US-ASEAN BUSINESS COUNCIL, INC.

Advancing Women's Sexual and Reproductive Health in Southeast Asia:

Overview of Policies, Challenges, and Opportunities

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Glossary

MMR	---	Maternal Mortality Rate
SDG	---	Sustainable Development Goal
CEFM	---	Child, Early, and Forced Marriage
ASEAN	---	Association of Southeast Asian Nations
ACW	---	ASEAN Committee on Women
CPR	---	Contraceptive Prevalence Rate
UNFPA	---	United Nations Population Fund
ABR	---	Adolescent Birth Rate
TBA	---	Traditional Birth Attendant
NFPP	---	National Family Planning Program
PDA	---	Population and Community Development Association
MCH	---	Maternal and Child Health
STI	---	Sexually Transmitted Infection
SRH	---	Sexual and Reproductive Health
WHO	---	World Health Organization
HIV	---	Human Immunodeficiency Virus
UCS	---	Universal Coverage Scheme
QAP	---	Quality Assurance Program
HPV	---	Human Papillomavirus
MOE	---	Ministry of Education
PCNs	---	Primary Care Networks
GPs	---	General Practitioners

Overview

Over the past two decades, substantial efforts by governments and targeted initiatives have significantly enhanced women's health across Southeast Asia. Between 2010 and 2020, the maternal mortality rate (MMR) in Southeast Asia decreased by 41% compared to the global rate of 12%.[1] Newborn mortality rate has dropped by 40% compared to 22%[1] globally. From 1990 to 2019, the fertility rate in Southeast Asia has declined from 2.5 to 1.8[2] children per woman and contraceptive use has increased from 51% to 60%.[2] While these developments are remarkable they vary by region, thus further efforts dedicated to underrepresented and under-assessed areas are much needed to close the gap. Ensuring advancements in women's sexual and reproductive health (SRH) is crucial for promoting women's agency and expanding their access to education and economic opportunities. Access to SRH services is not only a fundamental human right but also essential for achieving sustainable economic growth and meeting the Sustainable Development Goals (SDGs) in Southeast Asia.

The challenges Southeast Asian women face in sexual and reproductive health are due to many factors: lack of access to medical care, lack of sexual health education, gender-based violence and discrimination, and child, early, and forced marriage (CEFM), among others. Statistics[3] from 2020 reveal that each year in Southeast Asia, out of the 11 million women giving birth, an alarming number do not receive adequate care: 1.5 million lack post-obstetric care, 2.8 million lack access to delivery in a health care facility, and 1.2 million lack post-complication care for their newborns. Additionally, 2.4 million women have abortions in unsafe conditions, resulting in 16,000 pregnancy and childbirth related deaths. Moreover, 10 million are deprived of necessary treatment for chlamydia, gonorrhea, syphilis and trichomoniasis. These staggering statistics reflect the need for improved care and support for women's SRH in Southeast Asia.

When evaluating women's SRH of a certain country, it is important to assess the adolescent birth rate (ABR) and MMR. Adolescent girls are at a higher risk[4] of morbidity and mortality due to complications in pregnancy, when compared to women of older ages. Reducing adolescent fertility can also be tied to reducing infant mortality and maternal mortality. Among the Southeast Asian countries, statistics from 2022 show that Laos PDR has the highest ABR at 71.78[5] per 1,000 girls aged 15-19, followed by the Philippines at 48[6], then Cambodia at 46.[6] Health researchers share that these high ABR in the region are often results of child marriage, lack of contraception, and limited knowledge of sexual health. In regard to high MMR in the region, Cambodia has the highest rate at 218[7] per 100,000 live births, Timor-Leste at 204[8], Myanmar at 179[9], Indonesia at 173[10], and Laos at 126.[11] Higher rates of poor maternal and reproductive health outcomes are concentrated in remote and low-income areas, where there is a lack of medical professionals and inadequate healthcare infrastructure. As a result, ethnic minorities and underserved populations in these regions often face significant barriers in accessing antenatal care and health education services. Additionally, sociocultural norms and religious beliefs present challenges to improving maternal health in the region. In some communities, traditional views may lead women to rely on fate or spiritual beliefs during pregnancy rather than seeking medical care. These cultural factors can discourage the use of antenatal care services, contraceptives, or other preventive health measures, resulting in delayed or inadequate maternal healthcare.

Overview

The high rates of adolescent birth and maternal mortality demonstrate that more vulnerable countries with women's SRH issues are Cambodia, Laos, Myanmar, Philippines, and Indonesia, especially for women with low economic status and who live in remote areas. In order to achieve the SDG[12] 3.1 of reducing MMR to less than 70 maternal deaths per 100,000 live births by 2030, health ministries and relevant agencies would need to collaborate with local health services to address health disparities in vulnerable regions.

