Reproductive Health

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1. Introduction:

Reproduction is defined as, "production of further individuals like oneself or itself by sexual or asexual means".

Reproductive Health is defined by the World Health Organization as, "a condition in which reproduction is accomplished in a state of complete physical, mental and social wellbeing and not merely as the absence of disease or disorders of the reproductive process". The ability, particularly of woman, to regulate and control fertility is an integral component of reproductive health package (1).

Sexual and reproductive health is at the centre of human dignity, relationships and well-being. The private nature of sexual and reproductive health does not diminish its significance on the lives of men and women in every culture. Every where in the world sexuality and sexual behaviour have profound consequences on individuals, families, and societies (8).

The following illustrates the magnitude of the problems related to reproduction globally in 1990 (2):

Over 100, 000,000 sexual intercourses take place every day.
From this, 910,000 conceptions and 356,000 sexually transmitted infections occur daily.
Of these pregnancies, 50 % are unwanted.
150,000 unwanted pregnancies are terminated: 33% under unhealthy and unsafe conditions with 500 maternal deaths due to abortion daily.
1370 women die daily due to pregnancy related problems and many times more this number have narrow escape with significant physical and psychological injuries.
25, 000 infants and 14,000 children [aged 1-4 years] die each day.

World Health Organization initiated the special program of research, development and research training in human reproduction in 1972. Traditionally, health aspects of human reproduction have been dealt with through the public health approach of "Maternal and Child Health". As knowledge accumulated, it became apparent that several other aspects of reproductive activity needed research and development.

Objectives of reproductive health programmes are to ensure that people, [11]:

- Have the capacity for healthy, equitable and responsible relationships and experience healthy sexual development and maturation.
- Achieve their reproductive intensions – the desired number and timing of children – safely and healthfully;
- Avoid illness, disease and disability related to sexuality and reproduction and,
- receive appropriate counselling, care and rehabilitation when needed; and avoid injuries related to sexuality and reproduction and receive appropriate counselling when needed.

2. Sexual health of men and women [sexuality]

Mutually fulfilling sexual relationship is an important requirement for mental health of men and women. Ideally sexuality should be expressed through a series of emotions that that include love and caring, and when sexual acts take place, their joy should be shared equally by both the man and the woman. But sexuality can also involve anger, violence,

coercion, abuse and rape. These can have serious consequences on the partners and the children conceived.

The factors that affect satisfaction in sex act are not completely understood. Studies indicate that not everybody experience orgasm every time. The environment, mental state, physical state and social state may influence the outcome. A major problem is that sexuality is often surrounded by strict social, moral, and religious beliefs and these make objective study on the subject difficult (3).

As for men, apart from mental state, erection and ejaculation are two important physical components. Problems with erection [impotence] and ejaculation can be caused by psychological or physical problems. Incidence of these problems in the society needs to be studied. Similarly there are females with structural or functional abnormalities of the reproductive organs. If they could not relax the vaginal sphincter [vaginismus], they may experience severe inconvenience in the act. Further, several false beliefs and taboos about sex exist in the society. It is very likely that behavioural problems are caused by them.

Female genital mutilation is practiced in certain societies. Some societies practice female circumcision which is removal of clitoris which is the most sensitive area of the female genitalia. Others excise the external female genitalia and leave only an opening of the vagina. These practices are cruel attempts of preventing promiscuity. Affected females are denied their birth right of enjoying sex and satisfying their mental needs.

Male circumcision performed in certain societies is associated with reduced incidence of cervical cancer in the females of those societies which could be a beneficial effect. However, it is not known whether the operation is performed under aseptic conditions, if not whether wound infections occur, and whether it is associated with disfigurement or psychological trauma.

Sexual feelings develop during adolescence but the social needs delay the age of marriage. This causes a serious conflict in the minds of unmarried young persons and challenges their sexuality and socio cultural norms.

There are people with excessive or diminished sexuality. Mental, social or physical background of such persons needs understanding. The effects of war and displacement on our society also have to be studied.

