

# Reproductive Health

## a new holistic vision

*Giuseppe Benagiano*

Training Course in Sexual and Reproductive Health Research  
Geneva Workshop 2017

Classically, there are ten pillars of reproductive health. There is, however, one issue that will determine the future of humanity for the foreseeable future: managing reproduction



**To reproduce or  
not to reproduce:  
That is the question.**

In this respect, the 4 generations between 1950 and 2050 have had and will have the unique destiny to cope with and resolve this dilemma.



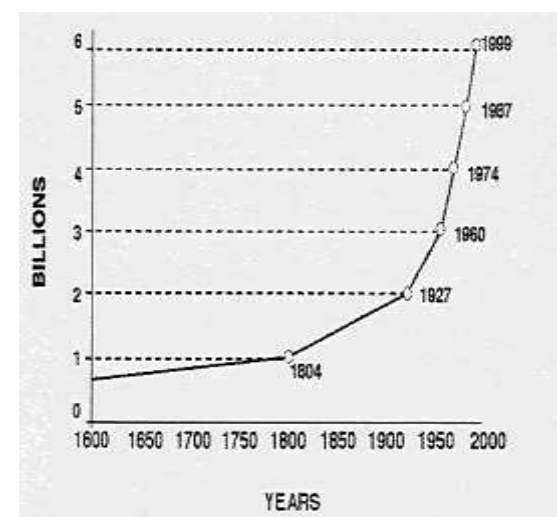
# The case against reproduction



Humans began worrying about overpopulation some two hundred years ago, but it wasn't until the second half of the 20<sup>th</sup> Century that the idea of quenching population growth gained momentum.



**Historically, the first to warn humanity of the risk of over-population was the Rev. Thomas Robert Malthus in 1799**



**When Malthus launched his warning the world population was estimated at between 900 millions and 1 billion and it did not start its steep increase until 150 years later. Yet, it took the International community until the nineteen sixties to acknowledge the danger of over population, among great disagreement and bitter contrast.**

**Then, almost suddenly, everything changed and an alarm bell started ringing: Overpopulation is drowning the earth**

**Famine**

**Poverty**

**Under-development**

**Environmental degradation**



**A difficult period followed during which some Governments enforced policies aimed at imposing a stop to the growth of their people; China resorted to a prohibition to have more than one child and India tried to make abortion compulsory after two children.**

**Then, in 1994 and 1995 two events changed  
for ever the Population landscape**

**The International Conference on Population and  
Development in Cairo**

**The Fourth World Conference on Women in Beijing**



# The International Conference of Population and Development

Cairo, Egypt 5-13  
September 1994

**The definition of the concept  
of Reproductive Health**





# Fourth World Conference on Women

Beijing, China -  
September 1995

Action for Equality,  
Development and Peace

In Beijing, women became  
active and equal partners  
in the solution of the  
world's problems

**We are not asking for privileges for women. All we are saying is that equitable care is not identical care, particularly where physiological differences obviously call for specialized health services.**

**Sustainable progress will be achieved when women are finally empowered to make free, informed and responsible choices, and assert themselves as leaders in their own right within their societies.**

**Women's health is the surest road to health for all.**

A handwritten signature in white ink on a dark blue background, appearing to read 'H. Nakajima'.

*Dr Hiroshi Nakajima  
Director-General of the World Health Organization*

**Health is defined in the Constitution of the World Health Organization as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. In the context of this positive definition, *reproductive health* is not merely the absence of disease or disorders of the reproductive process.**

**Rather it is a state of physical, functional and psychological well being within the domain of the reproductive processes, functions and system at all stages in life.**

**Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the ability to reproduce and the freedom to decide if, when and how often to do so.**

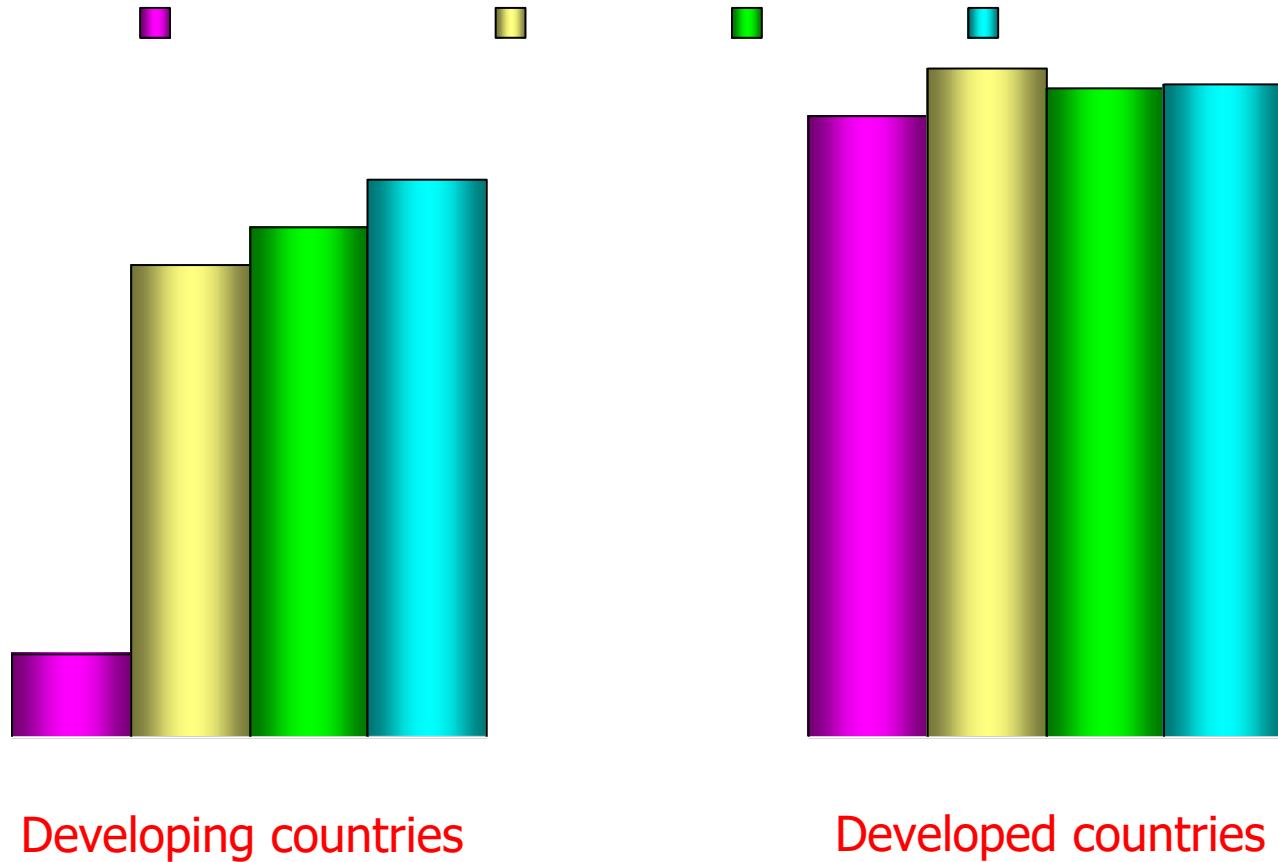
**Implicit in this last condition are the right of men and women to be informed of, and to have access to, safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.**

