

Alkan collage of health science Department of
Nursing

Introduction to Reproductive Health For Nursing students

Asiya .H (BSC ,Msc)

May 2020

Addis Ababa , Ethiopia

Learning Objectives

- ❖ Define reproductive health(RH) and RH care.
- ❖ Describe the components of reproductive health.
- ❖ Identify indicators used for the measurement of reproductive health services/outcomes
- ❖ Mention the characteristics of indicators
- ❖ Write up the qualities of good indicators
- ❖ Differentiate gender and sex with its implication to RH
- ❖ Recognize the influence of gender on men and women
- ❖ Identify target groups for RH services

Unit One: Introduction #1

Definition

What is the definition of Health?

What is Reproductive Health?

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

Ⓒ RH addresses the **human *sexuality* and *reproductive processes, functions* and *system* at all stages of life.**

*International Conference on Population and Development,
Programme of Action, 1994.*

Unit One: Introduction #2

The definition suggests that RH encompasses:

- ❖ The ability to reproduce
- ❖ Freedom to control reproduction
- ❖ The ability to go through pregnancy and childbirth safely, with successful maternal and infant survival and outcomes
- ❖ The ability to obtain information about and access to safe, effective and affordable methods of family planning

Cont....

- ❖ The ability to have a satisfying, safe sex life, free from fear of pregnancy and disease
- ❖ The ability to minimize gynecologic disease and risk throughout all stages of life

Introduction- Definition #3

The definition implies that;

- @ People are able to have a **satisfying** and **safe sex life**
- @ They have the **capability to reproduce**
- @ They have the **freedom to decide if, when and how often to do so.**

Unique characteristics of the definition

1. RH extends into the years **before** and **beyond the years of reproduction**
2. Acknowledges **gender roles**, and the respect and protection of **human rights**.

Introduction- Definition #4

Embedded in this set of concerns are certain implicit **rights of both men and women:**

1. To be **informed** of safe, effective, affordable and acceptable methods of **fertility regulation**;
2. To have **access** to safe, effective, affordable and acceptable methods of **fertility regulation of their choice**;
3. **To have access to appropriate health care services** that will enable women to go through pregnancy and childbirth safely, and provide couples with the best chance of having a healthy infant.

Introduction- Definition #5

In line with the definition of RH, **RH care** is defined as

Ⓔ The **assemblage of methods, techniques and services that contribute to reproductive health and well-being** by preventing and solving **reproductive health problems.**

Introduction- Definition #6

Ⓒ It also includes **sexual health**: the purpose of which is the enhancement of life & personal relations, & not merely counseling & care related to reproduction & STDs.

Importance of RH

- ❖ Reproductive health is a **human right** stated in international law.
- ❖ Reproductive health plays an important role in **morbidity, mortality** and **life expectancy**.
- ❖ Reproductive health problems are the **leading cause of women's ill health** and mortality worldwide.

Objectives of RH

- ④ Ensure that **comprehensive & factual information & a full range of RH services**, including FP are **accessible, acceptable & convenient for users**
- ④ Enable **support** responsible for voluntary decisions about **child bearing** & methods of FP of their choice, as well as other methods for regulation of fertility which are not against the law & to have information, education & means to do so
- ④ **Meet the changing sexual & RH needs** over the **life-cycle** & to do so in ways sensitive to the diversity of circumstances of local communities

The Center of the Concern

- @ Human needs & development throughout the life cycle.
- @ The well being of **men, women & young people** as concerns their reproductive functions throughout life span.
- @ Women should go through **pregnancy & childbirth without danger** to themselves or their children
- @ Prevention of **unintended pregnancies** & diseases spread through sexual intercourse.

COMPONENTS OF REPRODUCTIVE HEALTH

Components of RH #1

1. Maternal and child health

- Prenatal,
- Safe delivery
- Post natal care including breast feeding

2. Family Planning

3. Prevention and appropriate treatment of **infertility**.

4. Prevention and management of complications of **unsafe abortion**.

5. Safe abortion services

Components of RH #2

6. Prevention and treatment of **reproductive tract infections and STIs**, including HIV/AIDS.
7. Information, Education and Communication (**IEC**) and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood.
8. Diagnosis and treatment for complications of **breast cancer and cancers of the reproductive system.**

Components of RH #3

9. Active discouragement of **harmful practices**, such as Female Genital Mutilation (FGM), early marriage.
10. Functional and accessible **referral** related to FP, pregnancy, delivery & abortion complications, infertility, STDs & HIV/AIDS, & cancers of the reproductive system

Reproductive Health Indicators

**List the health related indicators
you know?**

Indicators #1

- An indicator is a **variable** that **measure or describe the different dimensions of a** program/project or health outcome (inputs, processes, outputs, outcomes and impacts)
- A health indicator is usually a **numerical measure** which **provides information about a complex situation or event.**
- An indicator best summarizes the situation or event we want to know about

Indicators #2

- Indicators are **clues, signs, and markers** as to how close we are **to our path** and how much **things are changing**
- An indicator of change is something that we reasonably expect to vary.

