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POPULATION AND REPRODUCTIVE HEALTH

Reproductive health is an area which affects every individual, throughout the life cycle. It is constant at the individual level from the pre-conceptual period through menopause and climacteric. It is intimately related to each person's values, culture, and visions for the future. Its influence is personal and specific at the individual, family, and community levels, and at the level of the population it demands attention for its potential to contribute towards sustainable development. Reproductive health covers not only family planning, as has been erroneously understood by some, but has a much broader scope of action in family life and human development. It includes, in addition to family planning, sexual education, assuring safe motherhood, control of sexually transmitted diseases, care for complications of unsafe abortions, incorporation of a gender perspective, and attention to differing needs related to the reproduction of mankind and its potential.

Promoting and maintaining reproductive health requires quality health services and equity in their availability, distribution, and access. To accomplish this, proactive policies, management structures, and new approaches through research and the development of service models are essential. Success in reproductive health rests on the full participation of each person making informed choices and the development of social responsibility.

PAHO has supported efforts by the countries to seek better reproductive health for their populations for the past 30 years. The present situation of health sector reforms in the Region along with the amplification of the concept of reproductive health presents a unique opportunity to move to change some long-standing health problems related to reproductive health, to examine policy and strategy implications, to suggest changes needed to respond to the actual situation in the countries, and to reaffirm commitments made in international forums. Public authorities, whether or not they are involved in direct service provision, have a responsibility towards guaranteeing reproductive health rights for men, women, adolescents and children, and in assuring quality in services which permit the achievement of reproductive health. Only if governments take concrete actions can the theme be placed on the public agenda and concrete plans of action developed to assure the contribution of this important human aspect towards the well-being of the populations of the Region.

Given this opportunity, the Subcommittee on Planning and Programming is requested to examine the present document, suggest ways in which it could be improved, and advise on further action.

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EXECUTIVE SUMMARY

The concept of reproductive health is one which has been developing for some time. It was originally understood as referring to those services which were provided for family planning; however, this definition has been transformed several times. It has moved from the biological to consider the affective, the cultural, and the implications of population growth for sustainable development. The present, amplified concept positions reproductive health as an essential part of human development. It is based on human rights and responsibilities, both individual and societal. It encompasses the principles of equity, respect for self-determination, and consideration of human beings as embodying bio-psychosocial integrity, and it incorporates a gender perspective.

On an individual level, reproductive health is a constant during the entire life cycle. It extends through family and community groups and is concerned with the relation of population to the environment and sustainable development. Reproductive health is about people and their relationships, their values, their ethics, and their hopes for the future. There is perhaps no other area in health which touches individuals and societies so profoundly and, because of this, it is often subject to strong debate and different interpretations. Without underestimating such differences, it is clear, however, that many concerns in regards to reproductive health are common to all belief and value systems. These common concerns have important implications for the field of public health. Many urgently need concerted action by all in order to continue progress and to consolidate the gains made during this century.

The present time is a crucial one. The changes implied by the shift in the definition of reproductive health are not superficial. With new expectations, changes are demanded in the way in which we design services, promote healthy lifestyles, and respond to demands to further the reproductive health of the peoples of the Region. In spite of the fact that there have been significant advances on the conceptual level in the past several years, in part stimulated by the public debates around the international conferences, the operational expression of reproductive health as evidenced in the health sector and in other environments such as schools or workplaces is still a beginning process. Policies, services, and community activities will need to be developed to assure reproductive health for all.

Although PAHO's Governing Bodies have adopted resolutions on related themes in recent years, the analysis of the implications of an amplified concept of reproductive health in the light of the health sector reforms occurring in the majority of the countries of the Region offers a particular opportunity to confirm the contribution of reproductive health to in sustainable development and to review progress towards its operationalization. It is proposed that the Subcommittee on Planning and Programming examine the document, suggest improvements, and advise on further action.