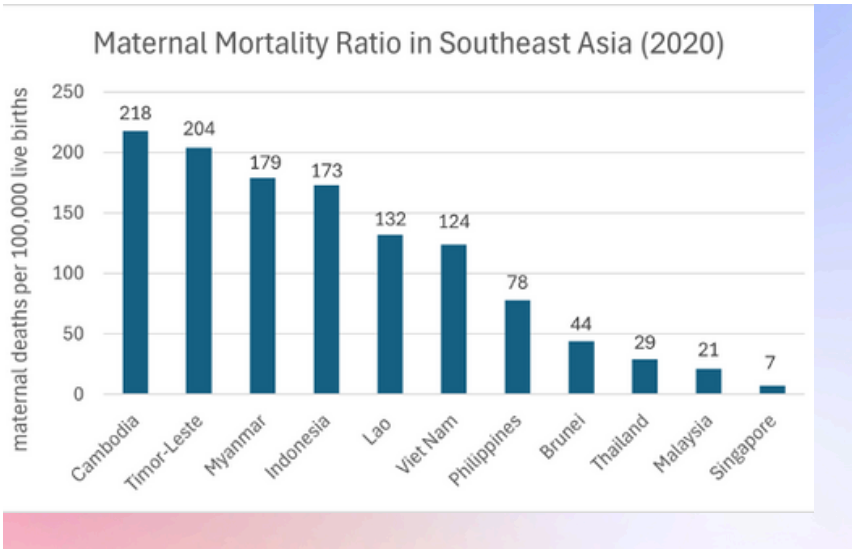


Figure 1. Maternal Mortality Rate in Southeast Asia (2020). Source: World Health Organization, UNICEF, United Nations Population Fund and The World Bank, Trends in Maternal Mortality: 2000 to 2020 WHO, Geneva, 2023.

Another critical component is emphasizing cervical cancer prevention and elimination within the broader MMR and SRH frameworks. Cervical cancer is the fourth[13] most common cancer in women globally and has the highest rates of incidence and mortality in low- and middle-income countries. As Southeast Asia strives to eliminate preventable cervical cancer, it is important to examine the national HPV vaccination policies, access to cervical screening and treatment services, and social and economic determinants, to tackle both preventable cause of mortality and advance women's well-being across the region.

The Association of Southeast Asian Nations (ASEAN) upholds the promotion of women's and girls' rights and empowerment through regional initiatives such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. Additionally, ASEAN established the ASEAN Committee on Women (ACW), formerly known as the ASEAN Sub-Committee on Women then the ASEAN Women's Programme, to oversee ASEAN's operations on advancing women's and children's welfare. These mechanisms help provide a platform for policy and good practices to be exchanged among government officials, civil society organizations, and professionals. In the ACW 2021-2025 work plan,[14] one of the key themes directly addressing women's health is the gender-sensitive approach to enhancing the safety and protection of women and girls, as well as tackling gender discrimination and harmful social norms, including CEFM. As ASEAN Member States work toward providing universal access to reproductive health services, there is increasing recognition of the need to prioritize women's rights and welfare in the region.

Access to Health Services

01 Modern Contraception

According to the World Health Organization (WHO), Contraceptive Prevalence Rate[15] (CPR) is one of the reproductive health indicators for global monitoring. It is widely understood among health experts that access to modern contraception is key to improving women's SRH as it helps reduce the need for unsafe abortions, the risks of HIV transmission from mothers to newborn, and the risks of birth-related cancers. Moreover, having autonomy over one's reproductive choice can lead to economic empowerment and education opportunities while helping the country achieve sustainable population growth. A 2023 study[16] examining the relationship between women's empowerment and contraceptive use in ASEAN countries found a positive correlation between contraceptive use and labor force participation, with labor-force participation being used as a measure of women's empowerment. Ensuring access to modern contraception also aligns with SDG target 3.7[17] of universal access to sexual and reproductive health-care services.

A systematic review from 2023 asserts that the contraception prevalence rate in Southeast Asia is 46%,[18] which is less than the global average of 56%. This prevalence rate varies by geographic location, economic status, educational background, and other social factors.

Another study[19] on the relationship between women's empowerment and contraceptive use in four Southeast Asian countries (Cambodia, Indonesia, Myanmar, and the Philippines) reveals that rural women possessed a higher CPR than their urban counterparts for all countries except for Myanmar. By region, the latest data shows that Thailand has the highest CPR (77.9%), followed by Singapore (60.3%), Vietnam (59.8%), and Indonesia (59%). The country with the lowest CPR is Timor-Leste at 24%[20] with one in five married women having an unmet need for family planning. This challenge in Timor-Leste has been stressed by the United Nations Fund for Population Activities (UNFPA), which urges prioritization of regions furthest from healthcare access to dismantle barriers such as geographical isolation, lack of healthcare infrastructure, cultural stigma, and limited availability of trained healthcare providers.

