Reaching the Unreached: Older women and the RCH programme in India, the Challenges Ahead

India is the first country in the developing world to officially announce family planning programme to control the unprecedented population growth. Since its inception in 1951, this programme has been geared at reducing the fertility through method-specific family planning targets. The programme mainly pushed through sterilisation as a method to control fertility with narrow range of services and limited options left for those who want to space their childbirth. Since the inception of the program, mortality declined throughout India followed by reduction in fertility and expectation of life at birth as well had increased. Despite all these things, the family welfare programme faced severe criticisms from the masses and the programme reoriented itself with broader goals and named itself as family welfare programmes. The acceptance received for this programme was comparatively better because under this programme the focus got shifted from woman to family as a unit and thereby registering an increase in the acceptance of this programme. It was realised later that providing mere family planning services were not enough to bring out the changes in fertility levels and therefore Maternal and Child Health Programme (MCH) was implemented in the late 70s covering the broad range services to women and children. Thereafter, with a view to improve the survival chances of children through immunization programmes and various other disease control programmes, so that people may go for smaller families if they think that whatever the number of children they have, all of them are going to survive till the adulthood, this programme was called Safe Motherhood and Child Survival (CSSM).

In all these endeavours, the programme aimed at quantity and filling up targets and thereby failed to generate demands rather than providing demand driven quality services and hence the desired results in terms of reduction in mortality and fertility could not be brought in. Further, the reproductive health situation of women continued to be poor, with high maternal deaths, high incidence of obstetric and gynaecological disorders which mostly remain untreated, with AIDS epidemic as an added problem.

It is after the 1994 International Conference on Population and Development (ICPD) held at Cairo, the family welfare programme came with a radical shift in its approach from changing the numerical method- mix target oriented approach to a broader system of performance goals and measures that focuses on wide range of reproductive health services. The programme assumed a life cycle approach in dealing with the health issues of both men and women and that people of all ages need due attention to their health, rather than concentrating only on women in the reproductive ages. The new approach involves a more comprehensive set of reproductive and child health services that focuses on client satisfaction, quality of services, gender issues, empowerment of women and services to adolescents and men. A broad range of reproductive health goals was set up with an intention of reducing fertility and enhancing client satisfaction and health. Overall, health has been viewed as a developmental agenda. Several management interventions were required to meet the changes in the programme approach like strengthening of service delivery, training of the existing staff, tapping into private sector and finding the extra finances to the new programme.

The issue here now is whether India was able to translate the new approach of reproductive and child health into workable policies and programmes or did the new concept of life cycle approach merely remained in paper? With the review of the available literature, it becomes evident that after RCH approach was adopted, the challenges identified by most of the authors pertain to the special needs of adolescents and in carrying out studies to ascertain the special needs of adolescents. Not much effort has still been made to study the needs of women in the late reproductive years who are nearing menopausal age or have moved into the post-menopausal stage, although there has been growing attention on ageing which mainly focuses on women aged 60 and above. Neither does the recent health policy adopted by India lay emphasis on the issues of older women especially during their menopausal period. This paper primarily looks at the forgotten sections of the society of women in the late reproductive period and women who are in the menopausal stage. Why the reproductive health needs of the older women have not been adequately addressed? What are the bottlenecks in addressing their issues?

What are the challenges ahead in meeting their needs and what strategies could be evolved to tackle their problems?

The ICPD defines Reproductive Health 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. If one analyses this definition and sees how it is incorporated into the Indian RCH programme, it becomes evident that Indian RCH programme still looks at reproductive health services in narrow frame of mind of providing services just to all those who reproduce and the reproductive health services to women who stopped reproducing therefore does not figure in as a priority area in India's programme of action. However, the reasons for the attention to adolescent health as pointed out by many authors, are mainly with a view that in India, adolescent childbearing is substantial and therefore their health is important. Neither services nor research has focussed on women beyond 40 years and their unique health and information needs. This being the case, the applicability of the very basic definition of reproductive health spelled out by the ICPD conference still remains as a challenge in Indian situation. It appears that the attitude of the programme planners here seems to favour implementing items that suit them and ignoring those aspects, which do not suit.

