



# Ensuring Women's Health



Sri Lanka, with a free health care system has much to boast in the provision of reproductive health services. However, there are a number of key issues that need attention. These include:

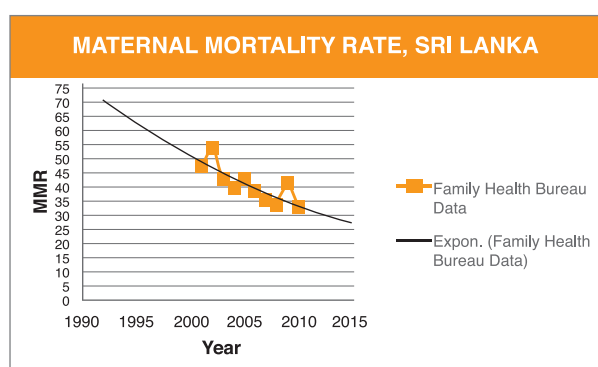
1. Reducing preventable maternal deaths
2. Rising levels of teenage pregnancies
3. Reproductive health care for women beyond 49 years of age
4. Inequities in access to quality reproductive health care



# 1

# REDUCING PREVENTABLE MATERNAL DEATHS

Sri Lanka has invested heavily in maternal health since the beginning of the last century and has reaped positive dividends in bringing down the maternal mortality over the years to boast of the lowest maternal mortality rate in South Asia at 38.6 per 100,000 live births (2009-2010).



## HEALTH EXPENDITURE

Government health expenditure as % of GDP = 1.8%

Private health expenditure as a % of GDP = 2.2%

Source: HPRA, 2010

## KNOW THE FACTS

98% of deliveries taking place with the assistance of skilled birth attendants.

38.6 women die for every 100,000 live births

Unstoppable bleeding during pregnancy is the leading cause of maternal death

Maternal Mortality Rate, Sri Lanka

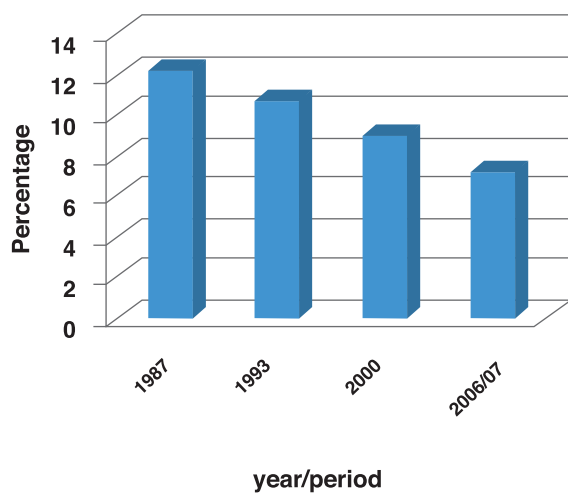
## What is the issue?

When drilling down on maternal deaths the leading causes are found to be the following, and they contribute to over **40% of maternal deaths**:

- Unstoppable bleeding following a delivery (post-partum hemorrhage)
- Abortions
- Heart diseases
- Hypertensive disorders

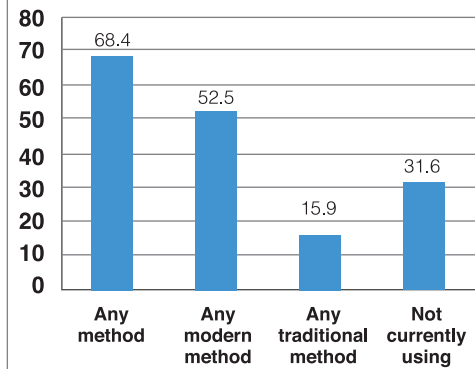
All these are preventable with the right interventions. The skill set of public health midwives play a crucial role in the early detection of high risk pregnancies and referral to care. What is interesting to note is that 83.1% of maternal deaths occur in health institutions where the most comprehensive facilities for deliveries are available, which we refer to as comprehensive emergency obstetric care as outlined in the recent National Emergency Obstetric and Neonatal Care Needs Assessment.

