Family and Reproductive Health

Dr. R.O Akande
Outline

- Introduction
- Definition of terms
- Goals of reproductive health
- Reproductive health rights
- Components of reproductive health
- Reproductive health indicators
- Sources of reproductive health data
- Conclusion
Introduction

- Reproductive health (RH) implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.
- Poor Sexual and reproductive health (SRH) accounts for an estimated one third of the global burden of illness and early death among women of reproductive age.
- About 201 million married women in developing countries still have an unmet need for modern contraceptives.
- Data from 94 national surveys indicate that the unmet contraceptive need among sexually active adolescents is more than two times higher than that among married women.
In sub-Saharan Africa, for example, as many as 46 per cent of women face this problem of unmet contraceptive needs.

Globally, 37 countries have an unmet need for family planning that is greater than 20 per cent and 24 countries have a contraceptive prevalence rate for modern methods that is less than 10 per cent.

Every day over 6,000 people are infected with HIV, of which over two-thirds occur in sub-Saharan Africa.

In Swaziland, an estimated one in three adults now lives with HIV.

Globally, there are about 340 million new cases of STIs.
Definition of Terms

- Reproductive health;
  is a state of complete physical, mental and social well-being and not merely the
  absence of disease or infirmity, in all matters relating to the reproductive system
  and to its functions and processes.

- Sexual and reproductive health encompass a diverse array of women’s health
  issues that are shaped by social, psychological, behavioral, environmental,
  and biological forces.
History of Reproductive Health

More than a decade ago, at the ICPD, held in Cairo, 179 countries agreed that:

(a) All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so;

(b) Decisions concerning reproduction should be made free from discrimination, coercion and violence.
A major breakthrough at the ICPD, reaffirmed repeatedly since then, is that these services are essential for all people, married and unmarried, including adolescents and youth. For people to realize their reproductive rights, the ICPD Programme of Action calls for and defines reproductive and sexual health care in the context of primary health care.
History of Reproductive and sexual health Cont’d

- At the Fourth World Conference on Women, held in Beijing (1995), governments recognized that entrenched patterns of social and cultural discrimination are major contributors to sexual and reproductive ill health, along with the lack of information and services.

- SRH efforts are to be coordinated with interventions that address

- the patterns of social discrimination, gender inequalities and exclusion that hinder women, men and adolescents from exercising their reproductive health.
Goals of Reproductive health

- WHO’s reproductive health program has developed four broad pragmatic goals.
  - Experience healthy sexual development and maturation and have the capacity for equitable and responsible relationships and sexual fulfilment
  - Achieve their desired number of children safely and healthily, when and if they decide to have them
  - Avoid illness, disease and disability related to sexuality and reproduction and receive appropriate care when needed
  - Be free from violence and other harmful practices related to sexuality and reproduction
Reproductive health rights

The International Conference on Population and Development (ICPD) accepted that the rights to reproductive and sexual health is included among human rights.

Human rights related to reproductive health include:

1. Reproductive decision-making on the basis of equality between women and men, including voluntary choice in marriage and determination of the number, timing and spacing of one’s children.

2. Sexual and reproductive security, including freedom from sexual violence and coercion and the right to privacy.
Components of Reproductive Health

- Quality family planning counselling and services
- Promoting safe motherhood: prenatal, safe delivery and postnatal care, including breast feeding
- Prevention and management of complications of unsafe abortion; safe abortion services where not against the law
- Adolescent reproductive health
- Prevention and appropriate treatment of infertility, sexual dysfunction and non-infectious conditions of reproductive tract
Components of Reproductive Health Cont’d

- Treatment of reproductive tract infections, including sexually transmitted infections
- Prevention and management of reproductive tract cancers
- Information and counseling on human sexuality, responsible parenthood and sexual and reproductive health
- Active discouragement of harmful practices, such as female genital mutilation and violence-related to sexuality and reproduction
- Functional and accessible referral
Reproductive Health Indicators for Global Monitoring