Although India has made tremendous progress in changing the old signals to the new signals in tune with the RCH approach, major implementation problems have arisen: many who needed the services are unreached; most of those reached do not have access to the range of services they needed; and the quality of services is often unsatisfactory (Mesham and Hoover, 1996). Issues of reaching the unreached still remain a major unaccomplished agenda in Indian situation.

Earlier Research

In identifying the challenges in implementing the RCH programmes, many have identified that the need to shift its focus from family planning to comprehensive reproductive health services to the women as the major challenge in the RCH programme

Expanding contraceptive services, focus on spacing methods, improving the quality of services, improving the problem of access, both physical and social, to health services are the priority areas identified by these researchers. While few studies have talked about the managerial and administrative issues in re-orienting the programme approach like training the staff, providing public-private partnership, and financial issues, a few other studies have identified the challenges faced in promoting safe motherhood and in the prevention of sexually transmitted diseases and in reducing gender-based violence. Services to people who are otherwise not been covered by the programme like adolescent girls and men have also been addressed by a few. The health of the adolescents came into light as one of the important area mainly because of their role as a future or immediate mothers. As the age at marriage is still low in India, the proportional contribution of adolescent fertility to the over all fertility in India would be substantial. Many of the studies have talked about the special needs of unmarried adolescents as future mothers and many others have talked about the needs of married adolescents as vulnerable groups. Role of men and participation of the male in the services also have gained attention recently considering the patriarchal set up of India. However, while looking at these studies, it is not only the programme managers who could not think women beyond mothers, but even the mind set of researchers seems to be forcing themselves to look women as mothers and not beyond that. This set frame of mind must have been the reason for getting less focus to the needs of women the late reproductive years not only among programme managers but even among the researchers as their role of reproduction as ended therefore they need not fall into the priority group.

While looking at the demographic scenario of India, it is quite evident that the proportion of the women in the late reproductive years and proportion of elderly are on the rise mainly because of the reduction in the fertility and mortality and consequent increase in the expectation of life. The age structural transformation can be observed as the reduction of share of child population and gain in the share of adult and old population. Because of the progress of survival of females and the consequent shift in the age composition, a sizable number of women are passing through reproductive ages and experiencing menopausal transition and post-menopausal problems extending into old age. Further, a sizable number of women will not only experience menopause but will also spent a significant amount of their time in post-menopausal period.

Currently, two-thirds of the world's women older than 50 years live in the developing countries, and by the year 2020, this will rise to three-fourths. India will thus be the second largest country in terms of the absolute number of women above 50 years of age. Owing to high maternal mortality, problems associated with pregnancy and child birth and high incidence of infant and child death the main focus of the current RCH programme even now is to tackle the problems of women in the reproductive years. Despite the clear need to focus resources on women of reproductive age, the country also needs to ensure that the health needs of older women, including their reproductive and sexual health needs, are suitably addressed. Hence, it is the need for the hour to look at the reproductive health issues of the older women with a view to integrate services along with the main focus areas and formulate strategies that are effective in addressing them.

Health Issues of the Older Women

It has been observed from various studies that that women experience gynaecological problems throughout their reproductive years and beyond, mainly because of the limited medical care they receive during pregnancy and childbirth, combined with higher parity. As these women move towards menopause and beyond, they are exposed to various other kinds of health problems arising mainly out of the hormonal changes its associated consequences like osteoporosis, heart disease, stroke, gynaecological malignancies and various other urinary problems like incontinence etc. Women in the late reproductive years are also not free from the reproductive health problems; the recent data show that more than 30 percent of the women above 40 years suffer from some reproductive health problems and this figure in only marginally higher for women in the younger ages (IIPS and ORC Macro 1998). Various kinds of symptoms of reproductive health problems are also quite high among the older women.