Successful Programming – Thailand

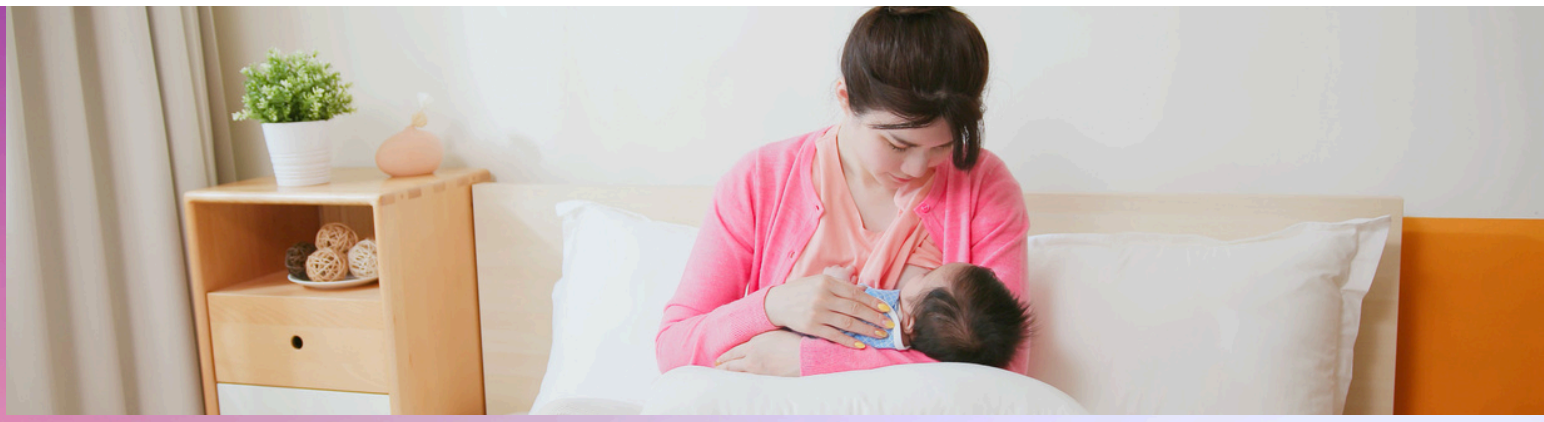
A compelling demonstration of improving contraception access is Thailand's National Family Planning Program[21] (NFPP). Under the Ministry of Public Health, the NFPP seeks to reduce population growth, inform and empower women in family planning, and increase accessibility to maternal and child healthcare services. The program was a collaborative effort between the government, NGOs, and international organizations on family planning. Together they were successful in increasing contraceptive use as part of their goal to enhance contraceptive accessibility for all women in Thailand, which contributed to the decline in overall fertility rate. This is exemplified by Thailand's rise[22] in CPR from 14.8% in 1970 to 71.3% in 2019 and its decline[23] in population growth rate from 2.7% to 0.2% in the same time frame. According to the World Bank's report,[21] the NFPP's success is attributed to a highly centralized administration system, well-established network of public health services, and strong telecommunication and transportation infrastructure, which have enabled efficient coordination, broad service delivery, and effective outreach to remote areas. A study from 2016 found that local communities with the presence of NFPP have a higher percentage of women with contraceptive experiences and lower completed fertility rate than those without, suggesting that increasing NFPP presence in local communities is important for reaching underserved women with unmet contraceptive needs.

The NFPP is just one of the examples of Thailand's national efforts in family planning programs. A prominent figure in advocating for contraceptive use, HIV/AIDS prevention, and the expansion of family planning policies is Mechai Viravaidya.[24] As a public health advocate, he is recognized for his unique approach to encouraging contraceptive use: he popularized the notion that condoms should be as accessible as cabbages. Mechai founded the Population and Community Development Association[25] (PDA), dedicated to improving the lives of rural and low-income communities in Thailand. At public events, Mechai and the PDA staff promoted the use of many modern contraceptive varieties such as intravenous, injectable contraceptive DMPA, sterilization, birth control pills, IUDs, and spermicidal foam. Other notable free or low-cost health services in Thailand include free birth control pills and condoms for Thai citizens over 15 and the adolescent pregnancy prevention program[26] that offers free long-acting reversible contraception for Thai women under 20. Beyond making contraceptives available, Thailand's overt national population policies have transformed the cultural perception about contraception by embracing reproductive rights in a celebratory manner. This helps alleviate the stigma associated with contraceptive use that is prevalent in many Southeast Asian cultures.

02 Maternal Childcare

When assessing the maternal and childcare status of a region, key indicators include statistics on maternal mortality rate (MMR), antenatal care coverage, the percentage of births attended by skilled healthcare providers, and the availability of essential obstetric care services. These measurements are influenced by a combination of direct medical causes and indirect socioeconomic factors. Researchers have found that the leading cause[27] of maternal mortality in Southeast Asia is hemorrhage, indicating possible delays in emergency obstetric care, followed by hypertensive disorders, infectious diseases (such as HIV, malaria, etc), and unsafe abortions, among other factors. As for indirect social factors, a recent systematic review[28] of four Southeast Asian countries - Cambodia, Laos, Myanmar, and Vietnam – found that low educational background, illiteracy, low family income, and unskilled medical service providers are associated with insufficient antenatal care. Moreover, rural women and women of ethnic minorities as a whole were reported to have lower maternal health awareness and limited access to maternal healthcare. Cultural factors such as reliance on traditional therapies and religious beliefs also contribute to delays in seeking antenatal care. Therefore, enhancing rural healthcare infrastructure and strengthening healthcare education are essential for tackling maternal and childcare issues in hard-to-reach areas. Although there have been policy developments in these areas, some has only been at the administration level and not the implementation level. Furthermore, there is often a lack of budget to implement the needed changes

While access to maternal and neonatal care in Southeast Asia is improving, as shown through the declining MMR, this decline is not consistent and there remains vast health disparities across the region. According to a 2023 research paper[29] that discussed the inequity of maternal-child health (MCH) services in ASEAN member states from 1993 to 2021, the overall MCH service inequity in the region shows a declining trend with Thailand and Vietnam performing well while Laos and Myanmar[1] struggle with inequity. Meanwhile, Myanmar, Cambodia, the Philippines, and Indonesia experience inconsistent and uneven progress of MCH service equity. This pattern reflects the continuation of an earlier trend (between 1990 to 2008) identified in a study[81] from 2011, where strong MMR reduction was observed in Brunei, Singapore, Malaysia, Vietnam, and Thailand; initially strong but later faltering MMR reduction was observed in the Philippines, Indonesia, Laos, Cambodia, and Myanmar. Regarding MCH service inequity, the 2023 research paper reveals that quality and accessibility to services in certain countries depend on factors such as region and economic background: the service in Cambodia, Indonesia, and the Philippines favors specific regions; the service in Myanmar favors the wealthy; meanwhile, in Lao PDR and Timor-Leste, the service favors urban areas, the wealthy, and specific regions.