- RH indicators summarize data which have been collected to answer questions that are relevant to the planning and management of reproductive health programs

- Uses of RH indicators
  1. To assess the achievements of goals and targets
  2. To monitor the effective implementation and evaluate the impact of programs

- Purpose of RH
  The purpose of this set of indicators is to provide an overview of the RH situation at global and national levels
  These indicators are intended for public health administrators and health program implementers who want to ensure their programs are consistent with global monitoring and evaluation efforts of sexual and reproductive health.
Reproductive Health Indicators

1. Total Fertility Rate (TFR)
   - Total number of children a woman would have by the end of her reproductive period if she experienced the currently prevailing age-specific fertility rates throughout her childbearing life

2. Contraceptive Prevalence Rate (CPR)
   - Percent of women of reproductive age (15-49) who are using (or whose partner is using) a contraceptive method at a particular point in time

3. Maternal Mortality Ratio (MMR)
   - Annual number of maternal deaths per 100,000 live births

4. Antenatal Care Coverage
   - Percent of women attended at least once during pregnancy, by skilled health personnel (excluding trained or untrained traditional birth attendants), for reasons relating to pregnancy

5. Percent of Births Attended by Skilled Health Personnel
   - Percent of births attended by skilled health personnel (excluding trained or untrained traditional birth attendants)
Reproductive Health Indicators Cont’d

6. Availability of Basic Essential Obstetric Care
   - Number of facilities with functioning basic essential obstetric care per 500,000 population

7. Availability of Comprehensive Essential Obstetric Care
   - Number of facilities with functioning comprehensive essential obstetric care per 500,000 population

8. Perinatal Mortality Rate (PMR)
   - Number of perinatal deaths per 1,000 total births

9. Low Birth Weight Prevalence
   - Percent of live births that weigh less than 2,500g

    - Percent of pregnant women (15-24) attending antenatal clinics, whose blood has been screened for syphilis, with positive serology for syphilis
Reproductive Health Indicators Cont’d

11. Prevalence of Anemia in Women

- Percent of women of reproductive age (15-49) screened for hemoglobin levels with levels 110g/l for pregnant women, and 120g/l for non-pregnant women

12. Percent of Obstetric and Gynecological Admissions Owing to Abortion

- Percent of all cases admitted to service delivery points providing in-patient obstetric and gynecological services, which are due to abortion (spontaneous and induced, but excluding planned termination of pregnancy)

13. Reported Prevalence of Women with FGC

- Percent of women interviewed in a community survey reporting having undergone FGC
14. Prevalence of Infertility in Women

- Percent of women of reproductive age (15-49) at risk of pregnancy (not pregnant, sexually active, non-contraceptive user, and non-lactating) who report trying for a pregnancy for two years or more

15. Reported Incidence of Urethritis in Men

- Percent of men aged (15-49) interviewed in a community survey reporting episodes of urethritis in the last 12 months

16. HIV Prevalence among Pregnant Women

- Percent of pregnant women (15-24) attending antenatal clinics, whose blood has been screened for HIV and who are sero-positive for HIV

17. Knowledge of HIV-related Prevention Practices

- Percent of all respondents who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention
Sources of Reproductive Health Data

1. Routine service statistics:
   - Summaries of health service records can give information and it is very cheap but may be incomplete or sometimes may not give enough information. It is a source of inputs and process indicators.

2. Population census:
   - Data collected during population census such as age, sex, marital status, place of residence; urban or rural provides the denominator for process, output and impact indicators.

3. Sample surveys:
   - Examples are demographic and health survey.
Sources of Reproductive Health Data Cont’d

4. Vital statistics reports:
   - The vital registration system collects data on births, deaths and marriages. These data are available by age, sex and residence.
   - These data provides the numerator for the construction of process, output and impact indicators

5. Special studies:
   - Collection and Summarization of information for a particular purpose
Reproductive Health is therefore a subspecialty of public health that enhances and contributes to well-being by preventing and solving reproductive health problems that spans the life-time of an individual, particularly that of adolescents and women.