# The Cairo and Beijing Revolutions

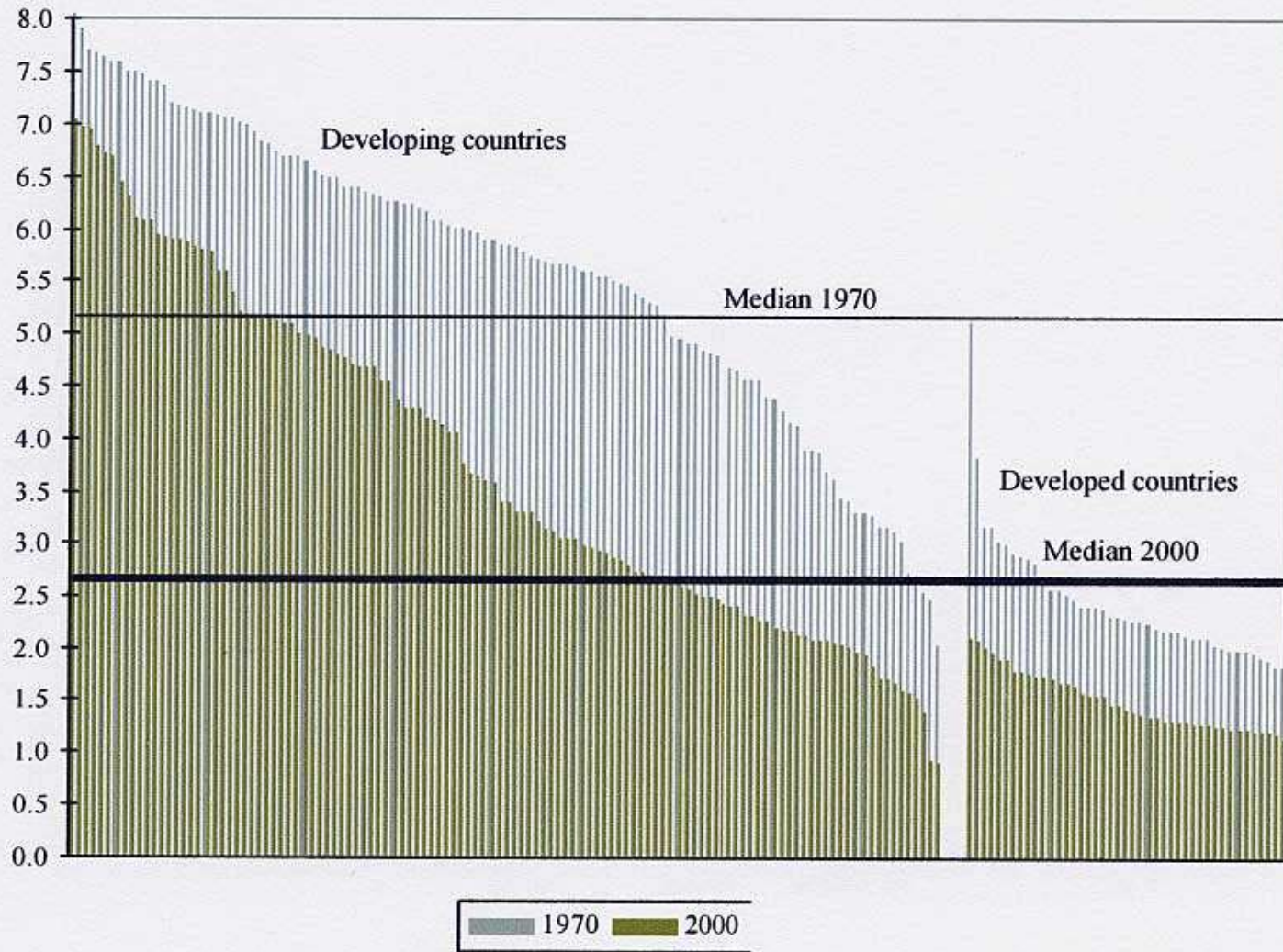
- **Coercive approaches were officially banned;**
- **Family planning became the free choice of individual couples;**
- **Women became equal partners in every decision concerning the family;**
- **Women formally took their destiny in their own hands.**

