

KARNATAK UNIVERSITY. DHARWAD



**'A' Grade
NAAC Accredited 2014**



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Regulations and Syllabus
For
P.G Diploma
in
Reproductive Health Management

The Karnatak University, Dharwad has always been striving to widen its horizon of academic activities by providing a base for interaction with students and faculty members of various national and overseas institutions. In this context, the Karnatak University took a landmark step to encourage foreign students to pursue their Post Graduate course, by making a special provision for their admission in 2002, by starting International Diploma in reproductive Health Management.

The Karnatak University has been in academic contact with University of Groningen, the Netherlands, since long time. When Population Research Centre (PRC) of University of Groningen extended its field research in the domains of Population Studies and Reproductive Health, it also came into contact with the JSS's Institute of Economic Research, Dharwad. This longstanding academic interaction has paved way for collaborative endeavor of these institutions to address to the current population and reproductive health issues.

In fact, the present collaboration envisages to build up an international scholarship on Reproductive and sexual health Management through a constant flow of students and faculty between the collaborating institutions.

This Diploma course provides ample opportunities for employment in various RCH, HIV/AIDS programmes and projects launched by the Government, Non-Governmental organizations and Private sectors, and also in state and National level teaching and Research Institutions.

Objectives of the Course:

The course aims to train persons in the design, organization, monitoring, and evaluation of Reproductive, sexual and child health programmes in Government and Non-Government sector, thus contributing to the Reproductive, Sexual child health programmes of Government of India and reproductive health projects by NGOs, and in the final analysis to the improvement in the overall reproductive health status of the communities and Nation as a whole. The specific objectives of the courses are:

To provide a broad interdisciplinary understanding of the core areas of Reproductive health, its related aspects and also the causes and consequences of Reproductive health problems.

To develop, through a field-intense practical training, the individual ability to assess reproductive health needs of the community, to evaluate the reproductive health programmes and projects in government, private and NGO sector, to devise management strategies to achieve improved coverage and quality of services.

To impart knowledge and skills to conceptualize reproductive health research questions, design a community-based study to investigate the problem, collect relevant data from the field, analyze the data and present in a policy or scientific context.

Karnatak University, Dharwad
P.G Diploma in Reproductive Health Management
Program Code: DP15

Program outcome:

PO1: The candidate will acquire knowledge and skills to provide assistance to society in general and in particular to woman, newborn infants and their families.

PO2: Helps the society to use health care system with confidence.

PO3: The course helps its graduates to provide reproductive health care in most effective and efficient manner.

PO4: It helps its graduates to support and sustain the quality of Reproductive Health issues and services.

Program Specific outcome:

PSO1: The course helps its graduates to effectively assess and address clients' Reproductive Health problems, assist in decision making. Also helps managers and trainers in their efforts to improve health of mothers and new born babies at all levels of health care system.

PSO2: the graduate of this course will be able to address the basic biological mechanisms that underline male, female reproduction and that pertain to Reproductive Health issues such as contraception, infertility, sexually transmitted diseases, reproductive ageing.

PSO3: Graduates are acquainted with the concepts of Reproductive Health management.

PSO4: Graduates shall acquire counseling skills in maternal health, newborn and family planning.

The courses offered are:

DP15T01	4 Credits	4 Teaching hours/week	Year end exam of 100 marks
DP15T02	4 Credits	4 Teaching hours/week	Year end exam of 100 marks
DP15T03	4 Credits	4 Teaching hours/week	Year end exam of 100 marks
DP15T04	4 Credits	4 Teaching hours/week	Year end exam of 100 marks

Course Outcomes:

DP15T01: Introduction to reproductive Health

After studying this course, the candidates will be able to

- Address the basic biological aspects in males, females, reproduction and Reproductive Health issues such as contraception, infertility, sexually transmitted diseases, etc.
- Understand family planning methods, policy issues, quality of care, etc.

DP15T02: Reproductive Health Risk Analysis and Management

After completing this course, the candidate will be able to

- Overview health risks of pregnant woman, new born, predict health risks and uncertainty in human life and in particular reproductive cycle.