Sexually Transmitted diseases (STDs) are more common among younger women than among older women; however, there is a substantial burden of STDs among older women too. The estimated DALYs for women beyond age 45 is 58.29 and that for women 60+ is 105.02 indicating a need for services to these women . This figure does not include the contribution of HIV/ AIDS to older women.

Cancers to the reproductive organs are also on the rise as DALYS for breast and ovarian caner is quite high among women 45 plus and Cancer to breast and uterus is quite high among younger women. As the definition of reproductive health deals with all matters relating to reproductive systems and functions, these problems too must get due attention and required services for the affected women. As the proportions of women in the older ages are on the rise, the magnitude of these problems is going to increase in the future. Further, health has been considered as a human right; it is rightful for a woman to receive proper attention to her health, irrespective what age she has attained.

Many women in India still bear children during their forties, their pregnancy and delivery-related issues need to be addressed as the risk of childbearing at ages above 40 is more and the incidence of maternal mortality is also quite high during that same period. Further, the unmet need for contraception too should be met for these women as the need for limiting will be more at this period than spacing.

Menopause and Related Issues

A recent study conducted by Syamala and Sivakami (2005) based on the National family Health survey-2 data has shown that the onset of menopause is different across different States of India. Menopause takes place relatively at young ages in Andhra Pradesh and Karnataka and Bihar and relatively at old ages in Kerala and West Bengal. Pre-mature menopause is also quite high in India: around 11 percent of the women less than 40 years are found to be in menopause. Pre-mature menopause is also quite high in Andhra Pradesh. These findings have got high policy relevance when one deals with the problems of older women. Unlike developed countries where women enter into menopause during their fifth decade of life, Indian women experience menopause from forties itself, thereby having longer exposure of post-menopausal time and its associated consequences. At the same time many women continue to have children even in their forties. Hence, the major challenge for India is to tackle the dual problem of catering to the needs of both maternity and menopausal women simultaneously.

The same study also points out that illiterate woman, women from the low socio economic strata and women of low nutritional levels also reach menopause early. Further, early childbearing too was associated with early onset of menopause. As India is still characterized by large number of illiterate women with low age at marriage and early child bearing and with poor nutritional levels, the problem of premature menopause may continue to be a problem in the future too. Such women may have longer duration of exposure with much severe symptoms of mood swings, depression etc. Unless these problems are adequately addressed through the RCH programme, it may continue to grow in the coming years, and affect the quality of life. As the cost of health care through a private sector is high and these women cannot afford it, the Primary Health Centres of India should be able to deliver the required services to poorer sections of the people who too are reaching menopause early,

Health care providers in India may have limited information about the physical, social and psychological problems of ageing. Women themselves may not seek medical help to the problems associated with ageing because they themselves consider these problems as natural and therefore need not take any professional help. It is therefore necessary to reorient the health care providers and para medics with the importance of older women's health issues as part of their training so that timely advice and necessary treatments can be given through the already existing network of PHCs without additional resource constraint. Other treatment options to deal with the problems for osteoporosis, malignancies and heart diseases should also be sought as the incidence of osteoporosis and hip fracture is quite high in India (WHO, 1996). Expanding facilities to treat these problems will be advantageous to women to improve the quality of life in their later life.

Besides, there are a number of social issues to be tackled while dealing with the problems of older women. Being old and being women, they face a double burden of social isolation and discrimination. These marginalized people have been viewed as unproductive elements and at times may lack family support both physical and emotional. They are routinely excluded from decision making in both family and community level. Their needs are never been heard, as they are mainly voiceless people and therefore they receive little attention in any social programmes including programmes designed to improve health and productivity.

Women in the Middle Ages are in the midst of grown up children and other pressing family priorities and therefore, their health needs become automatically secondary and not much thought is given to enhance the quality of their individual life. Because of the basic altruistic nature of women, most often they suffer silently. Further, with years of poor nutrition, hard work, multiple pregnancies and low social status, their old age is often miserable with numerous untreated illnesses. Widowed and economically dependent women suffer higher levels of discrimination at the old age than men.