1. Introduction

Over the past 25 to 30 years there have been many achievements in the area of reproductive health. To name a few, there have been significant decreases in maternal and infant mortality in the Region; the integral development of the adolescent, including reproductive health, is being addressed in the majority of the countries; schools of health sciences are incorporating related material in their undergraduate and graduate curriculums; various demonstration projects and programs have identified successful strategies for integrating relevant activities into public health services; and information collection has improved to permit better planning, priority determination, and decision-making. The advances, however, are far from universal. There are great disparities among countries of the Region and within each individual country, resulting in unnecessary loss of life and human tragedies and impeding development at all levels from the individual through the global.

Simultaneous with the changes in the definition of reproductive health, there has been increasing interest in examining the economic implications of providing and maintaining health services. As traditional answers are questioned, the process of health sector reform has come face to face with reality in the Region of the Americas. This process has brought with it significant changes, especially in the role of the public sector.

One of the principal changes is the separation of the financial functions from the service provision and regulatory functions of the State (*4, 6, 8, 24*). The sector reform‘s basic premises of extending coverage, potentializing efficiency, and stimulating local participation in decisions are consistent with the principles of the new definition of reproductive health. In addition, the recent worldwide effort to renew commitments for the initiative “health for all by the year 2000 and beyond” is a clear mandate and a reminder, faced with the magnitude of changes which the sector reform signifies, of the importance of maintaining the values of the primary health care strategy in the forefront, among them equity, efficiency, and effectiveness with full participation (*5, 15, 16, 17, 18*). It is now up to those responsible for reproductive health to convert these challenges into opportunities and, in so doing, to demonstrate the contributions of this area to the health and well-being of individuals and families, as well as to sustainable development and the quality of life at the country level.

Human development is the goal towards which both the health sector reforms and the new reproductive health concept are directed. The principles of equity and quality are fundamental to developing a shared vision, strategies, and a plan of action which will catalyze progress (*10, 23, 26*). The placing of authority closer to the level of operation and the introduction of new actors in health such as NGOs, private groups, and insurance-based firms has the potential for producing creative answers to the development of health services. It can permit the development of new and different responses to chronic problems. However, it also has the potential to be dangerous if the principles of equity and quality assurance are not provided for in the redesign process. The development of health policies and services must respond to the question of equity. The marginalization of individuals, families, and populations for ethnic, economic, and geographical reasons has often impeded access to services for a large

portion of the population, with significant negative impacts. It is estimated that maternal mortality alone could be reduced more than 50% through the provision of quality health services (*12, 25*). Increasingly, direct results of poor reproductive health have been demanding both resources and attention as the problems of increasing domestic and sexual violence, elevation in teen pregnancies, unsafe abortions with their deadly consequences, and continuation of unacceptably high maternal and infant death rates are observed. The time is right for action.

2. A Review of the Reproductive Health Situation

2.1 Reproductive Health

A brief history of the development of the concept of reproductive health will establish the importance of adopting the new perspective. Initially, in the 1960s, the term was coined as a polite way to refer to contraceptive and family planning activities, with the emphasis on the population level. In this reference, the policies and services developed were almost exclusively directed to women of childbearing age. As the feminist movement gained force, the ideas of free choice and access to services—including, in some countries, abortion services—were subsumed into this term. The 1980s brought a shift towards the services elements of reproductive health and an emphasis to maternal and child health services which added family planning as one activity in a range of traditional services for women of childbearing age, concentrating mainly around pregnancy, delivery, and perinatal care. The promotion of health and not just the treatment of disease were given added impetus in all areas of health.

A growing consciousness was seen in the Region that adolescents were an at-risk group for unhealthy sexual and reproductive health behaviors. As that consciousness grew, it became evident that human sexuality and the need for education regarding responsible sexual behavior were important elements to consider in reproductive health services for all age cohorts. Some health policies and services expanded to attempt to meet these identified needs, but their numbers were few. In addition, many of the newer actions were taken on by the non-public sector, limiting access to some sectors of the population. During the 1980s, an insistent voice continued to be heard regarding the demographic and population aspects of reproductive health and sustainable development.

The 1990s have seen a refocusing on the individual with an emphasis on human rights and corresponding responsibilities, including those connected to self-determination, as well as the incorporation of a gender perspective in the development of policies and services.

