

# Issues on Accessibility to Reproductive Health & Sexual Health



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# Bird view of RH SH in Laos

58% of population in the RH age

U 15 = 36.8%

Crown population rate 2.2

Accessibility

TFR 4.5

First menstruation age 11.8 Yrs

First marriage age 14.8 Yrs 20.5 Yrs

MSM 4.2 %

LWU &

Friendly Center

Public Health Service

Private sector

Shelter

Entertainment sites

Community Based Program on RH

# I. RH SH in Lao Context

## Reproductive Health

1. Complicated abortion (21%)
2. Contraceptive (23%)  
Condom male 21 % female (FSW)
3. Domestic violence
4. Trafficking/migration
5. Cervix cancer HPV
6. STIs /HIV Hepatitis B, C, E
7. Infertility ( 2.2%)
8. Abuse consummation (1.2%)

## Sexual health

1. GLBTG (GB 4%)
2. MSN, bisexual (8%)
3. Dysfunction of sexuality
4. Sex in special contact  
(Prisoner, Guru, minority ethnic)
5. Sexual behaviors (Pearling)
6. False Viagra using
7. Sex abuse
8. Handicap persons

# Vientiane Up to date



# II. Issues on accessibility burdens

## Social Culture Factors

Gender notions

Limit of RH SH clinic

No Social welfare workers

Regulation implementation

### Individual factors

Intimacy  
Shortage of knowledge RH SH  
Shortage of information on treatment & care  
Low income  
Scare on social & family justification  
Scare on low confidential  
Low access to public health sector

### Service Factors

Undisponible of medical staffs  
Office time barriers  
Unfriendly service  
Comosibility & more **expensive**  
Diagnostic & treatment indisponible  
Skill and competency  
Communication skill

Unaware on RH SH right / Choice option

Limit of RH SH mobile delivery

Limit of NGOs

Shortage of curriculum on RH SH and IECs through different canals

Reproductive Health is basic right of human being

Reproductive Health & Sexual Health need more  
than better science and Health care

They require state action to correct injustices  
(women)



## IV. Approach

### 1. Mobile team MCH-RH

MCH mobile team, RH Community based program

### 2. Friendly service model, Drop In Center

### 3. Comprehensive, Complex , One Stop Service

### 4. A Model on Vietnam, Butane & Bangladesh

### 5. Peer- Educators, Friend to friend program

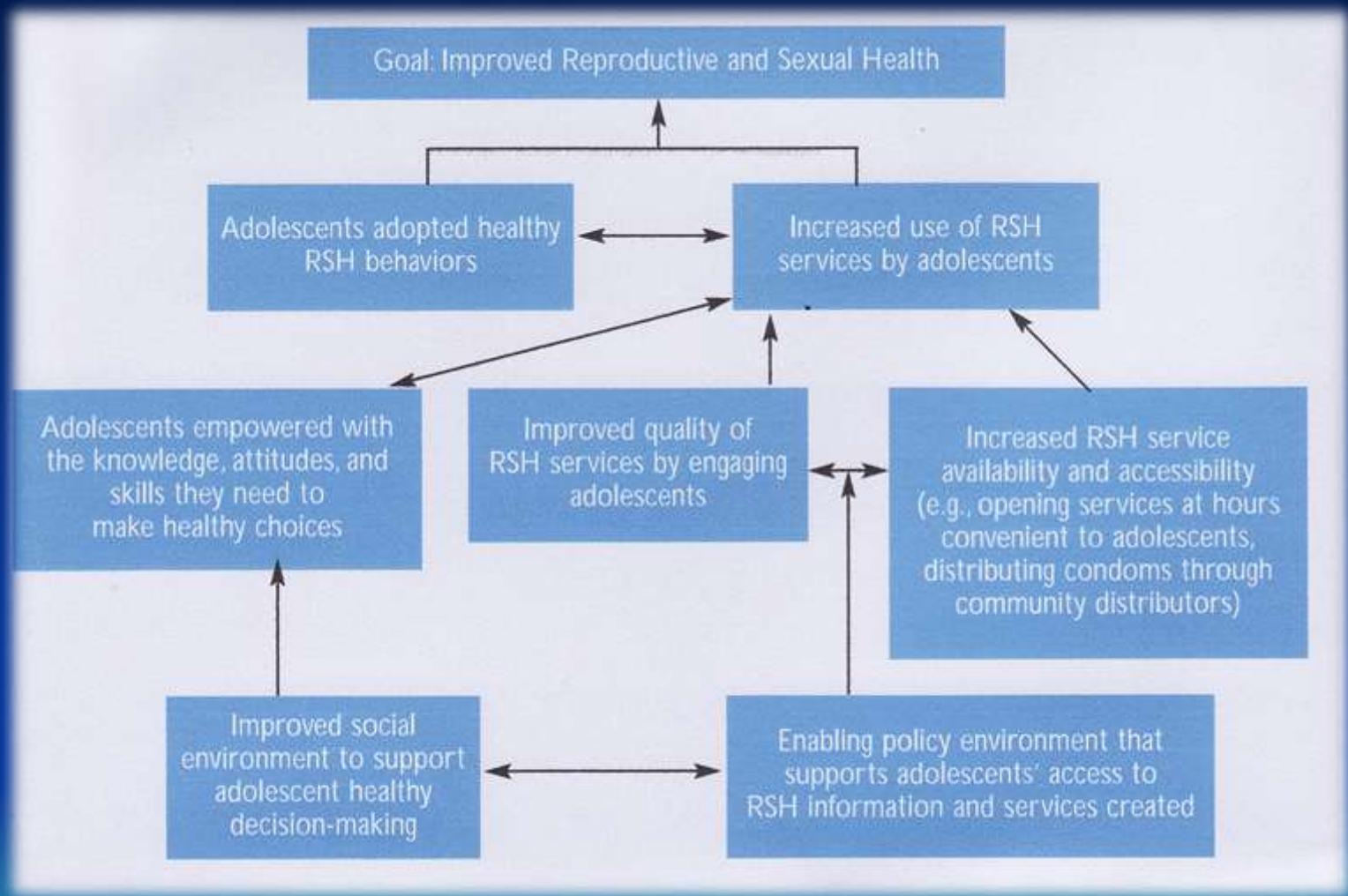
### 6. Adolescent -Youth clinic, male clinic

