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1 . Introduction

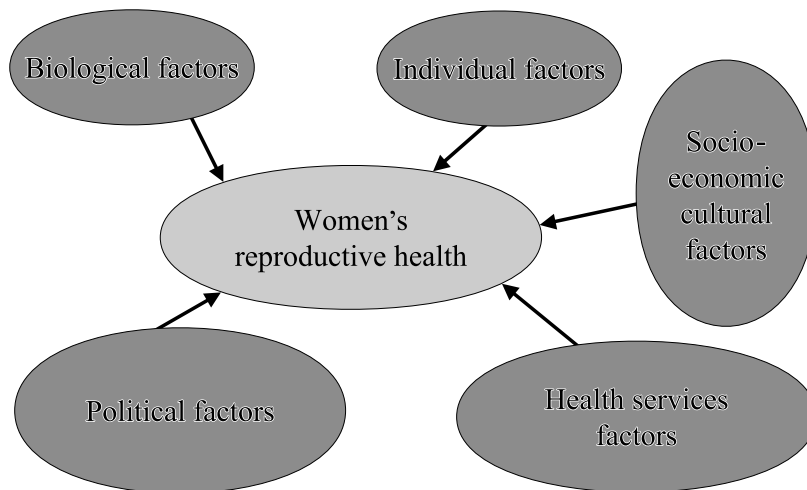
In 1994 the International Conference on Population and Development (ICPD) in Cairo launched the programmatic approaches to population policy and family planning that redefined the population planning in a comprehensive reproductive paradigm (Barlow, R, 1998). Since then family planning has shifted towards reproductive health in the international population policy arena. This shift has its origins in two trends. The first trend is the increasing women's health advocates to target-oriented family planning programs. And the second one is the increasing recognition among policy-makers of family planning program effectiveness which are likely to increase the quality of care when they are enhanced and wider reproductive health needs are included (Hardon, A et al., 1995). The change of scope will essentially involve largely an improvement of women's reproductive health.

2 . What is reproductive health

Reproductive health concept encompasses a set of problems or diseases associated with physical and social risks of human sexuality and reproduction (Hardon, A et al., 1995). Gender discrimination, childhood and violence against women, substance abuse and female genital mutilation are issues, which are interrelated to women's health and reproduction. Reproductive health for women is affected by complex biological, social and cultural factors such as the disadvantage of the social position of women, early marriage, frequent pregnancy and a continued cycle of poverty that leads to poor health. For their low status, women can be exposed to physical and sexual abuse and to mental depression. The most important point being addressed is finding a way to ensure that women and men, including adolescence, regard their own fertilities safely and effectively by terminating unwanted pregnancies, conceiving when they desire and carrying out planned pregnancies free of disease, disability or death associated with reproduction and sexuality.

A woman is the key of a society's population. To respond to the rapid changes occurring among populations we should give an emphasis to reproductive health and family planning. Hence this paper addresses on the above concept of reproductive health for women.