DP15T03: Reproductive Health Program Management

The candidate will learn about

- Reproductive Health program management through principles, strategies, case studies and evaluation of reproductive health policies.

DP15T04: Reproductive Health Research Methods

- The candidate will be prepared to take up research in Reproductive Health through research methods, research data, research hypothesis and data collection , data processing techniques.

DP15T201A: Population Studies and Reproductive Health (OEC Paper for Second Sem)

- By opting this course, the candidate will be able to understand and analyze population concept such as population density, age-sex composition, urbanization, age pyramids.

DP15T301A: Epidemiology and Reproductive Health (OEC Paper for Third Sem)

- The candidate is trained in epidemiological and public health studies, epidemiological study designs and their analysis. Also get to know the determinants of health and disease risks.

INTRODUCTION TO REPRODUCTIVE HEALTH

Unit 1:

The concept of Reproductive Health, Reproductive Health programs and policies in India, family planning programs, problems, approach towards Reproductive and child Health (RCH) programs.

(10 HOURS)

Unit 2:

Topics of Reproductive Health: Safe motherhood-medical and socio-cultural aspects of safe pregnancies and deliveries, levels and causes of maternal mortality, use of antenatal care and policies of GOI. Child Survival-Medical and socioeconomic aspects of child morbidity and survival, levels and causes of neonatal , infant and child mortality. Reproductive System and sexuality-basic physical aspects of reproductive health, sexual response cycles in males and females, community studies on sexuality, menstruation and other reproductive health issues.

Unit 3:

(10 HOURS)

Reproductive Technologies: Family planning methods and abortion- methods of contraception, abortion, child spacing and cultural perceptions about fertility and contraceptive methods. Technologies such as IVF, sonography, etc. Reproductive morbidity- Prevalence of RTI(reproductive tract infection), gynaecological diseases of woman, male reproductive illness, medical and perceived causes, policies and interventions.

(10 HOURS)

Unit 4:

STDs and HIV/AIDS: medical and social aspects of STDs and HIV/AIDS, estimated levels of AIDS and interventions of GOI and NGOs. Special groups-reproductive health of special groups, policy issues and quality of care, reproductive rights and gender, male involvement, reproductive health issues of adolescents.

(10 HOURS)

Unit 5:

Theories on Reproductive Health Behaviour: The process context approach towards reproductive health, individual reproductive health behaviour as an outcome of process (behavioural, biological, chance) , decision making, motivation and reproductive health behaviour in institutional and cultural contexts.

(10 HOURS)

Unit 6:

Models on Reproductive Health Behaviour: Bongaarts and Potter (1983) Fertility model, Mosley and Chen(1985) mortality model, Norren and Vianen(1986) mortality model, the epidemiological transition. Theories and models are illustrated with applications in research projectson nutrition during pregnancy and birth weight of children in Karnataka, reproductive health and child spacing in rural India.

(10 HOURS)

References

Pachuri, S,(ed) 1999. Implementing a Reproductive Health Agenda in India: The beginning. New Delhi. Population Council.

Koenig, M A and Khan, M E 1999. Improving quality of care in India' Family Welfare Program, New York: Population Council

Anil Kumar (ed) 2002. Epidemiology, Health and Population-Statistical applications. New Delhi. B R Publishing corporation

Anderson B A 2005. Reproductive Health: Women' and Men' shared responsibility. Jones and Bartlet Publishers

Bongaarts, J and Potter, R G 1983. Fertility, Biology and Behaviour: an analysis of Proximate Deteerminants. New York. Academic Press.

Mosley, W H and Chen, L C (1984). An analytical Framework for the Study of Child Survival in Developing Countries. Supplement to Population and Development Review. Vol 10.

Reproductive Health Risk Analysis and Management

Unit 1

Introduction to Concepts in Statistics: Variable, types of variable, measurement of variables with examples. Classification, types of classification, measures of central tendency, measures dispersion skewness, kurtosis, correlation and regression. Relevance of these concepts in risk analysis.