### 7. Hotline counseling

### 8. Cyber Info counseling

### 9. Surveillance system among venerable group







## V. Reproductive health for the 21<sup>st</sup> Century

To every individual is born healthy, is born wanted, and has the opportunity to fulfill his or her potential for a productive life unhampered by disease or disability

How a single fertilized cell eventually develops into a fully functional adult human being and how a multitude of genetic and environmental factors influence that process for good or ill.



1. *Genetics and fetal Antecedents of Disease Susceptibility* includes the interaction of the genotype with socioeconomic, environmental, and psychological factors in the fetal and postnatal environment that contribute to health or the pathophysiology of diseases.
2. *Reproductive Health for the 21<sup>st</sup> Century* comprises the biological and behavioral factors that allow couples to have healthy children when they want them and the reproduction-related conditions that may affect women during and after their reproductive years.



3. **Developmental Biology : Understanding Normal and Abnormal Development** consists of the basic biological science necessary to understand early development in utero and through the time when many organ systems form.
4. **Biobehavioral Development** includes research to better understand the developmental processes involved in forming cognitive, learning, emotional , social, and physical behaviors, and the biological and environmental factors that make infants, children, and adolescents more susceptible to behavioral disorders or to adopting risk-taking and violent behaviors.



## Overall Goals

1. Pursue Research Leading to Improved Outcomes in ART
2. Use Genetic Advances To Identify Factors Leading to Infertility
3. Use Genetic Advances to Identify Novel Contraceptive Leads
4. Increase Efforts To Develop Acceptable Male Contraceptives
5. Identify New Treatments for common Reproductive Problems
6. Conduct Research on Male Reproductive Behaviors
7. Identify New Strategies for Improving Contraceptive Use
8. Attitude **Behaviors of minority sexuality**
9. **Life impact of Transgender**
10. **Health issues in migrant workers**
11. **Improving the health care system for RH/SH**

## VI. Original Clinical & Social Science Research

1. Sensitive notions
2. Privacy & confidential
3. Gender & right based
4. Peer or social welfare workers participation
5. Compromise & women participation

+ Moral & Medical ethic issues

Ensure the results of research had to  
positive change in RH-SH (women's live)



# VII. Resolution on Reproductive and Sexual Health

- Improvements in women's health need more than science and health care; correct injustices to women.
- Women's health is often compromised not by lack of medical knowledge, but by infringements on women's human rights.
- Human rights are inalienable rights inherent to human dignity.
- Upholding the principle declared by the 1993 World conference on Human Rights that the human rights of girls and women are and inalienable and indivisible part of human rights, to be protected not only in courts, prisons and other areas of public life but also in the privacy of the home.
- Human rights law has focused too exclusively on the public arena and neglected the private sphere of home, family and community in which women are traditionally enclosed.
- Noting that women suffer the same indignities and breaches of their human rights as men; in addition, they are vulnerable to particular gender-based violations relating to their reproductive function and the way societies limit their role and potential.



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