[1] This research was conducted prior to the 2021 coup in Myanmar. The authors of this paper acknowledge that all healthcare standards in Myanmar, including those cited throughout this paper, have likely experienced significant decline since then due to the political instability and ongoing conflict.

It is important to note that maternal and pediatric immunization[30] plays a critical role in reducing the burden of vaccine-preventable diseases affecting both mothers and children. Vaccines such as tetanus toxoid, Tdap, pneumococcal conjugate vaccine (PCV), and seasonal influenza protect mothers and newborns from severe infections. There is growing interest in extending these benefits to include maternal vaccines for respiratory syncytial virus (RSV)[31] and group B streptococcus,[32] which could further reduce neonatal infections. However, challenges remain, particularly with the varying recommendations on maternal vaccination across the region. Raising awareness among healthcare providers about the importance of maternal vaccination is essential to improving coverage. In recent years, the Southeast Asia region has seen significant public health gains, including the elimination of polio and maternal and neonatal tetanus, as well as the successful control of measles, rubella, and hepatitis B in some countries. Notably, in 2023, Indonesia, Myanmar, Thailand, and Timor-Leste launched national and subnational immunization campaigns[33] targeting measles, rubella, polio, Japanese encephalitis, and other vaccines under routine childhood programs. These campaigns included catch-up efforts[34] to vaccinate children up to five years old who missed doses during the COVID-19 pandemic. Over 25 million doses were administered during these catch-up campaigns between 2022 and 2023.

According to the WHO and UNICEF's 2023 immunization coverage estimates,[34] while DTP1 coverage in the region has reached 92%, it is still below the pre-pandemic level of 94% in 2019. Similarly, DTP3 coverage, an indicator of full immunization, stands at 90%, slightly lower than the pre-pandemic 91%. The first dose of the measles vaccine, typically administered at 9 or 12 months, has decreased to 91% in 2023, down from 94% in 2019, while coverage for the second dose, administered between 18 months and five years, has remained relatively steady at 85%. These setbacks highlight the ongoing challenges of maintaining vaccination rates and ensuring equitable access, particularly in the wake of disruptions caused by the COVID-19 pandemic.

Based on these findings, Thailand, Malaysia, and Vietnam offer compelling examples for successful programming for maternal and childcare in the region.

Successful Programming – Thailand, Malaysia, Vietnam

Intervention for maternal and child mortality requires a holistic healthcare system beyond individual initiatives or programs. In Thailand, several initiatives contribute to building a comprehensive healthcare system. These include the establishment of provincial maternal and child health committees, the implementation of Universal Coverage Scheme[35] (UCS), the Saiyairak program,[36] and public-private partnerships aimed at ensuring safe childbirth. Under the UCS, Thailand has successfully boosted child vaccination rates to 99 percent,[37] thus effectively reducing the under-five mortality rate, based on a 2014 UN report. The Saiyairak program was implemented to support vulnerable women and children in underserved areas by providing comprehensive maternal and childcare, raising awareness, improving access to healthcare services, and encouraging safe pregnancies. The program leveraged private-public partnerships to finance health initiatives in rural areas. Additionally, during the COVID-19 pandemic, the Thai Ministry of Public Health collaborated with the United Nations Population Fund (UNFPA) to launch the "Safe Birth for All"[38] program to reduce maternal mortality rates. Similar to the Saiyairak program, "Safe Birth for All" also protects women in underserved areas, particularly ethnic women residing in high-risks and remote areas alongside the Thai-Myanmar border. These areas struggle with high ABR and MMR in addition to limited health resources, so the program incorporated training and deployment of traditional birth attendants (TBAs), telemedicine, and development of local healthcare resources.

Malaysia also has a compelling demonstration of how governmental intervention improves maternal-child health services based on the country's significant decline in MMR. This success is attributed to strong development of rural healthcare, adoption of strategic reporting systems, monitoring of outcomes and delivery of standardized care. Malaysia has been investing in its rural healthcare through swift infrastructure development, in addition to recruitment and formal training of TBAs[39] to increase skilled personnel.

Incorporating the role of TBAs in the healthcare programs not only helps systemically increase accessibility to healthcare services to women in remote areas but also adapts to the cultural and religious significance of preferred homebirth environment. Quality care is further attributed to Malaysia's reporting and evaluation mechanisms, namely the color-coding system[40] and the Quality Assurance Programme (QAP). The color-coding system was introduced to categorize mothers by risk level and ensure they receive the necessary care and referrals. Red signifies an urgent, life-threatening condition requiring immediate hospital admission, while yellow, green, and white codes indicate varying levels of monitoring and care by doctors, senior nurses, or midwives, respectively.