Contrary to «conventional wisdom»  
the results surpassed any imagination

## Trends in use of contraception

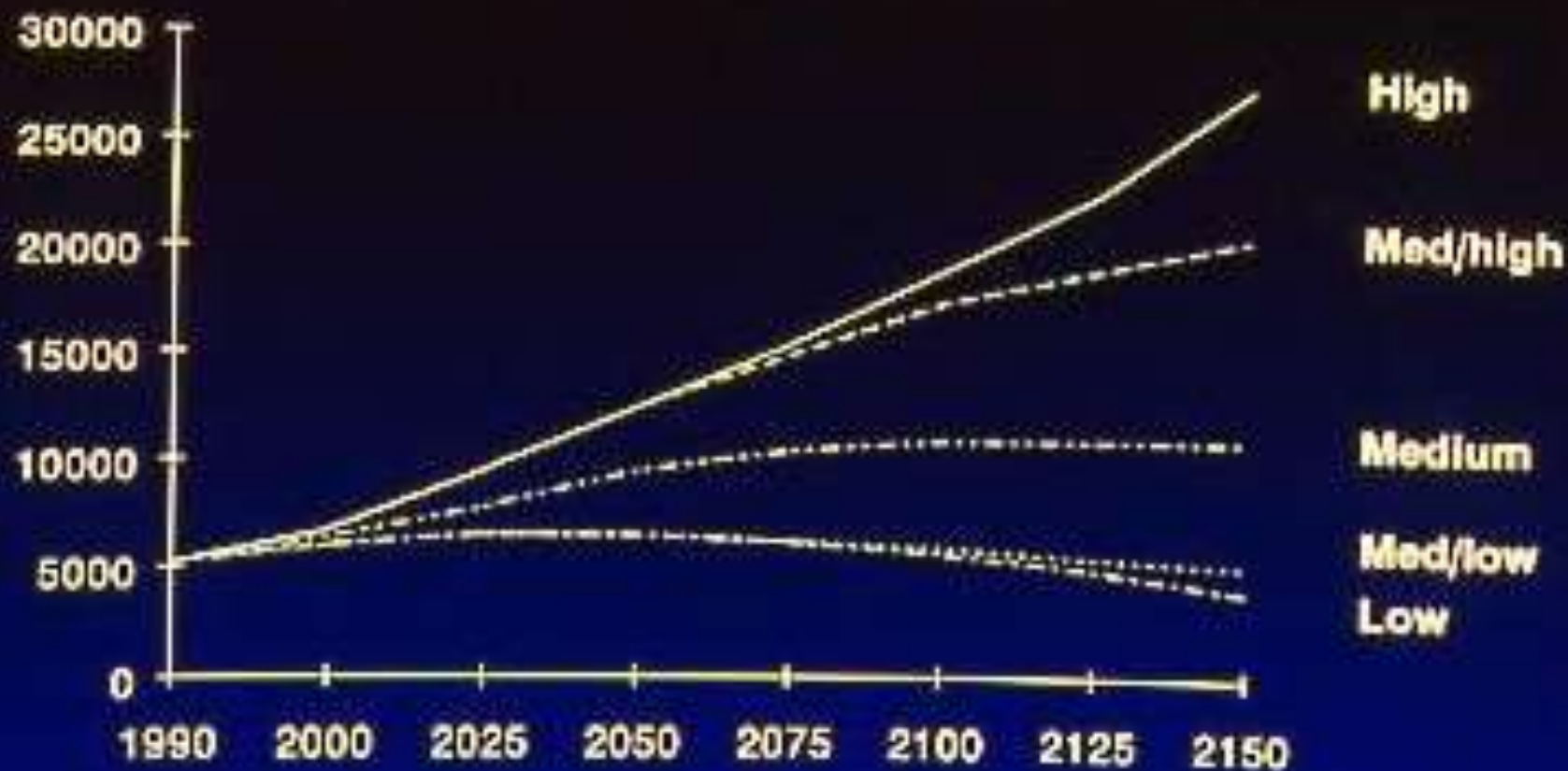


Distribution of 160 countries by total fertility level around 1970 and 2000



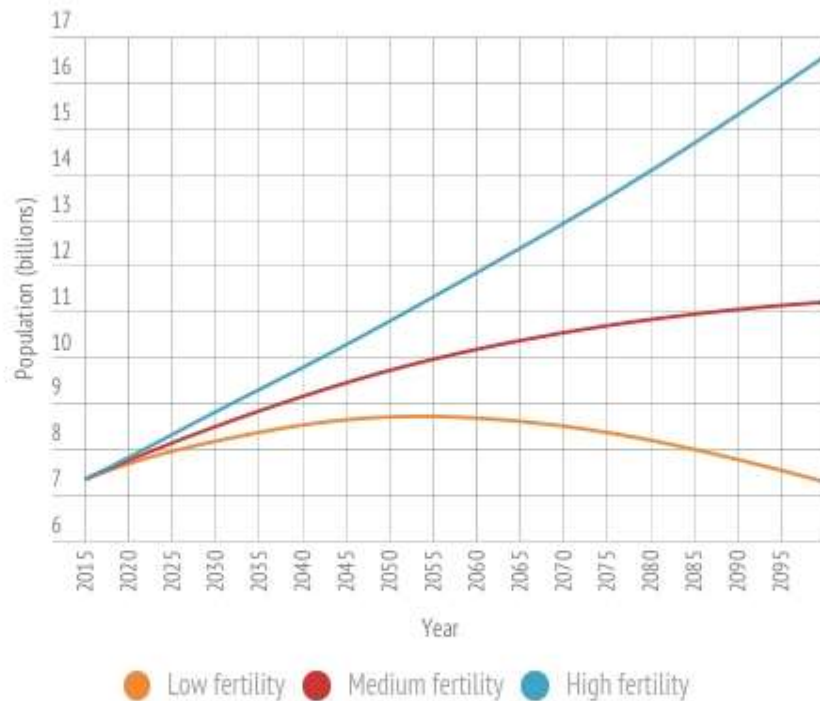
# ESTIMATED AND PROJECTED POPULATION OF THE WORLD, 1990-2150

millions





## Population projections, 2015-2100

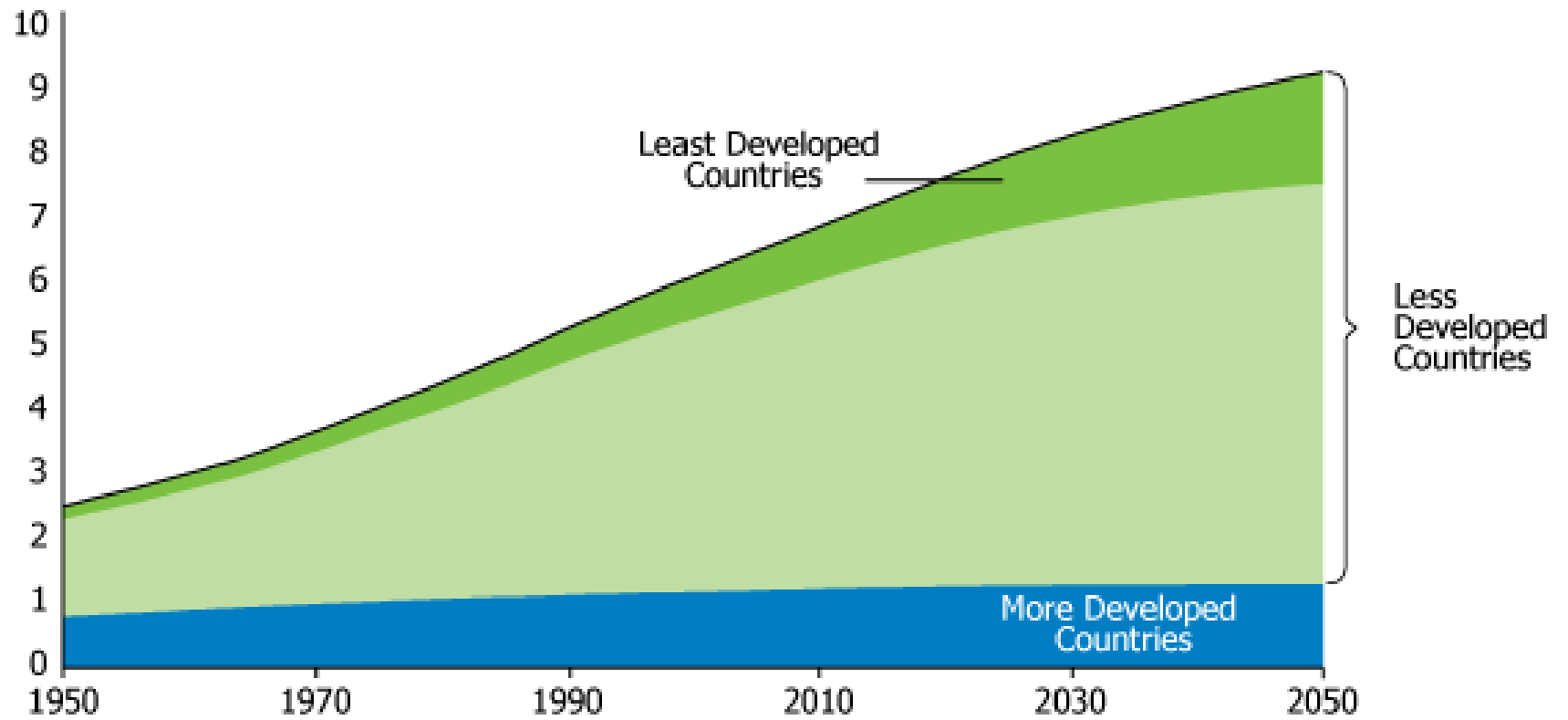


Source: UN Population Division, World Population Prospects: The 2015 Revision, online, 29 July 2015

