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Programme of Research, Development and
Research Training in Human Reproduction

Reproductive health research: the new directions

**BIENNIAL REPORT
1996-1997**



World Health Organization
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Special Programme of Research, Development
and Research Training in Human Reproduction
(HRP)***

Reproductive health research: the new directions

Biennial Report
1996–1997

Edited by

J. Khanna
P.F.A. Van Look



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Preface

The year 1997 marked the 25th anniversary of the Programme. It also marked a new turning point in the Programme's rich and distinguished history in several other ways.

First, with the convening of a WHO Scientific Group Meeting on Cardiovascular Disease and Steroid Hormone Contraception in November 1997 the Programme concluded a series of landmark studies on the safety and efficacy of fertility regulating methods. Initiated in 1985 with the establishment of a dedicated task force of experts from developing and developed countries, this initiative has produced a wealth of scientific information that has already had a significant impact on family planning policies and practices. A poll among a panel of 20 international experts, due to be published soon in the *Lancet*, illustrates the impact that the Programme has had in this field. Out of the ten most important advances in knowledge about safety or efficacy of fertility regulating methods listed by the panel, seven are subjects in which the Programme's task force played a major role. They include: the benefits and risks of oral contraceptives in relation to cancer; oral contraceptives and cardiovascular disease; the relation between oral contraceptives and breast cancer and between depot-medroxyprogesterone acetate and breast cancer; IUDs and pelvic inflammatory disease; suitability of copper-bearing IUDs for long-term use; and the issue of venous thromboembolism in users of third-generation oral contraceptives. An additional topic among the top ten identified by the panel was the safety and efficacy of the antiprogestogen mifepristone, an area in which the Programme has also been at the cutting edge through the work of one of its other task forces. A score of eight out of ten is an achievement to be proud of and a tribute to the hundreds of collaborators in some 50 countries around the world who have had the vision, skills and stamina to make it possible.

Second, the fertile initiative on safety and efficacy of fertility regulating methods has amply demonstrated the power of imaginatively conceived, carefully designed and meticulously executed mission-oriented research. It has also confirmed, once again, the Programme's adage that, where research is concerned, collaboration is key to success. Multicentre research studies in the biomedical and epidemiological spheres and calls for proposals for social science research on defined high-priority topics have traditionally constituted the backbone of the Programme's research



endeavours. This is likely to remain so for the years to come. But the traditional concept of interaction between the Programme and its worldwide network of collaborating institutions on a one-to-one basis, as between the hub and rim of a wheel, is changing in important ways. Many of the collaborating centres have reached the stage of maturity and sustainable independence and this, together with the revolutionary advances in electronic communication, is creating untold opportunities for people, institutions and countries to develop their own networks for collaborative research on common problems of regional or interregional scope. As you will discover in Part 1 of this Report several such networks addressing issues such as female genital mutilation, knowledge and attitudes with respect to emergency contraception and the (mis)use of caesarean section have started functioning in Africa and Latin America in the last year or two and more are expected to emerge shortly.

The third, and perhaps the most significant, reason why 1997 is likely to be recorded as a memorable year in the Programme's history relates to events that took place during 1994–1995. During that biennium, two major United Nations conferences—the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women—were held in Cairo, Egypt, and Beijing, China, respectively. The nations of the world present at these meetings firmly endorsed the concepts of sexual and reproductive health and rights and their implications for the delivery of services and for research. Already prior to these conferences, the Programme and its highest governing body, the Policy and Coordination Committee (PCC), had been studying the implications of the reproductive health paradigm for the Programme's mandate and focus of its research. During the 1996–1997 biennium, this study was extended and led to the report *"Sexual and Reproductive Health Research Priorities for WHO for the Period 1998–2003"*.