(10 HOURS)

Unit 2

Risk and Uncertainty: Risk factors that impair reproductive system, occurrence of events, risk factors associated with Reproductive health, events of interest, risks to healthy reproductive life path (diseases, injury, genetically determined defects). Individual risks and societal (public health) risks.

(10 HOURS)

Unit 3

Risk Measures and Risk Assessment: Rates, ratios, and proportions, and their inter-relationships. Measures of Risk- prevalence, incidence, point and period prevalence, relationship between point and period prevalence with examples of reproductive health. Risk measures based on relative risk, risk ratio, odds ratio-calculation, importance in health risk analysis. Comparison of risk levels in different population, prediction risks, assessment of effects of interventions.

(10 HOURS)

Unit 4

Risk Assessment: Identification of risk factors and risk indicators, assignment of individuals to risk groups, segmentation of population with respect to type and level of health risks, assignment of situations to risk categories on the basis of measurable characterizations. Prediction of probability of disease impairment, health status of population. Introduction to models in epidemiology and public health research. Demographic models to predict changes in health status of population. Quantification of risk factors and risk indicators-logistic and Poisson regressions.

(10 HOURS)

Unit 5

Risk Impact Assessment and Management: impact of risk factors and interventions on risk levels, models of impact assessment, measurement of differential risk levels, strategies to reduce risk, reduction of risk, management of consequences of risk-sharing the burden of risk and uncertainty, health insurance, etc.

(10 HOURS)

Unit 6

Case Study: Risk analysis and risk measurements through health programs. A study population will be identified, health risks are determined, quantified. Using the information from sample screening, the health status of the study population will be assessed and predictions will be made for future changes.

(10 HOURS)

References

Srinivasan, K 1998. Basic Demographic Techniques and Applications New Delhi, Sage Publications. YooYoung, T. K. 1998. Population Health: Concepts and Methods. Oxford University Press.

Park, J E 1986. Text Book of Preventive and Social Medicine. New Delhi.

Peat, J K (ed). Health Science research: A Handbook of Quantitative Methods. New Delhi, Sage Publications.

Kumar, A 2002. Epidemiology, Health and Population, Delhi B P Publishing Corporation.

Reproductive Health Program Management

Unit 1

Introduction to Management: Concept, definition, evolution. Functions qualities and aims of managers. Components of management. Skills- Technical, human, conceptual and design skills. Management-Principles, HRD system, performance appraisal, feedback and counselling, career planning and development, training and human resource information system. Theories of motivation, its contributions, noise encoding and decoding. Authority, responsibility or supervisory style. Project planning and control-PERT.

(10 HOURS)

Unit 2

Reproductive Health Program Management Strategies: Strategic management approach-Service beneficiary sequence (SBS) strategy, Demand supply resource strategy, Targeting the people in need-marketing approach, client segmentation, community needs assessment, unmet need approach, health seeking behaviour.

(10 HOURS)

Unit 3

Reproductive Health Program Services and Design: Commercial distribution, community based distribution systems, social marketing. Management information system, structural interventions, management training, organizational development and management assistance related to Reproductive health.

(10 HOURS)

Unit 4

Case Studies of Reproductive Health Programs: Case studies from INDIA (integration of health and family planning, VIKALP, SEWA, FPAI). Integration of contraceptive services with nutrition. Adding infrastructure , training, supplies and advisory support .

(10 HOURS)

Unit 5

Quality of Care in Reproductive Health Program: A management Perspective: Definition and importance of quality care. Quality care in family planning- A frame work by Judith Bruce(1990). Choice of methods, information given to clients, technical competence,

interpersonal relation, mechanism to encourage continuity, appropriate counselling services. Quality issues to be addressed in family planning program-preparation, service delivery and outcomes.

(10 HOURS)

Unit 6

Evaluation of Reproductive Health Policies and Programs: Cost-benefit analysis in reproductive health, input –process-output evaluation. Impact evaluation. Evaluation of Programs in terms of organizational structure and management efficiency. Line command , staffing pattern, motivation to work, incentives. Time utilization analysis of various reproductive health program personnel. Use of service statistics in monitoring and evaluating reproductive health programs.