4. Reproductive tract infections

There are natural defence mechanisms to prevent normal infections. When people neglect personal, sexual and menstrual hygiene, infections can occur. Further there are systemic infections like mumps and conditions like diabetes which can infect or promote infection to reproductive organs.

Sexually transmitted infections are a group of infections which are transmitted by direct contact of infected reproductive organs with that of the partners. These include, bacterial infections like syphilis, gonorrhoea, and chlamydiosis, protozoal infection like tricomoniasis, and viral diseases like AIDS, genital herpes and genital warts. While some infections cause local discomfort and disease without serious consequences, gonorrhoea, chlamydiosis and syphilis can cause serious complications including infertility. Early treatment of these can result in complete recovery. AIDS has no treatment and it causes death by disabling the immune system. People commonly delay or fail to obtain appropriate treatment for reproductive tract infections (12).

Prevention of sexually transmitted infections is easy in theory. Living one man and one woman as the only and permanent sexual partners [as a family] will eliminate almost all possibilities of spread of sexually transmitted diseases. Other rare modes of infections are

blood transfusion and indiscriminate use of needles among drug addicts. Use of male or female condom prevents direct contact and avoids infection if sexual partners are likely to be infected. But lack of knowledge, discomfort, carelessness and several other factors lead to non use of condom. Sex workers and casual sex seems to be the main causes of the spread of these diseases. These factors necessitate educating all those indulging in sex about safe sex and the importance of prevention of infection (12). Methods have to be employed to detect ant treat reproductive tract infections early.

Estimated annual incidence of curable sexually transmitted infections world wide in 1999:

Gonorrhora	62 million.
Clamydiosis	92 million.
Syphilis	12 million.
Tricomoniasis	174 million.

Incidence of sexually transmitted diseases observed in the Teaching Hospital Jaffna (46),

Gonorrhoea	12.5%
Syphilis	40.6%
Genital warts-	6.25%
Others [herpes]-	0.625%

5. Fertility regulation and infertility,

Fertility is the probability of producing a child. There is an argument that the fertility is a natural phenomenon and whether we have the right to interfere with it. Reproductive tract infections, pregnancy wastage and several other factors caused reduced fertility in the past. High child mortality of the past also necessitated high fertility. Now, as a result of improved health care, fertility and child survival has increased. Fertility regulation has become a necessity.

Perspectives of fertility control:

At the population summit of the world's scientific academics held in New Delhi on 24-27 October 1993, the scientists warned that if the population grows as predicted and human activity remains unchanged, science and technology may be powerless to prevent widespread poverty and irreversible damage to the environment (4). This is environmental perspective of fertility control.

There is a reproductive perspective for fertility control. Prevention of unwanted pregnancy while maintaining sexuality is one aspect. Increasing the time space between pregnancies will improve child survival and provide safe mother hood. Further it empowers women to take charge of their lives, pursue carriers for economic development, and contribute to society as men. Another important aspect is prevention of sexually transmitted diseases which prevents acquired infertility.

Difficulties with fertility regulation:

Although changing slowly, attitudes favouring high fertility remain a major reason why couples in some societies do not use contraceptive methods. Certain societies value women on the number of children she has. A study in Nigeria found that men wanted to have more children than women [7]. Gender roles play an important part in couples' decisions on fertility regulation. Men are often active and dominant in making decisions about fertility regulation and choice of contraceptive methods. Employment, education, urban location, land shortages, increased costs of child rearing, late marriage and

participation of women in house hold economic decision making were found to be associated with lower fertility rates.

Presently available methods are abstinence, withdrawal, safety period, condoms, oral pills, injections, intra uterine contraceptive device (loop), male and female sterilization. All these methods have advantages and disadvantages. Every individual or partners have to choose the most appropriate method to suit them. Educating the users and selection of the appropriate method is very difficult and demands hard work on the part of the health workers who have the responsibility of introducing the devices. Educating females may be less effective if the males have the power of choosing and deciding on the contraceptive method. After selecting one method, people tend to give up or change over to another because of one or other side effect or inconvenience. The failures of modern contraceptive methods are frequently due to ignorance about how to use the methods properly [7].

