

**COVENANT UNIVERSITY  
NIGERIA**

*TUTORIAL KIT  
OMEGA SEMESTER*

**PROGRAMME:  
DEMOGRAPHY AND SOCIAL STATISTICS**

**COURSE: DSS 424**

## **DISCLAIMER**

The contents of this document are intended for practice and leaning purposes at the undergraduate level. The materials are from different sources including the internet and the contributors do not in any way claim authorship or ownership of them. The materials are also not to be used for any commercial purpose.

**DSS 424**  
**REPRODUCTIVE HEALTH II**  
**BY**  
**DR. AMOO, E.O.**

**QUESTIONS**

Q1. Considering the program of “Health-For-All” initiated government of your country, what

Q2. How is HIV/AIDS spread? What do you consider as the most potent preventive measure for the infection of STIs/HIV/AIDS?

Q3. Give at least three demographic definitions of infertility.

Q4. What are the health implications or diseases that can affect reproductive health system.

Q5. Highlight four consequences of infertility in traditional African society can include some of the following or other logically presented consequences:

Q6. What are the types of contraception that you know

Q7. What are the various challenges to infertility treatment in traditional African Society

Q8. What are the contraception that are meant for men

Q9. What is family planning?

Q10. What do you consider as the negative consequences of women contraception?

Q11. Explain the purposes of family planning

Q12. Discuss the likely coping mechanism among one-parity women in African setting.

Q13. Highlight the social and economic benefits of family planning

Improvement in family life and welfare:

1. .

Q14. What are the determinants of secondary infertility?

Q15. Explain the major contributors to disease burden among the youth in developing countries?

Q16. What should be the curriculum in sexuality education for adolescents in secondary school in Nigeria?

Q17. Highlight important applicable solutions to the burden of disease among the youth in developing countries?

Q18. Explain the major contributors to disease burden among the youth in developing countries?

Q19. Highlight the gender disparity in the causes of infertility in Nigeria.

Q20. How would you describe reproductive health services? Highlight essential reproductive health services urgently require in your country

**ANSWER**

Q1. Considering the program of “Health-For-All” initiated government of your country, what are the likely barriers to effective delivery reproductive health services to girls and women?

- Limited or no access to RH services
- Religion colouration (e.g. rejection of family planning practice, immunization, etc. by certain religion)
- Illiteracy (limited understanding of the need for RH services or adequate use)
- Inability to afford effective RH products (some methods of FP, counsel from qualified personnel)
- Inadequate or non-availability of health facility to cater for the needs of the people
- Cultural dimension. E.g. possession of condom by especially by a woman) might be regarded as promiscuity
- Patriarchic system in traditional African communities.
- Lack of convenience in accessing or using some range of services
- Lack of effect policy drive/implementation
- Proliferation of quacks especially in the rural areas.

Q3. Give at least three demographic definitions of infertility.

The following can however be stated:

- Infertility can be regarded as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (Johns Hopkins University, 2006; WHO-ICMART, 2009).
- It is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year.
- It is an inability of those women of reproductive age (15-49 years) to become or remain pregnant within five years of exposure to pregnancy (Measures DHS, 2004).
- An inability to become pregnant with a live birth, within five years of exposure based upon a consistent union status, lack of contraceptive use, non-lactating and maintaining a desire for a child.
- It a situation where a woman of reproductive age (15–49 years) is at risk of becoming pregnant when she is not using contraception or lactating but reported trying unsuccessfully for a pregnancy for two years or more

Q5. Highlight four consequences of infertility in traditional African society can include some of the following or other logically presented consequences:

- Women are typically held responsible especially in Africa
- Considered as aberration in a culture where men/women’s worth is measured by children.
- It brings a sense of loss, failure, and exclusion to the women or the couple concerned.
- Infertility also has terrific demographic and health implications: it decreases human population, affect continuity of life
- It increases women vulnerability to physical abuse, ostracism, psychological problems and divorce.
- Couple typically experience emotional stress within the marriage and between extended family.

Q7. What are the various challenges to infertility treatment in traditional African Society

1. The affect individual between the couple can be difficult to determine because the woman is typically held responsible in Africa until otherwise confirmed medically and this is, in most cases, may not be available.

