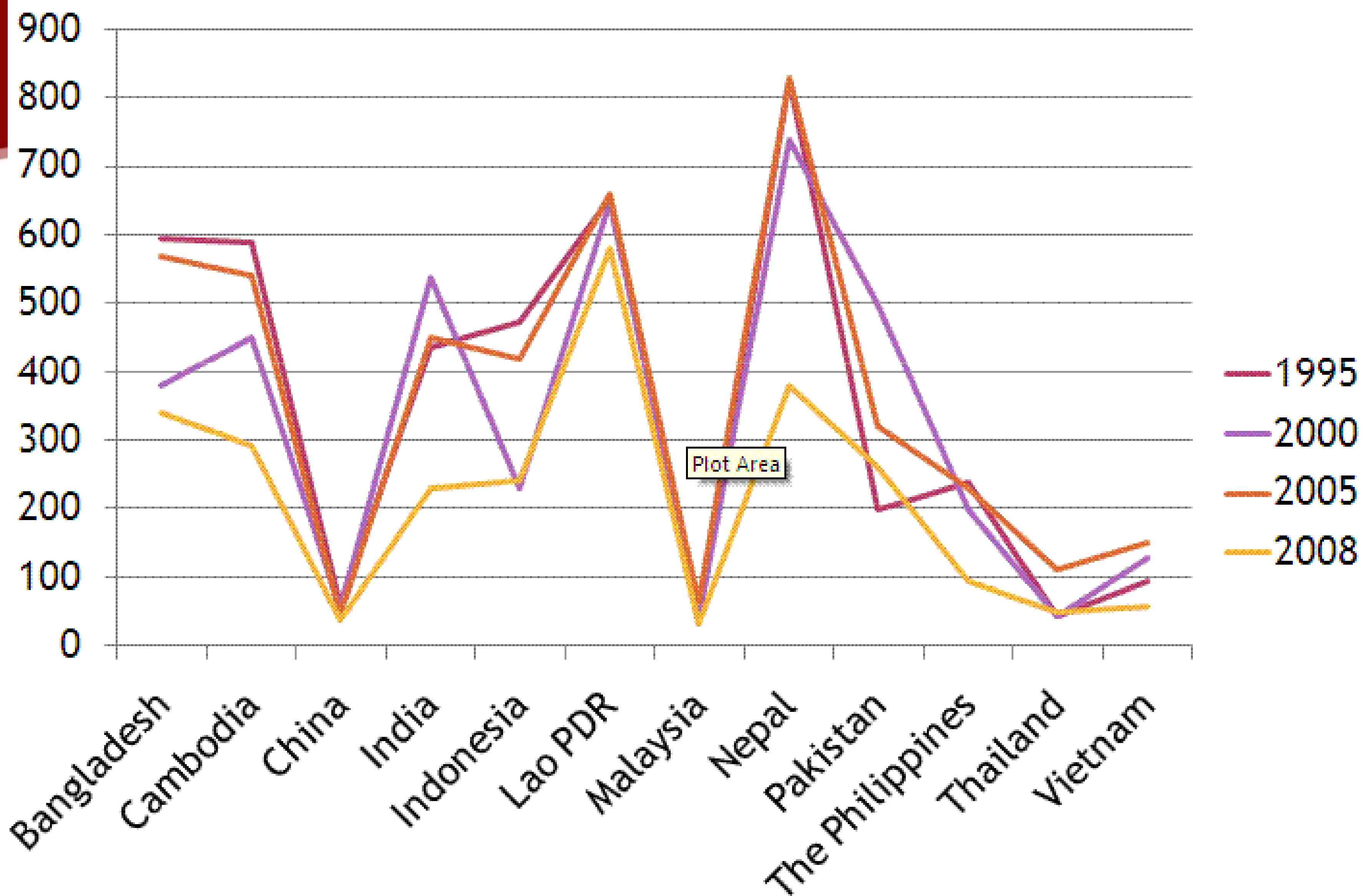
Intro: MDGs 5a & 5b: reproductive health and maternal health

- Indicators are for 5a: reduction of maternal deaths, skilled attendants at birth;
- Indicators for 5b: CPR, unmet need, adolescent pregnancies, antenatal care coverage
- 5b is on universal access to reproductive health – added 7 years later!
- What does this mean?
- Lower priority? Conceptually controversial?