Knowledge and attitude of local population regarding fertility control:

When 60 mothers who visited the antenatal clinic at teaching hospital, Jaffna with more than 3 children and have not practiced any modern contraceptive method were interviewed (27),

80 % felt that they should have used contraceptive methods.
49 % had objections from relations.
28 % had objections from husbands.
25 % felt that contraceptives are bad for health.
25 % had no access to family planning methods.
20 % family planning is against religion [Muslims].
17 % wanted to have more children.[Muslims]

When 125 mothers in antenatal clinic in Jaffna were interviewed, 96% knew at least one method, most knew female sterilization. Education and work status had no effect on the knowledge. Mothers who wanted to have more children preferred to have space of two years between babies (26).

Of the 115 male Jaffna school teachers studied, 29 % had adequate knowledge, 47 % had moderate knowledge and the others had no knowledge. Among the married teachers only 31 % had adequate knowledge. 90% thought that family planning will reduce economic burden, and 57 % considered that it is good for maternal and child health. Of the married, 66.5 % had followed contraceptive method and 37 % of them had given it up due to various reasons (38).

Among the traditional medical practitioners, 53.1% did not accept family planning as a necessity; 78% prescribe family planning methods. Their knowledge was grossly inadequate (39).

All these indicate that there is a big deficiency of knowledge about fertility control in our society in keeping with the data from the Asian region.

New developments in fertility control:

Intense research is going on to improve the methods of fertility control. For example, long acting contraceptives like progesterone injections and implants cause irregular bleeding. Experiments are being carried out on vaginal implants of hormones which can easily be removed when bleeding is desired (5). Anti progesterones are being investigated as post ovulatory and post coital contraceptives. New condoms made of new polymers which are more user friendly permitting better transmission of physical sensation are being devised.

Surgical procedures for female sterilization are also being studied: instruments are to be inserted through vagina into uterus and back to the Fallopian tube and block by various permanent or removable material to facilitate revision if desired. Similarly various simplified techniques for vasectomy are also under investigation. Funding for these research projects is difficult because the manufacturers are reluctant to invest on new products because of the conflict in the global contraceptive market [3] as shown below.

	Consumers.	Revenues.
Developing countries	70 %	16 %
Developed countries.	30 %	84 %

Adolescents and contraceptives [3]:

Economic progress, urbanization, and displacement have been accompanied by a shift in traditional values associated with sexuality with the result that many youngsters engage in sexual relations before marriage. In many societies it has occurred against the backdrop of strict traditional customs and the society. Family planning services are often unprepared in terms of providing information on, and the services of, fertility regulation to adolescents.

Impact of environment on fertility:

Every stage in the complex process of reproduction is vulnerable to damage from environmental factors (4). The costs of such injuries are often high, and include sub fertility, intrauterine growth retardation, spontaneous abortion, and various birth defects. Moreover, the human reproductive process can be harmed by a tremendous range of complex and multifactorial environmental influences. Infectious diseases, malnutrition, and poor living conditions are important in developing countries. Chemical pollution, radiation and stress have become major threats in developed countries.

Average sperm count was 113 million/ml in 1940 and 66 million in 1990, and the volume was 3.4 and 2.75 ml respectively.

Infertility:

60-80 Million couples are infertile worldwide. Core infertility is found only in 3-5 % of the above. Rest have acquired infertility which are preventable.

Male, female or both can be responsible for infertility in a family. Core causes in males can be testicular abnormalities or ejaculatory abnormalities. Acquired causes in males are, infection to reproductive tract by a variety of organisms; commonly due to sexually transmitted infections like gonorrhoea. Females may have structural abnormalities as core cause of infertility. Very commonly they become infertile after abortion or first child birth due to infection to reproductive tract or after pelvic infections. Sexually transmitted infections also cause large amount of infertility among women.

