

INTRODUCTION

- **DEFINITIONS:**
- **Reproduction** (or procreation) is the biological process by which new "offspring" individual organisms are produced from their "parents".
- **Health** is a state of complete physical, mental and social well-being, and not merely the absence of disease.
- **Reproductive health** is defined as a state of physical, mental, and social well-being in all matters relating to the reproductive system, at all stages of life.

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- **Reproductive health care** is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.
- **Safe motherhood** is the reduction of maternal **mortality** and **morbidity** and enhancement of the health of newborn infants through easy access to **primary health care**, including family planning, prenatal, delivery and post-natal care for the mother and infant, and access to essential **obstetric and neonatal care**.
- It aims at attaining optimal maternal and newborn health.

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- **Infertility** is the inability to conceive despite engaging in unprotected sexual intercourse for a period of at least 12 months.
- **Commonly Used Rates**
- The most commonly used rates are the measures of natality, morbidity and mortality.
- **Measures of Natality**
 - i. Crude birth rate = $\frac{\text{Number of live births during time interval}}{\text{Estimated mid-interval population}} \times 1000$
 - ii. Fertility rate = $\frac{\text{Number of live births during time interval}}{\text{Number of women aged 15 - 44 at mid-interval}} \times 1000$

Cont...

- **Measures of Morbidity and Mortality**
 - i. Crude death rate = $\frac{\text{Number of deaths during time interval}}{\text{Estimated mid-interval population}} \times 1000$
 - ii. Specific death rate = $\frac{\text{Number of deaths in sub group during time interval}}{\text{Estimated mid-interval population of subgroup}} \times 1000$
 - iii. Cause specific death rate = $\frac{\text{Number of deaths from specified cause during time interval}}{\text{Estimated mid-interval population}} \times 1000$
 - iv. Infant mortality rate = $\frac{\text{Number of deaths of infants age < 1 year during time interval}}{\text{Total live births during time interval}} \times 1000$
 - v. Neonatal mortality rate = $\frac{\text{Number of deaths of infants age < 28 days during time interval}}{\text{Total live births during time interval}} \times 1000$
 - vi. Post neonatal mortality rate = $\frac{\text{Number of deaths of infants age } \geq 28 \text{ days but } < 1 \text{ year during time interval}}{\text{Total live births during time interval}} \times 1000$

Natality - Ratio of the number of births to the size of the population
birth rate.

crude birth rate - The number of live births occurring among the population of a given geographical area during a given year per 1000 mid-year population

GOALS OF RH.

1. Increasing equitable access to RH services.
2. Improving quality, efficiency and effectiveness of service delivery at all levels.
3. Improving responsiveness to client needs.
4. Reducing maternal, prenatal and neonatal morbidity and mortality.
5. Reducing unmet family planning needs.
6. Promoting gender equity and equality in matters of reproductive health.
7. Improve sexual and reproductive health of adolescence and youth.

TRENDS IN RH

- In the late 1950's, the fertility and growth rates of Kenyans were found to be high.
- In 1960's, the government adopted Family Planning (FP) as a component of socioeconomic development.
- 1965, the GoK recognized population planning and FP as part of the National Planning Strategies.
- In 1967, the FP Programme was established (GoK/MoH, 1998).
- The fertility rate, which was 7.9% in 1979, has decreased to 5.45% in 1993, and the population growth rate has reduced from 3.8% in 1979 to 3.4% in 1993.

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- If the population growth rate is higher than the economic growth rate, it creates a burden on available land, health facilities, educational resources and the job market.
- These factors often impact more on mothers and children, whose mortality and morbidity rates are high, mainly due to complications associated with pregnancy and childbirth and HIV/AIDS prevalence.
- In 1974, child health services and FP and antenatal care were integrated to offer a more consolidated package thus forming the MCH/FP Programme.

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- In 1987, the Global Safe Motherhood Initiative (SMI) was launched by W.H.O in Nairobi. The GoK endorsed the Plan of Action to reduce maternal mortality and morbidity rate.
- Since that time midwives have worked in collaboration with other professionals, agencies, governments and communities in pursuit of the goals of safe motherhood, including the MDGs. ← Millennium Development Goals.
- Three of the MDGs are:
 - 5 ➤ Improve maternal health
 - 4 ➤ Reduce child mortality
 - 6 ➤ Combat HIV/AIDS, malaria and other diseases.

- Millennium Development Goals
1. Eradication of extreme poverty and hunger
 2. Achieve universal Primary Education
 3. Promote gender equality & empower women
 4. Reduce child mortality
 5. improve maternal health
 6. Combat HIV/AIDS, malaria and other diseases
 7. Erase environmental sustainability
 8. Develop a global partnership for development

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COMPONENTS OF RH TO INCLUDE:

- Family-planning
- Safe motherhood and child survival (prenatal care, safe delivery, and post-natal care, breast-feeding)
- Infertility
- Abortion
- Adolescent health and drug abuse
- STIs/HIV AND AIDS (Reproductive tract infections)
- Reproductive tract cancers
- Gender and reproductive health rights.

REPRODUCTIVE HEALTH POLICIES/principles.

1. The Implementation Plan for National Reproductive Health Strategy of 1998 Covering the Period 1999 – 2003
2. The National Reproductive Health Training Plan of 2000 Covering the Period 2000 - 2004
3. The GoK/UNICEF 2004 - 2008 Programme of Co-operation (Draft Strategy Paper), February 2003
4. Reproductive Health Policy (Draft Outline 2005)

Unicef - united
Nations International
Childrens
Emergency fund.

These guidelines aim to:

- Create awareness among leaders, communities and programme implementers of the need to promote high quality reproductive health services, in order to improve the well being of the people.
- Make available quality and sustainable family planning services to all who need them, in order to reduce the unsatisfied needs for family planning.
- Reduce health and socioeconomic burdens due to STDs/HIV/AIDS and their implications or effects.
- Enhance the health and well being of adolescents and youths.

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- Reduce the incidence of infertility and facilitate proper investigations and management of infertile individuals and couples.
- Eliminate all forms of discrimination against women and female children to enable them to exercise their sexual and RH rights and to promote their equal representation in all levels of political and public life.
- Enhance both men and women's health throughout their life cycle.
- Provide quality and sustainable comprehensive RH services in all service delivery points (SDP's) and community levels.

Policy
Guidelines
Standard.