Unmet Need of Family Planning,  
Sri Lanka



Source: Family Health Bureau, 2010

Current Use of  
Contraceptives 2006/7



Source: Department of Census and Statistics, 2009

## The Paradox of Abortion and Family Planning

- The graph above illustrates that the need for family planning has almost been met as indicated by the low unmet need at 7%
- However, abortions continue to be a leading cause of maternal deaths highlighting a continuing gap in family planning
- Anecdotal evidence suggests that an estimate of 1,000 abortions occur per day around the country
- Recent research suggests that the longer the duration since completion of desired family size, the more vulnerable women are to induced abortions as couples tend to rely on traditional methods of family planning
- Fear of side effects is found to be the main reason for avoiding modern methods of contraception at the time of conception while experiencing side effects is the main reason for discontinuing a contraceptive method (Rajapaksa & De Silva 2000)

## What can be done?

- Providing additional human resources, equipment and developing policies and guidelines, for the management of the leading causes of maternal deaths in health institutions where most deliveries take place
- Developing a robust and centralized data system in order to generate updated data on reproductive health
- Improving the capacities of public health midwives for the early detection of high risk pregnancies
- Changing the behaviours of couples to seek modern methods of family planning through a **comprehensive behavioural change communication strategy**

# 2

## RIISING LEVELS OF TEENAGE PREGNANCIES

Teenage pregnancies are known to be associated with adverse outcomes during pregnancy and childbirth. Teenage pregnancies are becoming a major concern in Sri Lanka, with 6.5 percent of the total pregnancies registered during 2009 being in the 15-19 year age group.

### What is the issue?

Despite a general decline in teenage pregnancies between 2007-2009, it remains high in certain districts as indicated by the table.

District	2007	2008	2009
Colombo	6.3	5.0	4.2
Matale	7.2	6.2	3.0
Nuwara Eliya	6.5	6.5	5.8
Galle	7.3	6.2	5.2
Hambantota	6.4	6.5	6.2
Jaffna	6.8	5.6	4.4
Kilinochchi	11.7	8.9	N/A
Mannar	6.9	6.6	6.2
Vavuniya	8.7	7.9	10.8
Mullaitivu	14.4	13.6	N/A
Batticaloa	16.1	12.9	12.7
Ampara	10.4	8.9	9.1
Trincomalee	10.3	12.2	12.9
Puttalam	12.1	9.5	9.5
A'pura	8.6	8.0	8.2
P'naruwa	8.6	8.1	8.5
Badulla	7.4	7.5	7.3
Moneragala	8.4	8.1	7.3
<b>Sri Lanka</b>	<b>7.7</b>	<b>6.7</b>	<b>6.5</b>