The ability to reproduce is a basic element of reproductive health. Infertility in itself may not threaten physical health but it can certainly have a serious impact on the mental and social well being of the infertile couples. In many countries the stigma of infertility often leads to marital disharmony, divorce, or ostracism [of the wife]. The suffering experienced by an infertile couple can be very real (2).

Consumption of alcohol is associated with oligozoospermia, poorly motile sperms, and abnormal sperms. Impotence also was associated with alcoholism (21).

In most couples defects can be corrected and they could have normal conception. When it fails, assisted fertilization can be of help. Failure rates of the assisted fertilization remains high.

6. Health of pregnant and lactating mothers [safe motherhood].

Pregnancy is not a disease. It is an essential physiological state for the family and survival of the society. Every year, about 210 million women become pregnant. About 30 million (15%) develop complications, which are fatal in 515,000 (1.7%) cases. This represents the greatest disparity between developed and developing countries: 99 % of the maternal deaths occur in developing countries (13). Maternal mortality remains high in all countries of the South Asian region except in DPR Korea, Sri Lanka and Thailand.

More than 70 % of maternal deaths are caused by five conditions:

Cause	Percentage of deaths.
Bleeding after delivery-	25 %
Infection after delivery-	15 %
Unsafe abortion-	13 %
Hypertensive disorders	12 %.
Obstructed labour -	08 %.
Diseases that are aggravated by pregnancy-	20 %.

Pregnant and lactating mothers are vulnerable to malnutrition and ill health. Proper antenatal and post natal care and nutrition can prevent most of the ill health and complications. Preparedness to face obstetric emergencies could save more lives of mothers and babies. Identifying at risk mothers at the Primary Health Centres and hospitalising them early and making good transport facilities from rural areas to the hospital in case of unexpected emergencies are the steps to be taken to minimise maternal death.

Positive and negative aspects of traditional practices of caring mothers and babies need investigation.

Healthy family is the basic requirement for development of a healthy baby. At the same time, a women's health should not be affected by caring for the baby.

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7. Unwanted pregnancies and abortion.

As mentioned earlier, about 50 % of all pregnancies are unwanted. The commonest causes of an unintended pregnancy are lack of access to, or failure to use, a contraceptive method or failure of the method itself. Forced sexual intercourse and male dominance in matters of sexuality and reproduction may be indirectly involved in many cases (14).

Apart from human costs in terms of mortality, morbidity and suffering, unwanted pregnancy can place a heavy burden on health resources of poor countries when women seek abortion as a solution. Abortion is sought as a solution to unwanted pregnancy by unmarried as well as married women with children. Another serious consequence is introducing unwanted babies who grow into unacceptable personalities in the society.

About 25 – 30 million of the annual abortions performed world wide every year are done so in relatively safe conditions. But even safely performed surgical abortion carries risks: injury to the cervix or uterus, haemorrhage, incomplete evacuation, and pelvic infection are possible complications. Research is going on to develop chemical induction of abortion without any harm.

The consequences of induced abortion vary greatly between countries depending on whether abortion is legal or illegal [7]. Where it is illegal, the procedure is carried out under unsafe conditions, with life or health threatening implications. It accompanies often by adverse economic and social consequences. The more obvious complications of such abortions are serious infections, sepsis, haemorrhage, and sometimes death. In contrast, where abortion is legal, having an abortion (in a legitimate clinic) is a decision with minimal or no health consequences, often with very little or no expense to the woman and the family.

A study of the abortions in the teaching hospital Jaffna in 1991 revealed that 5 % were caused by trauma, 15% by emotional disturbance and 23 % were induced. All the induced abortions were in women with 3 or more children. All of them were infected (33). In another study in 1998, 71.67 % of the abortions were spontaneous and the others were induced. Causes of spontaneous abortion were physical activity, trauma and acute febrile illness (40). 11.76 % the women with induced abortion were unmarried.

About 125,000 – 175,000 induced abortions are carried out for a year in Sri Lanka. 55 % of the abortion clientele were below 30 years of age. People believe it is accepted legal procedure. Abortion clinics have come up in Colombo (17). Of the woman admitted to the hospitals in Colombo in 1992 with history of abortion, 64 % came with induced abortion. These pregnancies were unplanned and due to failure of traditional methods of contraception (18).

