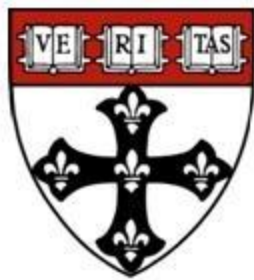


Critical Sexual and Reproductive Health Indicators in Latin America and the Caribbean

Ana Langer



**Women *and* Health
Initiative**

Harvard School of Public Health



Demonstrated reproductive health risk factors

- Increasing age
- Low parity
- Late age at first birth
- Early age at menarche
- Decreased breastfeeding



KEY SRH MILESTONES, MEXICO

Milestone	Average Age, Mexico
Menarche ¹	12
First Sexual Encounter ²	19.6
First Marriage ²	21.8
First Childbirth ²	22.3
First Contraceptive Use ²	28.8
Menopause ³	51

¹Source: Torres-Mejía, Gabriela, Lea A. Cupul-Uicab, Betania Allen, Osman Galal, Eduardo Salazar-Martínez, and Eduardo C. Lazcano-Ponce. Comparative study of correlates of early age at menarche among Mexican and Egyptian adolescents. *Am J Human Biology*: 2005.

²Source: Consejo Nacional de Poblacion (CONAPO). Principal Indicators of Reproductive Health/ENADID 2009. Mexico City, Mexico.

³Source: Morabia, Alfredo, Michael C. Constanza and the WHO Collaborative Study of Neoplasia and Steroid Contraceptives. International variability in ages at menarch, first livebirth, and menopause. *Am J Epidemiology*: 1998.



CONTRACEPTIVE PREVALENCE RATE, LAC AND MEXICO

Definition: the proportion of women of reproductive age (15-49 yr) who are using (or whose partner is using) a contraceptive method at a given point in time

Latin America & Caribbean Region = 72.9%, any method (2009)

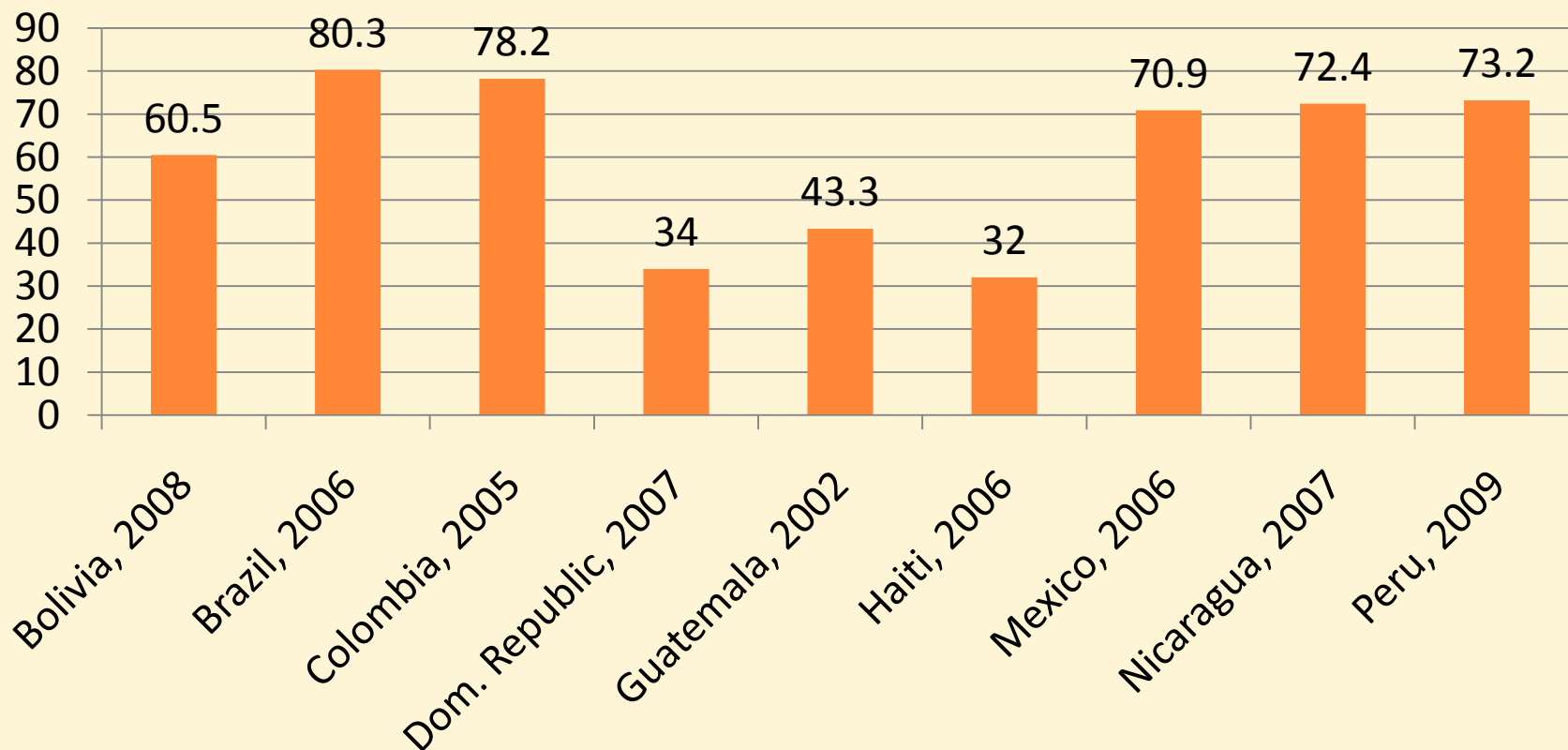
Mexico = 70.9%, any method (2006)

