

The Unpad logo features the word "Unpad" in a bold, black, sans-serif font. A small, stylized orange flame icon is positioned above the letter 'p'. The logo is contained within a white rounded rectangle with a subtle drop shadow.

Unpad

TREND AND ISSUES OF WOMEN'S REPRODUCTIVE HEALTH

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Reproductive Health

DEFINITION

Reproductive health is defined (WHO/ICPD) as a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and processes, and not merely the absence of disease or infirmity. It implies the ability to have safe and satisfying sexual relations, the capacity to reproduce, and the freedom to decide if, when and how often to do so, with access to information, contraception and appropriate health care (Seddighi et al. 2025; Onwuachi-Saunders et al., 2019).



Scope of Reproductive Health

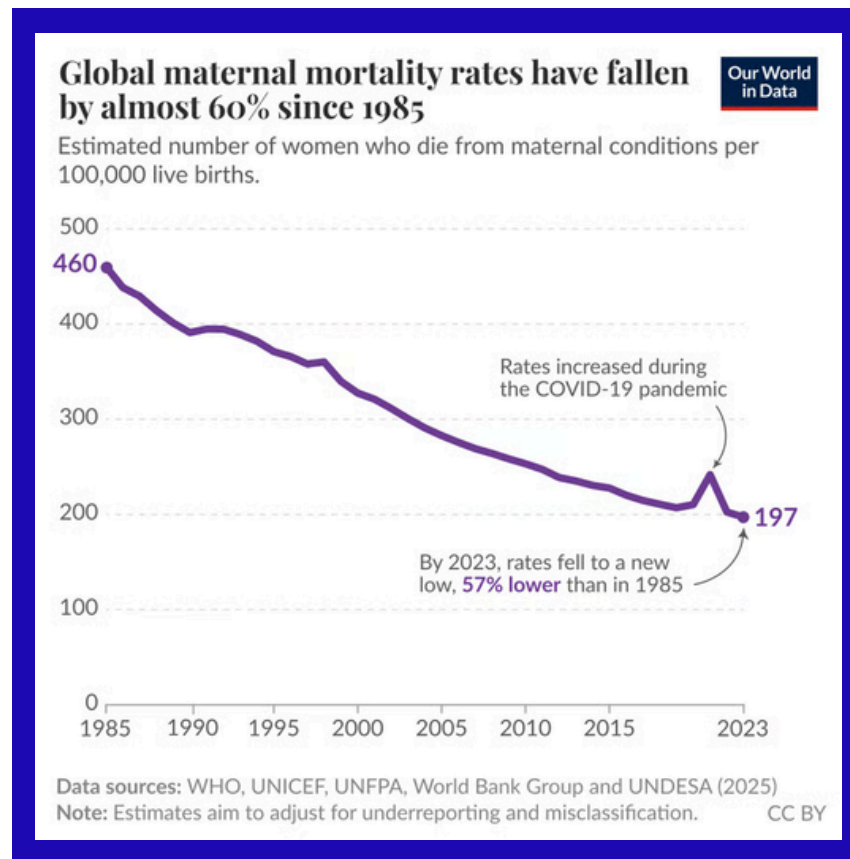
Core Elements of Women's Reproductive Health

Domain	Example Issues Included in Scope
Sexual health & rights	Safe, satisfying sex life; freedom from violence; informed consent; reproductive autonomy
Fertility & family planning	Ability to conceive or prevent pregnancy; access to safe, acceptable contraceptives; birth spacing
Pregnancy & childbirth	Safe antenatal, delivery and postnatal care; prevention of maternal mortality and morbidity
Gynecologic conditions	Menstruation, infertility, menopause, PCOS/PCOD, reproductive cancers, STIs
Life-course perspective	Adolescence to post-menopause, including older women and women with disabilities
Social determinants	Education, income, gender norms, legal rights, insurance, service quality and access

Women's reproductive health is framed as a human right and central to gender equality, social and economic development, and women's empowerment. It is shaped by structural, social, individual and legal factors such as poverty, low status, discrimination, and weak or poorly coordinated health systems and policies

