CURRENT REPRODUCTIVE HEALTH STATUS AND INTERVENTIONS BEING TAKEN

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The 1994 Cairo ICPD declaration states that "Reproductive Health is a state of complete physical, mental and social well being and not merely the absence of disease of infirmity in all matters relating to the reproductive system and its function and processes. Reproductive health therefore implies that individuals and couples are able to have a satisfying and safe sex life, having the capability to reproduce and the freedom to decide if, when and how often to do so".

The significance of reproductive health for individuals and each and every couple to offspring healthy, perfect and intelligent generation and create a happy life is increasing day by day.

For the first time in its history, Mongolia adopted a Population Policy in 1996. The policy clearly defines the issue related to reproductive health. For instance, ... "creating conditions favourable to birth spacing in the interest of maternal and child health and consistenly reducing infant and maternal mortality are the key factors to maintain population growth ... Provide the population with knowledge on reproductive health and healthy life style, conduct advocacy and provide services directed towards avoiding early or too close childbirths, tailoring the features of the country".

In order to implement the Population Policy, the programmes "National Programme to Improve Women's Status", "National Reproductive Health" and "National Adolescent Health Programme" were adopted in 1996 and 1997 by the Government and are being implemented. In these programmes, the Government is ensuring reproductive health rights of couples (men and women) to an informed free choice of family planning methods without any coercion. The Government ensures the right of individuals to freely decide and choose the method of regulating fertility, child spacing and the number of children they desire. The Government is introducing family planning in order to reduce infant and maternal morbidity and mortality. In addition, the Government wishes to change and replace people's old attitude and reliance on centralized hospital based maternal and child care by establishing a new community based mechanism, making primary health care available especially to rural population and paying particular attention on developing safe motherhood care. Reducing infant and maternal morbidity and mortality and reviving maternal rest homes in soums are indicated in the Government's Mandate.

UNFPA, in collaboration with the Government of Mongolia, implemented the Mother-Child Helath/Family Planning programme in 1992-1996. In order to increase the

knowledge and professional skills of doctors and specialists, the following books and guidelines were translated, produced and distributed to doctors and specialists:

1. Mother-Baby Package, 2 books;
2. Contraceptive Technology (for doctors);
3. FIGO Manual, Volume 2 on Human Reproduction;
4. Ways to Reduce Maternal Mortality (standart protocol) and
5. Guidelines on Essential Obstetric Care.

All soum midwives, bag feldshers, soum and family doctors were trained in safe motherhood, family planning and the "mother-baby package". In addition, doctors from 100 soums with high maternal mortality participated in a special one month training course.

In order to strengthen and improve the capacity of health institutions and organizations, UNFPA assisted in reviving 100 soum maternal rest homes, provided 30 unit organizations including all aimag maternal departments and wards and city maternity homes with instrument kits for cesaerian section, all soum hospitals with essential obstetric equipment, drugs and contraceptives and all aimag public health centers with ultra-sound scanners.

UNFPA also provided 61 Russian jeeps UAZ-469 for emergency care and 5 trucks to MONGOL-EMIMPEX for rapidly distributing and supllying contraceptives and drugs.

To improve the dissemination of RH information to the community, UNFPA provided aimag, city and district health centers with over-head projectors, screens, TV & VCR sets and printing machine. Utilizing this equipment health workers conducted IEC activities on: Danger signs of pregnancy, Family Planning methods, Sexually Transmitted Diseaeses and Adolescent Reproductive Health.

Through the effective collaboration of the Ministry of Health & Social Welfare, UNFPA, UNICEF, WHO and other donor agencies in the field of mother-child health, reproductive health indicators are improving (Fig. 1,2).

The Government with UNFPA's support has began to implement the 1997-2001 Reproductive Health Programme. Eight projects will be implemented (Fig. 3). The first five projects are approved and are being implemented. Adolescent Reproductive Health MON/97/P06, Strenghthening Reproductive Health Services MON/97/P07 and Reproductive Health Advocacy project documents are being developed and are yet to be approved (Table 1).

