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MEASURING THE STATUS OF SEXUAL & REPRODUCTIVE HEALTH (SDG 3): IS GUJARAT CATCHING UP?

Gujarat – a “model State”, has been much touted for its model of development, which the rest of the country is encouraged to emulate. However, its ranking on the Human Development Index as well as other indices recently, paint a rather different picture. The reason behind the lower than expected rankings of Gujarat on the Human Development Index, according to economists and other scholars, is its lack of focus on the healthcare sector. This model has been repeatedly criticized for its capitalist approach which overshadows its efforts towards the development of other basic parameters, especially health. This is reflected in its below average performance in the healthcare indices by the National Family Health Survey 2015-2016. **Sexual and Reproductive Health** scenario of a State is an important marker of the health and well being of its people and considering the scenario in Gujarat, might help understand its position with respect to the health indices. But before delving further into a description of the situation in Gujarat, and given the focus on reproductive health, it is appropriate, here, to define what is meant by Sexual and Reproductive Health (SRH).

The concept of SRH was first laid down at the **International Conference on Population and Development** in 1994, where reproductive health was defined as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and to its functions and processes”.

When a State is oriented towards sexual and reproductive health, it entails that the people there possess the ability to regulate their fertility (family planning); women are able to undergo pregnancy and childbirth safely; obstetric and

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gynecological disorders are addressed; the outcome of pregnancy is successful in terms of maternal and child health; there is prevention, diagnosis, and treatment of **Sexually Transmitted Infections** (STIs) including HIV; unintended pregnancies, and unnecessary as well as unsafe abortions are prevented. The need for the commitment to invest in Sexual and Reproductive Health (SRH), with a focus on access to SRH information, education and services, resonates with the Sustainable Development Goals, specifically **SDG-3**, laid down by the **United Nations** (UN).

The **Sustainable Development Goals** refer to the world transforming agenda, set by the UN in 2015, which called on governments and civil societies to meet a framework of 17 Goals in order to make the world a better place. These 17 goals, along with 169 targets, are meant to improve the lives of all people, by the year 2030. Building on the principle “leave no one behind”, the new integrated, transformative agenda emphasizes on a universal approach to achieve Sustainable Development across economic, social and environmental dimensions.

SDG-3 basically refers to the health goal (Goal 3 of SDGs) which aims to ‘ensure healthy lives and promote well-being for all, at all ages’. Sexual and reproductive health is accounted for, in the targets under SDG-3 which seek to “ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” by 2030. The target is also to reduce the maternal mortality ratio to less than 70 per 100,000 live births.

Gujarat, accounting for 6% of India’s population, and India, being home to about 17% of the world, plays a crucial role in the achievement of the SDGs. The premier think tank of the Government of India, NITI Aayog, has been entrusted

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with the task of working in coherence with the SDGs. 15 of the 17 SDGs directly relate to activities undertaken by local and State governments in the Country.

Gujarat Social Infrastructure Development Society (GSIDS) & Planning Division are working towards implementation of the SDGs in the State.

In order to understand the Sexual and Reproductive health scenario of Gujarat, the **Maternal Mortality Ratio (MMR)** is a key indicator. MMR is defined as the number of maternal deaths per 1,00,000 live births. Over half a million women die each year due to complications during pregnancy and childbirth; a quarter of them are from India. A vast majority of these deaths are preventable.

Complicated deliveries and lack of skilled care and medical help, lead to several preventable deaths. The lack of affordability drives several women to opt for non-institutional deliveries which put their lives in danger. The phenomenal solution to these problems, by the Gujarat government, came in the form of a public-private partnership between the State and private obstetricians in Gujarat, in 2005, known as the **Chiranjeevi Yojana**. Under this Scheme, the State pays for institutional deliveries of the **Below Poverty Line** families and tribes, at private hospitals. The government pays the doctors a certain amount, per 100 deliveries, in return for skilled birth attendance and services to rural women who otherwise can't afford these hospitals. The scheme is a win-win for all people involved (women, doctors and District Health Authorities). The success of the scheme reflects in the fact that more than a million births have occurred under this program between 2005 and 2015. Other national and State schemes such as **Janani Suraksha Yojana**, under **National Rural Health Mission (NRHM)** ensure institutional care during delivery and immediate postpartum period, to several women and have helped improve the MMR.

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Another issue under the SRH which leads to maternal mortality is unsafe abortions. Unsafe abortions are the third leading cause of maternal mortality in India. Lack of awareness of the law, and contraceptive methods, high fee, lack of technology and abusive clinical practices, as well as the stigma attached, lead to unsafe abortions. Almost 60% of the abortions conducted in India are unsafe despite of the fact that India boasts of broadly liberal abortion laws, amongst Asian countries.