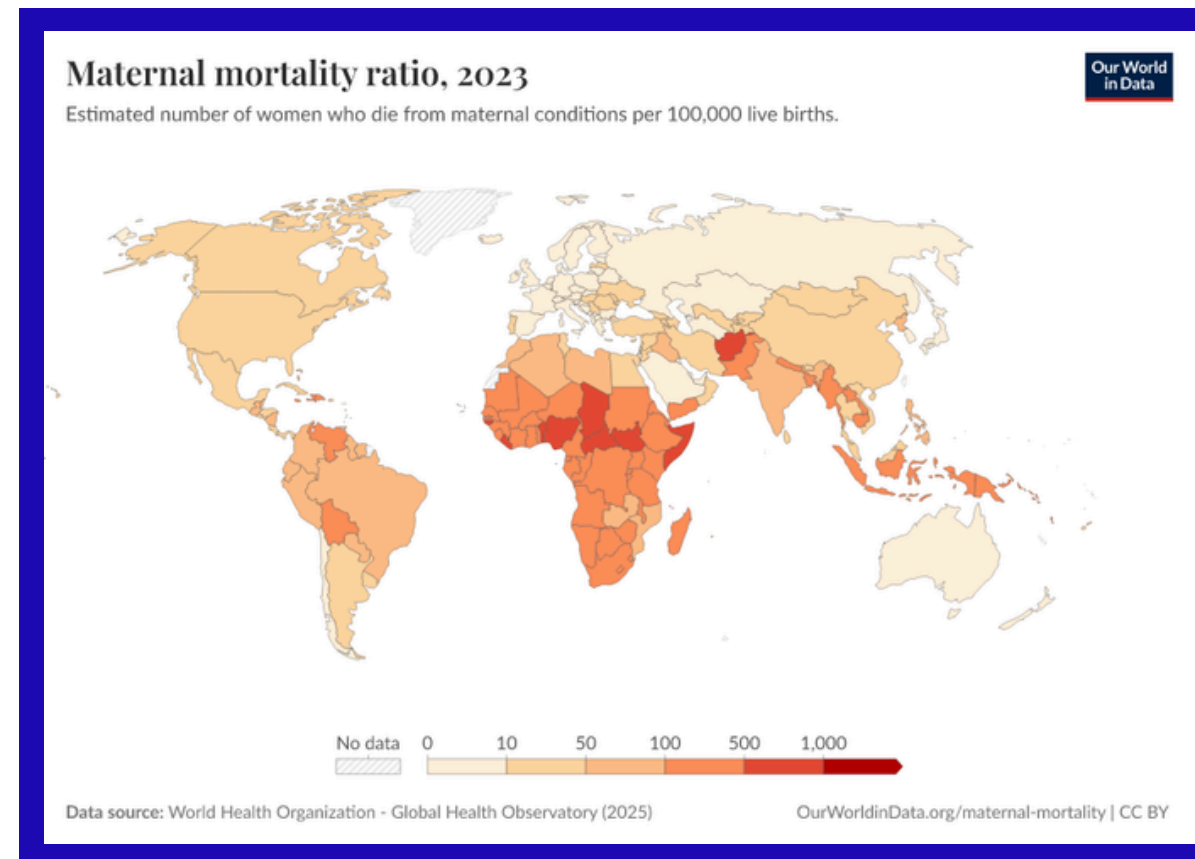


A Slow Decline in Maternal Mortality



Trend

- Maternal deaths globally declined significantly from about 443,000 in 2000 to around 260,000 in 2023 (≈40% reduction).
- Improvements are linked to better skilled birth attendance, antenatal care, and emergency obstetric services.



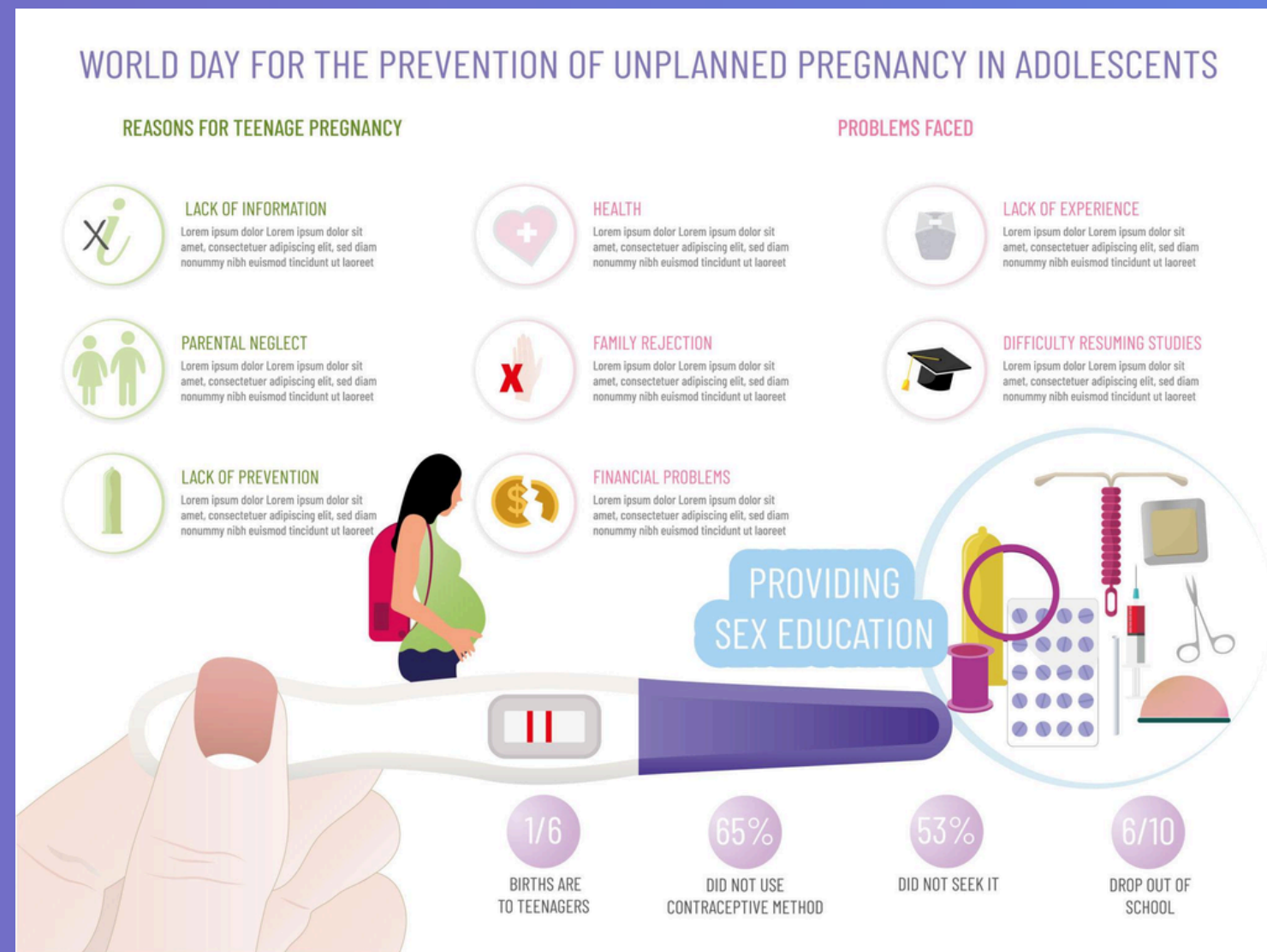
Current Issues

- Progress stalled after 2016 in many countries.
- Maternal mortality remains extremely unequal:
 - ≈ 346 deaths per 100,000 births in low-income countries
 - ≈ 10 per 100,000 births in high-income countries.
- Conflict, health system disruptions, and funding cuts threaten progress.