Induced abortion: should it be legalised for safety of the mother or prohibited for moral issues and the risks involved? The law of the Government of Sri Lanka prohibits it. But people in Colombo consider abortion as legalised and acceptable procedure. LTTE has legalised abortion within 12 weeks of amenorrhoea if done by a qualified doctor.

8. Child survival.

In the world as a whole, infant mortality (per 100,000 births) has declined from 103 in 1970 to 71 in 1990. Child mortality declined during the same period from 165 to 105. One third died in the first month, next third between 1 and 12 months. Last third died between 1 and 5 years of age. Many deadly childhood diseases have been controlled by vaccination (2).

Malaria proves to be difficult to combat. HIV/AIDS threatens to offset the gains of the child survival programmes.

Other factors associated with child mortality are, short spacing between children, teenage motherhood, low birth weight, foetal tobacco syndrome, avoiding breast feeding, and non availability of health services.

Mean birth weight of the babies born in the Teaching Hospital Jaffna was 2.884 Kg with S.D 0.5249 Kg in 1990. 21.6 % of the babies were born with low birth weight. Mean Sri Lankan birth weight is 2.990 and 23.8% low birth weight (24). The average birth weight is in keeping with Sri Lankan standards but still number of low birth weigh babies is a serious concern.

Breast feeding:

Among the mothers in Kokuvil - Kondavil area in Jaffna, colostrum was given to the baby by only 44.7 %. Higher education level correlates with early bottle feeding (35).

When 90 mothers were studied in the teaching hospital after delivery, 45% came with feeding bottle: 19% with first pregnancy, 12% with second, and 13% with third pregnancy. Reasons for bringing the feeding bottle were, fear that they won't have enough milk,

weakness of the mother, advice of others, anxiety and lack of confidence. 42.5 % babies with bottle feeding had illness within 2 weeks- respiratory illnesses and diarrhoea (34).

88.3 % of the mothers Kokuvil East, Jaffna were breast feeding. Their knowledge was very poor, only 25 % knew the right time to start breast feeding (25).

Ideally, every mother who delivers a child should breast feed the baby. There appears to be several miss conceptions and fears and other factors that may reduce breast feeding. It is important to study the present state of breast feeding among the mothers here.

Still birth:

In a study of still births at G. H. Jaffna 47 % of still births were associated with smoking fathers. Others were associated with hypertension, diabetes Mellitus, epilepsy, malaria (41).

Contribution of environmental and social factors leading to abortion and still birth should be looked into.

Child development: rights of the child.

The convention on the rights of the child, adopted by the General Assembly of the UN on November 1989, states that the children need special care and protection because of their vulnerability. Full and harmonious development of the children requires family environment, atmosphere of happiness, love and understanding. They have the right to live, health care, education, development, evolving capacities, name, nationality and preservation of identity. Their opinions have to be respected. They should have freedom of expression, association, protection of privacy, and access to appropriate information (55). Wrong information about life and sexuality can spoil them. Whether our children enjoy all the above for full and harmonious development or not is a big concern.

A good example is a study on the reasons of absenteeism among secondary school students was found to be, illness of student- 24.5%, illness of others in the family- 7.6%, insecurity- 3.2%, priority not given to education- 39.3%, inadequate facilities- 9.48%, necessity to work- 8.58 %, no proper teaching in school- 4.83% (31).

Child abuse:

Sexual abuse in child hood is a major problem in the society. In Galle, abusers of boys [18.5 % of 474 studied] were: brothers 5, relations 23, teachers 4, priests 5, neighbors 27, and older women 19. Abusers of females [4.6 % of 420] were uncles, brother in law, enemy; many girls did not mention the abuser which suggest that it might have been the immediate family member which becomes incest (19). Further, 5.6 % of the males have abused other children; most of them were abused by others as children.

Among the medical students in the university of Jaffna, 22.8 % were abused as children; 55.1 % of them were abused sexually (44).