According to a report by the Guttmacher Institute, *International Institute of Population Sciences and Population Council* (2015), majority of induced abortions are taking place in the private healthcare sector. Only 9% of *Primary Healthcare Centers* (PHCs) provide abortion in public facilities in Gujarat. Almost 52% of the pregnancies in Gujarat are unintended, out of which 33% end in abortion. In order to provide affordable, accessible and safe abortion service to people, the Gujarat Government has started training the medical officers from its *Community Health Centres* (CHCs) and PHCs, in *Comprehensive Abortion Care*. A few components of this program include strengthening of the training center, training of Medical Officers and specialists; provision of medical abortion, drugs and techniques for safer abortion services; strengthening of District Level Committees formed under the *Medical Termination of Pregnancy Act, 1971*, for improving and monitoring of abortion services.

The fact that 52% of pregnancies in Gujarat are unintended, points to another major SRH issue that has been gaining global attention these days: Family Planning. With almost 70% of the country residing in villages, the need for awareness about family planning in the rural communities is imperative. The lack of awareness about modern contraceptive choices reflects in the fact that despite

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the availability of several options, female sterilization still accounts for almost two third of the contraceptive use in our country. **National Family and Health Survey 2015-16** (NFHS) suggests that in Gujarat, 336 in 1,000 women undergo family planning operation against one in 1,000 men. The survey also suggests that 27.5% women in cities whereas 38.5% women in rural areas underwent female sterilization whereas only 0.2% men in villages underwent sterilization. Only 7.5% married men in cities used condoms as against 2.8% men from villages and women rely on oral contraceptives or intrauterine devices (IUD) to avoid unwanted pregnancy. Although the Gujarat Government has tried to implement various plans to address the sprouting need for family planning, culturally sensitive ways of addressing these needs is the demand of the hour. The family planning scenario in Gujarat will remain grim until a proper plan with better implementation is undertaken.

Sexually Transmitted Infections/Reproductive Tract Infections (RTIs) and diseases are usually the first thing that comes to mind when we hear the word Sexual Health. STIs rank within the top five conditions for which sexually active adults seek health care, in the developing countries. As per the community STI prevalence study (2003), cited in a report by the **National Aids Control Organisation**, over 6% of the adult population in India suffer from one or the other STI/RTI episode annually. However, early diagnosis, treatment, and management can restrict the transmission of these diseases, whereas the failure to treat these infections at an early stage may result in serious complications.

Gujarat is estimated to have an annual incidence of 1.8 million STI/RTI episodes in the State. In response, **Gujarat State Aids Control Society** (GSACS) is actively providing free standardized sexual and reproductive health services. The GSACS functions through a network of 66 designated STI/RTI Clinics, also known as

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'Suraksha Clinics' established in Medical Colleges, District hospitals, some sub-District and Trust hospitals to provide sexual & reproductive health services along with counseling services. More than 60 targeted interventions have also been carried out by GSACS to prevent the spread of HIV/AIDS infections. High-risk population like Female Sex Workers (FSW), Men who have sex with Men (MSMs) and Transgenders (TG), injecting drug users (IDUs), and the bridge population consisting of truck drivers and Single Male Migrants (SMMs) are main target groups.

The health needs of adolescents are seldom addressed in developing countries. And the poor situation in Gujarat was highlighted by the baseline survey conducted by the Centre for Health Education Training and Awareness (CHETNA). It was revealed that the adolescent girls in Gujarat have poor knowledge about reproductive and sexual health and are misinformed about conception, pregnancy, and other health-related issues. The endline survey, after a targeted intervention carried out in pursuance of the Mamta Taruni Program, showed a huge increase in the awareness of young women regarding SRH. Mamta Taruni Program follows a peer based approach, aimed at making health and nutrition information and services accessible to adolescents in Gujarat. There are a few other programs catering exclusively to adolescent girls in Gujarat. However, issues ranging from the meager wages of the peer educators to lack of monitoring systems and difficulties in reaching out to out of school girls continue to challenge the State.

In a country like India, which is simultaneously conservative and traditional, dealing with subjects like sexual and reproductive health can be a bit tricky. Poor sexual and reproductive health exists in all settings, whether rural or urban, across all socioeconomic groups in India. Inadequate healthcare facilities, lack of

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awareness as well as the stigma attached to anything sex-related have worsened the condition. Gujarat, just like the rest of the country, has been struggling with implementation of programs and policies while also trying not to undermine the traditional cultural foundation of the society. Good sexual and reproductive health is important for the general health and well being of people and it, in turn, demonstrates the country's well being. Although there are several challenges to be faced, the SDG 3 goals are definitely motivating the world to realize its full potential when it comes to prevention and care of sexual and reproductive health issues. Small steps will go a long way in realizing the dream of a better world, by 2030.

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CONCEPTUALISED BY:
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CONTRIBUTOR:
Princess Kalyani, National University of Study & Research in Law, Ranchi

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