Key Causes of Maternal Death

- Postpartum hemorrhage
- Hypertensive disorders (pre-eclampsia/eclampsia)
- Infection
- Unsafe abortion

Adolescent Pregnancy Remains a Major Global Health Issue



Trend

- Maternal deaths globally declined significantly from about 443,000 in 2000 to around 260,000 in 2023 ($\approx 40\%$ reduction).
- Improvements are linked to better skilled birth attendance, antenatal care, and emergency obstetric services.

Progress

- The adolescent birth rate declined by more than 40% since 2000 globally.

Current Issues

- Around 13% of girls globally give birth before age 18.
- Highest prevalence remains in Sub-Saharan Africa.
- Adolescent pregnancy increases risk of:
 - maternal mortality
 - obstetric complications
 - school dropout and poverty cycles.

METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK*	METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK*
Condom External 	<ul style="list-style-type: none"> Use a new condom each time you have sex Use a polyurethane condom if allergic to latex 	<ul style="list-style-type: none"> Can use for oral, vaginal, and anal sex Protects against HIV and other sexually transmitted infections (STIs) 	87%	The Pill 	<ul style="list-style-type: none"> Take the pill daily 	<ul style="list-style-type: none"> Can improve acne and premenstrual syndrome (PMS) symptoms May cause nausea, weight gain, headaches, change in sex drive Can make monthly bleeding more regular and less painful May cause spotting the first few months 	93%
Condom Internal 	<ul style="list-style-type: none"> Use a new condom each time you have sex Use extra lube as needed 	<ul style="list-style-type: none"> Can use for oral, anal and vaginal sex May increase vaginal/anal pleasure Good for people with latex allergy Protects against HIV and other sexually transmitted infections (STIs) 	79%	Progestin-Only Pills 	<ul style="list-style-type: none"> Take the pill daily 	<ul style="list-style-type: none"> May cause changes in hair, skin, or sex drive Can make monthly bleeding more regular and less painful May cause spotting the first few months 	93%
Diaphragm <i>Caya® and Milax®</i> 	<ul style="list-style-type: none"> Put in vagina each time you have sex Use with spermicide each time 	<ul style="list-style-type: none"> Can last several years Spermicide may raise the risk of getting HIV Raises risk of bladder infection 	83%	The Ring <i>ANNOVERA® and NuvaRing®</i> 	<ul style="list-style-type: none"> Insert a small ring into the vagina Monthly Ring: Change ring each month Yearly Ring: Change ring each year 	<ul style="list-style-type: none"> There are 2 types: a monthly ring and a yearly ring Can make monthly bleeding more regular and less painful May cause spotting the first few months Can increase vaginal discharge 	93%
Emergency Contraception (EC) Pills <i>Plan B®, Next Choice®, ella®, and others</i> 	<ul style="list-style-type: none"> Works best the sooner you take EC pills after unprotected sex You can take EC up to 5 days after unprotected sex 	<ul style="list-style-type: none"> May cause spotting Your next monthly bleeding may come early or late Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. ella EC works better than progestin EC 3-5 days after sex 	58-94%	The Shot <i>Depo-Provera®</i> 	<ul style="list-style-type: none"> Get a shot every 3 months (13 weeks) Give yourself the shot or get it in a medical office 	<ul style="list-style-type: none"> May cause changes in mood, weight, hair, skin, or sex drive Side effects may last up to 6 months after you stop the shots Often decreases monthly bleeding May cause spotting or no monthly bleeding 	96%
Fertility Awareness <i>Natural Family Planning</i> 	<ul style="list-style-type: none"> Predict fertile days by: taking temperature daily, checking vaginal mucus, and/or keeping a record of your monthly bleeding 	<ul style="list-style-type: none"> Can help with avoiding or trying to become pregnant Use another birth control method on fertile days Does not work well if your monthly bleeding is irregular 	85%	Sterilization: Tubal Methods <i>"tubes tied"</i> 	<ul style="list-style-type: none"> This method closes the fallopian tubes A clinician reaches the tubes through your belly 	<ul style="list-style-type: none"> This method is permanent Reversal is difficult Risks include infection, bleeding, pain, and reactions to anesthesia 	>98%
Implant <i>Nexplanon®</i> 	<ul style="list-style-type: none"> A clinician places it under the skin of the upper arm It must be removed by a clinician 	<ul style="list-style-type: none"> Lasts up to 5 years May cause irregular spotting or no monthly bleeding at all Cramps often improve 	>99%	Sterilization: Vasectomy 	<ul style="list-style-type: none"> A clinician blocks or cuts the tubes that carry sperm Can be done in the clinician's office 	<ul style="list-style-type: none"> This method is permanent It is more effective, safer, and cheaper than tubal procedures Reversal is difficult Risks include infection, pain, and bleeding It may take a few months to work 	>99%
IUD - Copper <i>ParaGard®</i> 	<ul style="list-style-type: none"> Must be placed in uterus by a clinician Usually removed by a clinician 	<ul style="list-style-type: none"> Lasts up to 12 years May cause cramps and heavy monthly bleeding Can be used as emergency contraception up to 5 days after unprotected sex 	>99%	Vaginal Acidifying Gel <i>Phexxi®</i> 	<ul style="list-style-type: none"> Insert gel in vagina each time you have sex 	<ul style="list-style-type: none"> Can be put in as part of sex play/foreplay Does not have any hormones Requires a prescription May irritate vagina, penis Should not be used with urinary tract infection 	86%
IUD - Hormonal <i>Liletta®, Mirena®, Skyla®, and others</i> 	<ul style="list-style-type: none"> Must be placed in uterus by a clinician Usually removed by a clinician 	<ul style="list-style-type: none"> Lasts 3 to 8 years, depending on which IUD you get May improve cramps May cause lighter monthly bleeding, spotting, or no monthly bleeding at all Uses levonorgestrel, a progestin Some types can be used as emergency contraception up to 5 days after unprotected sex 	>99%	Vaginal Spermicide <i>cream, gel, sponge, foam, inserts, film</i> 	<ul style="list-style-type: none"> Insert spermicide each time you have sex 	<ul style="list-style-type: none"> Comes in many forms: cream, gel, sponge, foam, inserts, film May raise the risk of getting HIV May irritate vagina, penis Can buy at many stores without a prescription 	79%
The Patch <i>Ortho Evra®</i> 	<ul style="list-style-type: none"> Apply a new patch once a week for three weeks No patch in week 4 	<ul style="list-style-type: none"> Can irritate skin under the patch Can make monthly bleeding more regular and less painful May cause spotting the first few months 	93%	Withdrawal <i>Pull-out</i> 	<ul style="list-style-type: none"> Pull penis out of vagina before ejaculation (coming) 	<ul style="list-style-type: none"> Costs nothing Less pleasure for some Does not work if penis is not pulled out in time Must interrupt sex 	80%