Figure 1 : Factors related to women's reproductive health



3 . Relevance of reproductive health for women

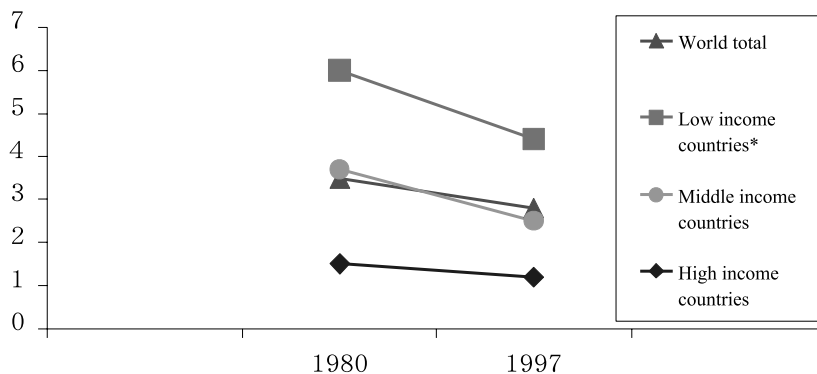
(1) Fertility and Family planning

Although the average of total fertility rate in the world has declined to 2.8 in 1997 from 3.0 in the 1980s (World Bank, 2000), it varies amongst regions. The highest rate is 5.5 in Africa. The majority of women in the developing world have heard about at least one contraceptive method. But they do not have knowledge about their correct usage and access to family planning services is limited. As a consequence, a large proportion of women relied on traditional methods such as rhythm, withdrawal and abstinence. Abortion related mortality is high in countries where access to family planning and safe abortion services are limited. A pregnancy and a childbirth cause the deaths of more than half a million women every year and leave more than 20 million developed long-term serious disabilities and lifelong problems (World Health Organization (WHO), 2001a). United Nation Children's Fund (UNICEF) 2001) reported that 1 in 11 women in developing countries faces the chance of dying during pregnancy and childbirth compared to 1 in 5,000 in privileged regions. These two figures represent one of the

greatest discrepancies in global health. Strong (1992) revealed that in Bangladesh 8% of children who lost their mothers at childbirth, could not reach the age of one month. For children who did not lose their mother the death rate was 0.01%. Improvement in women's health and reduction of fertility lead to both, personal and family well-being and ensure better health in future generations.

Figure 2 : Trends of fertility rate in the world between the 1980s and 1997

Source: World Bank 2000



* Excluded China and India

(2) Childhood and violence against women

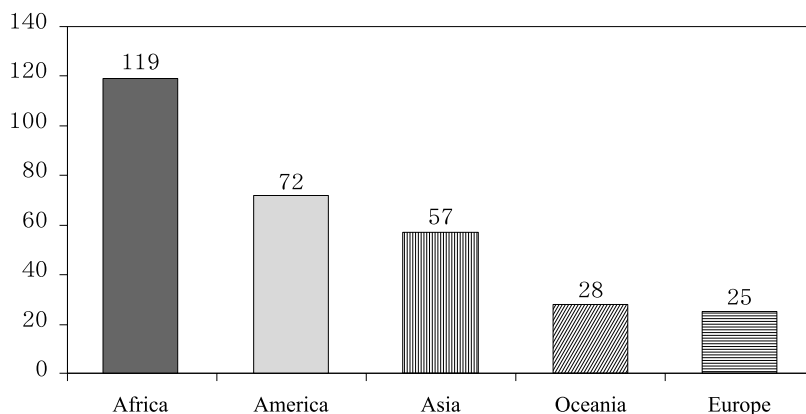
Women's health through out life is naturally exposed to many risks. Health events during childhood definitely affect later life, physically and mentally. Sexual abuse during childhood is the likelihood of poor physical and mental health in later years. Domestic violence and sexual abuse are widespread in the world. Even though men are often victims of street violence, brawls, homicide, crime and tend to be attacked by strangers or casual acquaintances, violence directed at women tends to be acute, less likely to be reported and often associated with sexual abuse, assault and rape. On the other hand the worst manifestation of changing social values and economic hardship is the increasing number of young girls forced into prostitution. According to the Global Reproductive Health Forum (2001) younger, lower caste, and less educated women in India are at greater risk of experiencing domestic violence. Although Indian women are slapped and bitten by their husbands, they feel that to keep a family together should be a woman's primary concern. Violence against women is not just a health problem but it is also a broad social problem. Heise (1994) found that many victims of abuse and sexual assault committed suicide. Reducing violence against women would ensure basic human rights and improve women's health.