References

Koontz, H and WEihrich, H 2003. Essentials of Management. New Delhi, McGraw-Hill Publishing .

Horstman, R G 2002. Monitoring and Evaluation of Sexual and Reproductive Health Interventions. The Hague, NIDI

Basu, R V 1998. Private Health Care in India. Social characteristics and trends. Sage Publications, New Delhi.

Zeigenfuss, J T 2002. Organization and Management Problem Solving. Systems and Consulting approach. Sage Publications, New Delhi.

Goel S L2001. Healthcare Systems and Management. Health care organization and structure. Deep and Deep Publications, New Delhi. Reproductive Health Research Management

OEC Paper: 2.1: Population Studies and Reproductive Health

Unit -1 Population Studies:

Meaning, Basic Concepts and Importance, Size and Patterns of Population Growth in India, Population Projections, Population Density, Age and Sex Composition, Declining Sex Ratio, Socio-Economic Composition. **10 Hours**

Unit – 2 Sources of Population Data:

Census, Registration System in India, Sample Surveys, Coverage and Content errors, Problems of Estimation. **10 Hours**

Unit – 3 Mortality and Population Change:

Mortality, Measures of Mortality, Mortality Rate and Trends in India, Infant Mortality, Differential Mortality, Maternal Mortality. **10 Hours**

Unit – 4 Fertility and Population Change:

Fertility and Fecundity, Fertility Rates and trends in India, Measures of Fertility, Differential Fertility, Social Theories of Fertility. **10 Hours**

Unit –5 Reproductive Health:

Meaning, Processes, Functions. Biological Foundations: Anatomy and Physiology
Sex Determinations: Reproductive health problems in India. **10 Hours**

References:

1. Aijazuddin, Ahmad, DaivelNoin, H.N.Sharma (eds); Demographic Transition; The Third World Scenario”, Rawat Publications, Japur.
2. AshaBhende& Tara Kanitkar: Principles of Population Studies. Mumbai, Himalaya publishing House , 1999
3. Barclay, George W. (1968) Techniques of population analysis, John Wiley and sons, New York.
4. Bose.Ashish: Demographic Diversity of India Delhi; B.R.Publishing Corporation 1991.
5. Donald, J. Bogue – Principles of Demography, London, John Wiley and Sons, Inc. 1969.
6. Jone R. Human reproductive biology, 3rdedu. Elservice Academic Press 2006.
7. Keyfitz N. (1968). Introduction to the Mathematics of Population. Addison-Wesley Publishing Co, Reading, Messachusetts.
8. Kingsley, Davis – Population of India and Pakistan, Princeton University Press, Princeton, 1951
9. Mascarenhas, Population Education, II Edition, Oxford and IBH, New Delhi. 1982.

10. National Family Health Survey 1998-99 and 2005-06. International Institute of Population studies, Bombay
11. O.S.Srivatsava ; Demography and Population Studies, Vikas Publishing House New Delhi, 1996
12. P.M.Houser and Duncan; Study of Population, Chicago: University of Chicago Press. 1973.
13. Peterson William – Population; London:Macmillan.1969.
14. Population Reference Bureau – Latest world population data sheet.
15. R. Ramkumar (1986) Technical Demography, Wiley Eastern, New Delhi.
16. S.Chandrashekar (ed): Infant Mortality, Population growth and family planning in India; London; George Allen &Unwin Ltd. 1974
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18. W.S.Thompson and D.T.Lewis – Population Problems, New Delhi, TMH, 1976.

OEC Paper: 3.1: Epidemiology and Reproductive Health

Unit -1 Introduction:

Epidemiology: Meaning, History, Types of Epidemiology: Communicable and Non-Communicable, Types of Transmission, Infectious Diseases, Reproductive Health: Meaning, Concepts and Components. **10 Hours**

Unit – 2 Epidemiological problems of women in India:

Reproductive health problems, Pregnancy and Child Birth, Depression and anxiety, HIV, STD, Breast Cancer.Ovaries and Cervical cancer. **10 Hours**

Unit -3 Prevention and Control of Diseases:

Epidemiological Investigation, Herd Immunity, Vaccination, Reproductive Technologies.