The promotion of health and of healthy environments has become a public concern. Simultaneously, a growing documentation has confirmed that many of the identified problems and needs requiring public health interventions are closely related to other critical aspects of human development, such as education, nutrition, work, and cultural and economic independence (*3, 4, 6, 10, 15, 21, 23*). The demographic aspects of population growth have also called attention to the need to provide for the increase in the older population with the implications for health and for service demands as it moves into and through menopause and climacteric.

The ability of the many countries of the world to come to an agreement on the definition of reproductive health was an historic event, occurring in 1994 in the International Conference on Population and Development (ICPD). Using the WHO definition of health as a starting point, reproductive health was defined 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 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 is 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 childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, 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 reproduction and sexually transmitted diseases (*1*).

The concept of reproductive health was further developed and again ratified in the international conferences on women and on sustainable development.

Since these advances, PAHO has been working with the countries of the Region to disseminate this amplified definition of reproductive health and to develop corresponding policies and services. It is as a result of this work that a number of concerns have been raised. First, it must be understood that reproductive health is a lifelong process and an integral part of human development. Reproductive health accompanies the life cycle. It begins with preparation before conception for a healthy baby, and assures safe pregnancy, delivery and post partum for the mother, infant, and family. It accompanies the young child as attitudes are developed regarding gender relations, sexual behavior, and reproduction; the adolescent as knowledge and attitudes are consolidated into practices and protection sought from sexually transmitted diseases; and the adult in the development of family and the possible onset of chronic problems.

Reproductive health continues to develop with the older adult as both hormonal and family relationship changes evolve. PAHO has identified that there are different definitions of reproductive health being used in the countries. Reproductive health continues to be seen by some as referring only to contraceptive or family planning activities. Others have expanded their vision to include newer concepts, such as sexual education, and have begun to develop strategies based on population and sustainable human development aspects. Still others think in terms of a bundle of services, often responding to vertical programs and donor-driven. The presence of different concepts allows confusion, atomizes efforts, and impedes progress.

In its work with the countries, PAHO has been developing the vision which sustains that reproductive health is one of the fundamental elements of human development and as such forms

a principal axis for health promotion and protection. It is recognized as a socially constructed concept with important ties to each person's identity and culture. The broad scope of reproductive health from individual to population implications and the importance which reproductive health plays in the health and progress of nations make it imperative that governments take a leading role in the protection of human rights and in setting the agenda for policy and program development in order to guarantee equity and quality.

2.2 A Review of Related Health Statistics

The insufficient economic growth, social inequities, and marginalization of certain sectors of the population in many countries of the Region have resulted in unemployment and poverty, as well as other social ills such as low educational levels and unhealthy lifestyles. It is estimated that in 1994, in the subregion comprised by Latin America and the Caribbean, 209 million people were in a state of poverty; of those, 98.3 million were indigent. Further inequities can be seen if a geographic breakdown is done, with 135 million poor in urban areas and 73.9 million pertaining to the rural communities (*14*).

Poverty and education have evidenced their importance in contributing to health. As educational levels increase, women increase their contributions to the economic base of the family. Many choose to plan their families and offer more opportunities to fewer children. Increased educational levels are sought for the children, thus contributing to the overall development potential of both family and country. Increased economic opportunities and educational levels have long been known to correlate directly, not only with health status but also with access to and utilization of services.

The growth of population in many countries compounds economic dilemmas as new generations join populations where the economic sustainability of policies is already strained. It is estimated that for 1998 the total population of the Region will be 803 million, with 15 million births annually. A declining tendency in the regional birth rate is observed, due to increasing availability and use of contraceptive methods over the past 25 years; however, the total population is expected to continue to increase through 2002. The June 1997 evaluation of the United Nations Conference on Environment and Development cited the decrease in fertility rates and population growth as one of the successes in promoting sustainable development of the planet (*2*, *4*).