For the last 3 years, the birth rate of Mongolia has averaged 22.0/1000 births (LB). The maternal mortality rate in 1997 was 1.4/1000 LB. From 1989 till end 1992, there was a marked drop in the birth rate. Since 1993 the birth rate has stabilised (Fig. 3). Comparing total birth rate by maternal age in 1989 with 1995, we can see that child-birth

in women 15-19 year olds have increased slightly, in women 25-29 year olds are stable and in women over 35 year olds have declined significantly (Fig. 4).

36.9 percent of the total pregnant women have some kind of risk conditions. 44 percent of women deliver at aimag and city maternity homes and wards under obstetrician/gyneacologists and specialised doctors control. 52 percent are delivering at soum hospitals under the supervision of general practitioners and soum midwives.

In 1997, 61.5 percent of pregnant women newly registered at the state level attented antenatal care in the first trimester, 14.2 percent attented late or after 7 months gestation. 0.7 percent gave child-birth without attending any antenatal care (Table 2). Considering pregnancy related riskconditions region-wise; I) Pre-eclampsia and eclampsia; ii) History of previous post-partum hemorrhage, iii) Multiparous with 5 and over 5 children, iv) Primigravids under 20 years olds, and v) associated disease were identified as the major risk conditions in pregnant women. Approximately 40 percent of pregnant women have chronic anemia. 1.7 percent of the total delivery are home deliveries, maternal death is 10 times higher than hospital deliveries. In 1997, 71 maternal deaths occured at the state level , the major cause being late toxemia, post-partum hemorrhage and associated diseases. The quality of antenatal, natal and post-natal care are still insufficient resulting in high maternal morbidity and mortality rates, although the maternal morbidity and mortality rates are falling.

On the other hand, because of the lack of knowledge of complications during pregnancy, delivery and danger signs on critical conditions, and the responsibility of pregnant women and her family members, many women do not access medical services and deliver at home without any care. As a result, some lose their lives. The continuing budget and cash limitation, shortage of drugs, medical equipment and facilities, difficulties in transport and communications and poor availability of timely emergency care faced by the health institutions during the transition period pose severe threats to women' health. These problems were identified recently during the RH needs assessment survey.

Abortion

In 1989, abortion on demand was legalised. Women have the right to decide whether to continue the pregnancy. In 1990-1992, the abortion rate increased to 440/1000 LB, which are the signs of the hard blow of the country's economic crisis on households. Women had little desire to give birth and to bring up children. On the other hand , it is related with lack of knowledge about how to avoid unwanted pregnancy and shortage of contraceptive methods (Fig. 5). Soon after abortion was legalised, the rate of spontaneous abortion dropped 3 times. Considering the Healh Ministry's statistics, there is a reduction in abortion rate in recent years, which results from the increased contraceptive knowledge and contraceptive prevalence rate. 80 percent of the abortions currently performed in our country are performed basing on self desire. Considering the above, it is essential to

provide the population in reproductive age with knowledge and practice to avoid unwanted pregnancy and provide them with necessary contraceptives.

Making abortion legally free in Mongolia since 1990, basing on the principle to fulfil human right and prevent illegal abortions, both had positive and negative impacts.

The positive impacts were:

1. Illegal abortion and its consequences such as maternal death and becoming disabled declined.
2. Provided women with access to space childbirth and decide number of desired children.

The negative impacts were:

1. Post-abortion complications such as pelvic inflammatory disease (PID), infertility and complications during following pregnancy and delivery are increasing.
2. Many private "Gyneacological" clinics were established after the abortion services were made chargeable, working effectively earning their income from abortion fees only. This resulted on inavailability of data collection for abortions performed and accurately accounting and evaluating its complications, increasing the number of women undergoing abortion with contra-indications, increasing post-abortion complications and morbidity.

Family Planning

According to the Health Ministry's statistics for 1997, approximately 40.3 percent of the women of reproductive age are using a modern method of contraception. 39.4 percent are using intra-uterine devices (IUD), 15.5 percent are using oral pills, 16 percent condoms, 0.9 percent sterilization, 5.5 percent injectables, 0.4 percent Norplants, 16.7 percent are temporarity abstaining and 5.4 percent are using other methods (Fig. 6). Comparing with 1994, contraceptive prevalence rate (CPR) increased. IUD use is gradually decreasing and the use if oral pills, condoms, injectables. Norplants and sterilization are increasing gradually. Depo-provera injectables and Norplant implants were introduced in our country after 1994.

