

## 2. Life Cycle Perspective in Reproductive Health

Dr. Nawa Raj Subba



# The module contains

- Life cycle perspective in reproductive health: from conception to birth



# Introduction

- A life cycle perspective in reproductive health involves the investigation of factors across life and, also across the generations, during the timing of menarche, fertility, pregnancy outcomes, gynecological disorders, and age at menopause. It also recognizes the important influence of reproductive health on chronic diseases or risks later life.



- Published literature supports the use of an integrated life course approach to study reproductive health, which examines the whole life course, considers the continuity of reproductive health and the interrelationship between the different things.



# Life Course Framework to RH

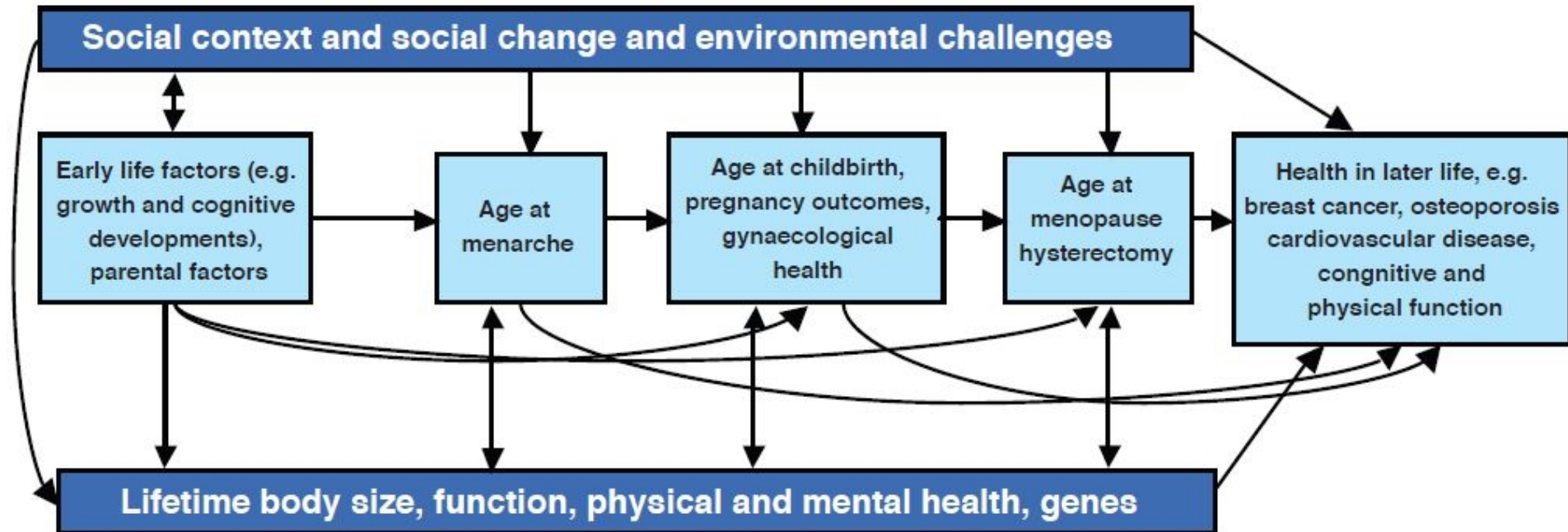
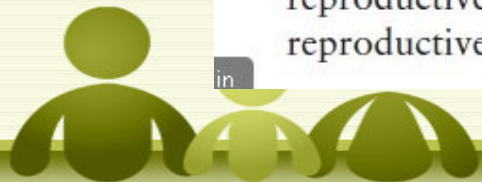


Figure 1: A life course framework representing the influence of biological, social and psychological factors on lifetime reproductive and gynaecological health. Adapted from Mishra GD, Cooper R, Kuh D. A life course approach to reproductive health: theory and methods. *Maturitas* 2010;65:92–7.



# Figure 1

- A life course perspective investigates the long-term effects of biological, behavioural and social exposures during gestation, childhood, adolescence and young adulthood on health and chronic disease in later life and across generations.



