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**The family and reproductive health
program in underprivileged areas in
Tunisia**

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**The Family and Reproductive Health Program
in underprivileged areas in Tunisia**

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BACKGROUND

The demographic and health behaviour of both individuals and families in Tunisia has experienced a rapid change that has outrun the forecasts in certain cases. This is due to a number of inter-related variables, of which in particular : economic development, higher educational levels, an improvement in women's condition and their access to the labour market, social openness to modernity especially among the youth, greater legitimate ambitions for a better quality of life, and the provision of a system of both preventive and curative health care for all. But these global results hide some disparities between the regions of the country, notably the regions of the centre and the South. The level of development of these regions is different from the rest of the country and the population is in great rural part. Population of some areas is living in appalling conditions, lacking the most basic amenities : roads, drinking water, electricity, decent housing, etc. favourable factors to development and employment opportunities are missing in this areas. Determined to redress that awful, never-ending situation, President promptly took the necessary measures to salvage that section of population from isolation and allow them to benefit from their natural right to lead a better life based on dignity and well being, just like the fellows citizens.

In line with comprehensive development system decided and closely followed up by President to promote living standards in the underprivileged areas and integrate them in development cycles, the Tunisian Board of the Family and Population has adopted the Reproductive Health Approach in the provision of family planning services. This led to a shift in the conceptual paradigm of family planning service provision, from a focus on the achievement of demographic goals, to a concern for the client's reproductive and health needs. The paradigm shift requires a change in focus from that of contraceptive service delivery to an emphasis on quality health care and has generate doubts about the ability of the existing devolved health systems to provide a wide array of services in the reproductive health package.

Many take the view that the reorientation to reproductive health approach and the investments in improving quality of care might water down family planning promotion efforts and thus delay the attainment of desired population growth levels. There is much debate on what constitutes of client-centered reproductive health program, and how "good" quality health should be operationalized and measured. Others argue that strengthening the quality of care will improve client satisfaction, which could consequently encourage family planning practice/contraceptive use. In fact, evidence exists that quality of care increases contraceptive use and reduced unintended pregnancy.

THE PAPER'S OBJECTIVES

This paper shares the experiences gained in the operationalization of a client-centered approach to the provision of Reproductive Health (RH) / Family Planning (FP) services in many provinces of center and southern Tunisia. Moreover, the paper attempts to draw lessons from the experiences of the underprivileged areas of the study that have reoriented their service delivery schemes from FP to RH and to bring out some of the major challenges and constraints that these areas encountered in the process of reorientation. Data for this paper come from the operations research study conducted in underprivileged areas in Central and Southern Tunisia from 1994 to 1999, an operations research project funded by the Board of the Family and Population in collaboration with the National Solidarity Fund, who is regarded as the ideal mechanism to eradicate poverty and break up the isolation of these areas.

In particular, the paper will assess the extent to which the strategy to identify women with unmet need has influenced the prioritization of outreach volunteer activities and increased the demand for and use family planning services.

RESEARCH DESIGNING

An assessment of the impact of those interventions that improve basic services as well as quality of care on RH in underprivileged areas is the objective of this study. This objective is attained through an pre-experimental research design discussed in the following section on Methodology.

The action plan of the Reproductive Health Approach in underprivileged areas is based on two major topics :

The first topic consists in promoting awareness-raising and making reproductive health services accessible to all those areas involved in the National Solidarity Fund program and the priority zones. In fact, a total of 250 areas had benefited from the services provided by the fixed clinics and mobile units.

The second topic of the said program consisted in implementing specific plan for the country's central and southern provinces (Governorats).

To provide answers to problems formulated for the research, research team have discussed and developed some evaluation tools such as the guides for groups discussion, structured interviews, etc. these tools have been readjusted following every fields trip ensuring comparability within reality in each area. All the area's women (n = 20000) have been observed repeatedly in order to collect information. The first survey has taken place in 1995 before any intervention; while a final survey taken place in the latest 1999 to evaluate the results.

Methodology:

The study design used was the One-group pretest-posttest design (disgramed in figure which follows) conducted in 250 underprivileged areas.