Source: United Nations. World Contraceptive Use 2011. UN Department of Social & Economic Affairs. New York, NY; 2011.



CONTRACEPTIVE PREVALENCE RATE, COUNTRY COMPARISON

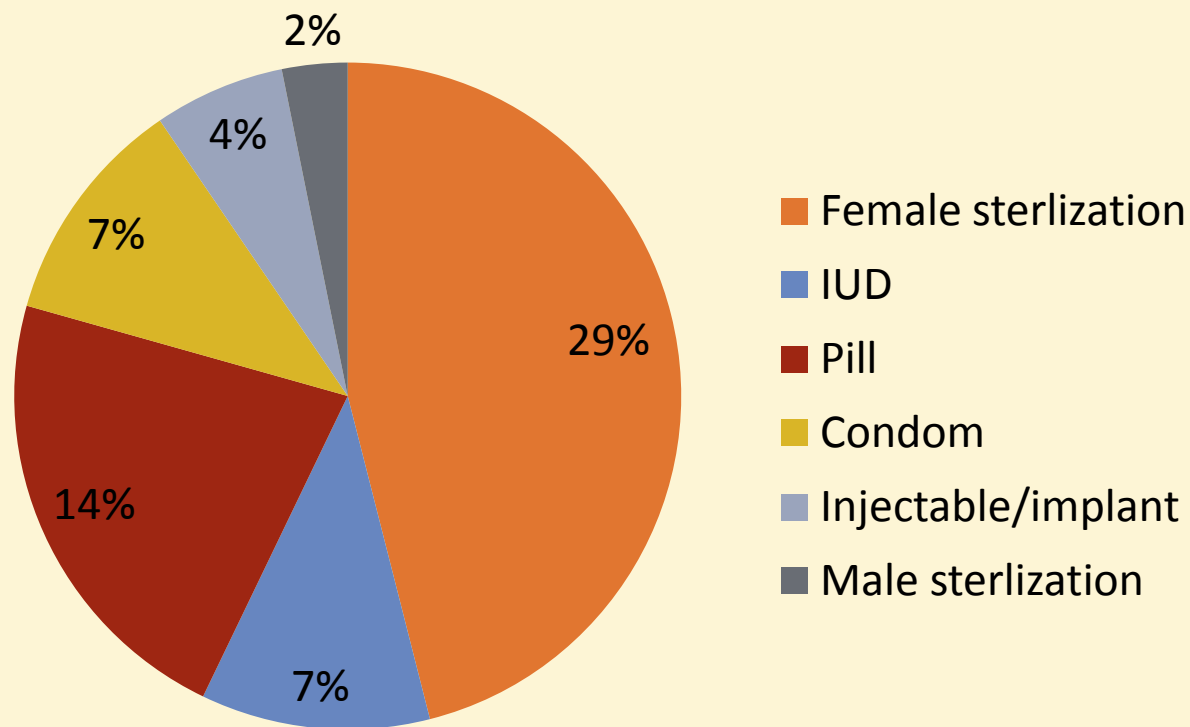
% contraceptive use among women 15-49, any method