### Why are girls becoming teen mothers?

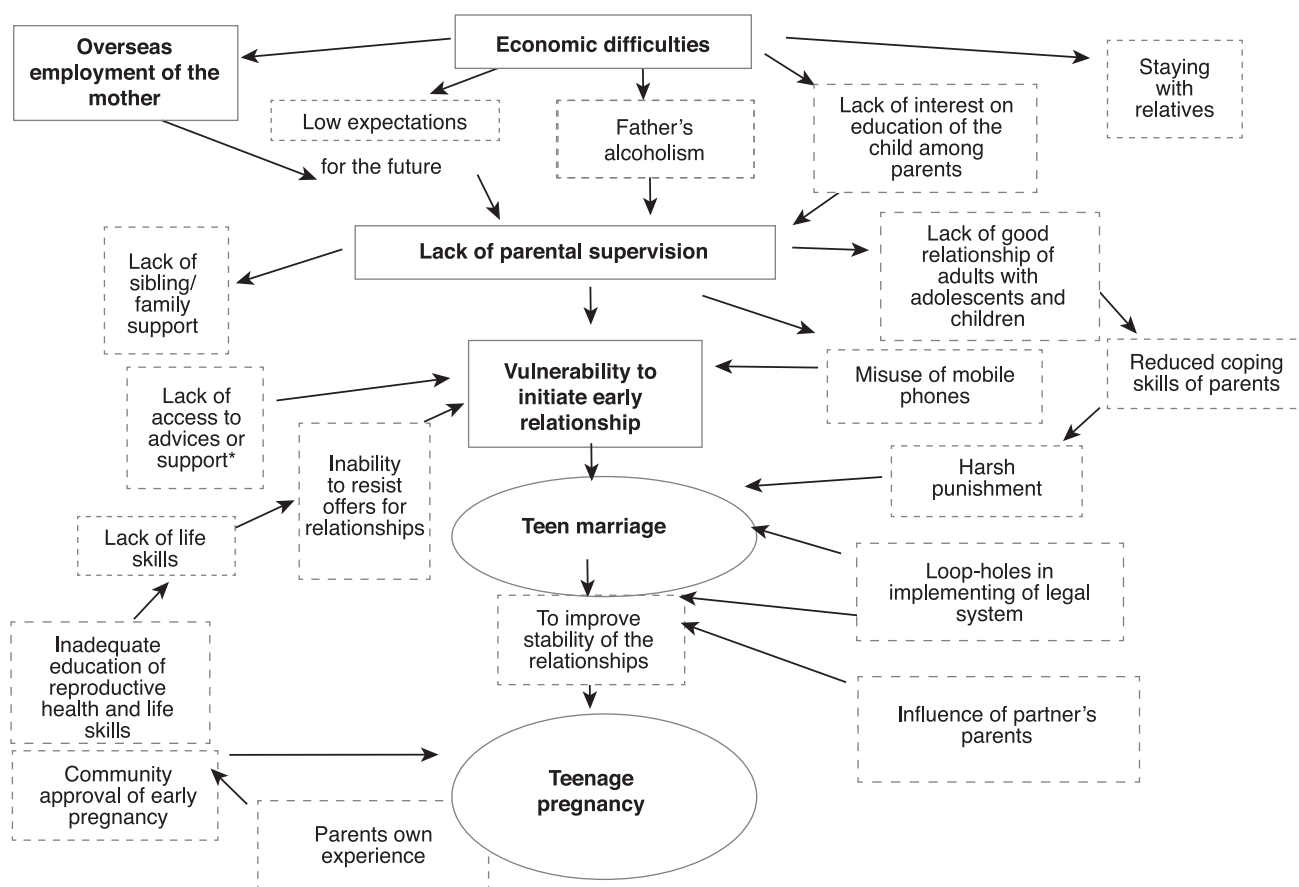
A combination of factors hinders the decline in teenage pregnancies in these districts.

These include:

- A high level of unmet need for family planning due to myths about practicing family planning
- Lack of accessibility to reproductive health services
- Non-use of any family planning methods due to lack of knowledge and opposition from 'spouse'
- Opting not to seek the services of public health midwives
- Social, cultural and economic issues as reflected in the diagram



## FACTORS INFLUENCING TEENAGE PREGNANCY AT THE LEVEL OF COMMUNITY, FAMILY AND INDIVIDUAL



# What needs to be done?

- Targeted interventions for identified risk groups. These include, families with low socio-economic background, lower educational level of parents, mother working abroad and other unsatisfactory family environments such as heavy alcohol usage of the father leading to domestic violence, severe economic difficulties at home and teenagers living with relatives other than their own parents
- Providing **comprehensive sexuality education** in schools
- Improving the role of public health midwife to include counselling and provision of reproductive health services to adolescent girls. Improving access to contraceptives through government service delivery points and social marketing
- Implementing a **comprehensive behavioural communication strategy**

# 3

## REPRODUCTIVE HEALTH CARE FOR WOMEN BEYOND 49 YEARS OF AGE

The concept of reproductive health is not limited to women of childbearing age. It recognizes that women, beyond the childbearing period still have important health needs related to their reproductive system.

The number of women over 50 years of age was 2.6 million in 2012. This is expected to rise to 4.4 million by 2036, an increase of 69%. At the same time, women live longer and outnumber men by 51.6% (650,000). This is mainly due to the free reproductive health care package provided to women during their reproductive years. This means that Sri Lankan women will live 30 years beyond their fertile age, for which appropriate reproductive health care is required. To ensure the wellbeing of women beyond 49 years, interventions should begin as women reach 35 years of age.