Major Challenges Ahead

Realising the importance of reproductive health problems of older women is the major challenge awaiting ahead for India. As India has been preoccupied with the problems of women in the reproductive age group, little attention has been so far received to look into the problems of women in late reproductive years. As the preceding section clearly establishes the need for a comprehensive healthcare approach to deal with the problems of the older women, it is very essential to sensitise the health care providers, programme planners and policy makers with the importance of quality of life in the later part of the life of these women. As per the definition of reproductive health spelled out in ICPD conference at Cairo, any problems that affect the reproductive functions should get due attention and not just the problems that affect women while reproducing. Therefore the health needs of women beyond reproductive years should also be met. It is not only the programme planners who need to be sensitised, but even the researchers in the country need to realise the importance of the problems of the older women as there are not much focus given by the researchers as well.

Reproductive health itself involves a broad range of issues related to the reproductive system over the life cycle. Therefore, providing family planning and safe motherhood with the exclusion of all other health needs may not be sufficient to deal with the whole range of reproductive health problems through out the life of women. Other problems like cancers to various reproductive organs, infertility and menopause related problems also require attention.

As the woman reach menopause, they need help in managing the symptoms associated with the hormonal change and menopausal transition. During this time, women may experience vasomotor symptoms, urinogenital problems and psychological problems. Therefore the health care providers may be able to provide the necessary advice and counselling to these women to help them in coping up with the discomfort they face. The healthcare providers can be trained in providing the necessary advice and counselling to deal with the problems of menopausal women and these are inexpensive and can be easily integrated into the programmes that exist.

Another major challenge ahead for India is to provide both maternity and menopause related services simultaneously as many women in their forties reach menopause and many others still continue to bear children. Moreover, the PHCs in India may have to be equipped to provide services to the menopausal women as the poor women are reaching menopause early and they may not be in a position to avail of services from the private providers mainly because of the enhanced cost.

The problems of older women may need individual attention unlike problems of children. Mass programmes like immunization, supply of ORS for diarrhoeal diseases, sanitation programme etc, may be cost-effective in tackling problems of children; the problems of older women may however need individual attention and each case may be different from the others. The equipment needed to detect the problems and the treatment patterns, the training of the medical staff etc may be quite expensive. Therefore there is a great pressure on the government to immediately identify the extra resources needed for this kind of intervention.

Expanding services to older women will definitely make new demands on reproductive health providers who generally know little about the ageing problems. Grass root level worker of Auxiliary Nurse Midwife (ANM) and the supervisory staff must be well-trained to deal with the reproductive health problems of older women, especially in providing counselling and treatment to them. Many studies have already pointed out that the ANMs are already over-burdened with the routine MCH services and providing services to older women would definitely need extra time. Therefore proper time management is very essential to make sure that all the sections of the population are receiving the needed services.

Many older women are reluctant to seek services primarily because by that time many will have grown up children they prioritise their children's need as primary and other things as secondary and because of years of enculturation they are trained to be silent about their problems. Further, many may not be aware that the services that are available to tackle their problems. Through education and public awareness campaigns some of these barriers can be removed.

Far reaching strategies in dealing with the problems of older women could be of empowering them with income generating activities so that they will be able to take decisions for themselves. Further, childless women should be given extra attention, as they may have to deal with an unsupported old age.

Conclusions

This study brings out the importance of the reproductive health problems of the older women in the context of the recent RCH programmes and examine the need to integrate services to the older women with the existing RCH programme, which is otherwise neglected. The major health issues with the older women are problems related to child birth and contraception, problems of menopause, other problems to the reproductive system like cancers to breast, uterus, ovary, hysterectomy and other gynaecological disorders. An early age at menopause is observed in India with considerable inter-state variations, state specific policies are required to tackle the problems of menopause. State of Andhra Pradesh needs special health programmes to deal with the problems of premature menopause as a large proportion of women entering menopause prematurely. The major challenge identified is in providing both maternity and menopausal related services simultaneously as many women in their forties reach menopause and many others continue to bear children. Being marginalized, developmental and income generating activities should also be strengthened parallely to empower older women with a view to make them independent in taking decision pertaining to their own health.