RH Indicators #1

Following on a number of international conferences in the 1990s, in particular the 1994 ICPD, many countries have endorsed a number of **goals** and **targets** in the broad area of reproductive health.

Most of these goals and targets have been formulated with **quantifiable** and **time-bound objectives**.

RH Indicators #2

- Reproductive health indicators **summarize data** which have been **collected to answer questions** that are relevant to the **planning and management of RH programs**.
- The indicators provide a useful tool to **assess needs**, and **monitor and evaluate *program implementation and impact***
- Indicators are expressed in terms of **rates, proportions, averages, categorical variables or absolute numbers**.

Characteristics of a Good Indicators #1

- ❖ **Valid:** accurate measure of a behavior, practice or task
- ❖ **Reliable:** consistently measurable in the same way by different observers
- ❖ **Precise:** operationally defined in clear terms
- ❖ **Measurable:** quantifiable using available tools and methods

Qualities of a good indicator#1

- ❖ **Specific** (measures exactly the result)
- ❖ **Measurable** (the result can be tracked)
- ❖ **Attainable** (realistic)
- ❖ **Relevant** (to the intended result)
- ❖ **Time bound** (indicates a specific time period)

RH Indicators #3

Annex 1 Millennium Development Goals and associated targets

Goal	Target
1 Eradicate extreme poverty and hunger	1 Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
	2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger
2 Achieve universal primary education	3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
3 Promote gender equality and empower women	4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015
4 Reduce child mortality	5 Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
5 Improve maternal health	6 Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
6 Combat HIV/AIDS, malaria and other diseases	7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS
	8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

RH Indicators #4

1. Total fertility rate
2. Contraceptive prevalence (any method)
3. Maternal mortality ratio
4. Antenatal care coverage
5. Births attended by skilled health personnel
6. Availability of basic essential obstetric care
7. Availability of comprehensive essential obstetric care
8. Perinatal mortality rate
9. Low birth weight prevalence

RH Indicators #5

- 10. Positive syphilis serology prevalence in pregnant women
- 11. Prevalence of anaemia in women
- 12. Percentage of obstetric and gynaecological admissions owing to abortion
- 13. Reported prevalence of women with FGM
- 14. Prevalence of infertility in women
- 15. Reported incidence of urethritis in men
- 16. HIV prevalence in pregnant women
- 17. Knowledge of HIV-related prevention practices

RH Indicators #6

1. Total fertility rate:

- ❖ **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.
- ❖ TFR is one of the most widely used fertility measures to assess the impact of family planning programmes.
- ❖ The measure is not affected by the age structure of the female population.

RH Indicators #7

2. **Contraceptive prevalence (any method):**

 **Percentage of** women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time.

3. **Maternal mortality ratio:**

 **The number of** Maternal deaths per 100 000 live births from causes associated with pregnancy and child birth.

4. **Antenatal care coverage:**

 **Percentage of** women attended, at least once during pregnancy, by skilled health personnel for reasons relating to pregnancy.

RH Indicators #8

5. Births attended by skilled health personnel:

- Percentage of births attended by skilled health personnel. This doesn't include births attended by traditional birth attendants.

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.

RH Indicators #9

8. Perinatal mortality rate:

-  **Number of perinatal** deaths (deaths occurring during late pregnancy, during childbirth and up to seven completed days of life) per 1000 total births.
-  Deaths which occur starting from the stage of viability till completion of the first week after birth (22 weeks of gestation up to end of first week after birth, WHO).
-  Total birth means live birth plus IUFD born after fetus reached stage of viability.

RH Indicators #10

9. Low birth weight prevalence:

- Percentage of live births that weigh less than 2500 g.

10. Positive syphilis serology prevalence in pregnant women:

- Percentage of pregnant women (15-24) attending antenatal clinics, whose blood has been screened for syphilis, with positive serology for syphilis.

11. Prevalence of anaemia in women:

- Percentage of women of reproductive age (15-49) screened for haemoglobin levels with levels below 110 g/l for pregnant women and below 120 g/l for nonpregnant women.

