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Original Article

Obstacles and Opportunities for Adolescents Reproductive Health and Rights Advocacy in Nepal

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ABSTRACT

Introduction: The International Conference on Population and Development, Program of Action serves as the basis for the "holistic life cycle approach" to providing services under the country's existing health programs in safe motherhood, family planning Sexually transmitted infections, child survival, safe abortion, infertility, elderly women's health which include several government objectives in the area of reproductive health. Prime objective of the study is to generate the information pertaining to obstacles and opportunities for adolescent reproductive health and rights in Nepal.

Methods: This was qualitative study based on primary information. In-depth Interview was carried out with different WHRAP partner CBOs and Government organizations of Makawanpur and Bardiya District. This study analyzes obstacles and opportunities for local level reproductive health and rights advocacy that exist within the VDCs in accessing local government processes, services and institutions as well as benefits and limitations of the information and awareness raising activities completed under Women's Health RAP in the conflict situation.

Results: The study found that new opportunities on reproductive health and rights awareness raising and advocacy programs of different agencies were significant for the better improvement of reproductive health service. Awareness raising and counseling centers should be established at major corners of the country.

Conclusion: Reproductive health and rights related Information, Education and communication materials should be provided to community peoples. Program areas should be enlarged. Strong policy and coordination should be established among governmental centers, I/NGOs and local level CBOs.

Key words: Obstacles, Adolescent, Opportunities, Reproductive health.

INTRODUCTION

Women's reproductive health is addressed through specific and general policies, including the 1998 National Reproductive Health Strategy, the National Health Policy, The Second Long Term Health Plan, the Tenth Plan, the National Plan of Action for Gender Equality and Women Empowerment (National Plan of Action), and the 2000 National Reproductive Health Research Strategy.

The ICPD Program of Action serves as the basis for the "holistic life cycle approach" to providing services under the country's existing health programs in safe motherhood, family planning STIs, HIV/AIDS, child survival, safe abortion, infertility, elderly women's health which include several government objectives in the area of reproductive health in 10th plan. The strategy aims to incorporate gender perspectives and women's empowerment into all program areas.[1]

The National Plan of Action, which was formulated to implement Nepal's commitments under the Beijing Declaration and Platform for Action, includes several objectives, however the prime concern should be given to expand women's access to health services

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throughout their life cycle and provide affordable basic health services, comprising holistic reproductive health services to all population.[2]

Currently, the government RH services are delivered by a hierarchy of health institutions. At the village level there are 3132 Sub-Health Posts which are assisted by 48047 Female Community Health Volunteers (FCHV) and 15603 traditional birth attendances (TBA) who work at the community level even if they are not formally paid government employees. Besides Sub-Health Posts (SHP), there are 705 Health Posts (HP), and 178 Primary Health Centers (PHC) where services of professional medical personals are available to support the public[3]. Furthermore, there are 62 District Hospitals and 11 Zonal Hospitals. Above all there are Regional Hospitals in each Development Regions and there are five central hospitals, which are supposed to provide outstanding services.[4]

Women's Health and Rights Advocacy Partnership (WHRAP) advocacy focuses on two specific SRHR concern: Safe Motherhood and Young People's SRHR. It inspects the activities from local to national level on policy making, implementing and providing services on safe motherhood and young people's SRHR. The key advocacy issue of WHRAP-Nepal is implementation of international commitment focusing on ICPD, BPFA, MDG, CEDAW and CRC.[3]

METHODS

This study was based on qualitative process, for that primary information was collected as per the requirement of the study. This study, basically, analyzes obstacles and opportunities for local level reproductive health and rights advocacy that exist within the VDCs in accessing local government processes, services and institutions as well as benefits and limitations of the information and awareness raising activities completed under WHRAP in the conflict situation.

For the completion of this research In-depth Interview was carried out with different WHRAP partner CBOs, Government Health Service Centers (District health office, District hospital, and Sub-Health Posts), Reproductive Health Coordination Committees (Family Planning Association Nepal & Nepal Geruwa Awareness Association from Bardia district, Family Planning Association Nepal & Nepal Family Health Support Program from Makawanpur district).

RESULTS

Altogether 16 in-depth interviews were conducted in each district with implementing institutes: CBOs, RHCC and DHO focusing on their perception about obstacles and opportunities for local level reproductive health and rights advocacy that exist within the VDCs in accessing local government processes, services and institutions in the conflict situation.

Rural governmental health service centers provided reproductive health related programs which were recognized by Nepal Government. These programs have been supported and carried out by Non-governmental organizations. They were hardly able to provide service effectively to increase awareness, to provide training and advocacy on the reproductive health and reproductive rights due to lack of strong national policy.[5]

Reproductive health advocacy and awareness raising related issues were concerned with implementing institutes rather than governmental service centers. In the last one year, about 3000 to 30,000 populations were advocated by the different implementing agencies.