(3) Adolescence and marriage

Other concerning reproductive health problems are early marriage and adolescent pregnancy, which have harmful effects on a woman and a child health status. According to the United Nations Population Fund (1999) nearly 100 out of 1,000 births are from mothers before the age of 20. Women may welcome an early premarital pregnant to motivate a partner to commit to marriage. An earlier sexual intercourse behavior cannot only jeopardize the survival and well-being, but it can also have harmful effects on a girl's social and economic opportunities. WHO (1986) notified that 17% of 14 years old pregnant women suffered from hypertension disorders in Nigeria, compared to 3% of women aged 20 to 34 years old. UNICEF (2001) pinpointed the discrepancy of education between boy and girl that has persisted in developing regions. Worldwide, poor women have low education, 86 females per 100 males in primary school, 75 in secondary and 64 in tertiary education (World Bank, 1994). Women are more likely than men to drop out from school, Bledsoe and Cohen (1993) discovered that in Botswana 1 in 7 women who dropped out from school because of pregnancy. Enhancing education, changing social culture and improving economic situation can break this vicious cycle.

Figure 3: Feature of birth per 1,000 among women aged 15-19 years old

Source: UNFPA 1999

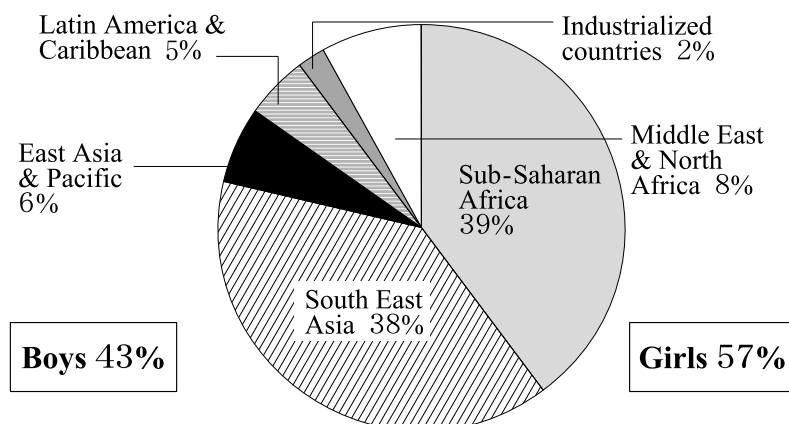


(4) Gender disparities

Gender discrimination has slowly changed over the decades in South Asia and Sub-Saharan Africa. In India where the foremost leaders have ratified the United Nations Conventions and the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action, some women's position have changed, despite the advance insidious gender-based gaps persist within Indian

Figure 4 : Children of primary school age not in school by region 1998

Source: UNICEF 2001



culture. The Japan time (2001) reported that Indian women need a permission to go outside of their houses. There are about 25 million Indian women missing because of female infanticide and selection fetus abortion. Female infanticide is prevalent, even among educated women with well-off background, who perceive that aborting female fetus is in a bid to balance their families. Gender disparities are also noticed in Middle East Asia, Barlow et al (1998) found that women did not utilize health care services provided by men due to culture taboo. Similar problem was found by Arnold et al (1998) in South Asia. Discrimination in health care and nutrition of girls is particularly notorious in China, India and Bangladesh. The countries show the greatest disparities between boys and girls, the so-called “*a son preference*”, can lead to more girls than boys deaths before their fifth birthday. The highest levels of malnutrition among women are also found in South Asia. Chatterjee (1989) revealed that poor nutrition expressed as iron deficiency and stunting among working women reduced their productivity and affected newborn-babies health leading to stillbirth and low-birth weight. The gender differentials in health care in terms of the use of health services have critically pervaded in South East Asia too. Vlassof and Bonilla (1992) disclosed that more girls than boys are suffering from malnourishment and malaria. However girls are less likely to be hospitalized than their boy counterparts. Communities, governments, Non Government Organizations and United Nation Organizations should pay more attention to the ways on which women could be considered equally with men, guaranteeing their rights in the society.