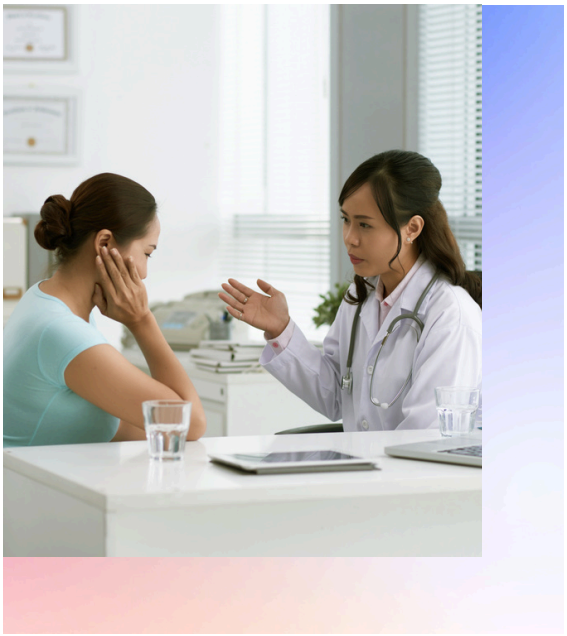
Another milestone for Malaysia was the elimination of mother-to-child transmission[42] of HIV and syphilis, making it the first country in the WHO Western Pacific Region to receive this certification. Prevention of mother-to-child transmission for communicable diseases such as HIV, COVID, hepatitis, and syphilis, can be passed from mother to child without knowledge, and therefore requires proactive intervention. Malaysia's early adoption of national prevention measures for mother-to-child transmission of HIV and syphilis, including the initiation of antenatal HIV screening in 1997, has included free testing and treatment for these infections, thus significant reductions in infection rates among newborns.

Vietnam's achievements in maternal and childcare underscore the power of cross-sector collaboration, involving NGOs, IGOs, government agencies, private companies, and donors. When the Vietnamese government released the Ministry of Health Plan for People's Health Protection, Care and Promotion 2016–2020,[43] more effort was dedicated to achieving UHC goals, particularly through targeting impoverished groups and ethnic minorities. The comprehensive health plan set key goals such as improving primary and reproductive health services, reducing congenital defects, balancing healthcare workforce distribution, and ensuring affordable access to vaccines. Additionally, the 2013 amendment to the Labour Code extended paid maternity leave from four to six months for mothers in the formal sector. Alongside these governmental policies, maternal and childcare is also enhanced through cross-sector collaboration. In 2021, UNFPA launched the "Leaving no one behind"[44] project aimed at reducing maternal mortality in Vietnam's ethnic minority regions through innovative interventions, including tele-health and community mobilization.

Complementing these efforts, UNICEF[45] has been instrumental in developing national guidelines and providing critical health supplies, as well as training for delivering routine immunizations, skilled birth attendance, and newborn care, including during COVID-19. These initiatives have resulted in the full immunization of over 950,000 children, better care for around one million newborns, and essential health services for tens of thousands of pregnant women, mothers, and newborns. Since the early 2000s, the Vietnamese government has significantly reformed its healthcare system by promoting decentralization,[46] improving health insurance, and strengthening primary care. Leveraging the existing pyramid healthcare structure, further public-private partnerships can address the health disparities for women in remote region with challenging socio-economic conditions.

03 Abortion Care

Research suggests a connection between access to safe abortion services and better women's health, as it helps reduce the risks and complications associated with unsafe procedures. A 2020 WHO report titled "Policies, Programs, and Services for Comprehensive Abortion Care in the South-East Asia Region" revealed that areas with highly restrictive abortion services experience unsafe abortions at rates four times greater[47] than regions where abortion is legal and accessible. Moreover, countries with restrictive abortion laws experience an average MMR that is three times higher[47] than countries with less restrictive laws. These statistics demonstrate how restrictive abortion laws compel women to resort to unsafe abortions, which are estimated to account for 13%[48] of maternal deaths in Southeast Asia. While there is a 21%[49] decline in unintended pregnancies from 1990–1994 to 2015–2019 in the region, there has been a simultaneous 21% increase in the abortion rate. This suggests that while fewer unintended pregnancies are occurring, a growing proportion of those that do end in abortion has risen from 42% to 65%. Furthermore, all 11 Southeast Asian countries are signatories to international declarations focused on expanding access to safe abortion through favorable governmental legal and policy frameworks that protect women's health. Access to safe abortion largely depends on the legalization of abortion, as well as the capacity of skilled professionals and adequate medical equipment. Other barriers to accessing safe abortion include poor availability of services, high cost, and social stigma. As the global trend continues towards the liberalization of abortion with over 60 countries[50] reforming their laws in the last few decades, ASEAN countries are following suit.



Trend of Abortion Liberalization

In the 2020 report, WHO identified six legal grounds[47] on which abortion is permitted in Southeast Asia region countries. These include risk to the life of the pregnant woman, rape or sexual abuse, serious fetal anomaly, risk to the health of the woman (physical or mental), social and economic reasons, and abortion on request. All ASEAN countries allow for abortions at least on the ground of preventing risk to the women's life. For other legal grounds, abortion laws in the region vary widely and can be divided into three groups. The first, those offering more liberal access to safe abortion services, include Singapore (being the first country in Southeast Asia to liberalize abortion laws in 1970), Vietnam, Cambodia, and Thailand. The second group, those with restrictive conditions for abortion, include Laos, Myanmar, Brunei, Indonesia, and Malaysia. The third group, those maintaining highly restrictive laws that permit abortion only in cases where the mother's life is at risk and/or the pregnancy is caused by rape, include Timor-Leste and the Philippines.