*Typical Use
If you are looking for protection from STIs and HIV, both the internal and external condom are great options!

www.reproductiveaccess.org



Persistent Unmet Need for Contraception and Family Planning

TREND

Access to contraception has expanded globally, contributing to declining fertility rates and delayed childbearing.

MAJOR ISSUES

- Millions of women still have unmet need for family planning, particularly in low-income settings.
- Barriers include:
 - cost and availability
 - cultural stigma
 - lack of education
 - weak health systems.

CONSEQUENCES

Unmet need leads to unintended pregnancies, unsafe abortions, maternal morbidity.

Unsafe Abortion and Unintended Pregnancy

Trend

Many countries have improved safe abortion services and reproductive rights policies.

Key Issues

- Unsafe abortion remains a significant contributor to maternal deaths in many regions.
- Among adolescents 55% of unintended pregnancies end in abortion, often unsafe in low-resource settings.

Drivers

- Restrictive laws
- Limited contraception access
- Social stigma
- Health system inequalities.



Unsafe Abortion (WHO, 2025)

“An abortion is unsafe when it is carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.”

TRENDS

- Fertility rates have declined in many countries.
- Women increasingly delay childbirth to their 30s or 40s due to education, careers, and access to contraception.

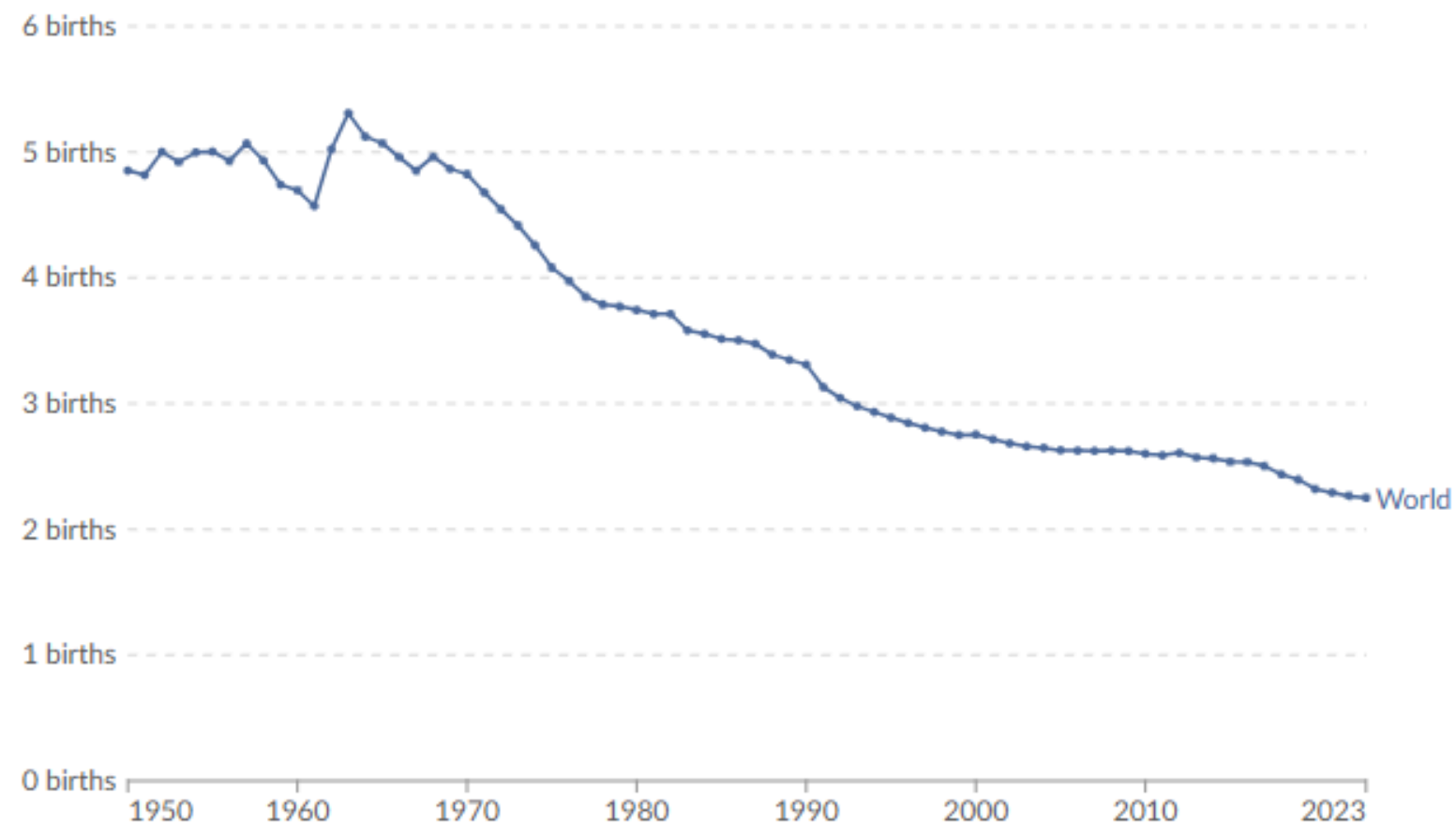


Image source: Human Fertility Database (2025); UN, World Population Prospects (2024)

IMPLICATIONS

- Higher demand for:
 - assisted reproductive technologies (ART)
 - infertility care
- Increased risk of pregnancy complications in older mothers.

Changing Fertility Patterns and Delayed Childbearing

Inequalities in Reproductive Health

KEY DISPARITIES

1. Geographic inequality

- Sub-Saharan Africa accounts for most maternal deaths.

2. Socioeconomic inequality

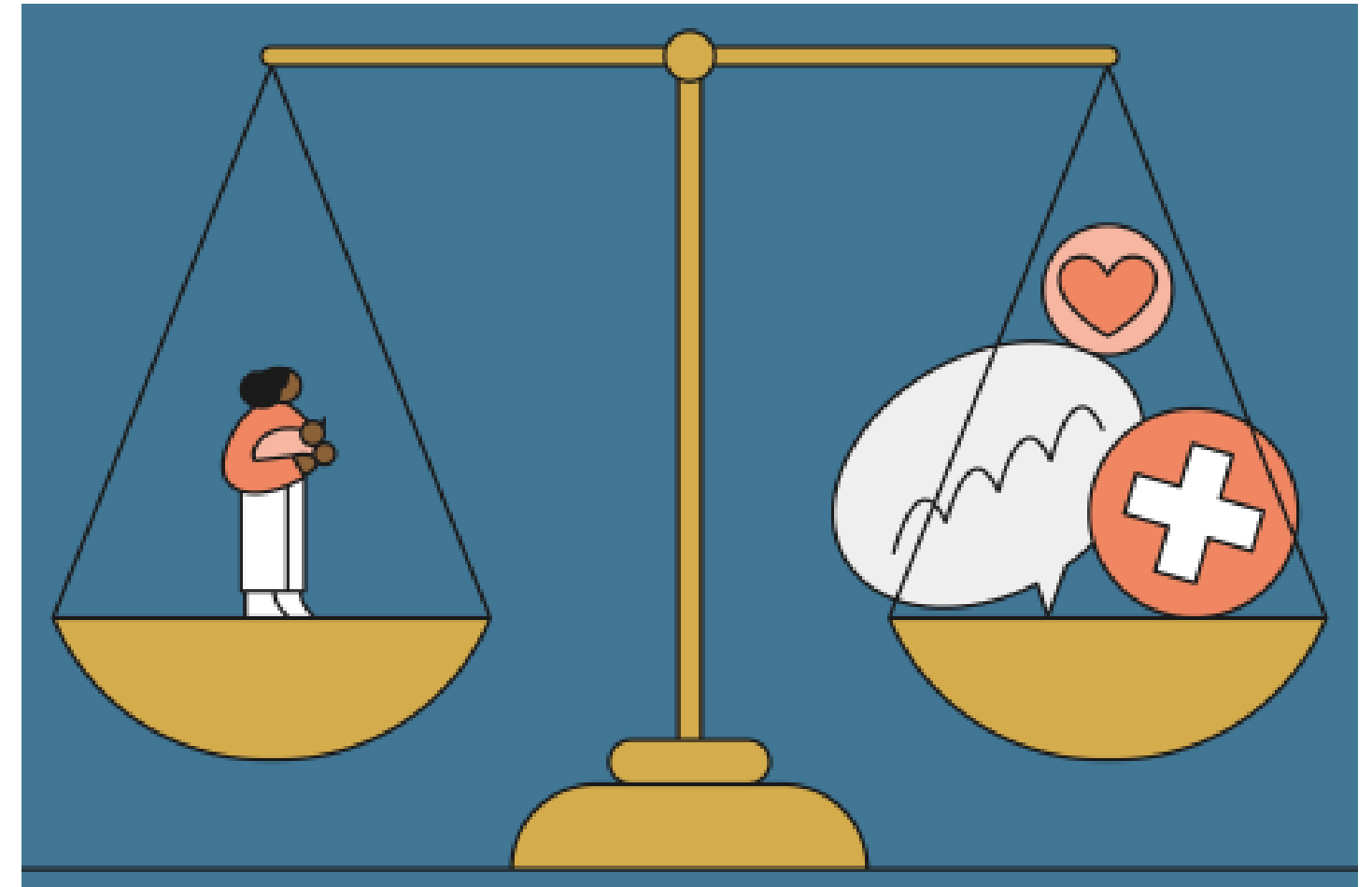
- Poor women have less access to maternal care.