Lack of availability of skilled human resources, irresponsible behavior of health service provider at health service centers, lack of accessibility of transportation all over the district, lack of public awareness, negligence towards the women health, improper implementation of the programs in the target area and in the fixed period due to frequent Nepal bandhs, lack of counseling centers at village level, lack of active participation of community people, traditional taboos and thinking up to practice among community people, less practice to visit service centers among community people, predicament on coordination and implementation, short programs, participants' demand for incentives or allowance, poverty and, finally, illiteracy were the main barriers/limitations of awareness raising and advocacy programs during the conflict situations.

Countable increase on service receivers, public awareness raising, awareness raising among community people about pregnancy check up, female community health volunteers' door to door visit, increment to visit health service centers at the time of delivery because of incentives policy of government (Rs.1000 to Rs.1500), changing positive attitude towards the adolescent on reproductive health, increase in family planning methods users, abortion services provided from district hospital, and finally.

The study found that new opportunities on reproductive health and rights awareness raising and advocacy programs of different agencies were significant for the better improvement of reproductive health service. Practical training to FCHV and minimum incentives to them are obligatory. Twenty four hours service should be provided at all the health centers at VDC level as well. Awareness raising and counseling centers should be established at major corners of the country. Reproductive health and rights IEC materials should be provided to community peoples. Program areas should be enlarged. Strong policy and coordination should be established among governmental centers, I/NGOs and local level CBOs. Even the government of Nepal has legally accepted abortion but still unsafe abortion is in practice. Due to the cause of unsafe abortion maternal mortality rate is still high in Nepal. Last year, 3 to 11 women were died due to unsafe abortion in study district.

Most of the VDC level (Health posts and Sub-health posts) health service providers were absent in both study districts. Moreover, in some of the places, expiry medicines were found.[6]

The implementation of all the programs was affected mostly during these years. Development agencies were also failed to provide proper services in target area. All of these hindrances resulted into the irreparable loss of women health and life. In both districts, service providers left their working place for a long time. In this way the community people as well as pregnant women were compelled to stop their regular check-up because of their inaccessibility to another service centers.

All of the participants were aware about of menstruation and appropriate take care. They said that they just know that FP devices could be obtained from the health facility but so far they have not used them. Similarly they also stated that they know details about HIV/AIDS and STIs. Awareness raising and advocacy programs on reproductive health and rights at the village level resulted many people were knowledgeable and visit to health service centers by 60 to 70 percent pregnant women at least one time.

Community people told that they have heard about liberalization of abortion service. Further they said that they do not know that abortion is legal. All of them said that it is good that now couple can limit their family size and raped girl can overcome her problem of unwanted pregnancy. But unfortunately, a women lost her life on dated 2066/02/09 in a nearest hospital clinic in Makawanpur by unsafe abortion practice, where as involved personal was a repotted health service provider. Participate were also informed that nobody were asked about abortion to them.

According to the participants the past year, many women were died due to the complication of pregnancy and delivery but now a day they did not hear about mothers dead around their village. The main causes of maternal mortality: Financial problem, traditional believes and practice, workload, lack of public awareness, illiteracy; lack of environment for women to make decision about own health, no access to cash, male dominate and control them, inadequate nutrition, no access to information, lack of family support/care, educated people were also unable to translate knowledge into practice,

DISCUSSION

The high rate of maternal mortality in Nepal might be due to lower level of service utilization. DHS, 2006 shows that only 44 percent of women with a live birth in last five year received antenatal care and only 19 percent took assistance during delivery from a skilled birth attendant. Thirty three percent women received postnatal care and almost every woman told that had some problem to meet health facilities. These indicators reveal that there are still some barriers to utilize health facilities available. The barriers might be various factors including the quality of services and the accessibility of services. DHS, 2006 has identified some problems to visit the health facilities, however it has not concerned with the quality of services and behaviors of service providers. Also the accessibility is not clearly defined. Other studies to identify quality and accessibility of reproductive health services are also not found for a long time.[7]

The program formulators need to be sure that the services provided are of good quality and care easily available when people like to utilize them. Also the program evaluation is necessary to identify the barriers to utilize and drawbacks of the services that are provided to the people. A health systems analysis of the extent to which services are available, accessible, acceptable, and of the highest possible quality, can be valuable in identifying problems and designing interventions.[8] In this context, a comprehensive study to access the quality and accessibility of reproductive health services provided throughout the country by the government

health facilities. It is assumed that this study could provide sufficient information for policymakers and program managers about the eminence and barriers to people utilizing the services. This study could also evaluate the performance of existing government health facilities in the perspective of RH program.

Lack of access to SRH services and information contributes to high levels of morbidity and mortality for largely preventable SRH problems, particularly in developing countries. Every year, half a million women die during childbirth because there is not a skilled attendant present at the birth, and insufficient provision of condoms has contributed to the spread of sexually transmitted infections (STIs), including HIV. Restrictions on information about sexuality, contraception, prevention and healthcare, limit people's ability to make choices regarding their own sexual and reproductive health and rights (SRHR).[9]

CONCLUSION

Reproductive health and rights related Information, Education and communication materials should be provided to community peoples. Program areas should be enlarged. Strong policy and coordination should be established among governmental centers, I/NGOs and local level CBOs.

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