Progress/ Lack of in MDGs 5a & 5b

- With regards to maternal health - MMRs are shown to be reducing, though not fast enough in the region
- The ICPD goal was to bring MMR to below 100 by 2014.

MATERNAL MORTALITY GENERALLY DECLINED IN THE REGION, BUT THERE NEEDS TO BE MORE PROGRESS. WHO/UNICEF/UNFPA DATA ON MMR IS USED TO ENABLE CROSS COUNTRY COMPARISON



Lack of progress in MDGs 5a & 5b

- Wide disparities continue to exist within countries and between countries – e.g. LDC and developing countries; and within poor, rural, hard-to-reach, lesser educated groups within countries.
- **Skilled attendants at birth**
- It was agreed at the ICPD, that all births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. Based on the data available, eight countries have not achieved the ICPD goal

Lack of progress in MDGs 5a & 5b

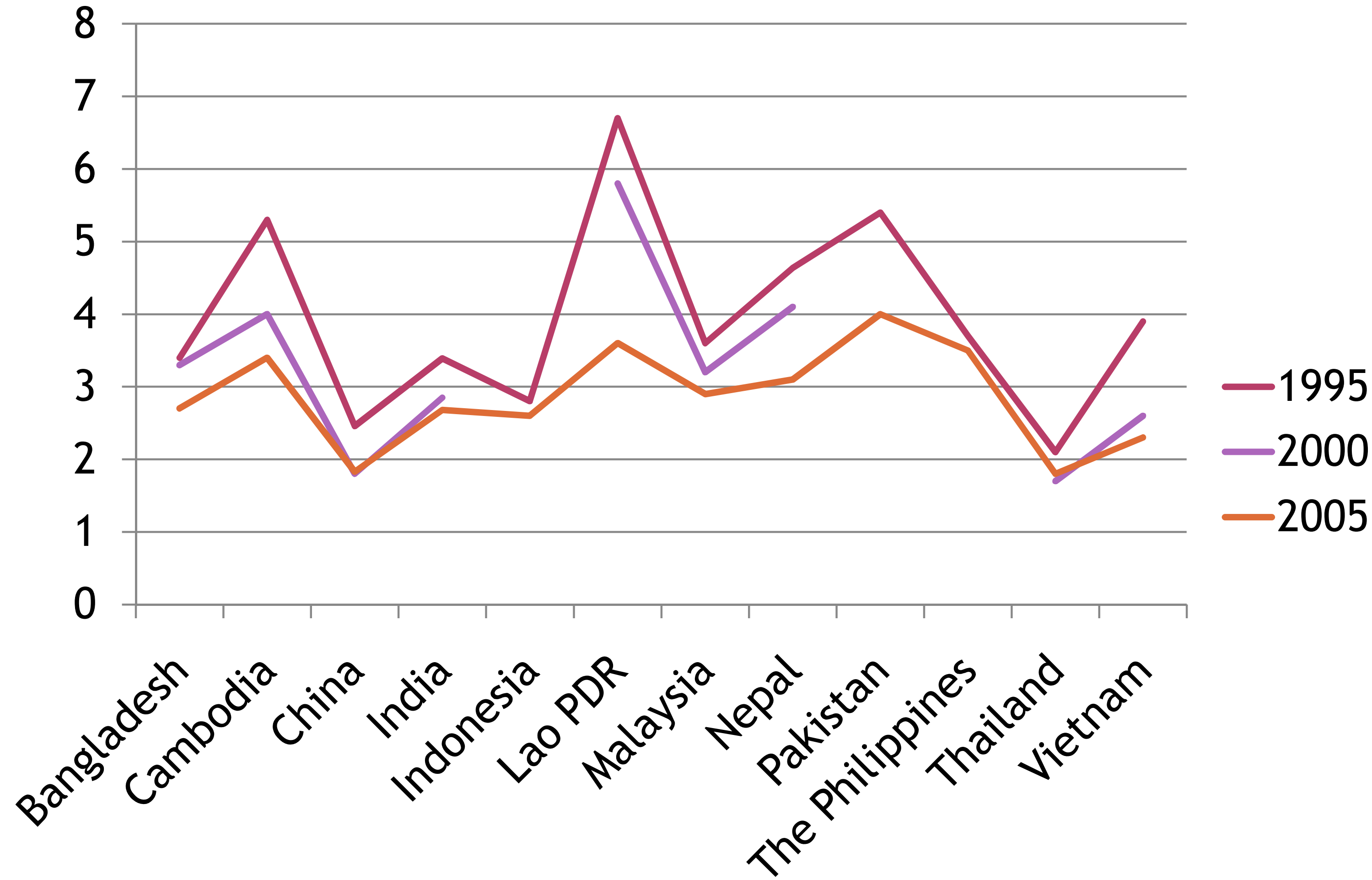
- Contraceptive prevalence rates

Key problems:

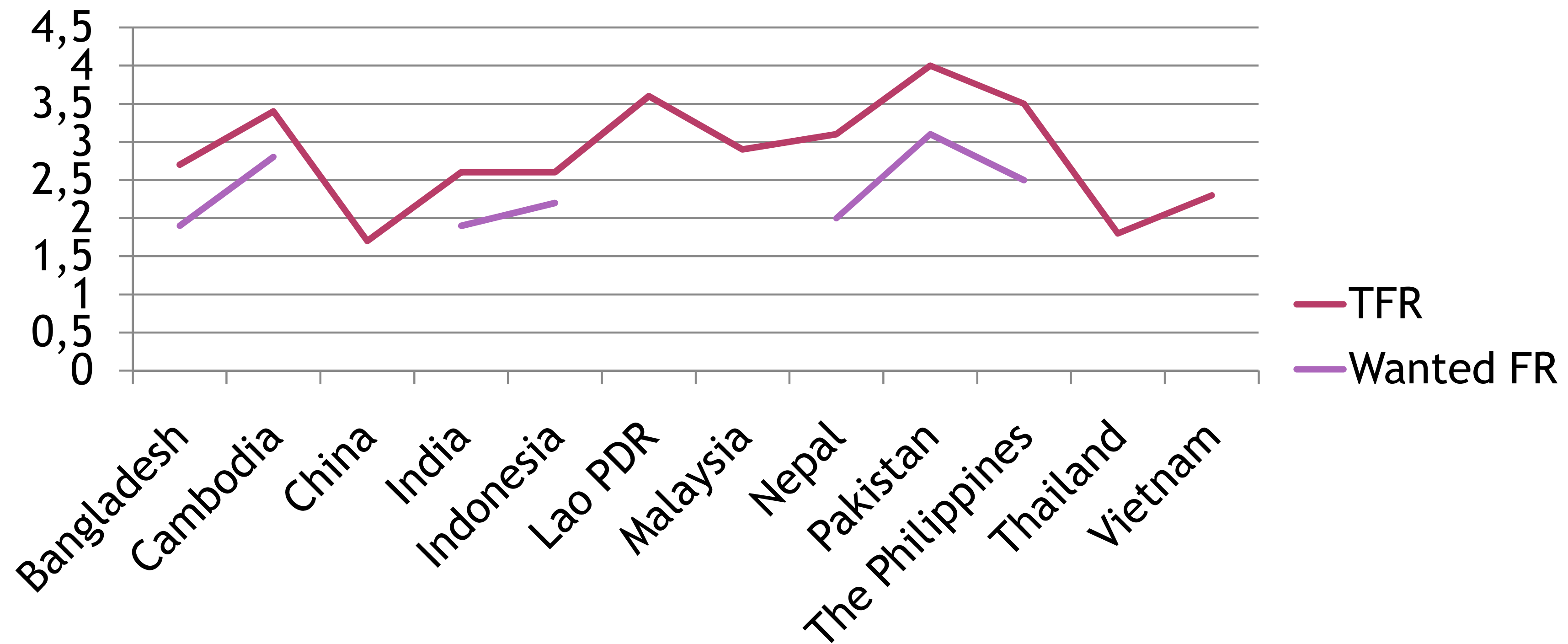
- preponderance of one method;
- lack of informed choice of service provision;
- male participation continues to be very low

For researchers: promote innovation in contraceptive methods?