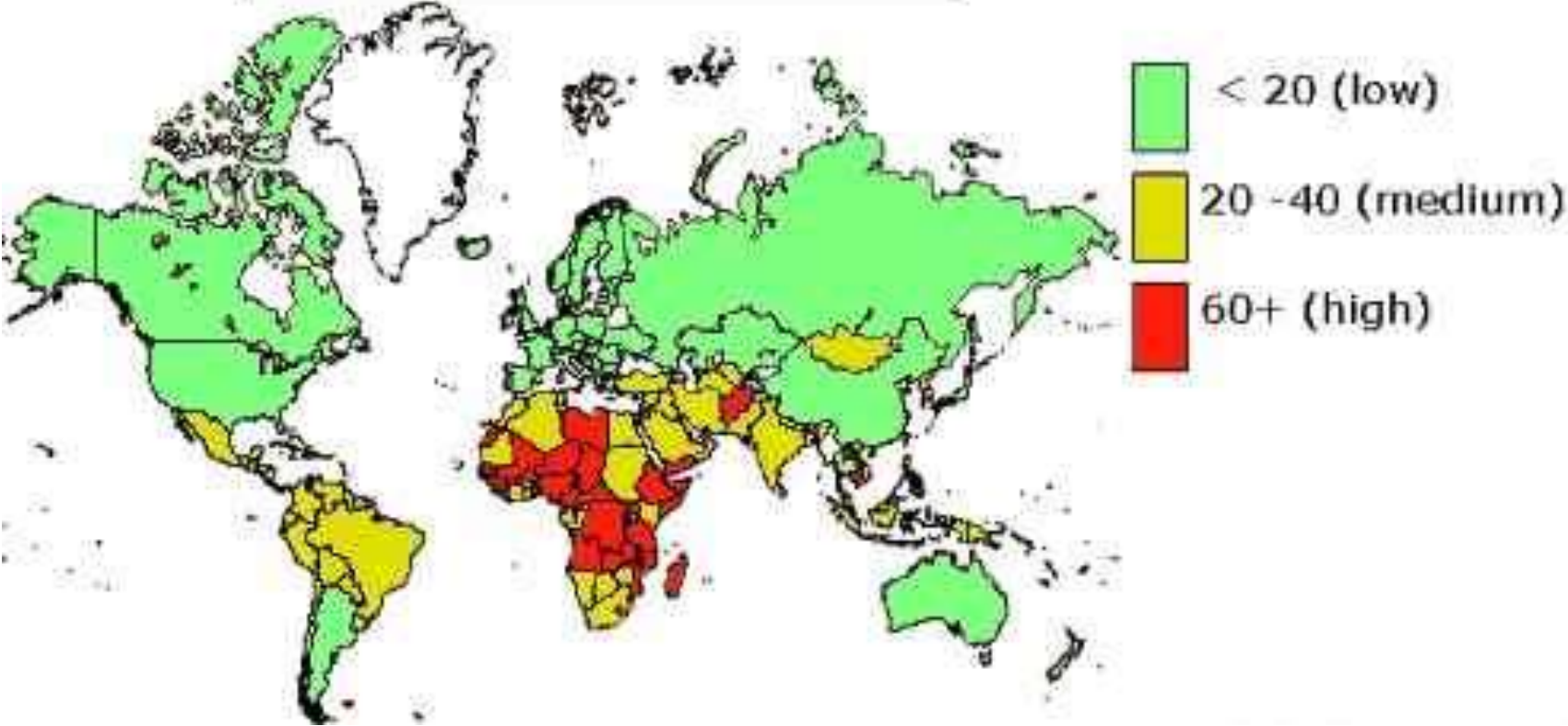


In this scheme, created some 15 years after the previous one, the “high” projection is already more than 10 billion people lower, whereas the “medium” is unchanged and the “low” shows a decrease by 2100 over present day figures

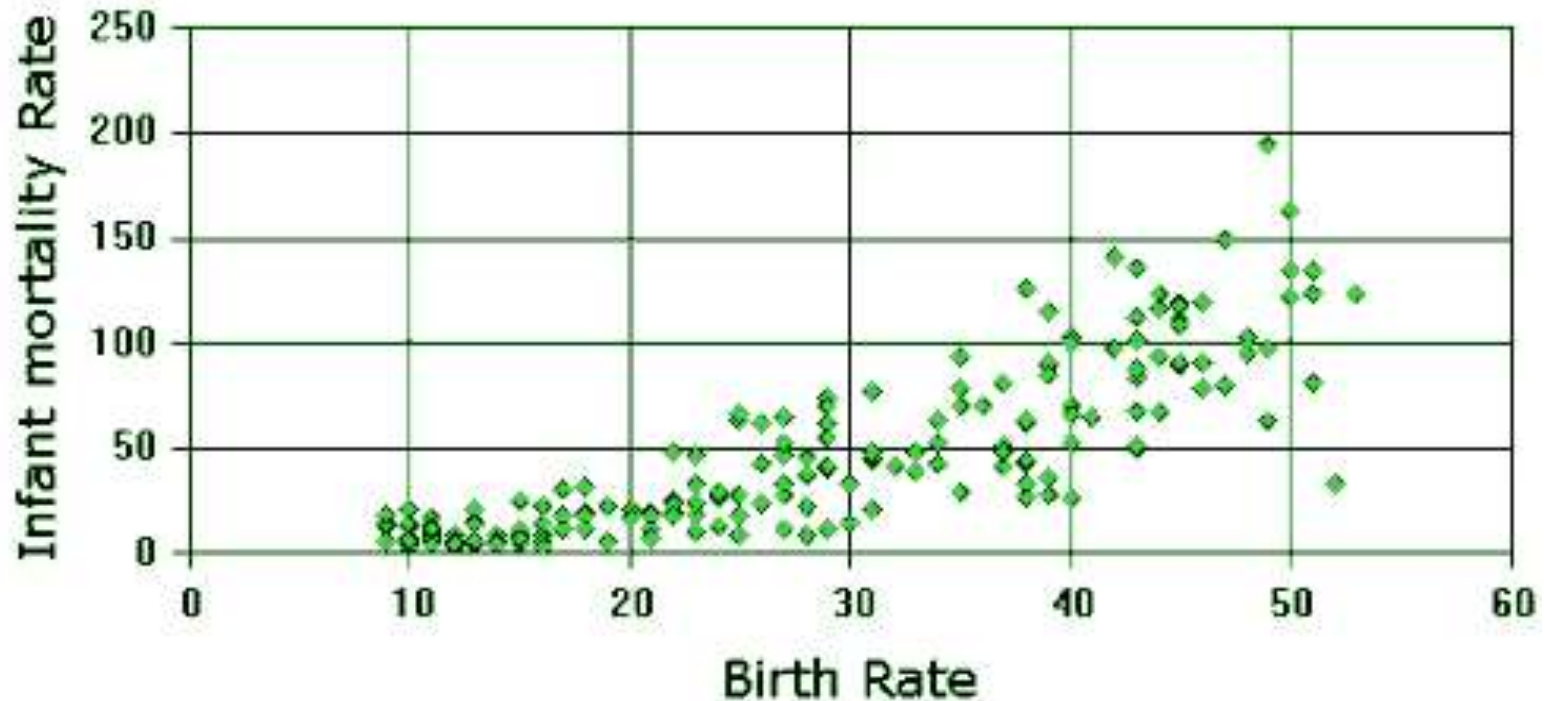
Population (billions)