(5) Reproductive tract infections (RTIs), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

Both women and men are vulnerable to a variety of RTIs, which are mostly transmitted through sexual intercourse and behaviors. The combination between biological and low health status, women are more vulnerable than men to sexual transmission of infections. World Bank (1994) reported that some 250 million people were infected with sexually transmitted diseases (STDs). HIV and AIDS, particularly, are fatal diseases and big health problems, spreading rapidly among women because they are more likely than men to have asymptomatic and untreated STDs, which increase their susceptibility to HIV infection. WHO and United Nation AIDS (2001b) estimated that 24.5 million populations in Sub-Saharan Africa are infected by HIV. The second largest population living with HIV/AIDS found in South and South East Asia. The cumulative number rises to 5.6 million. About 35 million people worldwide have been infected with HIV since the start of epidemic. Although the provision of education and training for young people is increasing, UNICEF (2001) reported that the majority of the youths in Sub-Saharan Africa and Asia lacks the skills to protect themselves from HIV/AIDS.

Figure 5 : Adults & children estimated to be living with HIV/Aids by 1999

Source: WHO 2001b



(6) Female genital mutilation

Despite that in 1990 the convention of the rights of the child condemned female circumcision as torture and sexual abuse. Every year 2 million girls are subjected to female genital mutilation. And it is practiced mainly in Eastern and Western Africa and some part of South and Middle East Asia (Toubia, 1993) Female genitalia mutilation has serious and sometimes fatal physical consequences and psychological effects. Female circumcision involves the cutting and removal of parts or all of external female genital.

The consequences can include excruciating pain, sepsis, painful intercourse, complication in childbirth and so on. Culturally, the privileges, celebration and gifts are bestowed on the circumcised girls. A girl who is uncircumcised is considered as unfit to become a wife and a mother. Multiple cultural and social factors contribute to the continuation of this practice.

(7) Substance abuse

Adolescents often experiment with harmful substances, including tobacco, alcohol and drug. Increased substance abuse such as smoking is spreading most rapidly among young women, leading to risk in women's reproductive function. World Bank (1994) ascertained that women over age 30 who smoke heavily and take oral contraceptives have a higher risk of cardiovascular disease. A pregnant-smoker has higher risk of stillbirth, premature labor and low-birth-weight babies.

(8) Productivity

Women are represented among the poor. The weight of poverty falls more heavily on women than on men. World Bank (1994) elicited that 20% of all households in Africa, Latin America and Caribbean are headed by female. Among the poor, female-headed-households are at the most economic disadvantage than male's because of the lower earning which imposes restricted access to social and health services. Even though women's income is less likely than men's to be recognized in the country economy. In fact, women are more likely to spend their income on family survival and welfare. Interventions for improving women's health are critical for poverty alleviation and reduction. As World Bank declares its goal is to reduce poverty that includes the improvement of accessibility to education, health care and other social services to help the poor.

4 . Recommendations

At first political commitment is one of the most important factors to promote women's health. The government of all nations should play their important roles to justify a woman's rights in laws and regulations. Reducing gender discrimination and violence against women is an urgent need. The laws should strongly punish perpetrators. Government should pay more specific attention to enact and promote gender sensitive policies particularly in countries with the greatest gender disparities. The national constitution should reemphasize equity and equality between women and men. On the

other hand the sensitization of the general public about the profound impact that gender discrimination has on the health of women, may help to change behaviors and social norms of gender discrimination.

The awareness of both, men and women is essential. Information, education and communication programs are needed to change the attitudes, practices and behaviors of men and women through mass media, community-based approach, out-reach activities and other communication channels. Also, education programs should reach both women and men all ages, including young girls and boys, women of childbearing age and older women and men who often educate and advice youth.

Social services for women including health care services and education should be made universally accessible to women. Education includes sex education and family-life education, which are significant factors to promote health behaviors positively and to remove harmful attitudes and practices.

