

Improved Access to Reproductive Health Services, crucial to attainment of MDG 4 & 5

According to the International Conference on Population and Development (ICPD,1994), Reproductive Health is ‘a state of complete physical, mental and social well-being, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning, as well as other methods of legal birth control. It also includes access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.’

Universal access to reproductive health by 2015 is one of the targets of the Millennium Development Goals but there is more work to be done if this target is to be achieved globally and in Ghana. According to the World Health Organization, reproductive health problems remain the leading cause of ill health and death for women of childbearing age. Some 222 million women who would like to avoid or delay pregnancy lack access to effective family planning services. Nearly 800 women die every day in the process of giving life. About 1.8 billion young people are entering their reproductive years, often without the knowledge, skills and services they need to protect themselves.

In Ghana, access to quality reproductive health services continues to be a challenge. There are four main indicators that are used judge the quality of access to reproductive health services and these are access to contraceptive use, family planning services, maternal mortality and adolescent reproductive health.

According to the Ghana Demographic Survey (2008), contraceptive use increased dramatically between 1998 and 2003 but has remained relative stable since then. The

survey indicates that only 17% of married women are using a modern method of contraception. Women with at least some secondary education are more than twice as likely to use contraception as women with no education at 30 and 14 % respectively. Use of contraception also positively relates to wealth status, increasing from 14 percent among married women in the lowest wealth quintile to 31 percent in the highest.

In Ghana, family planning coverage has declined from 33.8% in 2003 to 23.5 % in 2010 (Ministry of Health Annual Report 2010). More than 35 % married women and 62 % of women aged 15-19 in Ghana have an unmet need for family planning. Unmet need is lower among women with secondary or higher education and higher among women in rural households than women in urban households at 38 and 32 % respectively.

On antenatal coverage, 92.1% of mothers enjoy at minimum four antenatal care visits and assistance from a health professional. Seventy eight percent of women aged 15-49 who had a live birth in the last five years underwent four or more antenatal care visits to a provider—skilled or unskilled. The percentage is higher for urban women, 88%, than for rural women at 72 %. In spite of this high national coverage, only 45.6% enjoy skilled delivery. This accounts for the high maternal mortality ratio currently standing at 350 per 100,000 live births. The known causes of maternal mortality include lack of access to family planning services, the uneven distribution of health professional, unsafe abortions, high blood pressure and obstructed labour. Health experts suggest that improvement in the delivery of family planning and maternal health services, greater investment in the training of more health workers and the provision of emergency obstetric care for complications are keys to improving maternal health and achieving the MDG 5.

Egypt is on track to achieving the MDG 5. This progress is the result of the initiative taken by the Ministry of Health and Population (MoHP) to increase access to essential obstetric care and neonatal services, in particular among vulnerable populations in Upper Egypt. Between 1992 and 2000 alone, the Maternal Mortality Ratio (MMR) was reduced from 174

per 100,000 live births to 55. The number of births attended by a trained health provider increased by 45 and 100 % --in urban and rural areas-- to reach 77 and 50 % respectively. Nearly 32 maternity homes providing emergency obstetric care facilities were established in remote areas to encourage women to deliver there rather than at home.(International assessment of MDG Report 2010). Ghana can learn from the example of Egypt and take more concrete actions towards improving maternal health care delivery.

According to the 2008 Ghana Demographic Health Survey, the adolescent birth rate stands at 66 births per 1,000 women aged 15-19years and is higher among adolescents in rural compared to urban areas at 82 births per 1,000 and 49 births per 1,000 respectively. Alliance for Reproductive Health Rights, (ARHR) a National NGO with the mandate of advocating for the reproductive rights of the poor, young people and underserved communities conducted a Survey on Health MDGS (2011) in 12 communities from Agona East, Bongo, Builsa and Komenda Edina Eguafu Abrem Districts. On Adolescent Sexual Health, the report indicated that the quality of reproductive health information available to is low and in many cases, dangerous. Adolescents patronized the use of contraceptives but with a misinformed conception such as adolescent boys drinking of a lot of water so as to dilute the semen. Others consume large amount of alcohol (akpeteshie) or tablets of paracetamol to make the semen inactive. Girls resort to shoving sticks into their vagina or gulping down a bottle of Guinness with ground glass stirred into it. Results of such behaviours have often resulted in death.

Way forward

We will want to challenge the government to commit more resources to the Health Sector. The 2012 budget shows a decline of government's commitment fromtowith the large chunk coming from donors. The Government needs to sit up and show her commitment to improving access to quality reproductive health services as the donors that Ghana depends on for support are reducing their commitments due to the global financial

crisis. We believe that investing in improving access to reproductive health is crucial for a healthy society and a more sustainable future.

As is outlined in the 2012 UNDP MGD Report “Increased access to safe, affordable and effective methods of contraception has provided individuals with greater choice and opportunities for responsible decision making in reproductive matters. Contraceptive use has also contributed to improvements in maternal and infant health by serving to prevent unintended or closely spaced pregnancies. Use increased rapidly from 1990 to 2000 in many regions, but since then the pace of progress has tended to slow.”

We believe that to achieve the maximum impact and align all programmes, policies and projects, the government needs to mainstream reproductive health and rights into all development and poverty reduction plans.

Corporate Ghana is been challenged to come up with innovative ways of addressing the low number of health professional. Records from the Ghana Health Service show that 43 % of doctors are all located in the Greater Accra Region with only 4% in the three regions in the north. The current doctor to patient ration stands at 1: 11,649 with the nurse ratio standing at 1:1,172 (Ministry of Health Annual Report2009).

It is refreshing to note that the Ministry of Health recently announced free family planning Services at all health centers across the nation. We will ask the Ministry to quickly outline a detailed and sustainable plan by which this service will be made accessible to all Ghanaians, especially those living in the underserved communities.

We are advocating for the teaching of Adolescent Sexual Health Skills at the Senior High Schools and we want to urge the Ghana Education Service and the Ghana Health Service to collaborate and undertake this project. We ask the Ghana Health Service to consider creating a youth-friendly section in all Teaching, Regional and District Hospitals. These

sections will champion the promotion of responsible and healthy reproductive and sexual behaviours, including voluntary abstinence among the youth. Trained health but youth friendly professionals, who will man these sections, will provide appropriate services and counseling services specifically suited for adolescents, with respect for their right to privacy and confidentiality. This will ensure that health provider attitudes and other barriers including social norms and customs do not restrict access to such services.

With a membership of 35 zonal and local NGOs spread across the country, ARHR, we will continue to advocate for the equitable access to reproductive health services, challenge systematic and structural inequalities and ensure accountability in the health sector.

We believe that, when Ghanaians are equipped with the right information and have access to quality reproductive health services, they will be able to make informed choices on the number of children they will want to have, help government to plan and make life comfortable for all. Ensuring access to quality reproductive health services is the responsibility of all!