### KNOW THE FACTS?

There are nearly 650,000 (51.6%) more women than men in Sri Lanka

Life expectancy of women is 79.8 years

In 2012, 24.8% of the total female population was women over 50 years

In 2039, 39.4% of the total female population will be women over 50 years. This will be 1/5<sup>th</sup> of the total population

## What is the issue?

Women face a number of life threatening diseases beyond their reproductive years as shown by the table below. The magnitude of this increases as the population of women over 50 year age increases. This will have not only have an impact on the quality of life of women but the society and the economy as a whole.

### DEATHS FROM REPRODUCTIVE ORGAN MALIGNANCIES FOR WOMEN 50-70+ YEARS

Type of infection	Total	50-69 years	70+ years
Breast cancers	352	225	30
Cervical cancers	129	73	30

Source: Ministry of Health, 2012

# What needs to be done?

A concept was introduced in 1996 to provide services for cancers in reproductive organs (reproductive organ malignancies) as a part of the reproductive health concept promoted by the International Conference on Population and Development. This has been operationalised in Sri Lanka through the Well Women's Clinics programme to detect breast and cervical cancers of women reaching 35 years of age. With more women in the population and with them living longer the following interventions are needed to ensure their wellbeing:

- Recognising the health needs of women beyond 49 years age as an emerging public health issue
- Providing a reproductive health package to address the unique needs of women beyond 49 years
- Expanding the coverage of Well Women's Clinics so that every woman beyond 35 years receive regular screening for the detection of reproductive organ malignancies



# 4

## INEQUITIES IN ACCESS TO QUALITY REPRODUCTIVE HEALTH CARE

Sri Lanka's success in addressing reproductive health needs can be attributed to the right set of policies and investments in health over the past few decades. This has been complemented by a free health care and education system. Despite the successes, the health system needs improvements in ensuring universal access to reproductive health care and rights. The key reproductive health policies are highlighted below:

**The National Health Policy (1996)** adopted by the Ministry of Health in 1996, offers the general policy framework for the development and delivery of public health programmes and services in Sri Lanka.

**The Population and Reproductive Health Policy (1998)** is regarded as the key policy on reproductive health in Sri Lanka. This is the main outcome of Sri Lanka's adoption of the Programme of Action of the International Conference on Population and Development of 1994.

**National Maternal and Child Health Policy (2013)** was formulated in response to the evolving changes in priority and the new challenges on the maternal, child and the adolescent health. Accordingly this policy emphasized not only broader concepts relating to maternal, newborn, infant and child care but also those relating to pre pregnancy care, care of older children including adolescents and children who need special care. Family planning has been identified as an integral component of the MCH services while certain MCH related health issues such as STD/HIV/AIDS, gender and women's health also have been incorporated appropriately in the policy document. The MCH policy is attempting to establish the sense of accountability in all service providers in the health care delivery system from the central level to the grass-root level.

- There are indicators that Sri Lanka still needs to accomplish at national level
- There are regional and economic disparities in already achieved indicators at the national level
- Some indicators are stagnating over the years
- Despite free reproductive health services and high literacy rate for women, the existence of poor performing indicators such as the use of modern methods of contraceptive suggests that social, cultural and behavioural factors need to be addressed
- There are disparities in the quality of care in the delivery of reproductive health services, thereby leading to disparities in health outcomes

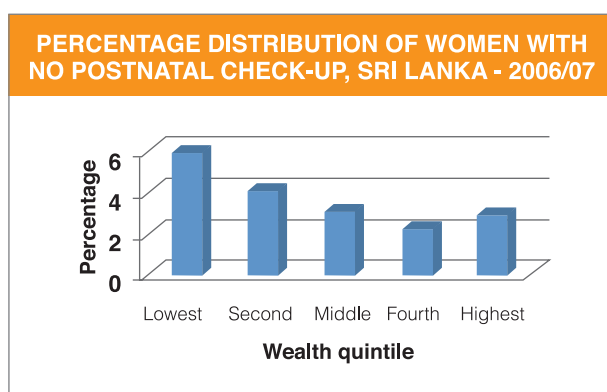
## Policies on Reproductive Health

## What is the Unfinished Agenda?



# What is the issue?

The unfinished agenda reflects inequities in Sri Lanka's development process despite emerging as a lower middle income country. The graph and table below illustrate the regional variations and economic disparities in accessing reproductive health services