Source: United Nations Statistics Division. Millennium Development Goals Indicators: contraceptive prevalence rate. United Nations: 2011. Accessed on-line at: <http://unstats.un.org/unsd/mdg/Data.aspx>



DISTRIBUTION BY METHOD – LAC REGION, 2009



Source: United Nations. World Contraceptive Use 2011. 2011. New York, NY.



CONTRACEPTIVE PREVALENCE RATE – URBAN VS. RURAL, MEXICO

Location	2006	2009
Rural	58.1	63.7
Urban	74.6	75.1

Source: Consejo Nacional de Poblacion (CONAPO). Principal Indicators of Reproductive Health/ENADID 2009. Mexico City, Mexico.



CONTRACEPTIVE PREVALENCE RATE – INDIGENOUS VS. NON, MEXICO

Language	2006	2009
Indigenous	52.4	58.3
Non-indigenous	72.2	73.5

Source: Consejo Nacional de Poblacion (CONAPO). Principal Indicators of Reproductive Health/ENADID 2009. Mexico City, Mexico.



CONTRACEPTIVE PREVALENCE RATE – AGE GROUP, MEXICO

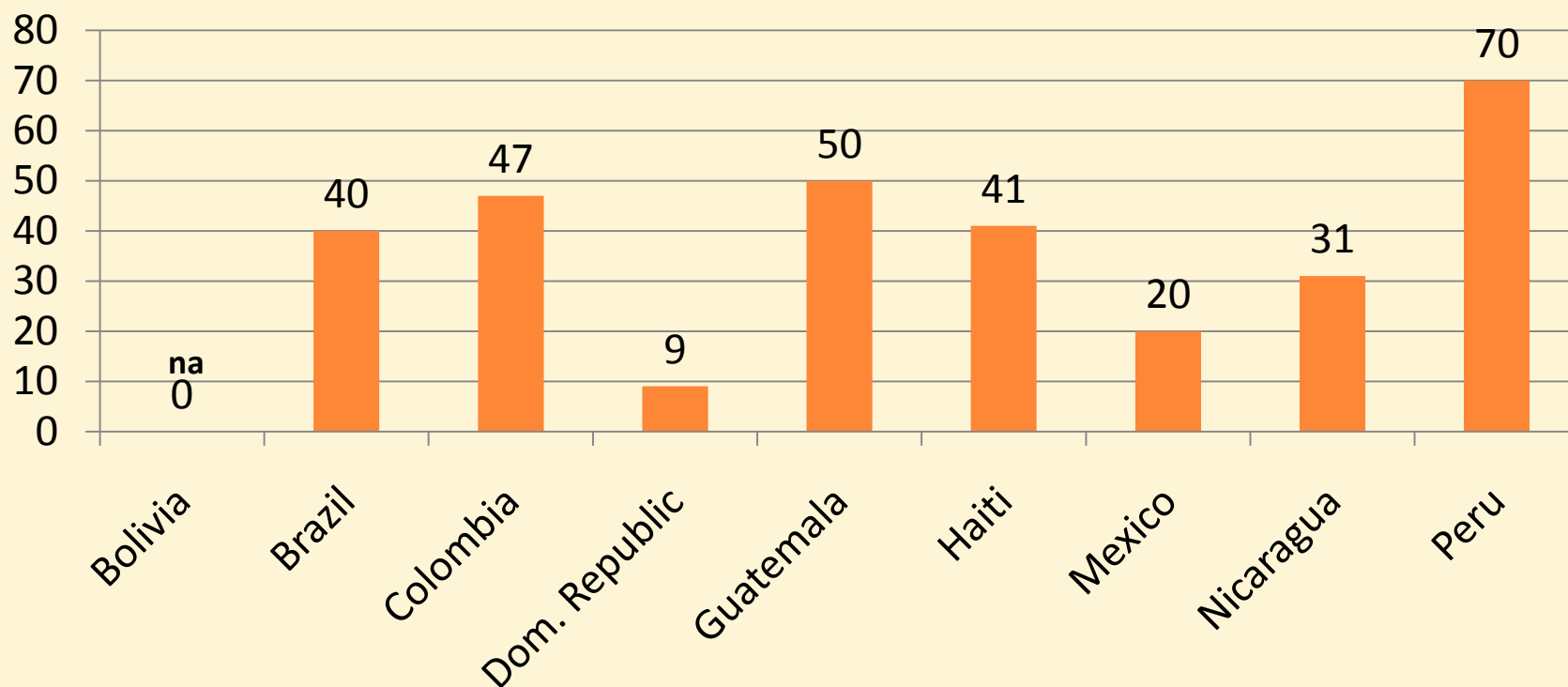
Age Group	2006	2009
Total	70.9	72.5
15-19	39.4	44.7
20-24	57.8	62.9
25-29	65.8	66.5
30-34	74.9	73.1
35-39	78.4	80.2
40-44	77.7	81.1
45-49	72.5	74.8

Source: Consejo Nacional de Poblacion (CONAPO). Principal Indicators of Reproductive Health/ENADID 2009. Mexico City, Mexico.