The report proposes that, in line with the ICPD Programme of Action, the Programme address, in a focused manner, an expanded array of priorities in sexual and reproductive health, building on its work and achievements in fertility regulation. The research agenda would encompass, in addition to fertility regulation, high-priority research on unsafe abortion, maternal health, reproductive tract infections (including cervical cancer), and planning and programming in reproductive health. Aspects of research on adolescent reproductive health, harmful practices and violence against women, which are relevant to the Programme's mandate, would also be incorporated. This proposal for a focused expansion of the research agenda in the Programme will be submitted for consideration by PCC at its meeting in June 1998. Part 2 of this Biennial Report includes individual chapters on some of the topics that were highlighted at Cairo and Beijing as requiring intensified research efforts by governments, agencies and organizations active in the field. Written mainly by experts outside the Programme in their personal capacity,

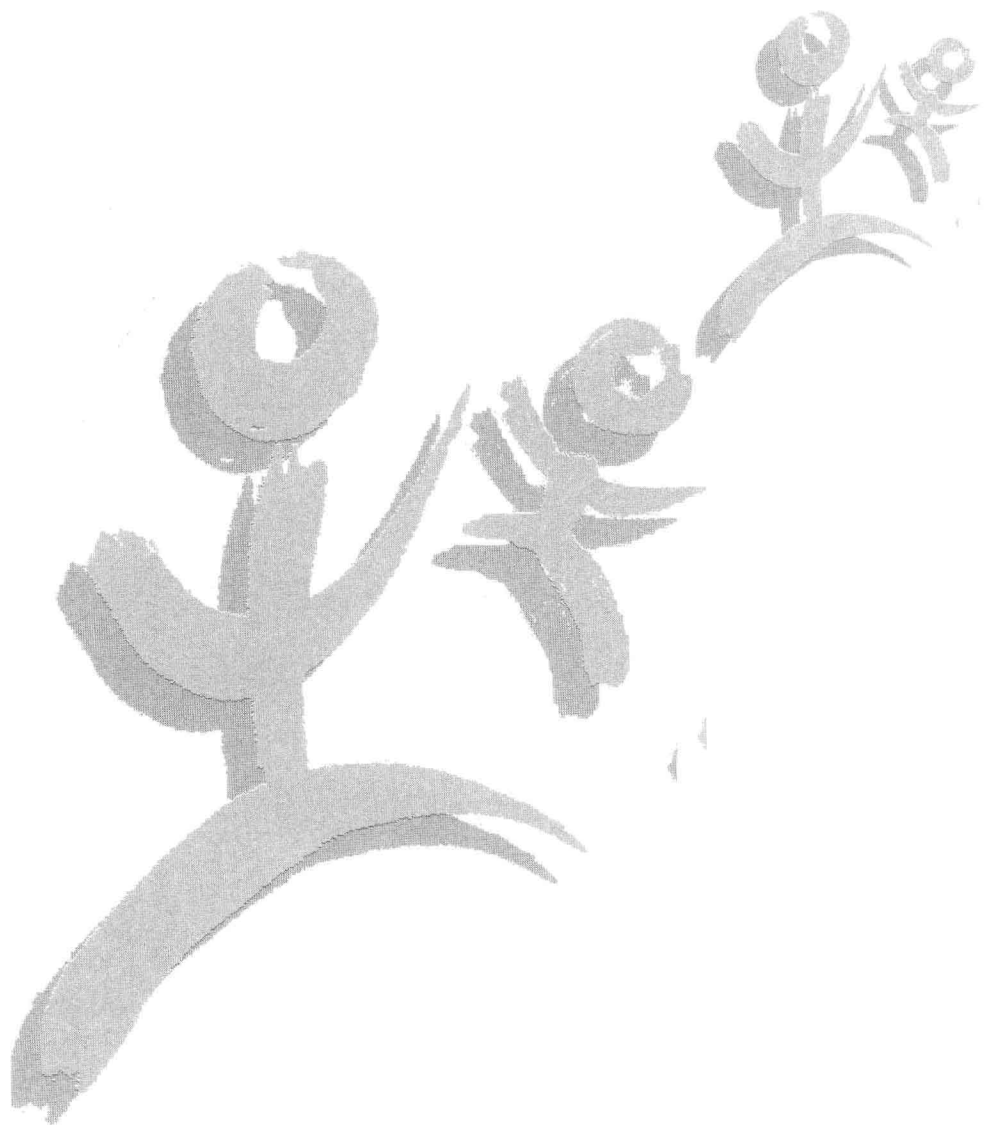
these essays provide a glimpse of the challenges in research that must be addressed if reproductive health for all is to become more than mere rhetoric.