3. Humanitarian and conflict settings

- Women in conflict zones face five times higher risk of maternal death.

4. Health system shocks

- COVID-19 disrupted maternal health services.



Reproductive Cancers (Cervical, Breast, Ovarian)

Trend

Reproductive cancers remain one of the leading causes of morbidity and mortality among women worldwide.

- Cervical cancer
 - ≈ 604,000 new cases and 342,000 deaths globally in 2020 (WHO).
 - 90% of deaths occur in low- and middle-income countries.
- Breast cancer
 - Became the most common cancer globally in 2020, surpassing lung cancer.
- Increasing availability of:
 - HPV vaccination
 - screening programs (Pap smear and HPV testing).

Key Issues

- Limited screening coverage in low-income countries.
- HPV vaccination inequity.
- Late diagnosis due to weak health systems.
- Cultural stigma and lack of awareness.

WHO launched the Global Strategy to Eliminate Cervical Cancer, aiming for:

- 90% HPV vaccination
- 70% screening
- 90% treatment access.

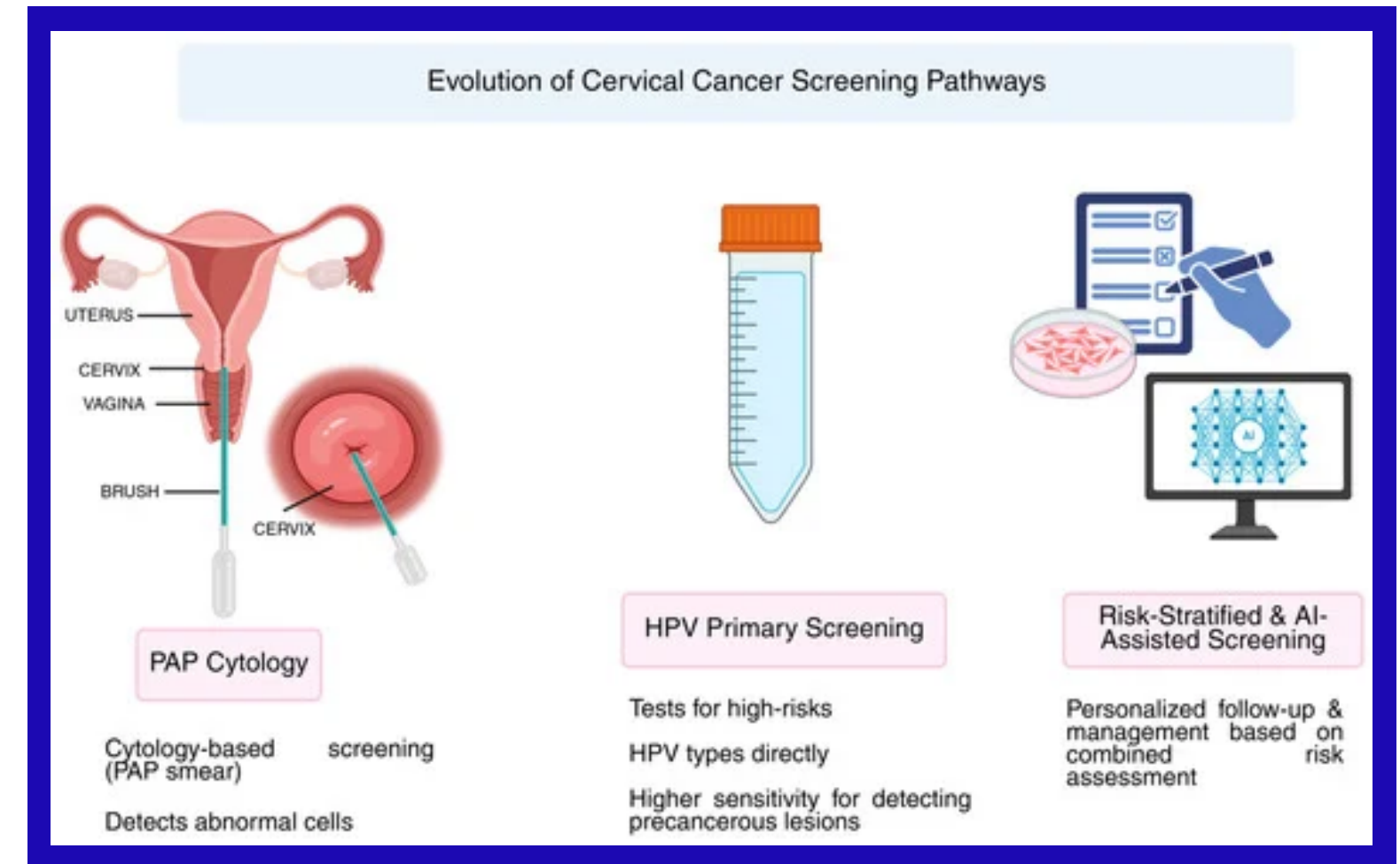
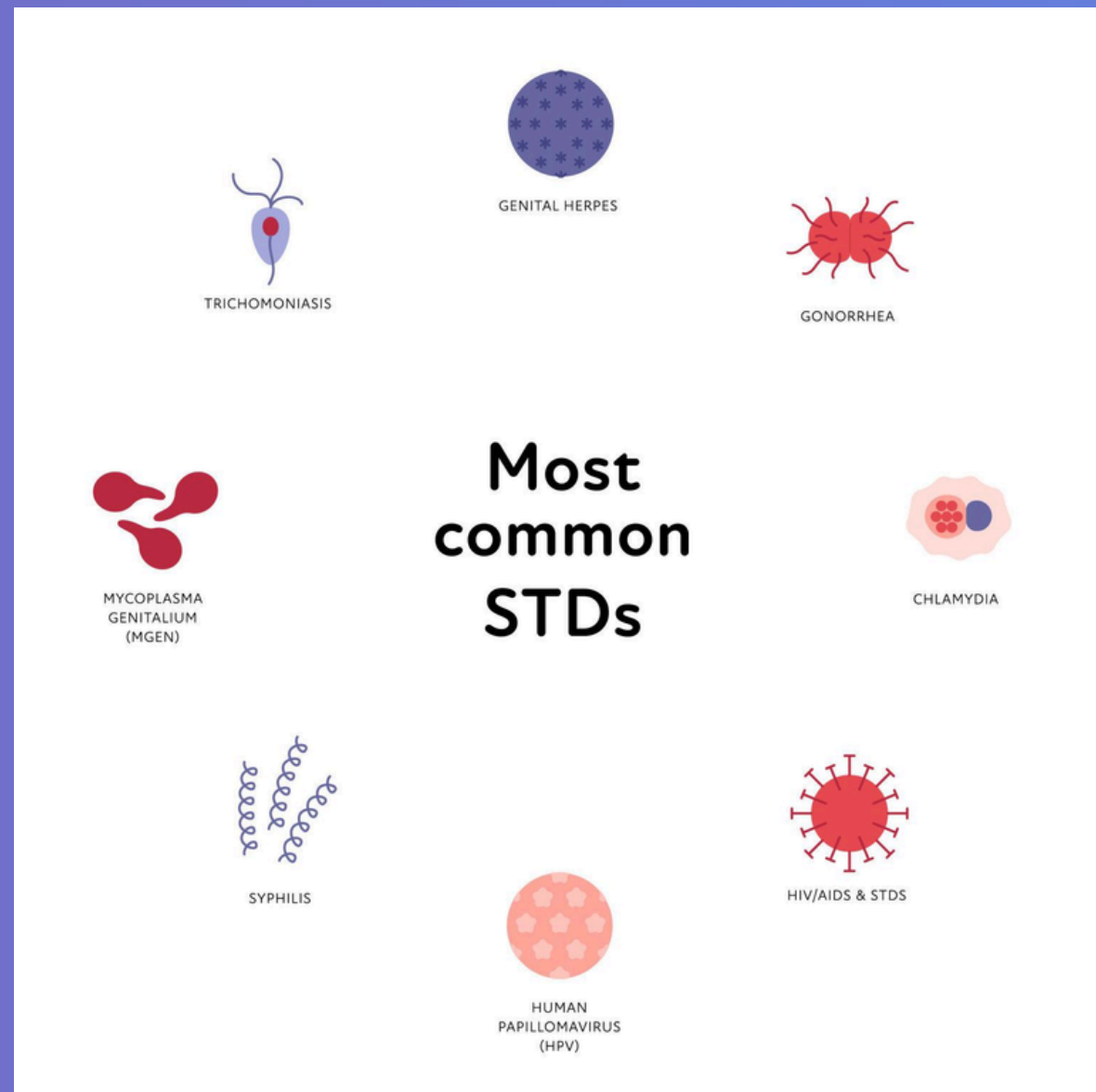