Fertility (number of children per woman) in the Region ranges from 1.6 (Cuba) to 4.8 (Guatemala). Overall contraceptive coverage is presently estimated at 64.7% of women of reproductive age (15-49 years) and in union (*25*). This data, however, presents a limited picture and masks many unknowns; for example, it is difficult to estimate real use and to know the rates of discontinuation due to planning on the part of the women involved, to supply failure, or to other reasons; it does not adequately portray male participation in contraception nor does it give a reliable picture of those who would like to use modern planning methods but whose access is limited. It is known that cultural and religious reasons often impede the decision to initiate or continue use of contraceptives. In spite of a number of specific studies examining the situation, the knowledge available has not evolved into actions which provide information and access to all

populations so that they may exercise their rights to self-determination.

Assuring a positive outcome for pregnant women has always been a large component of health services, and many models have been developed. Early initiation of prenatal attention, together with an efficient number of quality controls, is a tool to provide healthy outcomes for pregnancy. It has been well documented that the use of prenatal services is systematically associated with social class, with rural and urban residence, and especially with the mother‘s educational level. Once again the integral and reciprocal aspects of reproductive health and development are evidenced. In a study of 24 countries carried out in 1995, access and utilization of prenatal services in the countries of the Region ranged from 53% to 100% (*25, 26*). This information does not identify the timing nor the number of visits, important data in evaluating impact achieved.

Maternal mortality continues to be a serious problem in the Region, with 11 countries showing ratios higher than 100:100,000 live births. Maternal mortality is an important indicator of development that is often used as a proxy for the developmental state of a nation. In the Region, maternal mortality ratios vary from 2:100,000 in Canada to 1,000:100,000 in Haiti, demonstrating with painful clarity the prevailing inconsistencies in both development and equity. The principal causes—toxemia, hemorrhage, and infection—have maintained their status as leading killers for many years (*25*). These clinical diagnoses, however, hide problems such as malnutrition, lack of logistical supplies to provide adequate treatment for obstetric emergencies in remote areas, and in some cases inadequate quality of care. Maternal mortality affects the individual and the family (as children who survive births in which the mother dies are more likely not to survive their first year), and others are often robbed of their individual development potential as they are forced into caring for siblings. The economic potential of the families is also affected and, with that, their possibilities to contribute to the nation’s growth. It is a problem which demands action.

A close relationship exists between skilled care at delivery and the levels of maternal mortality. The study cited previously indicated that 13 countries provided coverage of institutional delivery greater than 90%, while in four countries the coverage was below 50% (*25*).

An additional link between development and reproductive health is observed through an examination of cesarean section prevalence. Quality of services is often judged by examining the excess or default of cesarean sections performed. Some consider the excessive use of this technology an unsound medical practice and a violation of human rights. Interestingly, the incidence of cesarean sections also correlates with the level of instruction of the mother and urban or rural residence, demonstrating again the link with equity of opportunity. While approximately 12% to 20% of deliveries by cesarean section are considered within the range of normal, in Brazil 81.3% of women with more than 13 years of education had cesarean deliveries. In Colombia 20.7% of the urban deliveries versus 10.1% of the rural deliveries were by cesarean section (*22, 25*). Although other factors such as the different levels of sophistication of the health services are involved, it is important to note that the opportunities, while available for some unnecessary situations, are unavailable when necessary for others.

There are very few studies on maternal morbidity. Based on the results of some studies of incidence by specific cause gathered by WHO and PAHO in the Region of the Americas, it has been calculated that there is approximately one episode of illness occurs annually for every three pregnancies, amounting to approximately four million occurrences. While this number is impressive, it not only reflects an unmet need for services but it is probably a low estimate of the problem, since it does not account for the illness or disabilities that many women suffer as sequelae of their pregnancies. Empirically, it is known that morbidity caused by pregnancy extends far beyond the pregnancy itself, causing lasting effects such as dental loss, incontinence, and osteoporosis as well as other often painful, incapacitating, socially unacceptable, and ostracizing problems.