RH Indicators #11

12. Percentage of obstetric and gynaecological admissions owing to abortion:

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

13. Reported prevalence of women with FGM:

 Percentage of women interviewed in a community survey, reporting to have undergone FGM.

RH Indicators #12

14.Prevalence of infertility in women:

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

15.Reported incidence of urethritis in men:

- Percentage of men (15–49) interviewed in a community survey, reporting at least one episode of urethritis in the last 12 months.

RH Indicators #13

16.HIV prevalence in pregnant women:

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

17.Knowledge of HIV-related prevention practices:

 **The percentage 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.

Gender and Reproductive Health

-
- 1. What are the differences between gender and sex?**
 - 2. What is the difference between gender equality and gender equity**
 - 3. What is your reflection on the issue “Women are disadvantaged group”?**
 - 4. What are the influences/consequences of gender on men?**

❖Think in triple/pair for the four questions and share for all!

❖You have given 15 minutes.

Gender and RH #1

- **Gender:** refers to the socially constructed roles, activities, responsibilities assigned to men and women in a given culture, location or time
- **Sex:** refers to biological and physiological attributes that identify a person as male or female

Gender and RH #2

Sex

- Type of genital organs
- Type of predominant hormone circulating in the body
- Ability to produce sperm or ova
- Ability to give birth and breastfeed children

Gender and RH #3

Gender

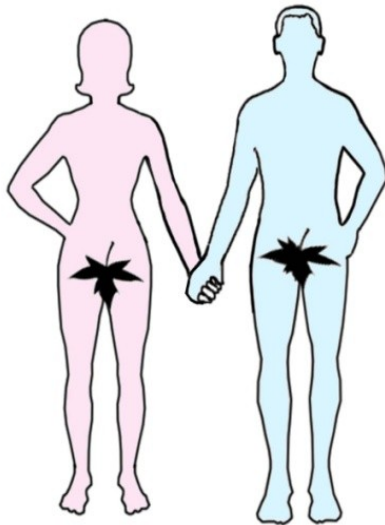
- Learned and changed over time.
- Functional at the house hold, community and national level.
- Embedded in a society's social, cultural, economic and political system .
- Gender differences interact with other inequalities such as race, age, social class and ethnicity.

The social definitions vary among cultures and change over time.

Gender and RH #4

Sex Differences

Universal

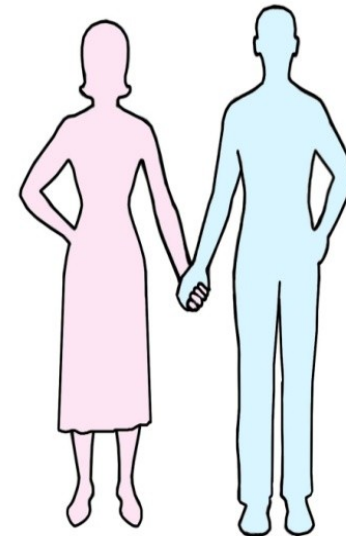


Biological

Unchangeable

Variable

Gender Differences



Cultural

Changeable

Gender Equality

- ❖ Refers to the absence of discrimination on the basis of a person's sex in opportunities, the allocation of resources or benefits, or in access to services
- ❖ Means equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large.
- ❖ Have equal right, obligation, and opportunities to security, good health, remuneration work, taking part in public/political life.

Example: equal participation and decision-making power by men and women on a Board of Directors

Equity is the means; equality is the result

Gender Equity

❖ **Fairness** and **justice** in the distribution of benefit and responsibilities between women and men

❖ It often requires women-specific programmes and policies **to end existing inequalities.**

Example

1. Equal number of women and men on an organization's Board of Directors
2. Schools allows entrance for both boys & girls
3. Boys and girls have equal access to school
4. A man and women can run for political office



Gender Discrimination

❖ Refers to any ***distinction, exclusion*** or ***restriction*** made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights.

Gender Bias

- ❖ Assumptions or beliefs expressed without reason or justice and which are **generally unfavorable**.
- ❖ May lead to **physical** and **psychological harm** to **women** and **men**
- ❖ Often **affects women**

Gender Stereotype

🌱 Beliefs that are deep-rooted in our consciousness that many of us think that **gender roles are natural and we don't question them.**

Gender Analysis

- ❖ A process of identifying gender specific division of **labor, cultural patterns, access to and control of/ over resources**
- ❖ For the purpose of **understanding their implication** for the design and implementation of development project .
- ❖ Shows how **gender issues** are related to **development**
- ❖ Requires accurate and gender disaggregated information.