Source: Department of Census and Statistics, 2009

**DISTRICT VARIATIONS IN MATERNAL MORTALITY RATE (2009-2010)**

District	Maternal Mortality Rate
Colombo	20.2
Matara	31.2
Galle	25.1
Hambantota	70.4
Mannar	143.6
Trincomalee	67.6
<b>Sri Lanka</b>	<b>38.8</b>

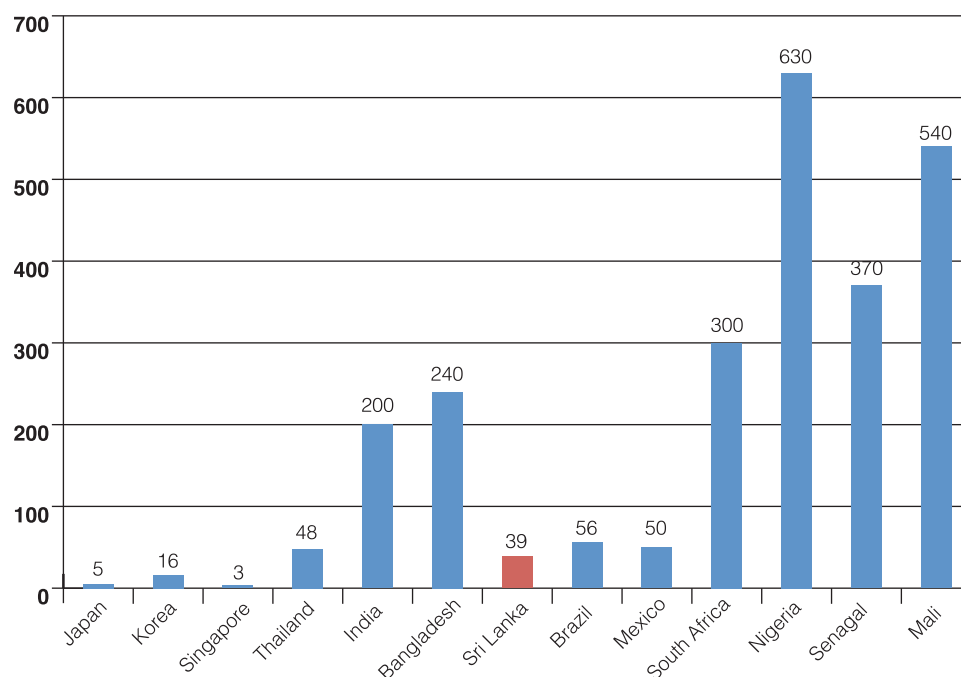
Source: Family Health Bureau, 2012

## What needs to be done?

- Addressing the gaps of existing policies
- Integrating the rights perspective into policies related to reproductive health
- Implementing the recommendations of the National Emergency Obstetric and Neonatal Care Needs Assessment
- Developing standards and protocols on quality of care in reproductive health service delivery