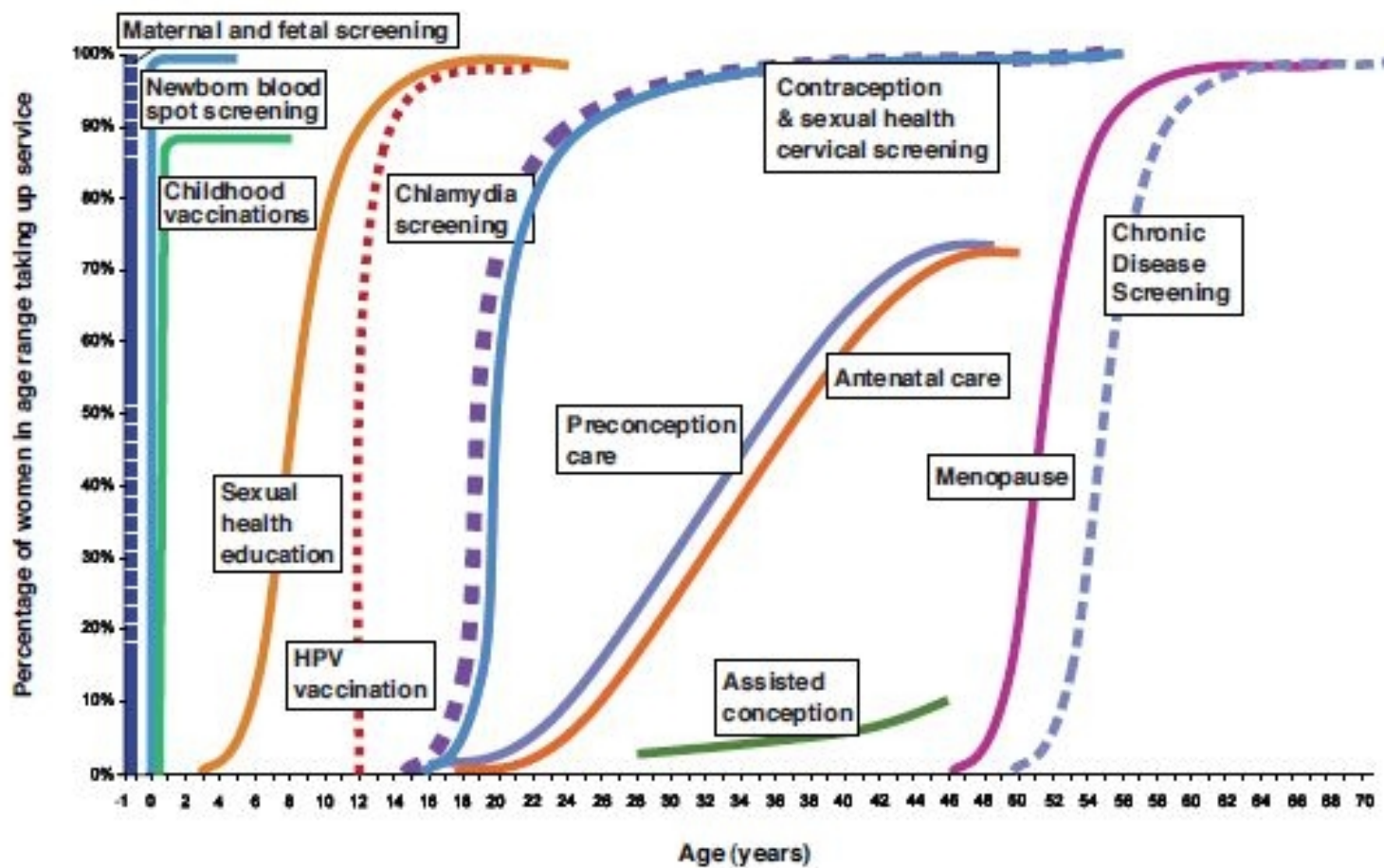


Figure 2: Population view of women’s healthcare needs across the life course



# Figure 2

- It recognizes that early life has an impact on long-term outcomes through effects on homeostatic and other processes, including lifestyle, by which we respond to environmental challenges. A life course perspective highlights the potential for early intervention to reduce disease risk or severity. It also has intuitive relevance to women's health needs. Unlike sporadic disease episodes, reproductive and sexual health are relevant to almost all women and unfold across the life course, triggering healthcare needs in a more predictable fashion.
- *Source: Rich-Edwards J. A life course approach to women's reproductive health. In: Kuh D, Hardy R, editors. A life course approach to women's health. London: Oxford University Press; 2002*