Image source: Galani et al. (2025)

Sexually Transmitted Diseases (STDs/STIs)



Trend

Sexually transmitted infections remain a major global reproductive health problem. WHO estimates:

- More than 1 million STIs are acquired every day worldwide.
- Four major curable STIs:
 - chlamydia
 - gonorrhea
 - syphilis
 - trichomoniasis

Total global cases annually: ≈374 million new infections.

Women-specific impacts

STIs in women can cause:

- infertility
- pelvic inflammatory disease
- ectopic pregnancy
- adverse pregnancy outcomes.

HIV among women

- Women account for about half of global HIV infections.
- Young women (15–24) are twice as likely to acquire HIV in some regions.

Emerging concerns

- Antimicrobial-resistant gonorrhea
- congenital syphilis increasing in some countries.

Adolescent Pregnancy

TREND

Adolescent pregnancy has declined globally, but remains a major issue. Key statistics:

- ≈ 21 million pregnancies per year among girls aged 15–19 in low- and middle-income countries.
- About 12 million births occur annually in this age group.

RISKS

Adolescent pregnancy is associated with:

- higher maternal mortality
- premature birth
- low birth weight
- school dropout.

DETERMINANTS

- early marriage
- poverty
- limited sex education
- lack of contraception access.

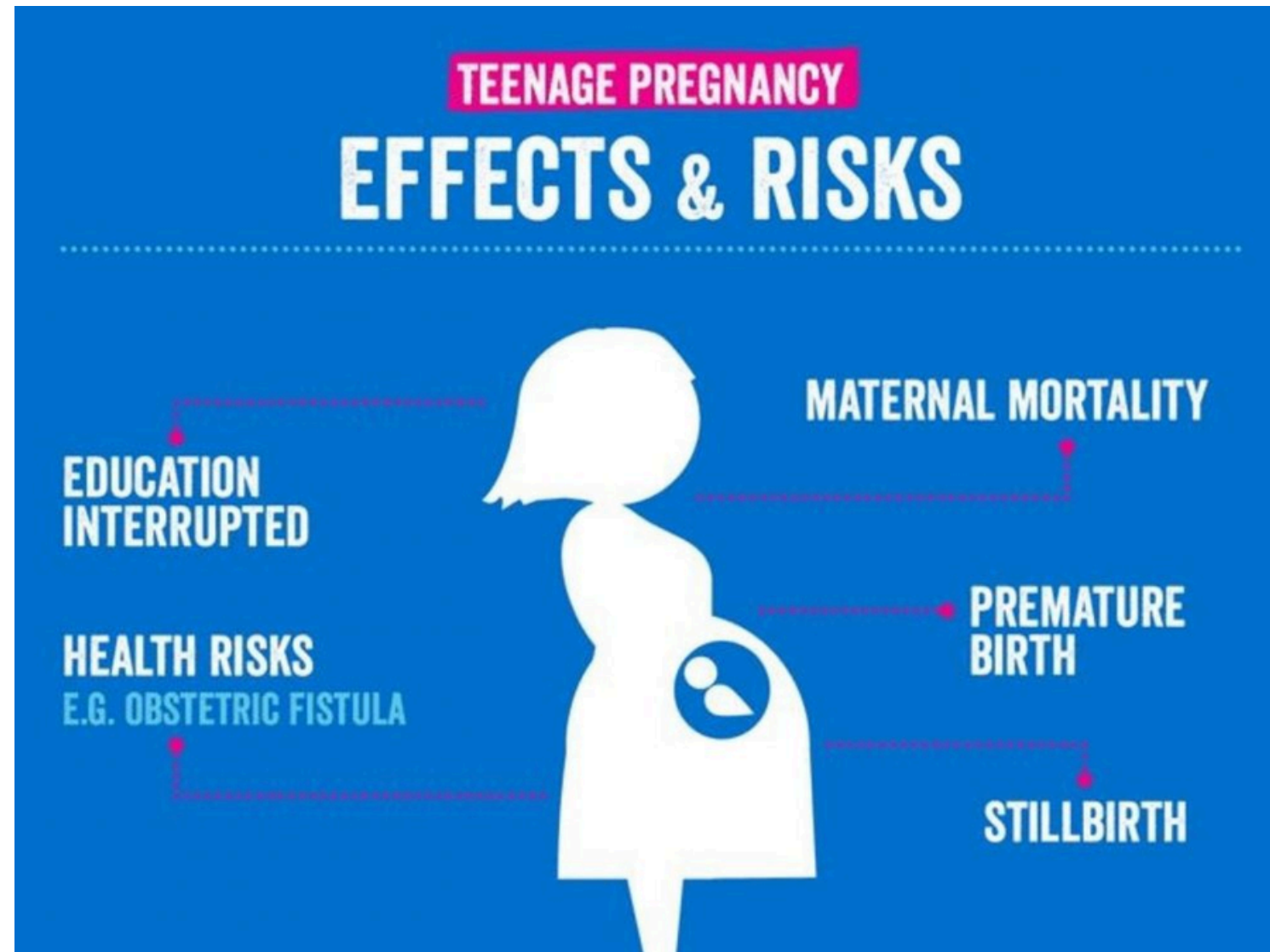


Image source: African health organization

Domestic Violence (Intimate Partner Violence)

Trend

Domestic violence remains a major global public health issue affecting reproductive health. WHO estimates 1 in 3 women worldwide experience physical or sexual violence in their lifetime.

Reproductive health consequences

Domestic violence is associated with:

- unintended pregnancy
- miscarriage
- sexually transmitted infections
- mental health disorders
- maternal complications.

Recent developments

The COVID-19 pandemic caused a “shadow pandemic” with increased reports of domestic violence due to lockdowns and economic stress.



DEFINITION

Electronic-Based Sexual Violence (EBSV) refers to sexual harassment, exploitation, or abuse carried out through digital technologies, including the internet, social media, messaging platforms, and other electronic communication tools. Forms of EBSV include:

- Non-consensual sharing of intimate images (revenge porn)
- Online sexual harassment
- Cyberstalking
- Sexual threats or coercion online
- Grooming and exploitation
- Deepfake sexual images
- Doxxing or blackmail using intimate content.

GLOBAL TRENDS (LAST DECADE)

With expanding internet access and smartphone use, online gender-based violence has increased significantly worldwide. International data show:

- 38% of women globally have experienced online harassment (UN Women global survey).
- In some regions, up to 58% of girls and young women report experiencing online harassment (The Economist Intelligence Unit global study).
- Young women aged 18–24 are the most vulnerable group.
- Social media platforms are the most common environment where EBSV occurs.

Electronic-Based Sexual Violence (EBSV) and Women's Reproductive Health



Latest Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Indonesia

Maternal Mortality Rate (MMR)

MMR is the number of maternal deaths during pregnancy, childbirth, or 42 days after delivery per 100,000 live births.

- \approx 140 deaths per 100,000 live births (2023) according to WHO data.
- Approximately 4,150 maternal deaths were recorded in Indonesia in 2024.

Leading causes of maternal death:

- Hemorrhage
- Preeclampsia/eclampsia
- Infection
- Other pregnancy complications

Infant Mortality Rate (IMR)

IMR is the number of infant deaths before the age of 1 year per 1,000 live births.

- \approx 14–15 infant deaths per 1,000 live births (latest estimate around 2024–2025)

Leading causes of infant mortality:

- Prematurity
- Low birth weight (LBW)
- Neonatal infections
- Birth asphyxia.

Thank you!



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