**Birth Rate**  
Babies born per 1000 people

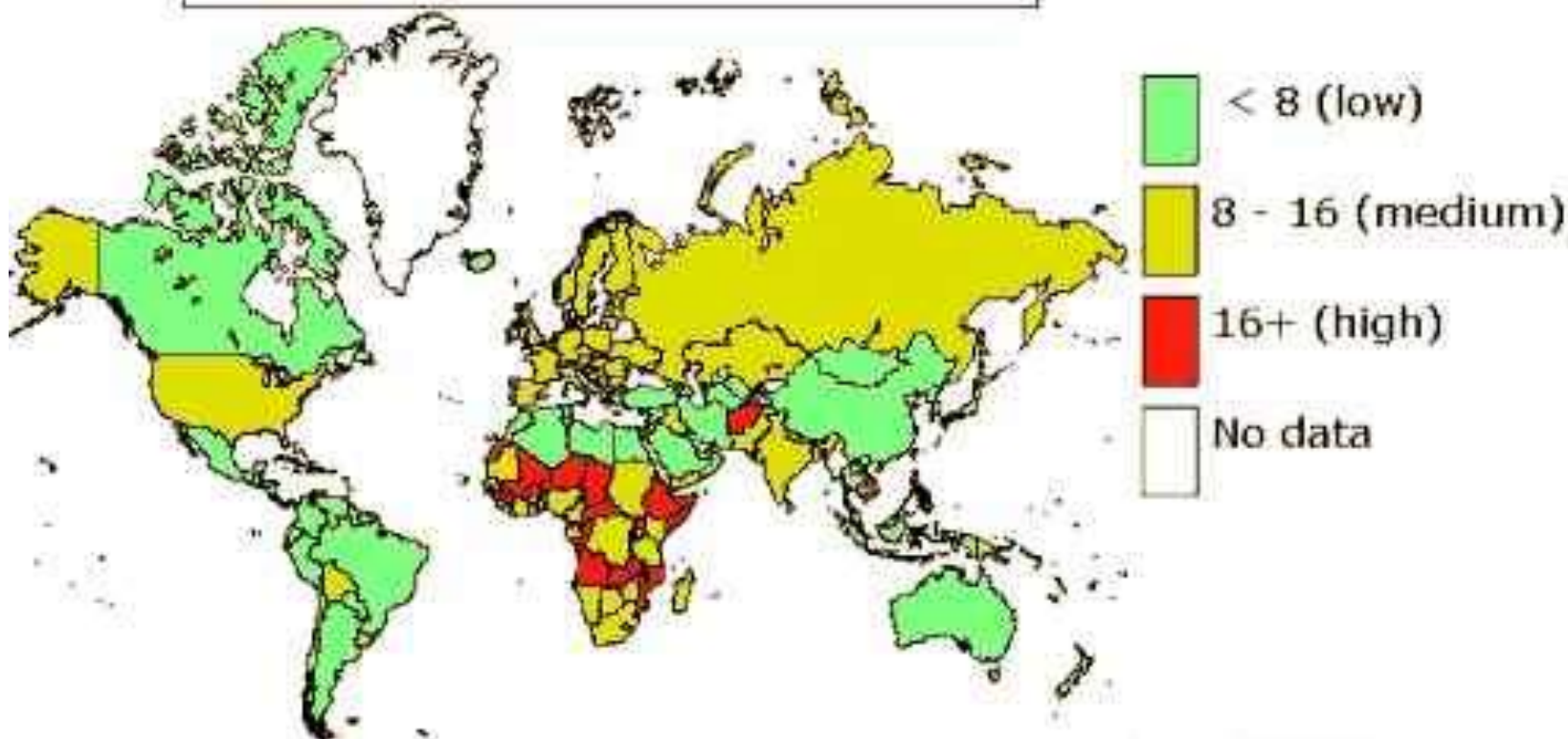


## Birth Rate - Infant Mortality Scattergraph



This is the reason why in developing countries replacement level is 2.3 whereas in the industrialized World it is 2.1

**Death Rate**  
Deaths per 1000 people each year





## **Trends Continue to change!**

**The United Nations today say the Industrialised World has averaged 1.64 children per woman between 2005 and 2010, compared to a projected low of 1.35 given in the 2006 assessment.**

**In 2008, live births totalled almost 300'000 in the Nordic countries, 9 per cent more than in 2001, with Iceland having the highest fertility (2.14). Total fertility rates in the other Nordic countries have also increased, varying between 1.85 and 1.96 in 2008.**



# **The case for reproducing**



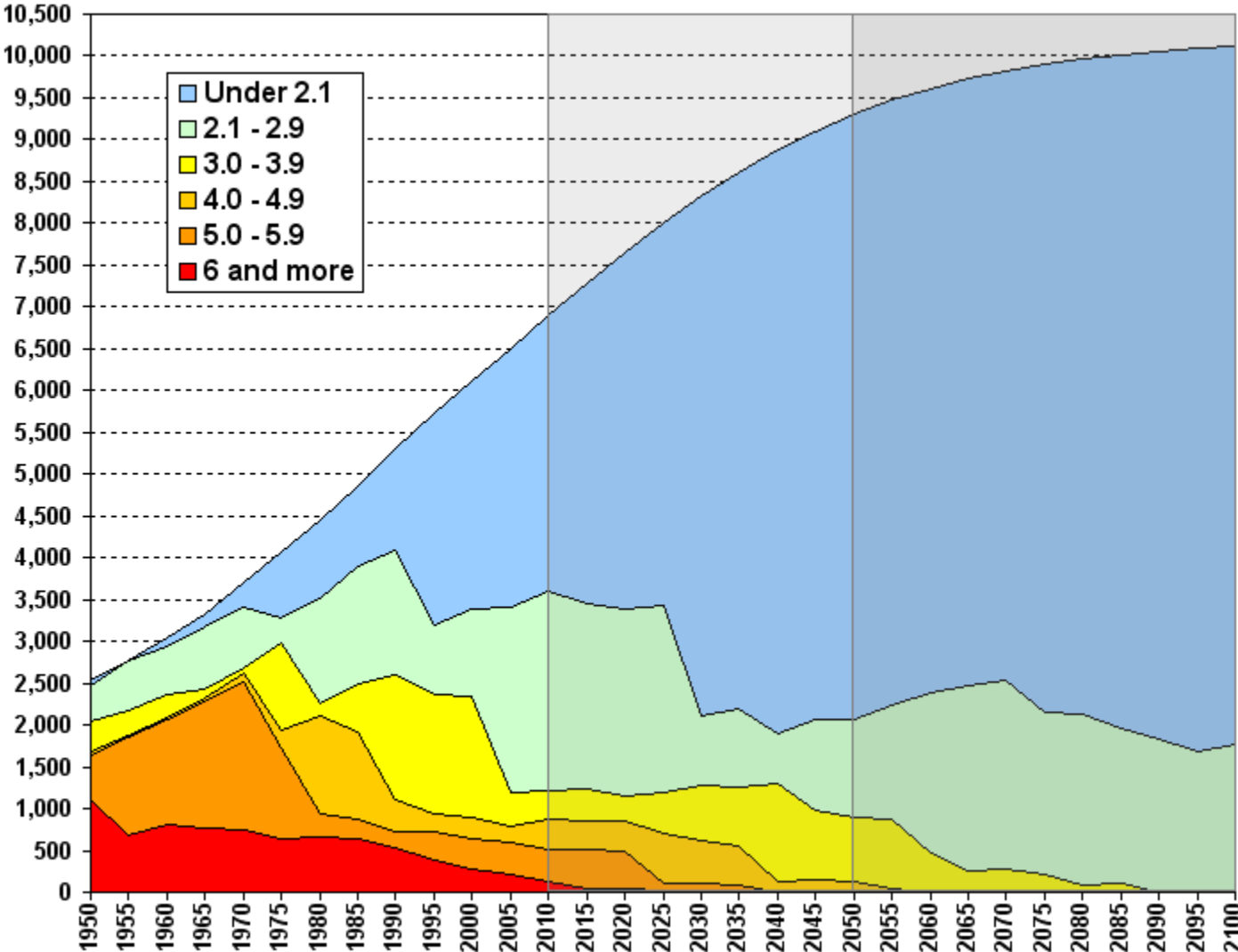
**Ageing of the world population is placing a terrible burden on new generations: when the ratio between retirees and working persons may exceed the unity an alarm bell should ring loudly.**

**By 2010, the population with a total fertility of more than 6 children had declined to 119 million - or only 1.7% of the world population in 2010. The population with sub-replacement fertility of less than 2.1 children per woman, on the other hand, had increased to almost 3.3 billion in 2010 - up from 71 million in 1950. Almost 48% of the world population in 2010 had a total fertility of less than 2.1 children per woman.**