10 Hours

Unit -4 Policies and Programmes:

National Programmes related to Communicable and non – Communicable diseases. Role of NGO's in controlling diseases, Differential access to health delivery system NRHM. **10 Hours**

Unit- 5 Reproductive Health and Rights:

Key Dimensions of Women's Health. Reproductive health and rights in India. Violation of Women's sexual and reproductive health and rights. The subordination of women and control over women's sexuality. Access to safe Abortion – challenges. Abortion law in India & Abroad. Women's Health in Disasters and Conflicts. **10 Hours**

Reference:

- 1) ARROW, RUWSEC and Sida. 2014. Country profile on universal access to sexual and reproductive health: India.
- 2) ASIAN-PACIFIC RESOURCE & RESEARCH CENTRE FOR WOMEN (ARROW). Access at: http://arrow.org.my/wp-content/uploads/2015/04/ICPD-20-Asia-Pacific_Monitoring-Report_2013.pdf Sexuality, gender and rights: exploring theory and practice in South and Southeast Asia. 2005. Ed. by Geetanjali Misra and Radhika Chandiramani. Sage Publications India Pvt Ltd: New Delhi.
- 3) Bhattacharya, Sanghita et al. 2015. "Neither we are satisfied nor they"-users and provider's perspective: a qualitative study of maternity care in secondary level public health facilities, Uttar Pradesh, India. BMC Health Services Research, 15:421.
- 4) Bhopal, R.S. (2002) Concepts of Epidemiology: An Integrated Introduction to the Ideas, Theories, Principles and Methods of Epidemiology. Oxford: Oxford University Press.

- 5) Center for Reproductive Rights. 2009. Reproductive Rights are Human Rights. United States of America. Access at: http://www.reproductiverights.org/sites/crr.civicaactions.net/files/documents/RRareHR_fi nal.pdf
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- 8) Ghosh, Sancheetha. 2010. Increasing trend in Caesarean Section Delivery in India: Role of Medicalisation of Maternal Health. Institute for Social and Economic Change, Working Paper Series 236.
- 9) Government of India. "Census Reports".
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- 12) J.R. Park and K.Prak. (1983). "Text Book of Preventive and Social Medicines". Habalpure, M.S.Banarside.
- 13) K.AjitDalal and Subha Ray. (2005). "Social Dimensions of Health". Rawat Publications, Jaipur.
- 14) Kate Millet. 1968, *Sexual Politics. An Essay. (Feminist Classic Reading)* Access at: <https://www.marxists.org/subject/women/authors/millett-kate/sexual-politics.htm> CREA. 2006. *Sexual Rights and Social Movements in India*. CREA: New Delhi.
- 15) KrishnarajMaithrey (ed). (1999). "Gender, population and development". Oxford, New Delhi.
- 16) Lale Say, Doris Chou, Alison Gemmill, et al. 2014. Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*, 2(6), e323 – e333, [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext)
- 17) Marge Berer. 2003. *Integration of Sexual and Reproductive Health services: A Health Sector Priority*
- 18) Mohan Rao (Ed). (2004). "The Unheard Scream: Reproductive Health and Women's Rights in India". Zubaan, New Delhi.
- 19) National Family Health Survey Report.
- 20) Rebecca J. Cook, Bernard M Dickens, and Mahmoud F. Fathalla. 2003. *Reproductive health and Human rights. Integrating Medicine, ethics and law*. Oxford University Press, New York.
- 21) *Reclaiming and redefining rights: ICPD + 20: Status of sexual and reproductive health and rights in Asia Pacific*. 2013.
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- 26) Sharon Fonn and T.K. SundariRavindran. 2011. The Macro Economic Environment of Sexual and Reproductive Health: A Review of Trends Over the Past 30 Years. Reproductive Health Matters, 19(38); p. 11 - 25.
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