BREASTFEEDING PRACTICE, COUNTRY COMPARISON

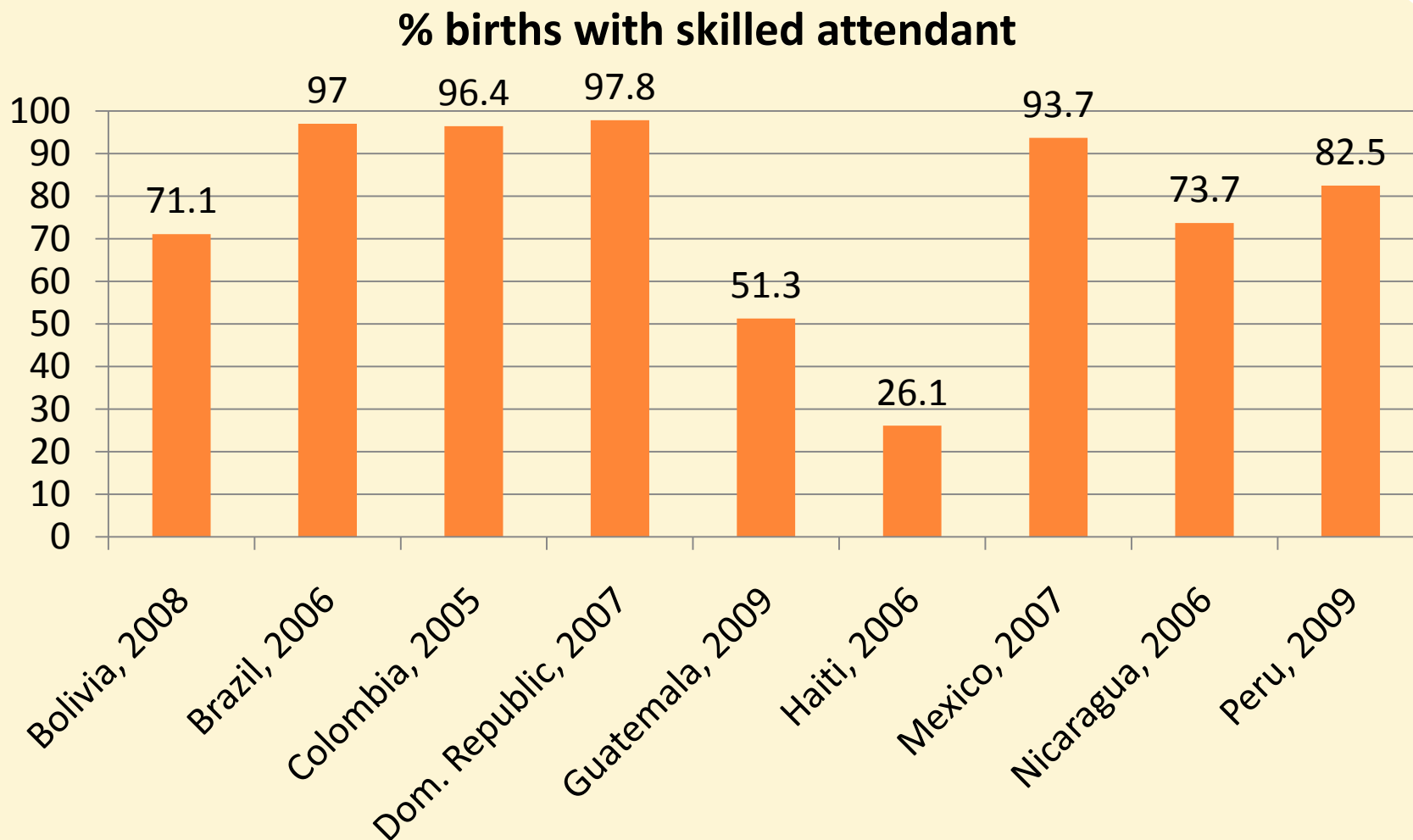
**% children exclusively breastfed for <6 months
(2005-2009)**



Source: United Nations Children's Fund. Statistics: at a glance. United Nations: 2011. Accessed on-line at: <http://www.unicef.org/infobycountry/>.