**United Nations 2010**



# Trends in fertility





**ONE THING IS SURE: OUR  
WORLD IS RAPIDLY AGEING!**



**POPULATION AGED 65 YEARS**  
**AND OVER**  
**(Percentage of total)**

	<b><u>1950</u></b>	<b><u>2000</u></b>	<b><u>2050</u></b>
<b>WORLD</b>	<b>5.2</b>	<b>6.9</b>	<b>16.1</b>
<b>ASIA</b>	<b>4.1</b>	<b>5.9</b>	<b>17.5</b>
<b>AFRICA</b>	<b>3.2</b>	<b>3.3</b>	<b>6.7</b>
<b>EUROPE</b>	<b>8.2</b>	<b>14.7</b>	<b>27.6</b>

**United Nations, 2004.**

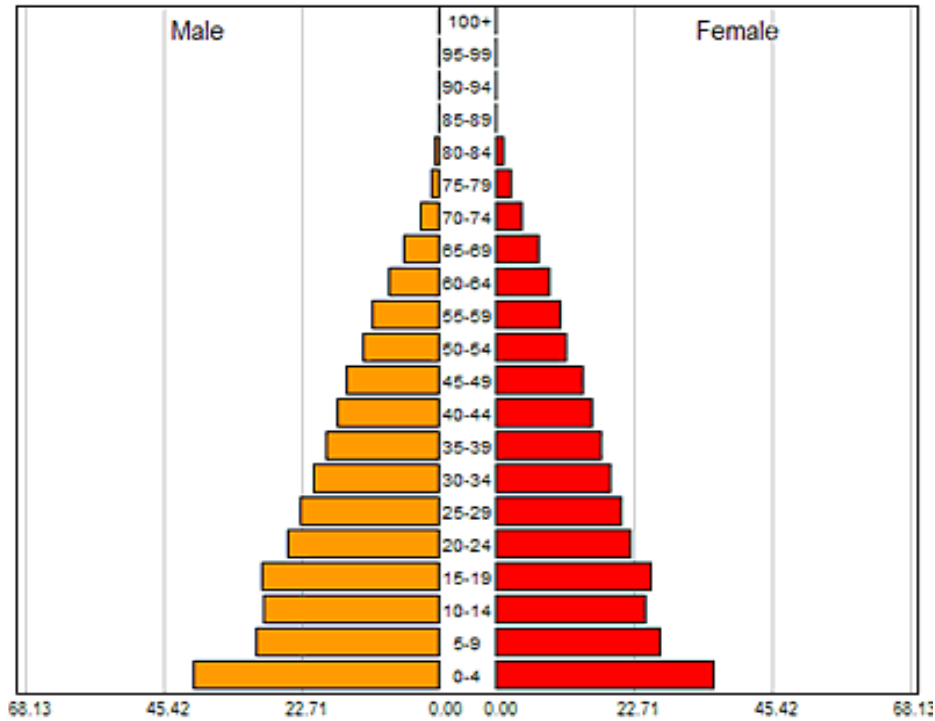


In 2012, there were 810 million people aged 60 years or over in the world, 178 million more than in 2002.

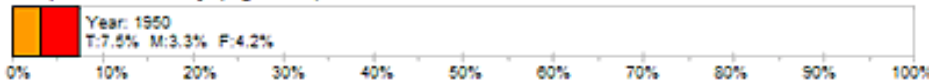
**Within the older population, the proportion aged 80 years or over, which was 14 per cent in 2012, is projected to reach 20 per cent in 2050. If this projection is realized, there will be 402 million persons aged 80 years or over by 2050, 3.5 times more than today. The number of centenarians will grow even faster, from less than 343,000 in 2012 to 3.2 million in 2050.**

# Expected changes in population structure: China 1950 to 2050

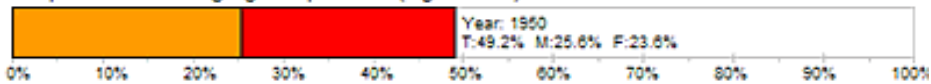
China: 1950



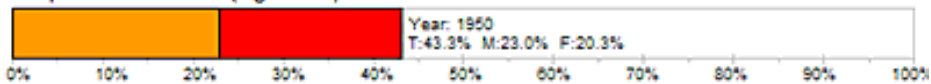
Proportion: Elderly (Age 60+)



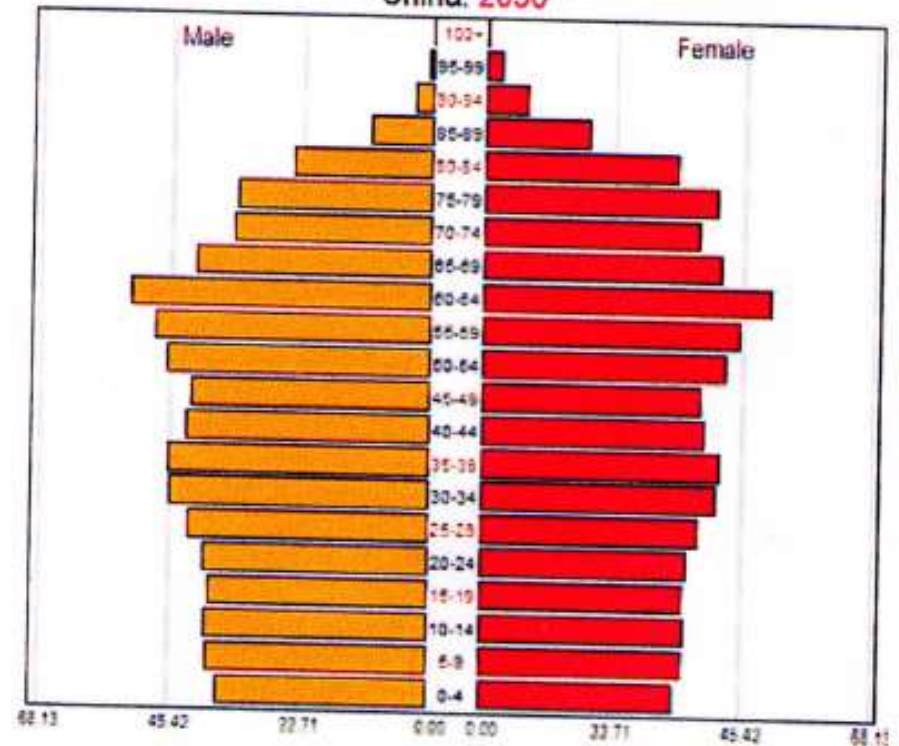
Proportion: Working-age Population (Age 20-59)



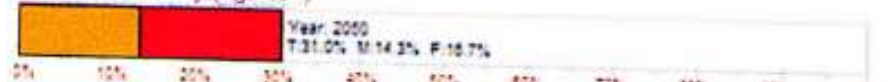
Proportion: Children (Age 0-19)



China: 2050



Proportion: Elderly (Age 60+)



Proportion: Working-age Population (Age 20-59)



Proportion: Children (Age 0-19)

The demographic revolution  
and our common future.  
Too many grandparents for  
too few grandchildren:  
*quo vadimus ?*

*Egon Diczfalusy, 2009*

# **So, are we doomed?**

## **Definitely not!**

**Our efforts today may help humanity to reach the beginning of the 22<sup>nd</sup> century at replacement level or even slightly above, thereby eliminating the dilemma between reproducing or not.**

**Yet, even if that happens, we will still be confronted with an ageing world.**

# Active ageing

A global approach to ageing is favoured by the WHO's *Active Ageing Programme*.

