CONCEPT AND REVOLUTION IN REPRODUCTIVE HEALTH
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Contraception is an extremely important dimension of reproductive health, but only one of several dimensions. The credit should go the World Health Organization (WHO) for initiating the revolution in reproductive health with a position paper presented to the United Nations International Conference on population and Development (ICPD; Cairo September 1994) and also to ICPD for adopting the WHO document as the cornerstone of the United Nations (UN) action program in this field. ICPD Cairo 1994 - Recommendations shift in approach.

* F.P. to all issues under RCH including empowerment of Women.

Reduction In Unwanted Fertility (Unmet Need)

* Informed choice
* Maternity care including safe abortion
* Improve child survival
* Manage RTIs/STIs.

Provide high quality user friendly services

WHO SUGGESTIONS TO REPRODUCTIVE HEALTH

- The lifespan approach to reproductive health.
- Do not ignore early childhood.
- Take extra care during adolescence.
- Care of the reproductive years.

RCH PROGRAMME

ESSENTIAL COMPONENTS OF RCH

* PREVENTION AND MANAGEMENT OF UNWANTED PREGNANCY
* MATERNAL CARE WHICH INCLUDES ANTE-NATAL DELIVERY AND POST- PARTUM SERVICES
* CHILD SURVIVAL SERVICES FOR NEWBORNs AND INFANTS
* MANAGEMENT OF RTI/STD

POLICY FRAMEWORK

* TARGET FREE APPROACH
* DECENTRALIZED (BOTTOM UP PLANNING)
* DECENTRALIZATION OF IMPLEMENTATION
* DECENTRALIZED PARTICIPATORY PLANNING
* INTEGRATED TRAINING PACKAGE
* IMPROVED MANAGEMENT CAPACITY BUILDING AT DISTRICTS FOR
* PLANNING AND IMPLEMENTATION
* IMPROVED MANAGEMENT
* MIS
* CONCURRENT EVALUATION

* APPROPRIATE SYSTEM SUPPORT FOR:
* BETTER MANAGEMENT
* BETTER COORDINATION
* BETTER COMMUNITY INTEGRATION
* SMOOTH FLOW OF FUNDS
* TRANSPARENT PROCUREMENT SYSTEM
* STRENGTHENING INFRASTRUCTURE
* QUALITY UPGRARATION OF SERVICES

MAJOR ELEMENTS

A. REPRODUCTIVE HEALTH ELEMENTS

* RESPONSIBLE AND HEALTHY SEXUAL BEHAVIOUR
* INTERVENTIONS TO PROMOTE SAFE MOTHERHOOD
* PREVENTION OF UNWANTED PREGNANCIES
* SAFE ABORTION
* PREGNANCY AND DELIVERY SERVICES

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B. CHILD SURVIVAL ELEMENTS

* PREVENTION OF VACCINE PREVENTABLE DISEASES
* ESSENTIAL NEWBORN CARE
* MANAGEMENT OF THE SICK CHILD
* VPD
* ARI
* DIARRHOEAL DISEASES
* MATERNAL AND CHILD NUTRITION INCLUDING
* MICRONUTRIENTS WITH ANGANWADI WORKERS/ICDS/ DEPTT. OF WOMEN AND CHILD DEVELOPMENT

OBJECTIVES OF REPRODUCTIVE AND CHILD HEALTH PROGRAMME

OBJECTIVE - I: REDUCE INFANT AND UNDER - FIVE MORTALITY TO LESS THAN 50% OF THE 1992 LEVELS BY 2000

OUTPUTS

1. Sustain a coverage of over 90% infants, fully immunized, in all districts through 2000.
2. Eliminate neonatal tetanus in all districts by 1997 and sustain thereafter.
3. Reduce measles cases by 90% and deaths due to measles by 95% of their 1995 levels by 2000.
4. Eliminate poliomyelitis in all the districts by 1997 and eradicate it from all districts by 2000.
5. Reduce diarrhoeal cases and deaths in children under five years by 25% and 70% of 1995 levels respectively by 2000.
6. Reduce mortality due to acute respiratory infections by 40% of its 1995 levels by 2000.
7. Reduce perinatal, neonatal and post-neonatal mortality by 50% of their 1995 levels by 2000.

OBJECTIVE - II: REDUCE MATERNAL MORTALITY BY 60% OF THE 1992 LEVEL BY 2000

OUTPUTS

1. Reduce the total fertility rate to below 2.5 by 2000 and the crude birth rate to below 21 by 2000, by promoting the planned two-child family norm.
2. Provide appropriate antenatal, intranatal and postnatal care to over 90% of pregnant women by 1997, and sustain it thereafter.

OBJECTIVE - III: TO IMPROVE WOMEN'S REPRODUCTIVE HEALTH

OUTPUTS

1. Awareness on nutrition, reproductive health, and the prevention of RTIs including HIV in 50% girls and boys of the adolescent age group by the year 2000.
2. Awareness and communication skills on STD/HIV prevention and universal precautions in all health workers by the year 2000.
3. Provision of safe abortion facilities in all blocks/wards of every district/urban area by the year 2000.
4. Provision of comprehensive RTI/STD facilities and counselling services in all districts by the year 1998.

Male Involvement In Reproductive Health:

* Encourage the male partner to remain present at ante-natal check ups and in the labor room. Treat him with respect and avoid resisting his presence.
* Women must stop gender discrimination in child rearing.
* The spirit of joint responsibility between the male and the female should be inculcated from the primary school level, and at home.
* The mother and other family members should learn to treat the son and the daughter as equals, and without any discrimination.
* The medical profession can play an important role in including the spirit of responsible parenthood in their clients.

* Teachers in medical colleges can provide considerable support by teaching undergraduates and postgraduates on how to counsel the male partner and involving him in all matters related to family health. Counselling is becoming a neglected art. Medical technology gets priority over counselling in busy clinics and hospitals. Senior teachers and consultants can help in changing this attitude and show by example and practice how counselling helps in family health.

* Remove barriers that come in the way of promoting responsive male participation in family health. Let the husband be received well in ante-natal clinics, labor rooms and female wards. This could be ensured by administrators, medical personnel and social scientists.

RCH is a national programme and is implemented at all state levels. Projects Director at state level is incharge of this programme in the department of health and family welfare. In J&K, SKIMS is an apex institute for providing skills-based specialized training to doctors and para-medicals. The Department of Community Medicine of SKIMS, under this programme, has provided specialized training to Assistant Surgeons from Directorate of Health Services in medical termination and sterilization. So far six batches of such Assistant Surgeons have been trained. Similarly, at state level, it is an on going training programme at Dhobiwan and RFPTC, where RCH training programme is continuously working.

REFERENCES