Knowledge about child abuse was adequate among primary school teachers in Jaffna. 10 % of them were abused as child, by parents, teachers or principal. The abused teachers had positive attitude about child abuse (50).

In a study on harassment among students who have completed GCE O/L in 2002, 85.3 % boys, 96% girls said that they were harassed at least once.

	Boys %	Girls %
Verbal harassment	79	93
Visual harassment	31	67
Physical harassment	21	43
Did not know about being harassed before the study	31	12

Further, 10 boys [7%] and 1 girl were involved in sex by males. Boys were harassed by friends and girls by strangers.

Prevalence of childhood abuse among promiscuous individuals was greater than the normal population. Pedophilic activity was high among those who were abused in childhood. Child abuse is a vicious cycle; it should be prevented (20).

Mental, physical and psychological development of the children depends on several factors ranging from food to mass media which are of great concern for the development of a healthy society.

9. Adolescent health:

Sri Lanka and Thailand have brought down maternal mortality rate and achieved a high contraceptive prevalence rate. Therefore, the reproductive health programmes are focussing on development of adolescent health services [11].

Studies showed that for adolescents in several countries, knowledge about reproduction and contraceptives frequently was low or incorrect. Knowledge does not translate automatically into safe practice of safe sex. Nor does lack of knowledge mean that young people will abstain from sexual intercourse [7].

Large numbers of adolescents become sexually active before marriage. The table below shows the results of studies about adolescent sexuality:

Country	Age at first intercourse.	Percentage of adolescents.
Korea	Adolescent Females	49
Chile	14-17 years	51
Panama	17 years.	58 [of 424 pregnant women]
Peru	10-24 years.	40 [of 1150 night school students]
Peru	15 years.	22 of sexually active women.
Uganda	14 – 17 years.	45 [sample of 400 women]

Immature reproductive tract of adolescents is easily infected by STD and other organisms. Other consequences of adolescent sexuality are unwanted adolescent pregnancy, abortion and disease [7]. As a result, a young woman may face interrupted education, undesirable marriage, social stigma, health dangers, infertility and even death. A Mexican study shows that pregnant girls who choose abortion continued studies and were assertive while those continued with pregnancy discontinued studies or stopped working. They continued pregnancy because they did not have enough money. They tried self induced abortion by injection of different drugs, tea infusions, eating quinine tablets, engaging in heavy physical activity and so on.

Reproductive health information must be provided to adolescents because they become sexually active due to social, environmental and other factors without any knowledge about reproductive health aspects. If the culture and the society are unable to prevent adolescent sexuality, then they must have access to adequate information and services of reproductive health.

Adolescents in Jaffna:

First year A/L students from Jaffna Hindu College and Vembadi Girls College were studied. Boys knew more about family planning methods than girls. Majority wanted to have courses on reproductive health and related topics but they did not want to learn from parents or teachers (28).

Among A- level students of Jaffna division, 9.9 % thought that woman can conceive by methods other than sexual intercourse [touching, kissing ect.]. Most of the students have poor knowledge and negative attitude especially regarding the development of secondary sexual characteristics, masturbation, conception, sexual intercourse and Sexually Transmitted Diseases (42).

In the College of Education – Jaffna, 110 students [39 males 71 females] were studied. 35 females avoided talking about sex because of shyness. Males were more knowledgeable. 50 % of both sexes were positive about legalization of abortion. 15.4 % of males and 2.8% of females had premarital sexual experience (49).

Most female undergraduates in the University of Jaffna had inadequate knowledge about sexuality. They do not talk about it because of shyness. Main source of information on sex is books (43).

Knowledge on sexuality- masturbation, menstruation, vaginal discharge, nocturnal emission, homosexuality and heterosexuality- was very poor among female medical students at the Faculty of Medicine, Jaffna and insufficient among male students, even at final year (30).