The Organisation recommends that interventions be oriented towards the globality of the social, economic, health and cultural factors clearly capable to improve the health of elderly people. WHO encourages the creation of economically sustainable primary health networks dedicated to the their needs





# Healthy ageing



**Health-related expenditures are bound to increase, due to two non modifiable situations: the increased proportion of elderly people in our populations and technical advances requiring more and more expensive diagnostic or therapeutic procedures. This will force politicians – who all abhor difficult and unpopular choices – to decide, even against their “conventional wisdom”**



# Women and Reproductive Health: The unfinished Agenda



**When it comes to gender equity,  
major issues remain in the «long  
march» of women towards  
substantive equality**

# Women and Poverty

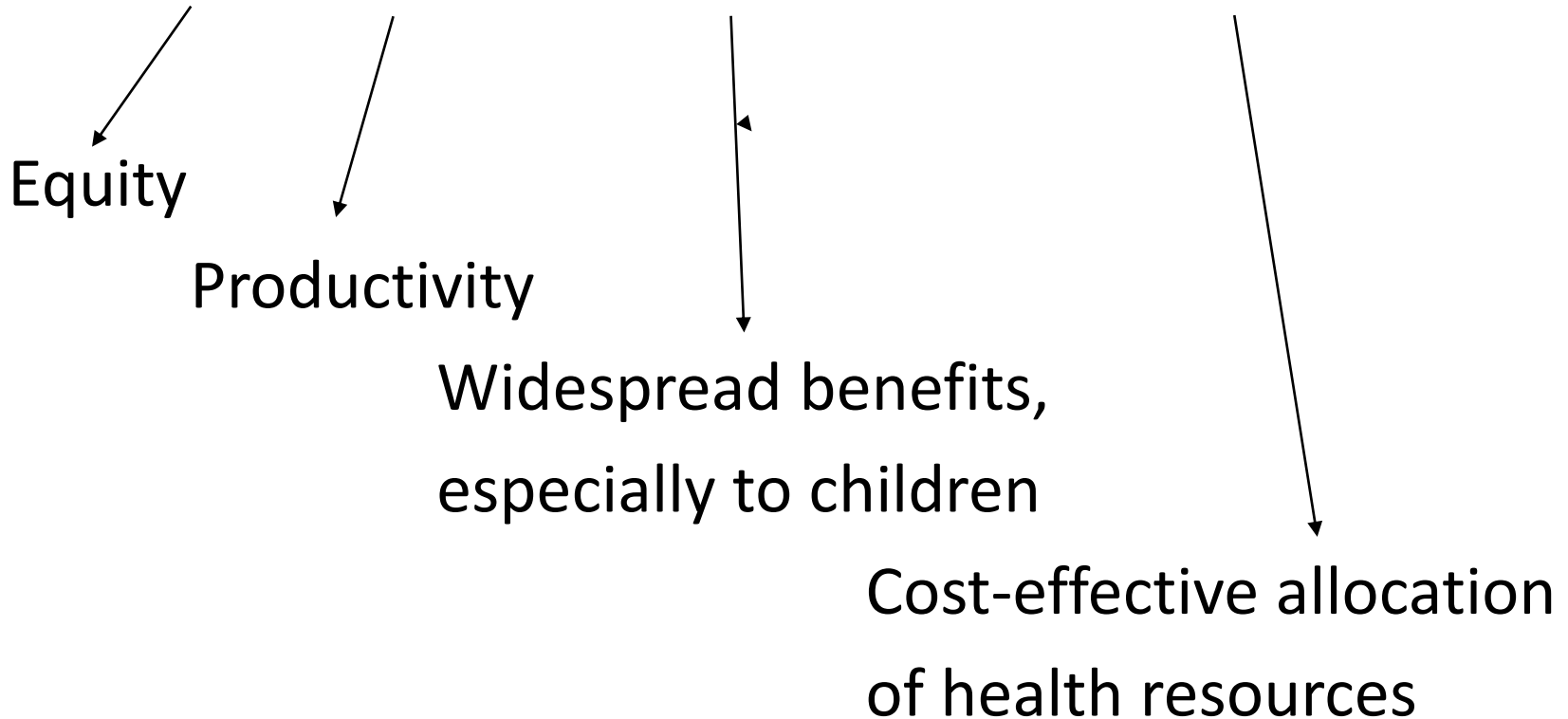
- Women represent a disproportionate share of the poor.
- Women in the poorest compared to the wealthiest households have much higher fertility rates and far fewer safe deliveries.
- Women in poorest compared to wealthiest households have gaps greater in skilled delivery than other services.

# **Women's Status Affects Access to Health Services**

- Lack of mobility, decision-making power, and income constrain women's health service use.
- Prohibitions against women seeking care from male providers are also a serious constraint.

# Women's Health and Development

## Improving women's health and nutrition



# Women's Health as a Human Right

**Recent conventions and treaties recognize women's right to:**

- **Reproductive choices**
- **Pregnancy-related care**
- **Freedom from violence**

# Risks Due to Biological Factors

- **Pregnancy-related complications**
- **Higher risk per exposure of contracting STDs, including HIV/AIDs**
- **Special nutritional requirements, e.g. iron**
- **Gynecological cancers**



# **Other increased health Risks specific of women**

**Women have higher death and disability from depression, domestic violence, and sexual abuse, compared to the main causes of men's burden of disease which are injuries and substance abuse.**

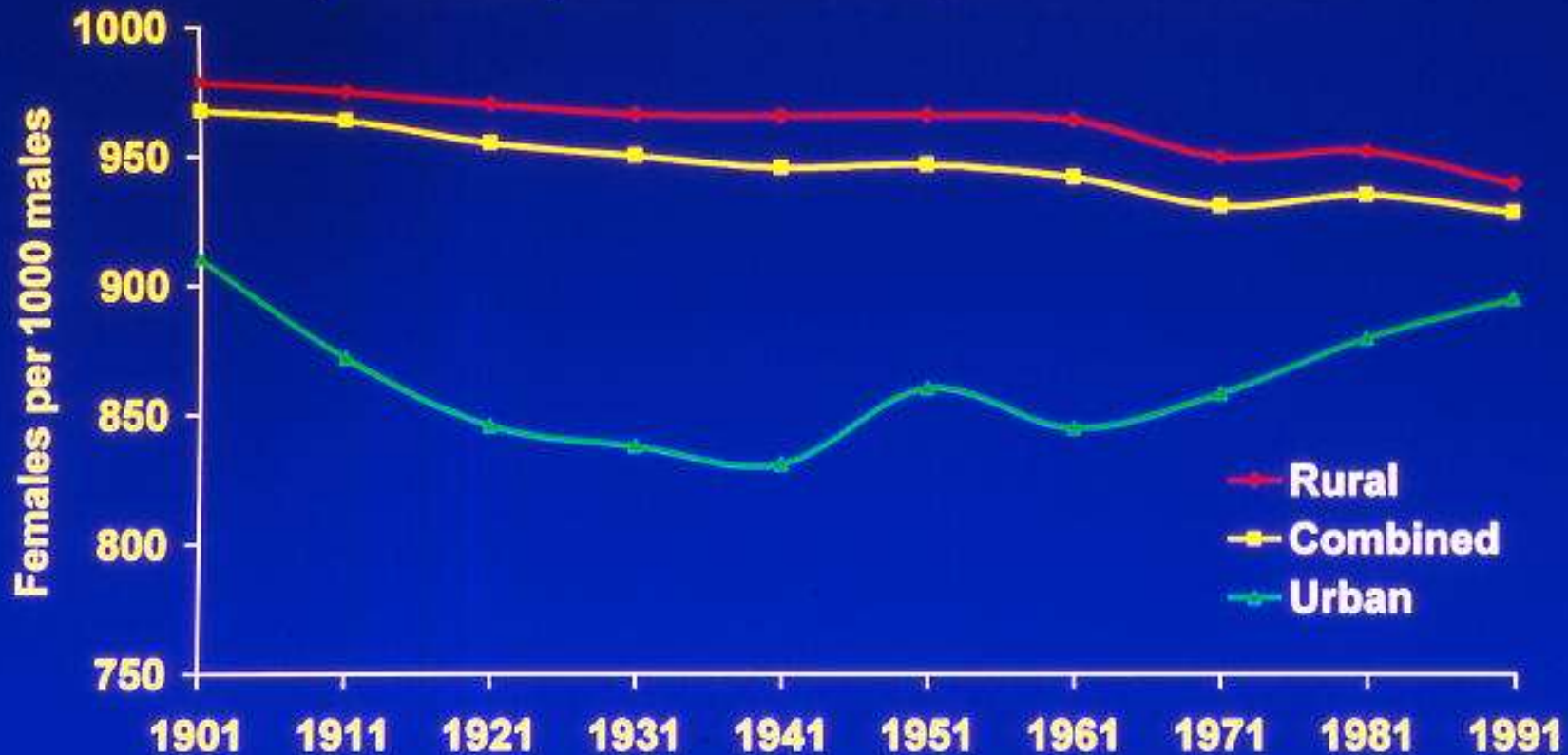
# Health and Nutrition Problems Affecting Women