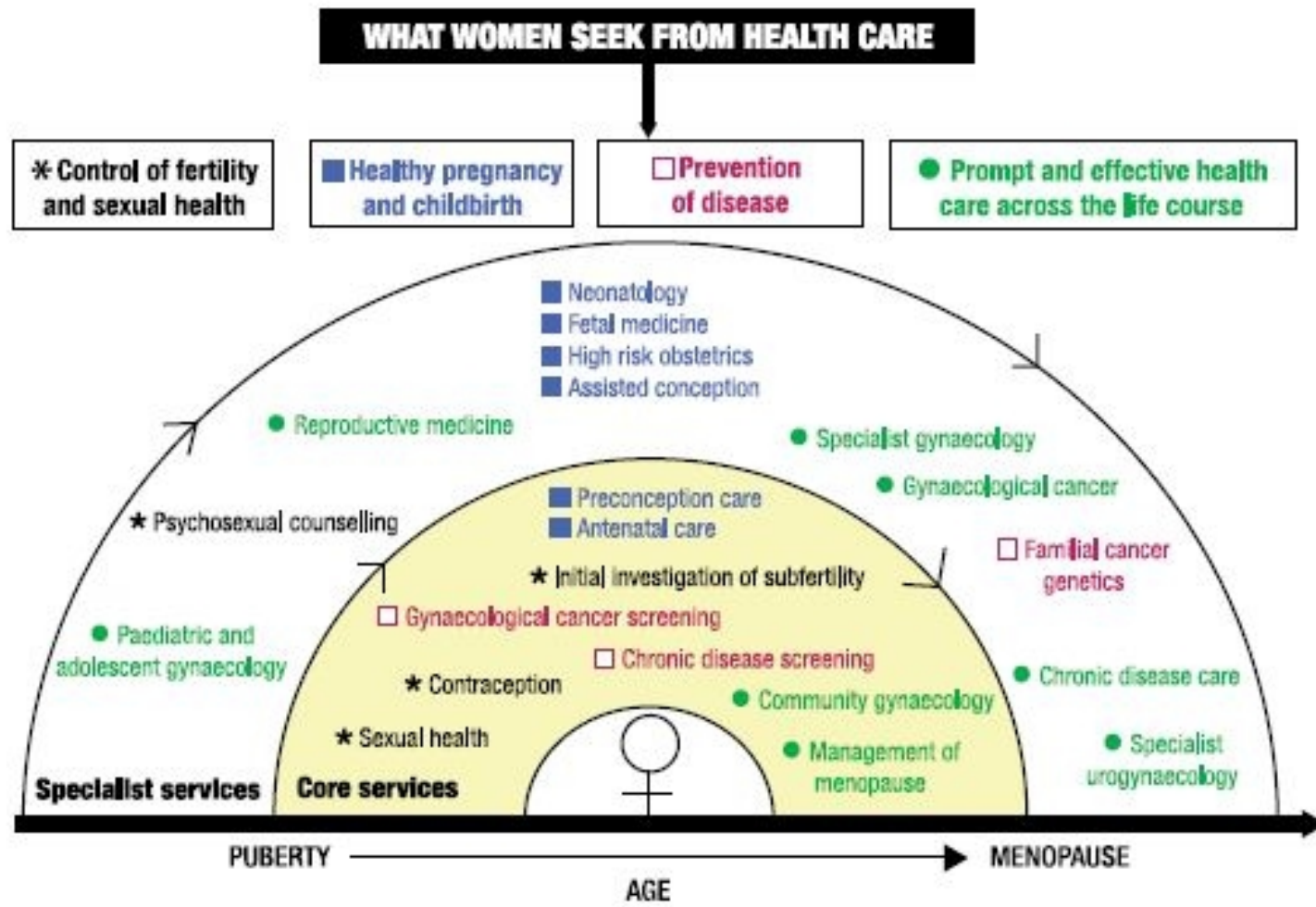


Figure 3. Late course view of a health service for women



# Figure 3

- In Figure 3 'core' community services for the majority of women link seamlessly into more specialist hospital care for the few who need it. This has been central to government strategy for providing more accessible care at reduced cost, but it also enables more joined-up thinking about women's health.
- For example, the traditional separation of contraceptive services and antenatal services hinders delivery of effective preconception care and postnatal contraception, both key to achieving control of fertility and healthy pregnancies and children. Through these services, women have multiple encounters with nurses, midwives, general practitioners and obstetricians who are well placed to deliver consistent health messages and more holistic care.

• *Source: Royal College of Obstetrics and Gynecology*



# Life Course Approach

- A life course approach examines how biological (including genetics), behavioural and social factors throughout life, and across generations [1], act independently, cumulatively and interactively to influence health.
- A life course approach to reproductive health asks a range of questions [2] that are relevant to the development of health policy. For example, does birthweight influence the age of menarche and of menopause? Does maternal stress during pregnancy influence the development of polycystic ovary syndrome in female offspring? What is the influence of childhood growth on age at menopause and is this modified by adult body size? Could the link between reproductive health and other chronic diseases be due to a common set of factors that affects them both and, if so, when and what is the best way to intervene? What is the impact of grandmother's fertility rate on that of the granddaughter's? Would preventing maternal gestational diabetes provide the most cost-effective means of reducing the risk of gestational diabetes in the offspring?

## Sources:

- 1. Kuh D., Ben Shlomo Y., Lynch J., Hallqvist J., Power C. Life course epidemiology. *J Epidemiol Community Health*. 2003;57(10):778–783.
- 2. Gita D. Mishra,\* Rachel Cooper, and Diana Kuh (1010) A life course approach to reproductive health: Theory and methods. *Maturitas*. 2010 Feb; 65(2): 92–97.doi: 10.1016/j.maturitas.2009.12.009



Any Query?