Abuse and sexual violence have recently been recognized as reproductive health problems. They cause emotional and behavioral problems and complicated deliveries, as well as other types of maternal morbidity and reproductive mortality. They affect the quality of life of the affected individuals and their families. This problem, due to its recognized gravity, has been receiving attention lately, although its identification as a serious public health problem is still incipient and its recognition as a social problem even more so. They are closely associated with other risk behaviors. Some of the related problems include a parallel between sexual abuse and early initiation of sexual activity, the inability to distinguish between affective and sexual behavior, a lasting and overwhelming sensation of vulnerability, and the inability to say "no" to sexual relations or drugs or to practice protective behavior, such as the use of condoms as double protection against unwanted pregnancy and sexually transmitted diseases including HIVAIDS. The phenomenon can affect an individual's ability to enjoy healthy sexual and reproductive relations, an effect which has been documented in different populations such as the Aymara women in Bolivia, who identified sexual coercion as a force which shaped their sexual and reproductive lives (*11*, *27*). Increase of risk behavior during adolescence for both sexes and early pregnancy have also been identified as correlated with sexual violence.

The personal, family, economic, and social costs of abortion in this Region are as yet unknown, but the available research has evidenced the need to give the topic public visibility in order to stop related clandestine and unsafe practices. It is known that in some countries maternal mortality is significantly increased by unsafe abortion practices. In a 1994 meeting, parliamentary representatives from five countries of the Americas supported placing the topic on the agenda of the Latin American Parliament in light of its importance to the health and development of the Region's populations.

There are areas covered by the expanded definition of reproductive health which are as yet unstudied. The introduction of sexual education, for example, as well as the results of efforts to strengthen women's empowerment towards promoting reproductive health, is unknown. In some countries the incorporation of sexual education into the general education curriculum has been mandated; while this is generally seen as a positive development, there are concerns. Provision for adequate training of the responsible teachers to be able to deal with sensitive topics is sometimes questionable, the involvement of parents is not consistent, and there is often little or no relationship with the health sector so as to facilitate the student's knowledge of available resources.

Many of the health services related to reproductive health have followed traditional designs for service delivery. This has resulted in atomized vertical programs which do not facilitate an integrated approach to the biopsychosocial person.

To implement the new vision of reproductive health based on human development and social responsibility, it is clear that changes are necessary. There should be options for self-determination, and different approaches need to be studied. State-of-the-art research findings and implications are necessary elements to direct energy and resources in the search for solutions. Concrete plans and programs must be evolved which, while taking advantage of the opportunities provided by health sector reform, allow the countries to find more equitable, humane approaches to promoting reproductive health of their populations and, in so doing, stimulate the nation‘s development.

3. The Role of PAHO

During the time in which it has been involved in reproductive health activities, PAHO has participated in a number of international conferences and in the development of documents and strategies to move the agenda forward. In recent history, there are four key documents which characterize the participation of PAHO in this area. In 1984, the bases for population policy were established. In 1990 the Regional Plan for the Reduction of Maternal Mortality and in 1993 the Policy for Family Planning, Reproductive Health, and Population were approved by the Directing Council. In 1995, a document on population and reproductive health was approved by the Executive Committee. This last document emphasized the ICPD definition of reproductive health and proposed that the strategies of women’s empowerment, safe motherhood, and sexual and reproductive rights be utilized. It suggested that priority attention be given to adolescents and the management of abortion. It proposed an integral approach to the provision of services, including family planning, prenatal and delivery care, and prevention of sexually transmitted diseases.

In addition to its regular programmatic activities, PAHO has also sought extrabudgetary funds for activities in reproductive health which include safe motherhood, quality of care, management of reproductive health services, adolescent health care, reduction of maternal mortality, services for underprotected populations, policy and legislative development in reproductive health, male involvement in reproductive health, and improving the teaching of reproductive health in schools of health sciences, among others. In many of these activities PAHO has joined with other institutions such as the United Nations Population Fund (UNFPA), the U.S. Agency for International Development (AID), the Inter-American Development Bank (IDB), and the World Bank to capitalize efforts. These experiences have provided many learning opportunities and have achieved successes, although sometimes limited in scale.