## Infancy and childhood (0-9 years)

- Sex selective abortion
- Genital mutilation
- Discriminatory nutrition
- Discriminatory health care

# Sex selective abortion, infanticide and other forms of violence

**Population Sex Ratio in India**  
(Females per 1000 Males years 1901-1991)



Source: Registrar General of India

# Female Genital Mutilation

*Why Mom? Why did you let them do this to me?*

These words continue to haunt me.

It's now four years after the operation and my children continue to suffer from its effects.

How long must I live with the pain that society imposed on me and my children?

*a mother bears witness*

# Dimensions of the Problem

- About 2 million girls undergo female genital mutilation each year.
- At least 90% of women have undergone the operation in Djibouti, Egypt, Mali, Eritrea, Sierra Leone, and Somalia.

# Health and Nutrition Problems Affecting Women

## Adolescence (10-19 years)

- Early childbearing
- Abortion
- STDS and AIDS
- Undernutrition and micronutrient deficiency
- Rising trend in substance abuse

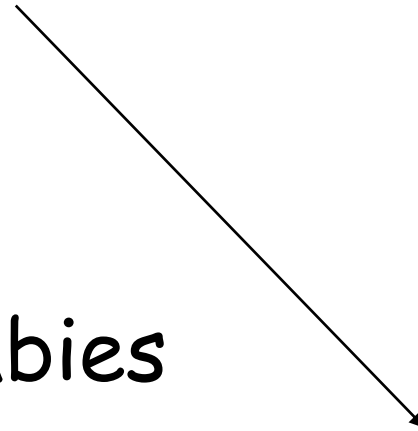
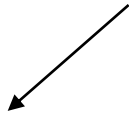
# Intergenerational cycle of growth failure

**Early Teenage Pregnancy  
+ Low weight and height in teens**

Small adult women

Low birth-weight babies

Child growth failure



# Gender and STDs

- Young women aged 15-25 are most at risk.
- Social norms make it difficult for women to insist on mutual fidelity or condom use.



# Sexually Transmitted Infections Including HIV/AIDS

Women who become suddenly poor through the loss of a male partner are frequently forced into prostitution to earn a living. In fact HIV/AIDS is largely seen as a woman's illness.

*South Africa, Voices of the Poor*

# HIV: Dimensions of the Problem

- Women now represent almost half of all adults living with HIV/AIDS.
- In Africa, more women than men are living with HIV.
- Physiologically, men are four times more likely to transmit the virus to women than women to men.

# Health and Nutrition Problems Affecting Women

## Reproductive years (15-44 years)

- Unplanned pregnancy
- STDs and AIDS
- Pregnancy complications
- Malnutrition, especially iron deficiency

# Malnutrition

When a meal is served in a house, the men eat first then women eat ... if something is left.

*Pakistan, Reproductive Health Matters*

# Impact of Poor Maternal Health and Nutrition on Offspring

- One-third of all under-five mortality occurs during the first month of life.
- 20% of babies have low birth weight.
- Pregnancies spaced less than two years apart result in double the infant deaths than longer intervals.

We have made progress in decreasing maternal mortality, estimated at 287'000 deaths in 2010, a decline of 47% from levels in 1990.

What is tragic, however is that most of these deaths are preventable.

# Impact of Maternal Death on Infants and Children

- Almost certain newborn death
- Two million children orphaned annually
- Increased probability of older children dying, especially daughters
- Increased probability of children's absenteeism from school

# Violence against Women

Men rape within the marriage. Men believe that paying dowry means buying the wife, so they use her anyhow at all times. But no one talks about it.

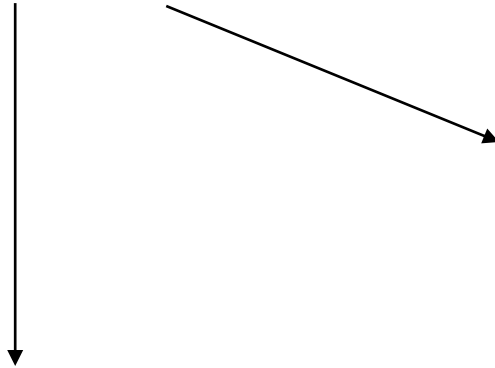
*Voices of the Poor*



# Violence Contributes to Adolescent Pregnancy

Childhood sexual abuse

→ Greater likelihood of teen pregnancy



Younger age of first intercourse

Increased « risk » behaviors such as sex with many partners

# Health Consequences of Abuse

## Fatal Outcomes

- Homicide
- Suicide
- Maternal deaths
- AIDS-related deaths

## Non-Fatal Outcomes

- Unwanted pregnancy
- Chronic pain syndrome
- Injury
- Depression
- Alcohol/Drug Use
- STDs/HIV
- Irritable bowel movement
- Gynecological disorders
- Low birth weight

# Health and Nutrition Problems Affecting Women

## Post-reproductive years (45+ years)

- Cardiovascular diseases
- Gynecological cancers
- Osteoporosis
- Osteoarthritis
- Diabetes

# Health and Nutrition Problems Affecting Women

## Lifetime Health Problems

- Gender-based violence
- Certain occupational and environmental health hazards
- Depression

# Lifecycle Perspective

- Sexual abuse during childhood increases the likelihood of mental depression in later life.
- Repeated reproductive tract infections can lead to infertility.
- Girls fed inadequately during childhood may have stunted growth, leading to higher risks of childbirth complications.

# The Health Professional as a Change Agent

- Bridge gap between health facility and household;
- Use influence beyond the health sector;
- Address social and cultural factors affecting women's use of health services;
- Bridge gap between health facility and household;
- Use influence beyond the health sector;
- Address social and cultural factors affecting women's use of health services;
- Promote essential interventions for behavior change and positive health practices;
- Work to eliminate harmful practices.

**Reducing  
child mortality**

**Improving  
maternal  
health**

**Enforcing  
Gender equity**

**Combatting  
HIV/AIDS**

**Achieving  
Universal  
primary  
education**

**Struggling for  
Environmental  
sustainability**

**Eradicating  
poverty**

**Sexual and  
reproductive  
health**

**Creating a global  
partnership for  
development**