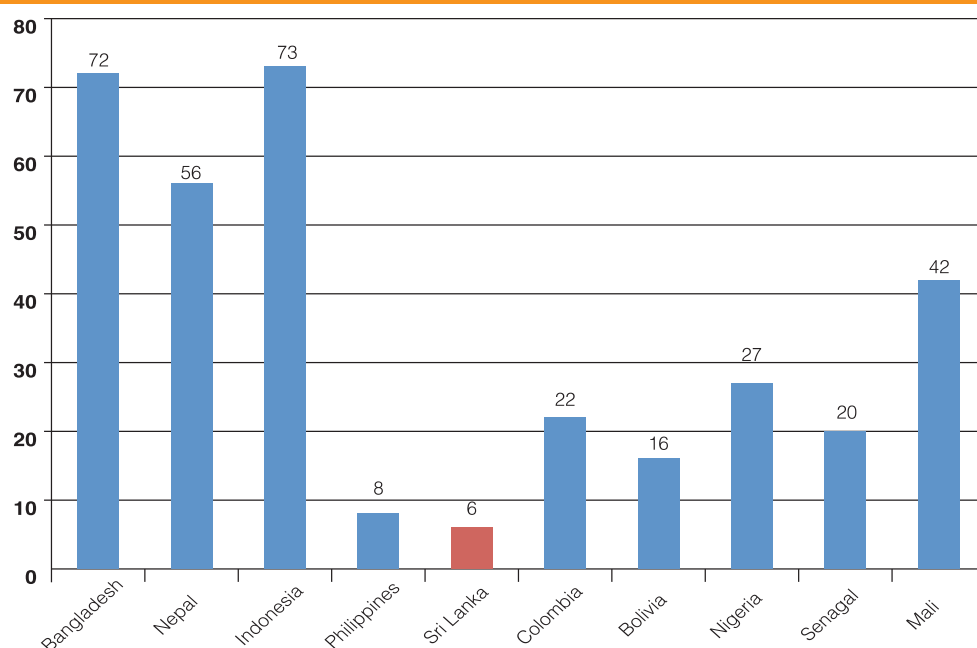
# International Comparisons

COMPARISON OF MATERNAL MORTALITY RATIOS IN SELECTED COUNTRIES - 2010



Source: State of the World Population, UNFPA, 2012; Sri Lanka data from National EMONC Needs Assessment, 2012

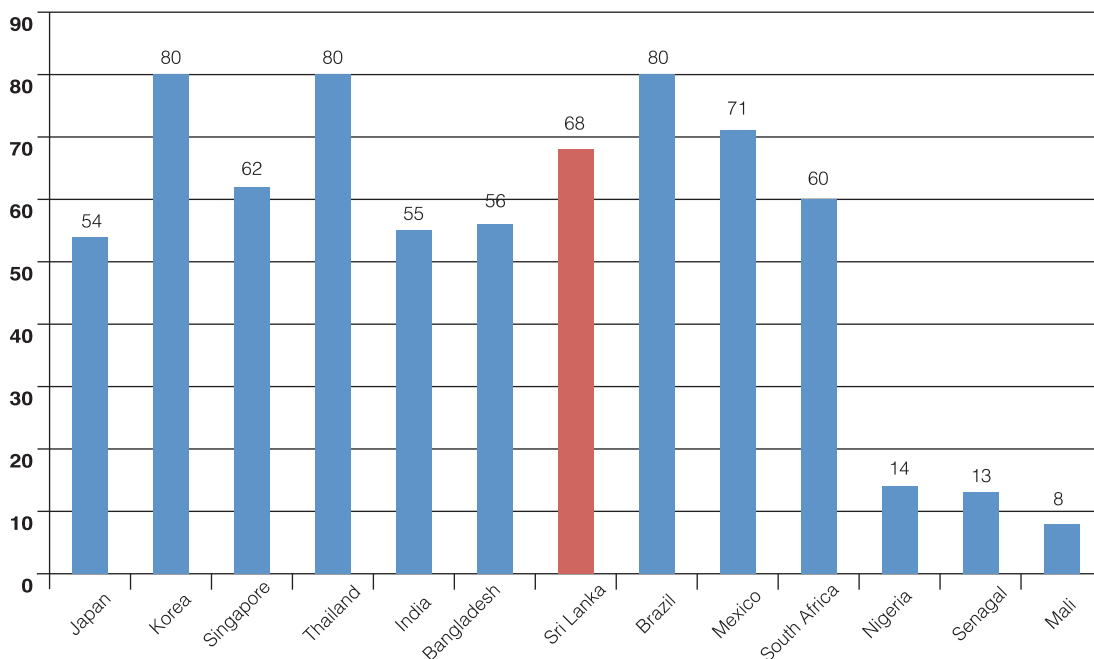
COMPARISON OF PERCENTAGE OF TEENAGE PREGNANCY AND MOTHERHOOD IN SELECTED COUNTRIES AROUND 2005