While abortion laws vary, Southeast Asia has been exhibiting the trend of abortion liberalization in recent years, particularly with three countries – Laos, Thailand, and Indonesia. In 2021, ministerial approvals in Laos clarified the legal framework surrounding abortion, outlining the specific circumstances[51] in which it is permissible. These include serious medical conditions in the pregnant individual, such as cancer or heart disease; belonging to a low-income household, having more than four children, or being below the legal age of consent; fetal cognitive impairments or exposure to harmful substances; and pregnancies resulting from rape or contraceptive failure. A research article[51] from 2023 on abortion in Laos argues that the legal path for abortion under certain criteria have long been established in the country, contrary to what is often depicted in the international reports. The 2021 legal framework is significant for providing much-needed clarity and articulation regarding previously ambiguous cases of permitted abortion. Also in 2021, Thailand decriminalized abortion for pregnancies up to 12 weeks, and in 2022, the law was amended to permit abortions up to 20 weeks.[52] As early as 2020, Thailand's Constitutional Court ruled that existing anti-abortion laws were unconstitutional[53] and should be amended, laying the groundwork for advancing reproductive rights. In July 2024, President Joko Widodo of Indonesia ratified Government Regulation (PP) Number 28 of 2024[54], which legalizes first-trimester abortions (through 14 weeks of pregnancy) in cases of rape or medical emergencies, as opposed to the previous limit of six weeks gestation. This new health regulation is a notable step toward liberalizing abortion access and mitigating health complications associated with unsafe abortions.

Although some changes are incremental, the overall trend in Southeast Asia of liberalizing access to abortion reflects a growing recognition of reproductive rights as fundamental to women's health and autonomy. Continued liberalization of abortion laws, combined with effective implementation of legal frameworks and improved service delivery, will help create an environment where women can exercise their reproductive rights without facing legal, social, or economic barriers.

04 Sexually Transmitted Infection (STI) Testing and Treatment

The WHO has set targets for 90%[56] reduction of syphilis and gonorrhea worldwide by 2023. Historically, the Southeast Asia region was estimated to account for over a third of STI globally in the mid-1990s. Over the last 15 years, remarkable efforts have been dedicated to reducing STI worldwide, especially within Southeast Asia. However, testing remains underutilized, especially in rural areas. Statistics from 2019 revealed that HIV infections in babies under 6 weeks numbered 3,900[55] annually for nine low- and middle-income countries in the region. To address these shortcomings, countries can look to Thailand as a model for high-level STI control, evidenced by its achievement in significantly reducing STI and waning the HIV epidemic of the late 1990s/late 2000s. Thailand is first[56] ASEAN country to receive WHO's certification as having eliminated mother-to-child transmission of HIV in 2016. The country's success in controlling STI is perhaps tied to its robust promotion of condoms, which is the most effective way to prevent STI transmission.

In a 2019 WHO report[56], Indonesia is categorized as a country in need of STI control. Myanmar achieved early success in an STI control and HIV prevention project, reaching 100% of its target for condom promotion and reducing syphilis prevalence by half. For the Philippines, while the general prevalence rate is low, the past six years has recorded the most rapidly expanding HIV/AIDS epidemic in the Asia-Pacific region, with a staggering 140%[57] rise in new infections. Alongside strengthening STI testing and treatment, integrating STI/HIV services[58] with reproductive health care would enhance access for those living with HIV and AIDS, which are often neglected.

Human Papillomavirus (HPV) and Anti-Cervical Cancer

Besides safe sex practices, another preventive measure for STI transmissions is HPV vaccination, which plays a key role in protecting against the virus responsible for cervical cancer and other reproductive health complications. This is especially crucial to curbing global cervical cancer rates as HPV is among the most prevalent sexually transmitted infections globally and is identified as the primary cause of cervical cancer. However, according to WHO's 2021 statistics, HPV vaccination rates in Southeast Asia remain significantly low with only about 2%[59] coverage compared to 15% worldwide. The Global Cancer Observatory[60] reported that by 2020, the region accounted for 32% of the global cervical cancer burden (recording 200,000 new cases) and 34% of global fatalities (100,000 deaths). These statistics denote the urgency to strengthen HPV screening and vaccination efforts, as increasing coverage is essential to reducing the high rates of cervical cancer and related deaths. The Asian National Cancer Centers Alliance (ANCCA)[61] identifies a mix of social and culture and healthcare infrastructural barriers to cervical screening. These include social stigma, fear of gynecological examination, lack of knowledge and awareness about cervical cancer prevention, lack of time and insufficient family support, high medical cost, inadequate screening services, and lack of self-sampling options. Overcoming these barriers requires educational campaigns to raise awareness, in addition to enhancing healthcare infrastructure and increasing accessibility to HPV screening and vaccination services. One of the measures widely recommended for countries to boost HPV vaccination coverage is to include it in the primary care services and national immunization programs. Integrating the vaccination into the national program can also help remove social stigma and alleviate vaccine hesitancy. Governments can also reduce vaccine hesitancy among population groups by proactively addressing concerns about vaccination. This approach can help support national vaccination efforts and encourage individuals to adopt a more proactive mindset towards seeking protection from HPV infections. Furthermore, it has been shown that administering HPV vaccination to adolescent girls before sexual initiation is a highly cost-effective[61] strategy for lowering the risk of invasive cervical cancer.

In addition to introducing national HPV immunization programs, HPV surveillance studies can be instrumental to ensure that the appropriate HPV vaccines are being administered. As new HPV types continue to emerge across various population groups, the studies can help ensure that populations receive the broadest protection, tailored to the prevalent HPV sterotypes within the community.