2. Limited/absence of reproductive technologies (e.g. pharmacological, surgical therapy, etc).
3. Costs of medical treatment where available are always very expensive
4. Alternative solution like child adoption are still taboo in many developing countries
5. Most public sector do not provide such services and it is very expensive in private sector.

**Q9. What is family planning?**

- Family planning (FP) is the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age interval between children.
- FP means that both partners have equal rights to decide on their future fertility.
- FP is the planning of when to have children and the use of birth control and other techniques to implement such plans.
- Partners need to have the right and access to information on when and how to get and use methods of their choice without any form of coercion.

**Q11. Explain the purposes of family planning**

1. Raising a child requires significant amounts of resources (e.g., time, social, financial, environmental, etc.).
2. Family planning can help assure that resources are available. The purpose is to ensure couple, man/woman has resources that are needed for the child's training
3. To curb excessive population growth
4. To avoid unwanted pregnancies and spacing of births
5. To protect against STDs, including HIV/AIDS and reduce maternal and infant mortality.
6. To save essential resources and contribute to the economic growth of the nation as a whole.

**Q13. Highlight the social and economic benefits of family planning**

Improvement in family life and welfare:

2. Family planning is one of the leading strategies to improve family life and welfare.
3. Limited number of children give opportunity for adequate care of the children in terms of clothing, feeding, health attention, etc.

Reduction in maternal and child health risks:

4. Family planning reduces health risks to women and gives them more control over their reproductive lives.
5. Womb becomes more matured or strong enough to accommodate the next pregnancy.
6. Reduces the chance of complications
7. Gives chance for proper nursing and weaning of the baby

Enhance improvement in educational attainment and employment

8. With better health and greater control over their lives, women can take advantage of education, employment and civic opportunities.
9. Families with fewer children are often able to send their children to school.
10. The outcome of higher education especially for girls is job opportunity

Population growth

11. Adequate family planning can curb excessive population growth
12. Using contraception can help to avoid unwanted pregnancies and space births; protect against STDs, including HIV/AIDS and reduce mortality

Resources planning

13. Both the government and the family invest less if the family and population size is small. The expenses required for a small-sized family is often less, so they can save more and be self-sufficient.
14. The above can help in saving essential resources and thereby contribute to the economic growth of the nation as a whole.
15. FP benefits the health and well-being of women and families throughout the world.

Q15. Explain the major contributors to disease burden among the youth in developing countries?

It is important for the candidate to define or describe who is a youth first

1. STI burden/unprotected intercourse
2. HIV burden
3. Communicable challenges (e.g. TB burden)
4. Malnutrition
5. Mental health problems
6. Substance abuse including tobacco and alcohol
7. Accident, Disabilities
8. Sexual coercion and force / Exposure to violence
9. Poor eating habit and lack of body exercise

Q17. Highlight important applicable solutions to the burden of disease among the youth in developing countries?

1. Sexual education to be included in the curriculum at all levels of school especially from secondary education.
2. Adequate nutrition
3. Reduction or elimination of abuse of drugs
4. Road carnage must be curb
5. Moral restraints and comportment in sexual behaviour

Q19. Highlight the gender disparity in the causes of infertility in Nigeria.

Gender disparity in the causes of infertility can be tabulated for male and female

S/N	Causes of Infertility in Female	Causes of Infertility in Male
1	Increase in incidence of infection that impair female fertility	Dietary challenges (e.g. excessive sugar consumption)
2	Biological/natural defects (sexual dysfunctions).	Biological/natural defects (sexual dysfunctions).
3	Biological causes (e.g. failure of ovulation due to women's age rather than endocrine disease.	Decline in sperm count in many parts of the world
4	Poor treatment of STIs (e.g. Gonorrhoea, Chlamydia, etc.)	Poor treatment of STIs (e.g. Gonorrhoea, Chlamydia, etc.)
5	Voluntary childlessness (e.g. religion/cultural reasons)	Voluntary childlessness (e.g. religion/cultural reasons).
6	Unsafe abortion	Drug effect
7	Substandard obstetric conditions	Accident/paralysis, etc.