At last, all women in the world should be empowered through these activities. The effort to improve reproductive health for women could be critical to the goal of poverty reduction (World Bank 1994) As Phoxay (2001) pinpointed, education, access to health care services and acknowledgements in the social position are the keys of women's health improvement. Women's reproductive health is crucial because it has a significant impact on the health and productivity of the next generation.

References

- Arnold, F. Choe, M. K. and Roy, T. K. (1998) Son preference, the family-building process and child mortality in India, *A Journal of Demography Population Studies*, 52, 1998, 301 - 315.
- Barlow, R. and Brown, J. W. (1998) Reproductive Health And Infectious Disease In the Middle East. Athenaeum Press, Ltd., Gateshead, Tyne & Wear.
- Bledsoe, C. H. and Barney, C. E. (1993) Social Dynamics of Adolescence Fertility in Sub-Saharan Africa. Washington, D.C.: National Academy Press.
- Chatterjee, M. and Julian, L. (1989) "Women and Nutrition: Reflections from Indian and Pakistan." *Food and Nutrition Bulletin* 11(4): 13 - 28 .
- Global Reproductive Health Forum(2001): Newsletter 6. Retrieved [http : //www.hsph.harvard.edu/Organizations/healthnet/newsletter.html](http://www.hsph.harvard.edu/Organizations/healthnet/newsletter.html)
- Heise, L. et al. (1994) Violence Against Women: The Hidden Health Burden. Discussion paper 255. Washington, D.C.: World Bank.
- Phoxay, C. (2001) Laotian Women Health status : What has been change during the 90s. *The Bulletin of Volunteer*, 2001 .

- Sadik, N. (1995) United Nations Population Fund. The state of World Population Decisions for Development. Women, Empowerment and Reproductive Health.
- Strong, and Michael, A. (1992) The health of Adult in Developing World: The view from Bangladesh. *Health Transition Review* 2(2): 215 - 24 .
- The Japan Times. (2001) ISSN 0289 - 1956, Tuesday, January 23 , 2001 .
- Toubia. and Nahid. (1993) Female Genital Mutilation: A Call for Global Action. New York: Women, Ink.
- UNFPA. (1999) The State of World Population. (日本語版:世界人口60億) Tokyo: Japan Organization for International Cooperation on Family Planning (JOICEFP).
- UNICEF. (2001) United Nations, "We the children: End-decade review of the follow-up to the World Summit for Children" Report of secretary-general, A/S - 27/3 , United Nation, New York, 4 May 2001 .
- Vlassof. Carol. and Bonilla, E. (1992) Gender Differences in the Determinants and Consequences of Tropical Diseases: What Do We Know? World Health Organization, Special Programme for Research and Training in Tropical Diseases, Geneva.
- WHO. (2001a) WHO Making Pregnancy Safer Initiative. A health sector strategy for reducing maternal and newborn morbidity and mortality.
- WHO. (2001b) Reproductive Health. Retrieved
<http://www.who.int/m/topicgroups/reproductivehealth/en/index.html>
- WHO. (1986) Young People's Health: A Challenge for Society, Geneva.
- World Bank (2000) Entering the 21st century. World Development Report 1999/2000, Oxford University Press.
- World Bank. (1994) A New Agenda for Women's Health and Nutrition, Washington, D.C.

Reproductive Health for Women from the Global Perspective

Chandavone PHOXAY and Yasuhide NAKAMURA

This paper reviewed the reproductive health for women in underprivileged countries, in particular, Asia, Africa and America. It showed that reproductive health for women was affected by complex biological, social and cultural factors. Poor women status can be exposed to physical and sexual abuse and to mental depression. Women's reproductive health was crucial because it had a significant impact on personal and family well-being and productivity of future generations.

Improvement reproductive health for women was discussed that government of all nations should play leading roles on justifying a woman's rights in national laws and regulations. Information, education and communication activities should reach women in all ages and all nations. And health care services and education should be made universally accessible to women.

Keywords : Women, reproductive health, fertility, violence against women, gender disparity, HIV/AIDs, female genital mutilation.