Source: DHS comparative Reports No. 19

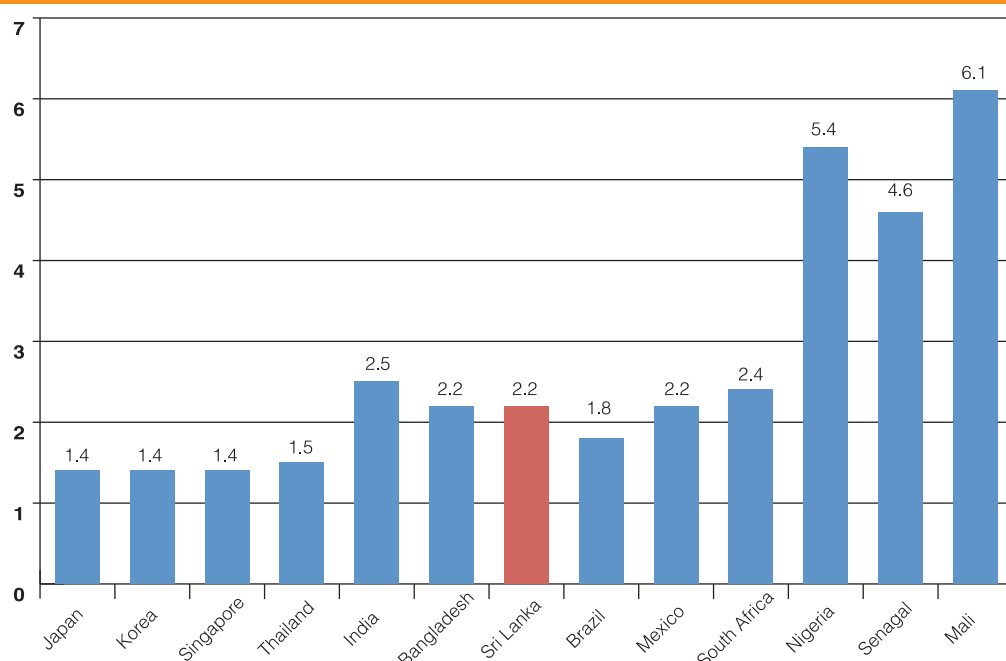
# International Comparisons

COMPARISON OF CONTRACEPTIVE PREVALENCE RATES (ANY METHOD)  
IN SELECTED COUNTRIES - 1990/2011



Source: State of the World Population, UNFPA, 2012

COMPARISON OF TOTAL FERTILITY RATES IN SELECTED COUNTRIES - 2010-2015



Source: State of the World Population, UNFPA, 2012

# What is UNFPA doing?

With Sri Lanka recently emerging as a middle income country, UNFPA is shifting its activity focus from capacity building and service delivery to focusing on addressing the four key issues in Sri Lanka in reproductive health through policy dialogue, policy advice and policy advocacy in the coming years.

## REDUCING TEENAGE AND UNWANTED PREGNANCIES

- Strengthen knowledge and practice of family planning among populations with high unmet needs and among vulnerable groups
- Comprehensive sexuality education in schools
- Conducting research to assess the knowledge, attitude and practices among vulnerable groups
- Improving the quality and availability of commodities, including condom program
- Applying a comprehensive behavioural change communication strategy

## REDUCING MATERNAL DEATHS

- Providing resources, and guidelines
- Developing a robust and centralized data system
- Improving the knowledge of public health midwives
- Applying comprehensive behavioural change communication strategies
- Implementing the recommendations of the EmONC Needs Assessment
- Enhancing reproductive health emergency preparedness and response

## POLICY ADVISE ADVOCACY DIALOGUE

## BEYOND 49 YEARS

- Recognise as a emerging public health issues
- A reproductive health package
- Expanding the coverage of Well Women's Clinics

## REDUCING INEQUITIES

Improving the quality of reproductive health service delivery systems through support to the following:

- Capacity building of reproductive health service providers
- Development of quality assurance systems for reproductive health services and their monitoring
- Enhancing the quality and coverage of reproductive health services