O1 X O2

These study areas were assigned according to a following criteria :

- Isolated rural areas that lacked in basics amenities (water supply, road...)
- A minimum number of family is required (n =100)
- Existence of basic primary Health centers (fixed or mobile)
- Have within the community a young lady of some education which can take care of program
- National Solidarity Fund is effective (comprehensive approach)

The Interventions Tested :

The specific program covers 250 underprivileged areas and is intended to reduce discrepancies in health care and educational services. Initiated in 1995, the program mobilized, hired, trained and entrusted a group of girls from those areas with the task of educating, sensitizing and orienting women to reproductive health services provided by health centers and mobile clinics.

A client-centered approach for providing care consists of the three following fields :

- 1 - Reproductive health : Sensitizing and education of rural women
 - Premarital consultations
 - Follow-up of pregnant women
 - Antenatal and Postnatal consultations

- Health and medically assisted delivery in health structures
- Fertility control

2 - Infant health : Participation in primary health care programs :

- Immunization
- Breastfeeding
- Diarrhea prevention and control
- Rage prevention and control

3 – Promotion of rural women :

- Participation in alphabetization programs
- Sensitization and education for sanitary protection and health care
- Contribution to National Solidarity Fund (NSF)
- Involvement of field workers in Associations of Family Stability (AEF) and Tunisian Women Union (UNFT)

Training of female outreach staff :

Training has enabled 222 female outreach staff in underprivileged areas to acquire knowledge about reproductive health themes. The training provided by a communication specialist has enabled these outreach staff to fulfil their task and reach a distinctive level of competence in communicating with families. One of the characteristics of the outreach staff in underprivileged areas is to be linked to family issues. Their fine knowledge of the area and its inhabitants has created a synergy between their work in the field of reproductive health and the remaining components of economic and human development provided by the State in these areas. They are trusted by the inhabitants and the local authorities.

As regards their successful work in the reproductive health program, outreach staff in underprivileged areas counsel women on contraceptives, hospital delivery,

postnatal visits and pregnancy spacing... They also help with transport difficulties and facilitate procedures. They represent a link between midwives, women and reproductive health visitors, and play an effective role in sensitising women about child vaccination and benefiting from national social programs.

Services delivery :

Alongside with the persevering work undertaken by the female outreach staff, the regional representations of ONFP in the areas concerned have intensified the frequency of mobile clinic visits at assembly points. Each clinic has a midwife to provide reproductive health services to women and a medical doctor to consult and vaccinate children, and also to provide basic child treatment. By increasing visit frequency, mobile clinics in poor areas have become radiant centers in providing medical services and promoting health awareness among the inhabitants.

THE RESULTS

Implementing the client-centered Reproductive Health service delivery have developed the various indicators of women's health cover in the peri-natal (pre-natal and postnatal) stages and in relation to contraceptive use. Indicators in these areas have evolved in a short period of time and caught up with the national indicators.

Average contraceptive use (contraceptive prevalence) is considered as an objective parameter in assessing the extent of development of family reproductive medical services. Such services reflect in turn the out - put of the awareness-raising and education services which have had a direct contribution in changing the family's reproductive behavior.

In this regard, the stepping up of the program's fieldwork and bringing the services closer to the citizens have increased the average use of contraceptives at a rapid

pace ; The program's results doubled in four years, particularly in the field of contraceptive cover, which reached 64,2 % in 1999 as against 34% in 1995.

Contraceptive rate in underprivileged areas supplement region by region
(1995-1999)



In addition, the program has had a direct impact on improving the levels of health cover in the provinces concerned, particularly with regard to contraceptive prevalence. In fact, it added more than 12 points to the contraceptive use average in province of Tataouine and more than 8 points in province of Kasserine.