Sexual experience and attitudes to sex were studied among unmarried preclinical medical undergraduates of the University of Jaffna (32)

Experience.	% of males.	% of females.
Childhood sex before 13 years-	66	20
Experienced masturbation-	95.5	28
Experienced petting techniques-	50	20
Experienced intercourse	13.5	4
Premarital intercourse is wrong	69	93
Masturbation as out let	64	4
Fantasising as out let.	12	10
Distracting mind as outlet	26	64

58 % of arts and 73% of medical students in the University of Jaffna consider that novels and films are major source of sexual stimulation (51). Adolescents indulge in sex because of lack of sports and other facilities (9). So providing adequate facilities for recreational activities will lead to more healthy and responsible younger generation.

Sexual violence during adolescence has far reaching psychological and behavioural consequences. It invokes a sense of vulnerability and powerlessness as well as shame, guilt, fear of sex, and inability to distinguish affection from sexual exploitation. It is also associated with early onset of sexual activity, a greater risk of unprotected sex (15).

Teenage pregnancies and marriages:

A Study was conducted on 47 females who married before the age of 20 in Gurunagar and Navanthurai areas. 24 were legally married and others living together: 10.7 % proposed and 89.3 % were love marriages. 54.8 % met their partner on displacement, 23.8 % were school love, others started while living in same place etc. 38.5 % were involved in premarital sex and 19.3 % conceived before they were married (48). When women who had their first pregnancy at teen age and attended the teaching hospital were studied, 6% were unmarried; and 7.9% conceived before marriage. 56.2 % eloped but now have parental support. 87.1 % had no idea of contraception before becoming pregnant (53).

10. Domestic violence and Sexual abuse.

The fourth World Conference on women, held in Beijing in 1995, reaffirmed the concept of the reproductive health while advancing the idea of women's fundamental human right to reproductive and sexual self-determination and the notion of sexuality and sexual health as being of central importance to people's wellbeing (8).

Violence against women is defined as "any act of gender based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women". Wife beating, rape, or sexual abuse is increasingly recognized as major social and public health problem (15). Incidence of domestic violence in the world:

Country	% affected women.
Colombia-	20
Chile-	26
Mexico-	33
Kenya-	42
Uganda	46
Egypt	35
Malaysia	39
Korea	42
Uttar Pradesh	45
Tamil Nadu	37
Bangladesh	47
Canada	27
Norway	25
USA	28

In Kokuvil Kondavil area, Jaffna 40.25 % of the women is battered. Low income, low education, high family size and alcohol were associated with battering. 31.4% of the women did not say beating is wrong; 11.4 % said that it was correct (36).

In many societies wife beating is accepted and justified as part of married life – as social norm. Studies that show societies rejecting it as unacceptable practice are rare. Not only is domestic violence a violation of women's human rights, it is also a major public health problem and a significant cause of female ill health: 25 % of emergency admissions due to injury in a Mumbai hospital were due to domestic violence. Other than physical injury, they have problems like chronic head aches, sleep and eating disorders, substance abuse, and mental ill health.

Domestic violence excludes, "acts of violence perpetrated against children; sex selective abortion, forced sex by dating partners, sexual assault by strangers, female genital mutilation, violence against women in conflict situations and among refugee populations, trafficking in women and forced prostitution, and indeed all acts of violence against women sexual and other that are perpetrated by non family members. These are sexual abuses. Verbal abuse and pressurising or suppressing females in our campus has an element of sexual abuse of women.

In Jaffna, 30% of the working women are sexually harassed during travelling. Younger, unmarried women are more harassed. 25 % are sexually harassed in working place [19% of them mainly young women did not reply]. They did not take any action against the abusers because of fear of revenge, society blaming them for the same and disgrace to the family prestige. They suffer silently (45)

Marital rape has been reported by women in several studies:

Country	% of women
Colombia- rural	7
Colombia- urban	9
Mexico	6
Central America	12
India	10

These may be underestimates. Sexual coercion, physical violence, verbal abuse, and other forms of abuse exist in unknown quantities.

Consequence abuse for reproductive health is more acute. Women should be able to engage in safe sexual relationship free from coercion and disease, make choices regarding pregnancy and fertility regulation and go through pregnancy and child bearing safely, and seek appropriate care for themselves and infants.