Successful Programming – Malaysia, Thailand

In this instance, Malaysia[62] is a powerful case for being the first country in Southeast Asia to launch a national HPV immunization program, offering free vaccinations to 13-year-old girls in both public and private schools. This has resulted in a vaccination coverage of 83–91% among 13-year-old girls since the program's inception in 2010. Based on 2021 records provided by Our World in Data, other countries (besides Malaysia and Thailand) that embed HPV vaccines in the national vaccination schedules are Myanmar, Laos, Singapore, Brunei. Countries that are categorized as having the integration only in certain regions include Indonesia and the Philippines, while countries identified as not routinely administering the vaccination include Vietnam and Cambodia. Establishing a sustainable national immunization program with HPV vaccination may present financial challenges but multinational and cross-sector cooperation can help alleviate the burden, exemplified by the recent Quad Cancer Moonshot Initiative. By bringing together government, non-profit, and private sectors, the initiative is mobilizing large financial resources to promote HPV vaccination, strengthen the healthcare workforce, and increase access to screening and treatment services in underserved areas.

In Thailand,[63] cervical cancer is the second most common cancer in the country. In line with the strategy implemented by WHO, Thailand is actively providing cervical screening and HPV vaccination. Since 2017, the HPV vaccine has been included in the national immunization program for girls aged 11 and 12 years old. More recently, the Ministry of Public Health of Thailand launched a comprehensive cancer policy "Quick Win"[64] in November 2023. The goal of this policy is to administer one million doses of HPV in 100 days to girls and women aged 11–20 years, aiming to reduce the incidence and mortality rates of cervical cancer.

Sexual Health Education

Women's sexual and reproductive health, as described by large international organizations such as Amnesty International and WHO, encompasses the right to access services, information, and education that enable them to make informed choices about pleasure, sexuality, and reproductive matters. Comprehensive sexual health education[65] includes medically accurate, evidence-based, and age-appropriate information about human development, anatomy, and reproductive health, contraception, childbirth, STI prevention, including HIV, as well as recognizing and preventing sexual violence, consent, and decision making. Therefore, to ensure a complete state of physical, mental, and social well-being regarding SRH, sexual health education is an important component. In the South and East Asia regions, researchers found that adolescents often lack adequate knowledge[66] on how to prevent unintended pregnancies and protect themselves from STIs, including HIV/AIDS. The barriers towards implementing CSE across the region are complex[67], involving religious, cultural, social stigma on the centrality of sexuality. Due to these various challenges, most countries in Asia and the Pacific lack a clear system[68] to effectively monitor and assess sexuality education programs, according to a UNFPA report in 2021.

Governmental Policies

Commitment to the implementation of CSE varies in Southeast Asia. In Singapore, the Ministry of Education (MOE) has implemented a holistic and secular sexuality education curriculum with two main programs, Growing Years (GY) and Empowered Teens (eTeens)[69], covering topics such as sexual health, relationships, and decision-making, from primary school through junior college. The MOE regularly reviews and updates the curriculum to ensure its relevance, while parents have the option to opt their children out of these programs.

In early 2024, the Royal Government of Cambodia introduced a national curriculum for grades 5–12 that provides essential sexual and reproductive health information, addressing issues such as early pregnancy, child marriage, and emphasizing the harms of gender inequality and gender-based violence. This is especially critical for Cambodia, where 17.9%[70] of women aged 15-49 were first married before the age of 18, and early pregnancies are prevalent, with rates even higher in rural regions.

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According to a 2023 CSE country profile[71] report by UNESCO and the Global Education Monitoring Report Team, the Philippines launched the Policy Guidelines on the Implementation of CSE in 2018 to ensure the inclusion of reproductive health concepts and promotes healthy and responsible sexual behavior within the school curriculum. The Responsible Parenthood and Reproductive Health Act mandates schools to provide access to information and services related to STI prevention and management.

For Vietnam, the 2020-2025 National Action Plan on Reproductive and Sexual Health Care mandates comprehensive sexual and reproductive health education for adolescents and young adults. Additionally, a 2006 decision and 2018 Circular require sex education content to be integrated into primary education.

In Lao PDR, teachers must undergo 40 hours of both in-service and pre-service training to teach CSE, with additional training provided for school principals and parent-teacher association representatives with the goal of offering comprehensive support to students.

Based on existing policies across the globe, countries can cross-reference one another to exchange best practices on progressing sexual health education. For instance, some MOEs work with NGOs to boost capacity and efficiency of program, such as Thailand and the Path2Health Foundation. Some ministries collaborate with the MOE for sexual education, some schools include provisions on SRH, as seen in Vietnam. Some countries offer pre-service or in-service training for CSE, such as Laos, and some countries mandate CSE at all levels, including Thailand. Further efforts in implementing and monitoring the development of these policies are stressed. Moreover, while there are substantial local policy and planning, few countries[71] integrate CSE in the law and national policy.

Integrated Care Across Life Cycle

Integrated care is an approach to overcome care fragmentations, especially where this is adversely impacting women's experiences and health outcomes. This approach aims to create a seamless continuum of care that encompasses prevention, early intervention, treatment, and rehabilitation, ensuring that all health sectors—maternal, child, adolescent, adult, menopausal, and elderly care—are interconnected. Integrated care provides women with necessary screenings, vaccinations, and counseling relevant to their individual needs, enabling them to make informed choices about their health. The Asian Development Bank identified challenges[72] in achieving integrated care in Asia and Pacific as interorganizational collaboration constraints, inadequate financing, conflicts with existing policies and preferences, lack of standardized monitoring systems, and most importantly, operational complexity. However, countries can reference countries such as Singapore, Philippines, and Thailand as an example for developing working integrated care system.

Programming and Policies

Integrated care in Singapore is reflected in various policies. In 2012, the Ministry of Health introduced the regional health system (RHS)[73] model to provide coordinated and seamless healthcare services, particularly for patients with complex medical needs, by fostering collaboration among public hospitals, community care providers, and primary care physicians.