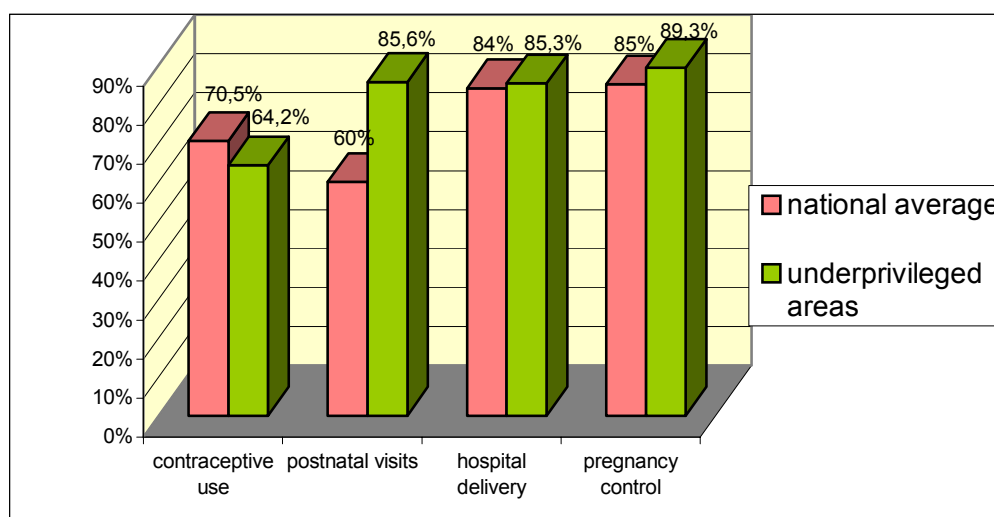
Family planning, peri-natal care and gynaecological services have been significantly developed in this period. The following table shows the development of the various mother health indicators since the launching of the sensitisation program that was implemented by the family health outreach staff in the underprivileged areas in the center-west and south.

Evolution of reproductive health indicators in underprivileged areas in the center-west and the south (1996-1999)

Indicators	1996 (in %)	1997 (in %)	1999 (in %)
Contraceptive use	50.1	54.0	64.2
average	69.1	77.6	89.3
Pregnancy control	59.8	76.2	85.3
Hospital delivery	68.5	62.0	85.6
Postnatal visits			

Furthermore, the intensive care focusing on remote areas has led to a development in the mother health cover indicators, with the national cover levels reporting high rates such as revealed by the following graph:

Rate of mother health in underprivileged areas compared with the national average for 1999 (%)



Efforts focusing on remote areas, such as expanding mobile and fixing services and integrating reproductive health services in various medical structures, have made it possible to achieve rural area coverage levels closer to those reached for urban areas, as revealed by the survey conducted by the National Board of the Family and population (ONFP) in the year 2001. The said survey estimated the rate of contraceptive prevalence as 62,9 % at national level (2001) (with 65% in urban areas and 58% in rural areas).

This achievement was realized within a partnership framework and in accordance with an integrated and a comprehensive approach that has been implemented by the National Board for the Family and Population. It has devoted specific programs to priority regions and groups and participated in the country's development plans. In addition, ONFP has established a network of fixed and mobile structures and reinforced training and intervention means.

Political leaders, Religious figures contributed to the program development on the basis of values of tolerance and flexibility. In addition, Non governmental Organisations (NGO's), particularly the National Union for Tunisian Women (UNFT) and Tunisian Family Planning Association (ATPF), supported the initiative made by the State and contributed to its success. The civil society's participation played a distinctive role in promoting the program's services, particularly in the field of education.

CONCLUSION

In view of the results reported in the field of reproductive health in underprivileged areas, ONFP has achieved the objectives that have been set.

Today, ONFP is seeking to fine-tune its interventions and diversify its services so as to cover the various components of reproductive health and to be in line with the

new orientation set by His Excellency President Zine El Abidine Ben Ali in April 1997 when he ordered the creation of the Presidential Award for Reproductive Health.

ONFP now endeavors, based on the political orientations set in the field of population, to adapt its action to the new demographic situation and the economic and social development of the Tunisian society, and this by :

- Adopting the concept of reproductive health and training competencies in this field, as well as modernizing the program's basic infrastructure by offering more adapted medical and educational services;
- Developing research in the field of the family and population, in order to collect available information to decision-makers, researchers and trainers;
- Enhancing Tunisian expertise in the field of population and reproductive health programs and the use of such expertise to further consolidate South-South Partnership.