11. Menstruation:

Among the girls in Jaffna, 21 % complain of premenstrual syndrome; 73 % of them use pain killers (29). When 135 teachers from Vembadi Girl's College, Chindikuli Girls'college, and Tamil Convent were studied, 84.6 % had one or more symptoms. 42. % had dysmenorrhoea. 58.5 % of the teachers stay at home during menstruation. 90.9 % of dysmenorrhoeic and 73.3 % of non dysmenorrhoeic teachers reported of having decreased performance capacity during menstruation (37). In a study among the medical students in 2002, 89 % had dysmenorrhoea. Daily work was affected in 50 % because of this. Lectures were disturbed for 31 %. 85 % of the sufferers take analgesics (47).

Menstruation causes considerable inconvenience and suffering to women. Proper investigation and supportive measures become necessary to ensure health for women and equal opportunities to compete men in carrier prospects.

11. Menopause

Menopause occurs at the end of the reproductive period. It is not to be seen in the literature on reproductive health probably because it is not reproductive. However, all problems experienced by women at this phase are consequences of having been reproductive. It is, therefore, proposed that relief from menopausal symptoms and problems like uterine prolapse have to be considered as promotion of reproductive health.

Menopausal symptoms and associated factors (54):

Symptom	% women suffering
Reduced libido	61 %
Backache	56
Limb pain	51
Headache	46
Depression	39
Insomnia	39
Night sweating	38
Giddiness	38
Hot flushes	22
Malaise	21
Chest pain	16
Hypertension	16
Uterine Prolapse	11
Body itching	10
Dysparaunia	5

Wide variation in the age of onset of menopause has been observed in different parts of the island: in central province, 49.3 with SD 3.7 (23), in Colombo 51.12 (22), and in Peradeniya 46 with SD 5 (54).

12. Discriminatory laws and policies that affect reproductive health [9]:

- Policies that deny adolescents access to reproductive health services.
- Laws and practices related to female genital mutilation.
- Lack of comprehensive laws dealing with rape and domestic abuse.
- Policies that foster unnecessary use of obstetric practice such as episiotomy and caesarean section.
- Laws that prohibit females owning property or access to education or to paid employment.

13. Determinants of reproductive health:

Socioeconomic conditions play an important role in general health and reproductive health (2). Poverty and mal nutrition are important factors: one sixth of the people of the world go hungry every day; and one third of the under five children suffer severe malnutrition. Status of woman in society is another important determinant. Value of a woman is proportional to the number of children she has in many societies. They do not consider basic rights of women. Women's education is strongly linked to better reproductive health including infant survival and healthy growth of children.

Impact of the environment is not to be neglected. The reproductive system is particularly sensitive to environmental conditions; spontaneous abortions, birth defects, foetal growth retardation, and peri-natal death depend on environmental factors. Over the past 50 years sperm count is decreasing. Stress from environment exerts deleterious effect on the neuro-endocrine and reproductive systems leading to infertility and sexual dysfunction.

Changes in lifestyles have occurred over the years. So is the sexual behaviour. Sexual revolution increased spread of Sexually Transmitted Diseases and increased adolescent pregnancies in epidemic proportions. Other factors include attitude and practice of breast feeding, availability and utility of health care services for maternal care, child care, immunization and family planning. Another important factor is training of all categories of staff involved in providing health care and health education on reproductive health.

14. Conclusion:

In summary, a lot of research has to be carried in reproductive health in our society. Elements of sexual health that need attention are:

Sexual health of men and women,
Complications of menstruation and menopause,
Reproductive tract infections including sexually transmitted diseases,
Knowledge, attitude and practice of fertility control,
Health of pregnant and lactating mothers,
Unwanted pregnancies, sex abuse and domestic violence,
Child survival, rights and abuse,
Adolescent health: sex, knowledge, attitude and recreation and personality development.
Family Health and Social Health.

Reproductive health is everyone's right and everyone's responsibility [11].
But it also should reflect the social, cultural and moral identity of the community.

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