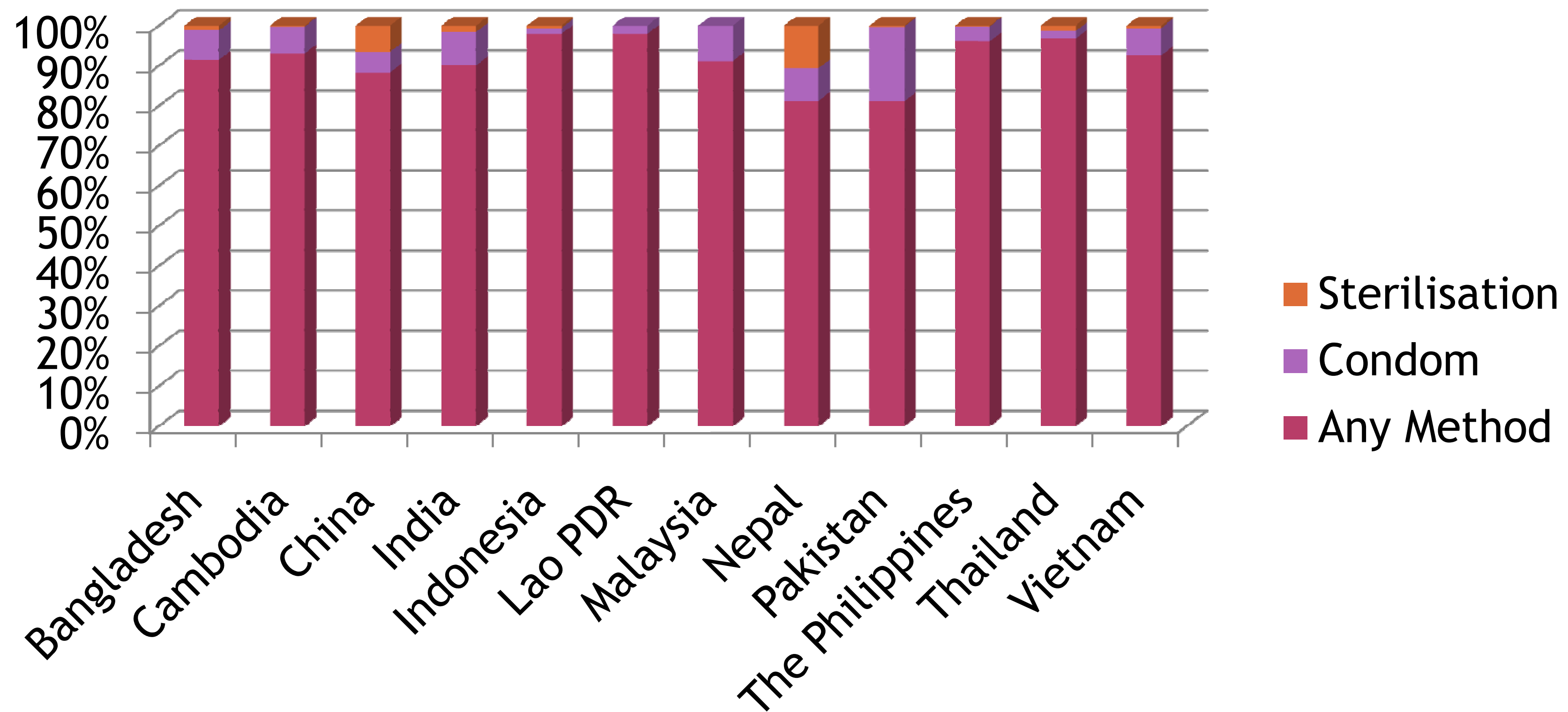
There has been a dramatic decline in fertility, however fertility rates are still high in Pakistan (4.0), Cambodia (3.4), and Laos (3.6). Philippines, (3.7-3.5)