As the end of the twentieth century comes near and the five-year evaluation of the commitments made in Cairo at the International Conference on Population and Development is on the horizon, the topic of reproductive health is again being raised. The data demonstrate a continued need to give public attention to the unnecessary deaths and illnesses and to stimulate concrete actions to improve the situation. The threats of sexually transmitted diseases and

HIVAIDS are increasing. It is imperative that we seize the possibilities that the present moment offers to disseminate and discuss a new and integrated approach to reproductive health and to consider the concept as one which recognizes differences, respects the rights of all, and builds a learning process within the family, the reference group, culture, and society to promote human development and health for all.

PAHO has a key role in assisting the countries to search for answers to inequities and to overcome the difficulties in achieving a healthy state. Involvement in promoting reproductive health is important because:

- It is an essential part of health and human development which relates to PAHO's explicit mission, and it builds upon a long history of work with the countries in contributing to the health of mothers and children in the Region.

- It can bring about real changes in the health and well-being of children, adolescents, women, and men of the Region. Some of the potential benefits could be: fewer women dying in childbirth; a new generation of socially responsible adults; less cost to the system as a consequence of both sexually transmitted diseases and inadequate or inappropriate care; improvement in the quality of services; and the development of healthy habits as people become informed and are able to make free choices.

- PAHO's long tradition of cooperation in health with the countries positions it ideally to be a catalyst in promoting efforts to identify ways in which all countries can, within their own value systems, begin to work towards a more integral vision of reproductive health that promotes quality of life and sustainable development.

- PAHO, as part of the United Nations system, has a mandate to support and promote the decisions taken in the international forum. In this case, both WHO and PAHO have been strong in their support for the implementation of the relevant recommendations for reproductive health.

- PAHO is in a unique position to have a global view of the Region, to stimulate intercountry cooperation, and to disseminate successful experiences.

4. The Proposal for Change: Expected Results

PAHO believes that a concerted effort to improve reproductive health in the countries could have many positive effects:

- A clear policy and legislative guidelines that will provide guarantees for the reproductive rights of men, women, and children.

- Health care models which offer quality, appropriate attention, and, increasingly, access to the underserved, as well as meaningful, user-friendly services.

- A visible impact on the reproductive health of the population as evidenced by a reduction in the indices of prevalent health problems.

• A healthier, better informed and empowered public with choices as to how they will seek their own reproductive health while respecting the self-determination rights of others.

5. Recommendations

In order to achieve this, each country is asked to consider the following menu of starting options and to commit to taking action on them:

• Recognize reproductive health as a cornerstone for human and social development, whose services in order to flourish and create a significant impact demand an intersectoral approach, as well as a basic structure of policies and legislation, management, and organizational supports and competent human resources equipped with a reflective attitude towards their practice.

• Review and reconfirm the commitments made in international forums regarding reproductive health and propose a concrete action plan congruent with those commitments while taking into account the values and feasibility of implementing changes in the configuration of its health policy and services.2

• Guarantee reproductive health rights through policy and legislative instruments, organizational models which reflect the new reproductive health paradigm, supervision, and the implementation of a quality assurance program.

• Recognize the importance of amplifying the scope of actors in moving towards an integral, cost-effective, and humane approach to reproductive health and embrace the participation of diverse groups in the promotion of reproductive health.

• Encourage the development of reliable and valid improved information systems for decision-making and effective strategy design in service delivery.

• Foster the development of focal groups to continue to develop both the concept and ways to encourage its operation, and to stimulate research in priority intersectoral areas which demonstrate the contribution of reproductive health to human development, such as cost-effectiveness training, the social costs of maternal morbidity and mortality, or determinants for decision-making in adolescents or underprivileged groups.

• Systematize and coordinate a communication plan which promotes reproductive health through all available communication means in order to reach all the different sectors of the population with appropriate, meaningful reproductive health messages.

6. Action Requested of the Subcommittee

The Subcommittee is requested to consider the present document and the state of reproductive health in the Region, and to guide PAHO on how the document might be improved, as well as on future activities.

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