

## EDITORIAL

### REPRODUCTIVE AND SEXUAL HEALTH - THE UNFINISHED AGENDA

The international community for the first time during the International Conference on Population and Development in 1994 defined the Reproductive Health, not in a demographic context, but as a right and matter of choice for every individual. In the years that followed other International Conferences on women issues reinforced this consensus. The human right relevant of Reproductive Health includes :

- The right to life and health
- The freedom to marry and determine the number, timing and spacing of children
- The right to access the information
- The right to discrimination and equality for men and women
- The right to liberty and security of the person, including freedom from sexual violence and coercion
- The right to privacy

The women all over the world have the same reproductive health needs, however, the factors like migration and urbanization that influence the involuntary movement of populations within the national frontiers render them more vulnerable, including to reproductive health problems. This increases their needs for preventive and curative care, including services related to safe motherhood, family planning, prevention and treatment of complicated abortions, HIV/AIDS and other sexually transmitted infections (STIs). The consequences of sexual violence, traditional values, extended families, new friends and unfamiliar ways of life, inadequate reproductive health services etc are unusual impediments for availing the services.

#### **Sexual and Gender based Violence**

The rape and other forms violent sexual assault seem to be worsening. A number of women and girls in big cities particularly in slums are forced to offer sex in exchange for money, shelter or protection. The emergency contraception and other medical and psychological support are rarely available. The sexual violence has disastrous effect on people's physical and mental health, leading to unwanted pregnancies, unsafe and complicated abortions, abandoned babies, HIV/STI transmission, sexual dysfunction, rejection by family and community and even suicide.

#### **STIs and HIV/AIDS**

The impact on an increased HIV/STI prevalence on the public health of a community is very serious. A high prevalence of STIs is known to increase HIV transmission. There are serious chronic complications of HIV/AIDS like tuberculosis and diarrhea. STIs can lead to long-term pain, infertility and complications



during pregnancy and childbirth. The children of these women are also likely to be affected with increased risk of morbidity and mortality.

### **Maternal Morbidity and Mortality**

The women in India have an increased risk of maternal mortality and morbidity. The main causes of death among women of childbearing age are pregnancy-related complications. They give birth under hazardous conditions. The skilled help and surgical referral services are usually scanty. All these factors greatly increase the risk of maternal morbidity and mortality. The complications from the unsafe abortions constitute a major cause of death and of morbidity such as haemorrhage, sepsis, chronic pelvic infections and infertility. The management of these complications is time consuming and expensive and diverts scarce resources from the health services.

### **Adolescent Health**

The adolescents are like adults and are also at risk for HIV/STIs, unintended pregnancy and unsafe abortion, sexual violence and pregnancy-related morbidity and mortality. They are at increased risk of suffering sexual abuse and physical violence. The interrupted or lack of schooling or training result into poor career opportunities. The boredom may lead to increased drug and alcohol use and an earlier onset of unprotected sexual activity or even prostitution.

### **The Unfinished Agenda**

In response to these problems, a number of organizations have adapted their policies to include rights to reproductive health in their agenda, however, very few comprehensively address the reproductive health needs of people involving men and women. Much more effort needs to be put into translating policies and resolutions into practical measures that will give women access to comprehensive reproductive health services of their choice. After all, the total worldwide yearly cost of better reproductive health-care is less than one week of world's expenditures on armaments.

India has been a leader in developing health and population policies. However, major problems have plagued implementation of these policies for more than two decades. In India many people who need services are not reached by the programme and those who are reached do not get access to the range of services they need. The quality of the services that are provided is often unsatisfactory. Though the Reproductive & Child Health Programme has made some improvements in the availability of services, the issues of access and quality still remain the key elements in the unfinished agenda of the country.

**Dr. V.K. Srivastava**

Professor of Social & Preventive Medicine  
K.G. Medical University, Lucknow