Sexually Transmited Diseases (STD)
and Reproductive Tract Infection (RTI)

Since a special presentation will be made about STDs and AIDS, I will make only some brief remarks about RTI as follows. Currently, 68.4 percent of the women have one type of inflammatory & transmitted diseases.

-30.7 percent of the women with RTI have two or more combined diseases.

-37.4 percent of the RTI are common vaginosis, 18.08 percent are cervical erosion and 11.12 percent are salpingitis indicating the dominance of these diseases.

-Prevalence of RTI is high in women experiencing first sexual intercourse at early age, couples having sexual relations with orders beside their husband or wife, couples or sexual partners with STDs not being treated together, using IUD for contraception and women who had induced abortion (Table 4).

-5.7 percent of the women in reproductive age intertile. Of these, 1 percent have primary infertility and 4.6 percent have secondary infertility, 88 percent of the infertile women are aged between 25-35 years. 54. percent of the infertility are found in women, 47.1 percent in men and 11.5 percent are found in men and women. Though, some studies on infertility have been conducted and treatment methods intriduced, it is crucial to improve the management and take preventive measures.

Adolescent Reproductive Health

38 percent of the total population are children aged between 0-14, 20.6 percent are adolescents and youth between 15-24 year olds. In other words, more than half the total population are children, adolescents and youth. Considering a study, 16.8 percent of the boys have had first sexual intercourse by the age of 17.2 years, 6.3 percent of the girls became pregnant at the age of 13-20, of which 43.3 percent were unwanted pregnancies and, 18 percent were terminated by induced abortion. According to Adolescent RH survey, only 4.1 percent had some knowledge about STDs. Quality of reproductive health services provided to adolescents are poor and there is no system at school, clinic or in the family to provide adolescents with information and knowledge on reproductive health. It is therefore very important and necessary to pay particular attention to adolescent reproductive health issues and to provide in-school and out of-school children with knowledge and correct behaviour.

Our further activities are to accomplish criterial indicators of the National Reproductive Health Porgramme.

Joint venture projects to be implemented by UNFPA and MHSW for the years 1997-2001

Table 1

No	Projects	UNFPA fund (US$)	Implementing agency
1	Pre-Project MON/97/P01	158.000	MHSW, UNFPA Representative
2	Contraceptives Supply MON/97/P02	485.750 (300.500)	MHSW, UNFPA Representative
3	Strengthening RH Management MON/97/P03	749.500	MHSW, UNFPA Representative
4	RH Survey MON/97/P04	570.750	NSO, MHSW
5	RH Clinic Fee for services MON/97/P05	516.234	MHSW, Marie Stopes International
6	Adolescence RH MON/97/P06	749.703	MHSW, ME, Margaret Sanger International USA
7	Strengthening RH Services MON/97/P07	-	MHSW, AVSC International USA
8	RH Advocaty MON/97/P08	-	MHSW

Antenatal Care in 1997

Table 2

Indicators		Absolute Number	Percentage (%)
Women who were attending antenatal care		58920	-
from them	Women who attended antenatal care in the first trimester	36255	61.5
	Women who attended antenatal care late or after 7 months gestation	8419	14.2
	Women who received special antenatal care	8063	13.7
	Women who did not attend any antenatal care	299	0.5

Selective Indicators of the National "Reproductive Health" Programme Result

No	Indicators	1996 level	Levels to reach by 2001
1	Maternal mortality per 100,000 live births (cases)	175	105
2	Perinatal (fetal, neonatal) mortality per 1000 live births (cases)	22.06	20.0
3	Availability of essential reproductive health package (percentage)	-	80.0 of soums 50.0 of baghs
4	Antenatal, natal and postnatal complications (percentage)	33.0	23.0
5	Early coverage of antenatal care within first trimester (percentage)	64.0	70.0
6	Treatment of pregnant women with iron supplementation (percentage)	51.4	90.0
7	Prevalence of modern contraceptive methods (percentage)	38.0	50.0
8	Abortion per 1000 live births (cases)	309 (excluding cases of private clinics)	below 250
9	Prevalence of RTI in women in reproductive age (percentage)	68.4	40.0
10	Early detection of STDs (percentage)	40.0	80.0
11	Screening of STD transmitters (percentage)	20.0	65.0