In her acceptance speech on 13 May 1998, Dr Gro Harlem Brundtland, the first woman to become WHO's Director-General, observed "*The Cairo Summit put population and reproductive health on the agenda but there is still so much to do. We must help doing it*". The Programme and its worldwide web of collaborators and supporters stand ready to answer that call.

Paul F.A. Van Look, MD PhD
Director

Part 1

The work of the Programme in 1996–1997



Understanding people's reproductive health needs and perspectives



Highlights

- **Much unmet need for family planning persists, even in settings where knowledge of contraceptive methods is high. Studies suggest that many potential users choose not to use more reliable methods due to misperceptions and concerns about health-related risks. For example, a study in the Maldives found that knowledge of family planning was universal, but only 30% of couples were using a contraceptive method. Several studies, including one from Malaysia, found that non-use of contraceptives was linked to fears about side-effects.**

This research highlights the continuing need for information, education and communication (IEC) campaigns to dispel misconceptions and allay fears about modern methods.

- **Research on vasectomy demonstrated that concerns and misperceptions about the procedure's impact on health and virility are important reasons why many men do not choose this method. Furthermore, research from Mexico among men who underwent vasectomy found that some believed vasectomy would protect them against HIV infection.**

These studies stress the need to provide better information and counselling regarding vasectomy, especially to men. There may also be a need for prevention efforts with respect to sexually transmitted diseases (STDs) and HIV among men who undergo vasectomy.

- **Studies have found that despite health education campaigns and counselling, condom use among married couples remains stigmatized because of its association with infidelity. Research continues on: the acceptability of male and female condoms; the effectiveness of condom promotion; high-risk sexual behaviour in several countries; and men's views on sexuality and STD transmission. A new research initiative was launched on the dual risk of unplanned pregnancy and STDs, including HIV/AIDS.**

Research already completed suggests that promoting condom use among couples for dual protection against both pregnancy and STDs may be more successful than for prevention of STDs alone. The newly launched initiative will try to identify ways to address the need for dual protection against unplanned pregnancy and STDs in different sociocultural contexts.

- **Unsafe abortion may persist even when family planning and legal abortion services are available. This was demonstrated by research in Turkey which found that many women tried to self-induce abortion before seeking legal abortion services. Despite the availability of family planning services, recourse to abortion remained high due to non-use of contraception and the failure of the widely practised traditional method of withdrawal.**

Research on abortion has many implications for programmes and policies. For instance, it highlights the need to dispel fears regarding the negative health consequences of contraception and ensure an easy access to services. It also illustrates the key role of providing information and counselling regarding prevention of unplanned pregnancy and of the involvement of men in strategies to increase contraceptive use and reduce unwanted pregnancies.

- **Research on gender roles, sexuality and contraception has been carried out in several countries. In Thailand, a study found that, while there was little acceptance of wives' extramarital affairs, male visits to sex workers were considered the norm. In Mexico, research documented the belief that women should take primary responsibility for contraception, but men should be experts on sexuality and birth control. Research in Nigeria found that the decision to have a child was made by the husband alone in 17% of cases, and 30% of couples did not discuss whether to have another child.**

Programme planners, policy-makers and researchers need to understand gender roles and socio-cultural norms in order to design appropriate IEC campaigns and plan more effective family planning programmes. This research also highlights the need to provide better family planning information to men.