Total and Wanted Fertility Rates: Many women still have more children than they actually want and are unable to control their fertility. This difference is greater in rural, less educated and poor women



Trends point to low male contraception as percentage of total contraception: Women continue to bear the burden of contraception



Lack of Progress in MDGs 5a & 5b

- Unmet need – is it really going down?
- DHS in our region does not include unmarried young people.
- Provision of sex- and sexuality education and services to young, unmarried not get factored in
- Politically, still considered controversial

Lack of progress in MDGs 5a & 5b

- Adolescent pregnancies
- 60% of the world's adolescents (10-19 years old) are from the Asia-Pac region;
- of the 14 million total annual births in the world, 43 percent - 6 million babies - are born by adolescent mothers in the Asia-Pacific region.
- Problems: high maternal mortality; no authority over sexual and reproductive lives; lack of access to information & services
- Source: United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). (2011). Adolescent Reproductive Health in the Asian and Pacific Region. : http://www.unescap.org/esid/psis/population/popseries/apss156/chap1.asp

Lack of progress in MDGs 5a & 5b

- Ante-natal care coverage is rising – however the impact on reduction of maternal deaths is tenuous – i.e. the interventions to reduce maternal deaths are skilled attendance and availability of emergency obstetric care.

New dimensions to old goals?

- ARROW works from the lens of women’s health and rights movement
- Looked at sexual and reproductive health outcomes as results of power inequalities
- Lead to ill consequences for women’s health.
- Gender inequalities within family and society, affect SRH outcomes.

New dimensions to old goals?

MATERNAL MORTALITY

Maternal deaths is a demonstratable fact of gender inequality, and lack of govt attention/ resources allocated to women

Lack of access to life-saving procedures can amount to discrimination against women

Suggested new indicators:

- Access to life-saving medications & procedures e.g. EmOC, BEOC (WHO)

2) Access to safe abortion services,

New dimensions to old goals?

CONTRACTION

CONTRACEPTION

- Decisions on contraception are ‘ideally’ to show male responsibility; should facilitate access to contraception - not present a barrier
- Suggested indicators:

- % of male contraception of total CPR (DHS)
- % of non-use of contraception due to spousal opposition, or religious opposition. (DHS)
- Any evidence of spousal consent i.e. husband’s permission for use of contraception, esp long-term/ permanent methods in the health service?

New dimensions to old goals?

SEXUALITY

Recognition of women’s autonomy over their sexual life and sexuality;

Suggested indicators

- Legal age of marriage - usually higher for males than females (UN Data)
- Women’s rights to choose their partners
- Discriminatory practices against women - female circumcision, traditional practices (CEDAW shadow reports)

New dimensions to old goals?

VIOLENCE

- Violence is a reflection of power inequalities in society and comparably more women then men continue to be targets
- Violence against women often results in ill-health - physical & mental and also death (homicide and suicide)
- Violence has an impact on MM (WHO multi-country study), RH, and mental health

Suggested indicators

- Laws against- Domestic Violence (UNSG's database on VAW)
- Laws against rape; incl. marital rape
- Laws against Sexual Harassment
- Health sector responses
- Violence against women in conflict and disaster situations

New dimensions to old goals?

If I should formulate a new MDG it would be this …

Affirming sexuality.

Because human beings are not only economic, social, physical, mental but also sexual beings.

Fulfillment of targets in a rights-based approach and with a gender perspective as a cross-cutting feature as indicators throughout all the MDGs.

Cairo is the broader framework and agenda as compared to the MDGs – it would still enable us to capture and appropriate frameworks such as climate, population dynamics, provision of SRH services, women’s SRH, gender equality, reproductive rights.

Cairo+ and MDG+ agendas

The MDGs had a reductionist approach to SRH and RR compared to ICPD and to health in comparison to Alma Ata; unable to change status quo with this framework.

Push the boundaries from Cairo:

- abortion as part and parcel of RH service provision;
- sexual rights for **all** people;
- provision of universal access to SRH and systems that facilitate this.