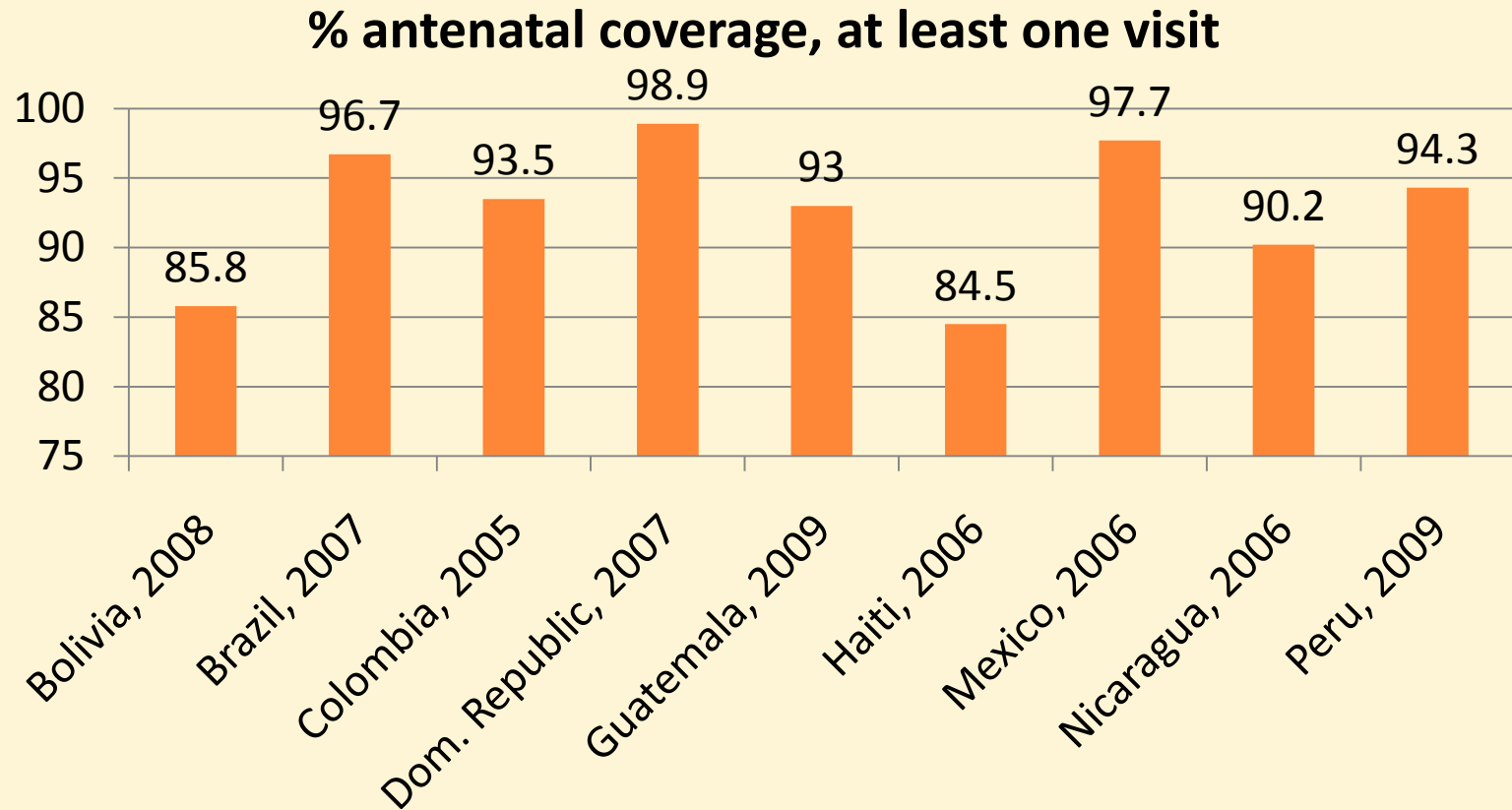
COVERAGE OF MATERNAL HEALTH SERVICES



Source: United Nations Statistics Division. Millennium Development Goals Indicators: births attended by skilled health personnel. United Nations: 2011. Accessed on-line at: <http://unstats.un.org/unsd/mdg/Data.aspx>



COVERAGE OF MATERNAL HEALTH SERVICES



Source: United Nations Statistics Division. Millennium Development Goals Indicators: antenatal coverage. United Nations: 2011. Accessed on-line at: <http://unstats.un.org/unsd/mdg/Data.aspx>



SRH “movement”

- Familiarity with SRH issues
- In some countries highly developed NGO sector
- Strong programs



Preliminary conclusions

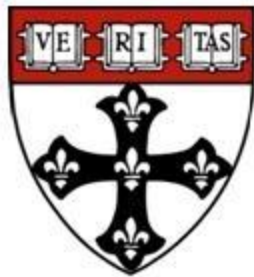
- LAC REFLECTS GLOBAL TRENDS IN RH INDICATORS:
 - Increasing age: YES
 - Low parity: YES
 - Late age at first birth: NOT CLEAR
 - Early age at menarche: NO
 - Decreased breastfeeding: VARIABLE
 - No information on HRT (probably very low)
- Information of variable quality and availability
- Definite conclusions not possible based on this superficial analysis
- Country/social group-specific studies would be required



Thank you!

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www.hsph.harvard.edu/women-and-health-initiative



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