Gender Mainstreaming

- The **incorporation of gender issues** into the analysis, formulation, implementation, monitoring of strategies, programs, projects and activities.
- That helps to
 - 1. Reduce inequalities** between women and men.
 - 2. Increase involvement of women** in decision making process about social values, development directions and resource allocations.

Power and Decision Making

- ❖ Having greater access to and control over resources usually makes men more powerful than women in any social group.
- ❖ Laws in many countries of the world give men greater control over wealth and greater rights in marriage and over children.
- ❖ This may be the power of physical force, of knowledge and skills, of wealth and income, or the power to make decisions.
- ❖ Men often have greater decision-making power over reproduction and sexuality.

Influence of Gender on SRH

- Gender-based inequality is a phenomenon that affects the majority of world's cultures, religions, nations and income groups.
- Gender has important health consequences for **women at all stages of life**.
- It also affects health of men.

Health consequences for women

- ❖ **Sexual abuse**
- ❖ **Early sexual debut**
- ❖ **Limited ability to decide on fertility**
- ❖ **Limited access to health care**
- ❖ **Pressure to have many closely spaced children**
- ❖ **No decision on sex & RH matters by women.**
- ❖ **Sex-selective abortion and female infanticide**
- ❖ **Poor nutrition**
- ❖ **Harmful traditional practices like FGC**

Influence on Women

- ❖ **Double standards on sexuality**
- ❖ **Violence against women**
- ❖ **Lack of communication** since most RH issues are culturally sensitive
- ❖ **Unequal access and control over resources**
- ❖ **Gender division of labor**

Consequences for men include:

- ❖ Social pressure in conforming to stereotype gender role.
- ❖ Lack of emotional outlet and support for men.
- ❖ Economic responsibility assigned traditionally to men
- ❖ Dependency of women on men can be burden.
- ❖ Men are expected to be sexually experienced, leading some men to experience it at any cost.

Defining Target Group

- ❖ If you know where you want to go you are more likely to get there.
- ❖ That is why it is important to have goals. If you have goals, you know what you are trying to do.
- ❖ Targets may be set for any primary health care services such as immunizations, treatment of malaria, prenatal care and reproductive health activities.
- ❖ The main focus is to identify the target groups for reproductive health services.

Rationale Defining Target Group

- ❖ To set priority and deliver appropriate services to high risk groups.
- ❖ To utilize resources efficiently
- ❖ To determine the number of eligible for the services
- ❖ To plan the type of services to be provided
- ❖ To focus the efforts towards the target group
- ❖ To measure / evaluate changes
- ❖ To address equity in delivery of the health services

The Target Group for RH Services

■ The following populations are groups of priority concern in reproductive health services.

■ These groups are:

- 1. Women of childbearing age (15 - 49 years old)***
- 2. Adolescents (both male and female)***
- 3. Under five years old children***

Women of Child Bearing Age (15 – 49 Years Old)

- ❖ Women alone are at risk of complications from pregnancy and childbirth
- ❖ Women face high risks in preventing unwanted pregnancy; they bear the burden of using and suffering potential side effects from most contraceptive methods, and they suffer the consequences of unsafe abortion.
- ❖ Women are more vulnerable to contracting and suffering complications of many sexually transmitted infections including HIV/AIDS.
- ❖ Deaths and illnesses from reproductive causes are highest among poor women everywhere.

Adolescents (Both Sexes)

- Adolescents lack reliable reproductive health information
- In many countries around the world, leaders, community members, and parents are reluctant to provide education on sexuality to young men and women for fear of promiscuity.
- Many adolescents are already sexually active, often at very young age.
- The reproductive health status of young people, in terms of sexual activity, contraceptive use, child bearing, and STIs lays the foundation for the country's demographic feature.
- Adolescents are at high risk to acquire infertility associated with STIs and unsafe abortion
- Current health services are generally not organized to fulfill the need and demands of adolescents.

Under Five Children

- ❖ Children's health is a base for healthy adolescence and childbearing ages.
- ❖ Proper health service for children serves to increase the opportunities of women to have contact with the health institution.
- ❖ The health of children and women is inseparable
- ❖ The morbidity and mortality of children in Ethiopia is one of the highest in the world.
- ❖ Bearing high number of children has adverse consequences on health of the mother, the general income distribution and health status of the family

I THANK YOU ALL!!!!!!



PEACE FOR ALL !!!!!!!