- Research from several countries, including China, Malaysia and Nigeria, documented the belief that wider access to contraceptive methods for young people would lead to promiscuity or “moral decay.” Yet many studies have shown that despite lack of access to family planning services, many unmarried young people are already sexually experienced. In China, for example, a study found that many unmarried (but engaged) young women reported sexual activity, without access to formal family planning services. Few of these women used contraception during the first sexual encounter because they did not know where to obtain a method or because they were embarrassed to seek advice from family planning outlets for fear of disclosing their premarital sexual behaviour.

These studies point to the need for information and services for young people and a need to overcome social disapproval of such services through culturally sensitive public education campaigns. Research on adolescent sexual behaviour provides information necessary for developing appropriate programmes and policies to promote safer sex and prevent unintended pregnancies and transmission of STDs, including HIV/AIDS, among young people.

- Studies from several countries documented the serious consequences of unprotected sex among adolescents, especially for female adolescents. In the Republic of Korea, over 20% of male industrial workers and 10% of male students reported having made their partner pregnant. A study among male adolescents in Nigeria found that 13% had made their partner pregnant and that 67% of these pregnancies had been aborted. Among Nigerian female students, 10% reported abnormal vaginal discharge during the previous year and among male students, 8% reported a history of STDs, primarily gonorrhoea.

Information about the extent of unwanted pregnancy and STDs among young people is critical for drawing policy-makers’ attention to the problem.

- Studies among adolescents show that knowledge about sexuality, reproduction, and contraception does not necessarily lead to the practice of safer sex. Nor does lack of knowledge result in young people abstaining from sexual intercourse.

Programmes targeted at adolescents need to go beyond providing factual information to young people. Effective education programmes for adolescents should include negotiation techniques and life skills.

People's perspectives on fertility and contraceptive use

The Programme is involved in research to identify social, cultural, and behavioural factors, and problems in service delivery which limit access to, and impede the improvement of, reproductive health. This research focuses on the perceptions, fears, and concerns of potential users about the health-associated risks of contraceptive methods. It also examines the role of men in reproductive health and helps identify shortcomings in family planning services which may limit the choice of contraceptives available.

Malaysia

A study carried out among three ethnic groups in Malaysia found that poor uptake of some family planning methods was linked to fears and misconceptions about their possible side-effects.

The study was designed to identify differences in attitudes towards family planning among women from three ethnic groups: Chinese, Indian, and Malay. The research found that women from the Malay group favoured a larger family size than Chinese or Indian women and used contraception mainly for spacing births rather than for limiting family size. The Malay women reported generally low use of contraceptive methods—partly due to a lack of knowledge about modern contraceptive methods and partly due to a desire for larger families. They also disapproved of intrauterine devices (IUDs) because they require insertion by medical personnel,

who are often men.

The Chinese women wanted to have fewer children than women from the other groups—mainly because they wanted to ensure that their children received a good education. Women from the Indian community reported using contraception both for birth spacing and for limiting family size.

The study also found some convergence in attitudes. All three groups reported a fear of side-effects as the most important reason for not using contraceptives and said there was little open discussion about contraception. All groups expressed concern that wider access to contraceptive methods would lead to "moral decay" among adolescents.

Maldives

A study carried out in the Maldives investigated whether attitudes to the sex composition of families (usually a preference for sons) had any affect on family size. Of the approximately 400 couples involved, 75% said they had no sex preference, and that the ideal family size was four children. Although knowledge of family planning was universal, only 30% of couples were using a method of contraception—signalling an unmet need for family planning services.

Nigeria

A study in Nigeria on beliefs and attitudes about sexual behaviour and contraceptive decision-making highlighted the need for information and education programmes on the use of contraceptive methods. The study, conducted in Oyo State, involved 4000



men and women aged 18–50 years. The decision about whether or when a woman should become pregnant was often a joint decision (47% of couples), but about 30% of couples never discussed it, and in 17% of cases the decision was taken by the male partner alone. The study also found that modern contraceptive methods were little used and that many respondents believed family size was determined by “God’s will”.

