Notas

Sonia Mendizábal 3/3/2017

Reprouctive healt indicators. Guidelines for the generation, analysis and interpretation for global monitoring

WHO Reproductive Health and Research. World Health Organization 2006.

Comprehensive reproductive health care includes:

- counselling, information, education, communication and clinical services in family planning; safe motherhood, including antenatal care, safe delivery care (skilled assistance for delivery with suitable referral for women with obstetric complications) and postnatal care, breastfeeding and infant and women's health care;
- gynaecological care, including prevention of abortion, treatment of complications of abortion, and safe termination of pregnancy as allowed by law;
- prevention and treatment of sexually transmitted diseases (including HIV/AIDS), including condom distribution, universal precautions against transmission of bloodborne infections, voluntary testing and counselling
- prevention and management of sexual violence;
- active discouragement of harmful traditional practices such as female genital mutilation; and
- reproductive health programmes for specific groups such as adolescents, including information, education, communication and services.

1 Total fertility rate
2 Contraceptive prevalence
3 Maternal mortality ratio
4 Antenal 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 Prevalence of low birth weight
10 Prevalence of positive syphilis serology 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 genital mutilation

Table 1. Shortlist of indicators for global monitoring of reproductive health

Prevalence of infertility in women
Reported incidence of urethritis in men
Prevalence of HIV infection in pregnant women
Knowledge of HIV-related preventive practices

The majority of the indicators contained in the shortlist are measures of health status (impact indicators). Output indicators can, however, only act as valid proxies for impact when there is an established **causal** link with outcome.

Structure of the guidelines

- Definitions of important terms
- Generation of the indicator
 - data sources and collection methods
 - periodicity of data collection
 - disaggregation
- Analysis and interpretation
 - use

- issues of interpretation
- common pitfalls
- limitations
- causal pathway supporting indicators
- References/further reading

The selection criteria for the shortlist of indicators

Criterion	Explanation
Scientifically robust	An indicator must be a valid, specific, sensitive and reliable reflection of that which it purports to measure.
Valid	An indicator must actually measure the issue or factor it is supposed to measure.
Reliable	An indicator must give the same value if its measurement were repeated in the same way on the same population and at almost the same time.
Sensitive	An indicator must be able to reveal important changes in the factor of interest.
Specific	An indicator must reflect only changes in the issue or factor under consideration.
Useful	At national level, an indicator must be able to act as a "marker of progress" towards improved reproductive health status, either as a direct or proxy measure of impact or as a measure of progress towards specified process goals. Since computation of national-level indicators usually requires aggregation of data collected at a local level, the data should also be useful locally, i.e. follow-on action should be immediately apparent.
Representative	An indicator must adequately encompass all the issues or population groups it is expected to cover. For national-level indicators the group of interest is the population as a whole, including minority groups and adolescents.
Understandable	An indicator must be simple to define and its value must be easy to interpret in terms of reproductive health status.
Accessible	The data required should be available or relatively easy to acquire by feasible data collection methods that have been validated in field trials.
Ethical	An indicator must be seen to comply with basic human rights and must require only data that are consistent with the morals, beliefs or values of the local population.

Definition and measurement of reproductive health

Ritu Sadana. Consulta 03 de marzo de 2017

 $http://www.scielosp.org/scielo.php?pid=S0042-96862002000500013\&script=sci_arttext$

Including the epidemiology of reproductive morbidity, the ways that illness affects people's lives, and the health care system.

WHO distinguishes three dimensions of reproductive health: as a human condition (including the level of health and related areas of well-being); as an approach (policies, legislation and attitudes); and as services (the provision of services, access to them, and their utilization) (1).

Cumulative research into health status measurement offers a variety of approaches to constructing operational indicators of reproductive health. Three basic criteria are suggested for any standardized instrument: 1)

the range of domains and subsequent indicators tested are linked to the ICPD definition; 2) the full range of health states (spanning gynecological, obstetric, contraceptive morbidity and related events) may be measured with acceptable levels of reliability and validity; and 3) measurements allow for the comparison and interpretation of reproductive health within and across populations.

Box 1. Proposed operational domains to measure reproductive health and well-being

Reproductive health: seven domains

- Physical health and illness
- · Psychological health and illness
- · Physical functioning
- · Safe and satisfying sexual life
- · Energy and fatigue
- Cognitive functioning
- Pain and discomfort

Selected health-related aspects of well-being: six domains

- · Social sanctions and stigma
- · Relations with partner
- Need for support fulfilled
- · Productive role (work, education, housework, provision of care)
- Social role
- · Burden on household and family members

Other criteria

- · Reflect local, contextualized definitions of reproductive health
- Able to describe events and conditions across reproductive life course, from adolescence to post-menopause
- Amenable to self-reporting in interviews based on households, communities or health services
- · Acceptable estimates of reliability and validity
- Salient and comparable across diverse populations
- · Useful as inputs to policies and programmes

Measuring reproductive health: review of community-based approaches to assessing morbidity

http://www.scielosp.org/scielo.php?pid=S0042-96862000000500009&script=sci_arttext

Más que aportar estimaciones válidas de la prevalencia de la morbilidad, las encuestas basadas en entrevistas pueden proporcionar información de utilidad sobre la discapacidad o la carga asociadas a los problemas de salud reproductiva. Es preciso revisar el trabajo metodológico a fin de desarrollar indicadores de las consecuencias físicas, mentales y socioeconómicas de los problemas de salud reproductiva.

