

Ensure that Reproductive Health Programs Recognize the Centrality of Sexual Health

*Reproduction is one of the critical dimensions of human sexuality and may contribute to strengthening relationships and personal fulfillment when desired and planned. Sexual health is a more encompassing concept than reproductive health. Current reproductive health programs must be broadened to address the various dimensions of sexuality and sexual health in a comprehensive manner.**

Introduction

Sexuality is among the most fundamental aspects of our lives and yet it has long been the silent partner in sexual and reproductive health (SRH) programming. Securing the recognition that promoting reproductive health is an important and legitimate component of the sustainable development of communities and societies has been slow, uneven, and tenuous. Furthermore, conceptually uniting sexual health with reproductive health under the unitary banner of Sexual and Reproductive Health has, particularly in the international development dialogue, been particularly inadequate. Agreement upon and implementation of high quality sexual and reproductive health programming has often been sacrificed to political, religious, and ideological interests; the end result being the considerable, but avoidable, increased morbidity, mortality and infringement of fundamental human rights.

*This chapter was informed by the WAS Expert Consultation in Oaxaca, Mexico, a thorough review of the literature, and the background paper written by Angela Heimbürger/Victoria Ward (see Appendix IV and V).

This chapter provides an overview of the growing recognition that access to sexual and reproductive health care is necessary in order to reach the United Nations Millennium Development Goals (MDGs). This is followed by a discussion of the lack of a positive approach to human sexuality in reproductive health programming, the importance of fully integrating sexuality and sexual health within such programming, and the necessity to adequately train health care providers in human sexuality and sexual health.

The Recognition of Access to Sexual and Reproductive Health Care as Essential to Global Development

The 4th International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 and attended by government representatives from 179 countries has been accurately described as a “watershed” in international agreement and acceptance of the concepts of reproductive rights and sexual and reproductive health (Haslegrave, 2004). The conference attendees not only collectively called for universal access to sexual and reproductive health services by 2015, the ICPD definition of reproductive health produced at the conference represented a quantum leap forward in recognizing and understanding the true breadth of reproductive health and the degree to which sexual health and reproductive health are a single entity that cannot be segmented. The definition of reproductive health developed at the ICPD conference appeared to make explicitly clear that sexual health cannot be ignored or extracted from the concept of reproductive health. Not only was reproductive health now legitimately recognized as crucial to the development process, but sexual health was recognized as being inextricably interwoven with it. The full definition of reproductive health that emerged from ICPD bears repeating here:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the

constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases (UN, 1995).

Among the significant aspects of the ICPD definition of reproductive health was that it did not incorporate sexual health only in terms of fertility control and STI/HIV prevention but also conceptualized sexual health in terms of “enhancement of life and personal relations” and a “satisfying and safe sex life”. In other words, the ICPD definition of reproductive health went beyond looking at sexual health simply as a matter of problem prevention and progressively defined it in positive terms. This represented an important shift away from the traditional negatively oriented approach to sexuality to a more positive, life enhancement approach that had long been advocated by health promotion workers addressing reproductive health.

Despite the advances in conceptualizing sexual and reproductive indicated by the ICPD definition, as Correa and Parker (2004) have observed, “...since Cairo, sexuality has increasingly been ignored in (or taken off) the reproductive health agenda” (p. 20). To compound the situation further is the seeming de-emphasis of reproductive health more generally within the global development agenda as evidenced most profoundly by the omission of sexual and reproductive health from the Millennium Development Goals (MDGs) (Glasier et al., 2006). This, despite the fact that advances in sexual and reproductive health are so clearly necessary if the overall objectives of the MDGs are to be achieved. Various explanations for the de-emphasis or outright disappearance of sexual and reproductive health have been proffered, ranging from the notion that the ICPD conceptualization of reproductive health was too ambitious to the prioritization of HIV/AIDS in the global health agenda. Others have been more forthright. Glasier et al., (2006) state emphatically that

Sexual and reproductive health services are absent or of poor quality and underused in many countries because discussion of issues such as sexual intercourse and sexuality make people uncomfortable. The increasing influence of conservative political, religious, and cultural forces around the world threatens to undermine progress made since 1994, and arguably provides the best example of the detrimental intrusion of politics into public health (p. 1).