Providers’ perspectives

Views of health care providers on different contraceptive methods and reproductive health technology can have key implications for service delivery and policy change. However, the role of providers in contraceptive acceptability and continuation of use has seldom been studied.

Thus, research was carried out in Nigeria on the attitudes of almost 300 traditional and religious healers (both Christian and Muslim) towards fertility and the family planning services they provide. While most of those interviewed maintained that traditional healers and western practitioners should work together in family planning, 26% of the traditional healers and 30% of religious healers opposed the use of modern contraceptive methods such as the pill. However, in advocating more “natural” forms of contraception, such as periodic abstinence, they demonstrated a poor understanding of the fertile period during the menstrual cycle. The findings underscored the importance of involving and training traditional and religious leaders who play an important role as service providers

in areas where modern health services are less accessible.

People's perspectives on specific contraceptive methods

There are important lessons for programme planners and policy-makers in how people select, use, and discontinue a contraceptive method. Research is ongoing to determine some of the complex factors involved.

Vasectomy

A study in Mexico on the factors that influence men to undergo vasectomy documented the unexpected finding that some men believed the procedure would protect them against HIV/AIDS. This finding has led to detailed recommendations for an information campaign in Mexico about male sterilization and the need for HIV/AIDS prevention efforts among men who have undergone vasectomy.

The Mexico study involved 50 men planning to undergo a vasectomy, 100 men who had already undergone the procedure, and 50 men with no intention of having a vasectomy. The study found that men undergoing vasectomy reported they and their partners had more experience with “natural” and hormonal methods of contraception (including withdrawal, rhythm method, periodic abstinence, and the pill) and less experience with barrier methods than those who did not choose vasectomy. In addition, they reported a higher level of communication with their partners about sexuality and contraception. The most important factor in the choice of vasectomy was accessibility, including



the view that vasectomy is a simple procedure that does not involve "unpleasant feelings" after the operation.

Another study carried out among 1000 couples in China found that attitudes towards vasectomy were largely influenced by fears and misconceptions about the procedure. Respondents believed that vasectomy was not as simple or effective as female sterilization and that potential side-effects included negative effects on physical strength. While discussion between both partners was a key factor in the choice of contraceptive method, the couples did not have enough information about vasectomy to make an informed decision. One of the main conclusions of this study was that, since, in China, husbands generally have a higher level of education than their wives and are the main decision-makers, information about vasectomy should be targeted directly to men, rather than through their wives.

The diaphragm

A study in Turkey looked into the reasons why women choose to use the diaphragm as a method of birth control. Researchers are also investigating the use-effectiveness of this method and assessing the requirements for service delivery. The Turkish study is part of an interagency initiative involving comparative studies overseen by Family Health International (in the Philippines) and The Population Council (in Colombia).

Initial findings from the study in Turkey suggest that, in general, women who chose the diaphragm

tend to be older and that both they and their husbands were better educated than women who choose other methods. The main reasons cited by diaphragm users for choosing the method were safety and the lack of side-effects. In addition, some women chose the diaphragm because they wanted to have control over contraception. The majority of other method users said they selected the method because of its effectiveness.

A higher percentage of diaphragm users reported having intercourse more than four times a week as compared to users of other methods. Patterns of urinary tract infections were similar for both diaphragm users and women using other methods. The final results from this study are due in early 1998.

Pregnancy prevention in the era of HIV/AIDS and STDs

In 1997, the Programme launched a new research initiative that will focus on the dual risk of unplanned pregnancy and STDs, including HIV/AIDS. The new initiative marks a shift away from the previous approach which focused exclusively on either prevention of STDs or pregnancy. The aim is to understand what sexually active individuals believe about the dual risk of HIV/AIDS and unwanted pregnancy, and what they consider as appropriate and effective protective measures against these risks.

Family planning and HIV/STD prevention

In Africa, a regional study will investigate the interface between