Sexual and reproductive health: a matter of life and death

Consulta 03 de marzo de 2017

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69478-6/abstract?cc=y%3D

DSSG: Finding new strategies to reduce maternal mortality

https://github.com/Songeo/mexico-public

- deaths dist <- data\$deaths
- mmr_dist <- data\$deaths / data\$pop_birth

Known variables

Nombre:

- \bullet nom_ent
- nom_mun
- ent
- n_localities

Población:

- pop_total
- pop_birth
- pop_fem
- pob_tot

Marginación:

- \bullet no_read
- \bullet no_ed
- no toilet
- no_electricity
- \bullet no_water
- \bullet people_per_room
- dirt_floor
- no_fridge
- margination

Rural vs. Urbano:

- urban_pop
- rural_pop
- rural1 pop
- rural2_pop
- \bullet rural3_pop
- \bullet rural4_pop
- \bullet urban_localities
- \bullet rural_localities

Muertes:

• deaths

Número de instituciones de salud:

- \bullet num_institutions
- imss institutions
- \bullet issste_institutions
- \bullet ssa_institutions
- \bullet opportunidades_institutions
- $\bullet \quad other_institutions$
- rural institutions
- \bullet urban_institutions

Infraestructura maternidad:

- pregnancy_beds
- post_pregnancy_beds
- newborn_beds
- $\bullet \ \ labor_rooms$
- ultrasound_systems

- doctors
- \bullet family_physicians
- gynecologists
- nurses

Religión:

- pct_indig_hhlds
- pct_born_here
- pct_catholic
- pct_protestant
- pct_other_religion
- pct non religion
- pct_entitled_health_serv
- pct no health serv

Población asegurada:

- pct imss insured
- pct issste insured
- pct_sp_insured
- pct_other_insured

Estado civil:

• pct_single

Rangos de edad:

- pct_hh_fem
- pct_hh_u30
- pct_hh_30t59
- pct_hh_60p

Fecundidad:

- avg_children_born
- avg_children_born_alive
- pct_15t19_birth
- avg_mother_pregnancies

Educación:

- \bullet avg_fem_edu
- \bullet avg_edu
- pct_edu_post_basic
- pct edu basic
- pct_edu_ms
- \bullet pct_edu_hs
- pct_illiterate
- $\bullet \quad pct_econ_active$
- pct primary degree
- pct_secondary_degree
- pct_superior_degree
- pct_post_grad
- pct_fem_econ_active
- $\bullet \ \, \mathrm{pct_fem_primary_degree}$
- \bullet pct_fem_post_grad
- pct_unemployed
- pct_fem_employed

- pct no school
- pct_fem_no_school
- pct disabilies
- pct_occupied_dwellings

Nacimientos:

- births
- \bullet attended_birth_doctor
- attended_birth_nurse
- $\bullet \ \ attended_birth_ssa$
- $\bullet \ \ attended_birth_midwife$
- attended birth other
- \bullet attended_birth_unspecified

Tipo de naciemiento:

- \bullet birth_procedure_normal
- \bullet birth_procedure_cesarean
- $\bullet \ \ birth_procedure_forceps$
- birth_procedure_other
- birth_procedure_unspecified

Tipo de embarazo:

- fetus_single
- fetus twins
- fetus_three_plus
- fetus_unspecified

Asegurados:

- \bullet insurance_none
- \bullet insurance_imss
- insurance issste
- \bullet insurance_sp
- insurance_opportunidades
- $\bullet \ \ insurance_other$
- insurance_unspecified

Prenatal:

- $\bullet \ \ {\rm avg_prenatal_consults}$
- prenatal_yes
- prenatal_no
- prenatal unspecified

Poblacion por tipo de seguro:

- \bullet pob_ssa
- pob_opportunidades
- pob imss
- pob issste
- pob other gov inst
- pob_other_private
- pob_public_place
- pob_household
- pob_other
- pob_unspecified

CLUES espacial:

- $\bullet \ \ {\rm clue_distance}$
- $\bullet \ \ loc_distance$
- \bullet urban_clue_distance
- $\bullet \ \ rural_clue_distance$
- urban_loc_distance
- $\bullet \ \ rural_loc_distance$