Integrated care in Singapore is reflected in various policies. In 2012, the Ministry of Health introduced the regional health system (RHS)[73] model to provide coordinated and seamless healthcare services, particularly for patients with complex medical needs, by fostering collaboration among public hospitals, community care providers, and primary care physicians. The program offers initiatives such as community health teams, early detection, health promotion, and telehealth during the COVID-19 pandemic. In 2017, Primary Care Networks (PCNs)[74] in Singapore were launched to facilitate a team-based approach to healthcare by connecting General Practitioners (GPs) with nurses and care coordinators, enabling comprehensive management of patients' chronic conditions. The PCN scheme provides GPs with funding and administrative support to implement holistic care strategies, ensuring that patients receive coordinated services within their communities while promoting lifestyle modifications for better health outcomes. In 2022, the KK Women's and Children's Hospital initiated a Healthy Early Life Moments in Singapore (HELMS)[75] pilot program, which seeks to transform maternal and child health (MCH) into an integrated life-course care model to ensure continuous support from preconception to postpartum. By screening women and children for health and social needs at polyclinics, the initiative aims to establish a solid foundation for healthier generations and meet global Sustainable Development Goals. Other notable programs include the Family Physicians program[76] in the Philippines.

Conclusion

The advancement of women's sexual and reproductive health in Southeast Asia requires a concerted effort from governments, private industries, NGOs, and IGOs to build an equitable and sustainable healthcare system. Governments should look to successful programming from other countries, both within the region and globally, and consider adapting these interventions to fit the specific needs and circumstances of women with lower socioeconomic status in hard-to-reach areas. On an administration level, increasing women's role in leadership[77] can improve policy outcomes across private and public domains. In ASEAN countries, women have been instrumental as frontline health workers during the pandemic but often lack decision-making authority within the health sector. Empowering women in these areas enhances resilience and sustainability, creating a foundation for inclusive growth in the region. When it comes to cultural and social barriers, governments can proactively engage with grassroot women's organizations[78] to tackle gender-based violence and promote shifts in social norms surrounding early marriage. Investing in community health outreach programs can help to raise awareness about available SRH services, particularly in remote areas where access is limited. Furthermore, legal frameworks surrounding abortion and contraceptive access must be continuously evaluated and updated to reflect evolving social norms and women's rights.

Emphasizing STI testing, treatment, HPV screening, vaccination and sexual health education is key to controlling the spread of infections. An integrated care model provides a strong foundation to address the fragmentation in regional healthcare systems, offering continuous support across maternal, child, and adolescent health services. Partnerships with NGOs and community organizations can help tailor interventions to the specific needs of different communities, particularly marginalized groups. Targeted initiatives for maternal and child health, especially among high-risk populations like adolescent mothers and low-income women, are also critical. Finally, robust monitoring and evaluation mechanisms should be established to ensure these programs are effective and can adapt as necessary.

The private sector also plays a crucial role in enhancing women's SRH. Public-private partnerships can be instrumental in both creating awareness campaigns to destigmatize contraceptive use and in the development and distribution of affordable contraceptive methods, empowering women to take charge of their reproductive health. Furthermore, private industries can support healthcare infrastructure development, particularly in rural and underserved areas, by establishing clinics and providing essential medical supplies. Businesses can also leverage their influence to promote workplace policies that support women's health, such as paid maternity leave and flexible working arrangements for new mothers. Such policies are proven to not only contribute to improved health outcomes for mothers and children but also enhance employee productivity and satisfaction.

Leveraging technology in healthcare delivery presents a transformative opportunity for improving women's SRH. Telemedicine[79] can bridge the gap in healthcare access by connecting women in remote areas with qualified healthcare providers for consultations and follow-ups. Mobile health applications can provide crucial information about reproductive health, contraception options, and local health services, empowering women to make informed decisions. Data analytics can also be employed to identify health trends and disparities among different demographics, enabling targeted interventions where they are most needed. By utilizing digital platforms for education and awareness campaigns, information about SRH services can be disseminated widely, reaching diverse audiences. Moreover, innovative technology[80] such as AI can improve the quality of maternal care and promote maternal self-reliance. Mobile health (mHealth) technologies can improve health literacy for women and girls, while also promoting timely access to necessary healthcare services. Training healthcare workers in using these technologies is essential to maximize their impact on patient care.

The pathway to enhancing women’s sexual and reproductive health in Southeast Asia lies in a multifaceted approach. By fostering cross-sector collaboration, investing in education, improving access to healthcare, and leveraging technological advancements, the region can make significant strides towards ensuring that every woman can achieve optimal health outcomes. This collective commitment will not only empower women but also contribute to the broader goal of sustainable development in Southeast Asia.

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About the US-ASEAN Business Council

For over 40 years, the US-ASEAN Business Council has been the premier advocacy organization for US corporations operating within the dynamic Association of Southeast Asian Nations (ASEAN). Worldwide, the Council's membership, more than 160 companies, generate over US$6 trillion in revenue and employ more than 13 million people globally. Members include the largest US companies conducting business in ASEAN and range from newcomers to the region to companies that have been working in Southeast Asia for over 100 years. We believe opening and investing in the sustainability of efficient, resilient, and competitive markets are critical to the continued growth of our member companies and innovation and job creation in the United States and Southeast Asia. The Council has offices in: Washington, DC; New York, NY; Bangkok, Thailand; Hanoi, Vietnam; Jakarta, Indonesia; Kuala Lumpur, Malaysia; Manila, Philippines; and Singapore.

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