Fortunately, a number of positive developments have occurred since the exclusion of explicit reference to sexual and reproductive health in the Millennium Declaration. Firstly, several influential non-governmental organizations have issued extensive,

research-based reports demonstrating the importance of addressing sexual and reproductive health in order to achieve the MDGs. These included the Alan Guttmacher Institute report *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health* (Singh, Darroch, Vlassoff, & Nadeau, 2003) and Family Care International's (2005) *Millennium Development Goals and Sexual and Reproductive Health*. The World Health Organization has also played a key role in re-establishing the centrality of reproductive health with its *Reproductive Health Strategy to Accelerate Progress Towards the Attainment of International Development Goals and Targets* (WHO, 2004a) and more recently, *Accelerating Progress Towards the Attainment of International Reproductive Health Goals: A Framework for Implementing the WHO Global Reproductive Health Strategy* (WHO, 2006). Most importantly, world leaders officially recognized that providing access to reproductive health services as envisaged by ICPD was necessary in order to make progress toward attaining the MDGs as outlined in the *World Summit Outcome document* (UN, 2005).

Finally, this work has culminated in the United Nations (2006) report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*. This report acknowledges clearly and explicitly that improved access and delivery of sexual and reproductive health services will significantly contribute to combating HIV/AIDS, promoting gender equality, improving maternal and child health, and fighting poverty. The report specifically recommends incorporating sexual and reproductive health into both national poverty reduction campaigns and national health systems as well as provides an outline of strategies to accomplish these goals.

In sum, although the years following the watershed ICPD conceptualization of reproductive health, that placed sexual health front and center within it, was followed by disappointment, particularly with the exclusion of sexual and reproductive health from the MDGs, recent years have seen significant progress in the re-emphasis of sexual and reproductive health as an instrumental part of the global development process. In addition, it has been noted that access to and delivery of reproductive health services has improved in many parts of the developing world (Haslegrave, 2004; Langer, 2006; UN, 2006). For example, Haslegrave points out that:

Countries such as Mexico, Ghana, South Africa and Thailand, to name only a few examples, have show considerable success in integrating sexual and reproductive health care into primary health care. In doing so, they have shown that sexual and reproductive must be seen within the context of health in general and not as a separate component. Sexual and reproductive health must be considered in this way so as to ensure that it continues to be regarded as part of “mainstream” health services (p. 16).

Glasier et al. (2006) note that sexual and reproductive health is now fully recognized as being essential for achieving the MDGs, that the World Summit reaffirmed the goals of universal access to reproductive health care by 2015, and that if these two developments are translated into actions, significant progress in sexual health promotion is possible.

The Disconnect Between Reproductive Health Care and a Positive Approach to Sexuality

As the ICPD definition of reproductive health makes clear, reproductive health entails much more than reproductive function, fertility control, and the prevention of STI/HIV, it also includes the “enhancement of life and personal relations.” In terms of its impact on human development, the function of human sexuality extends well beyond reproduction as it plays a pivotal role in interpersonal relationships as an expression of intimacy and affection and sexuality is potentially a source of immense pleasure that contributes significantly to quality of life for many people. Sexuality and sexual health are pertinent throughout the lifespan, not just during the reproductive years. Sexuality and sexual health are central to all people whether they are homosexual, bisexual, or heterosexual and whether they reproduce or not. In reality, sexuality should not be viewed as a component of, or add-on to reproductive health. Rather, reproductive health is more accurately seen as one key aspect of a broader, more encompassing sexual health.

The integration of sexuality into public health generally and reproductive health specifically is to conceptualize and define sexuality as a matter of health and well-being rather than as something that should be seen in terms of morality (see Giami, 2002). While public health approaches to sexuality have not excluded moral concerns and have emphasized the importance of equitable and mutually respectful behavior, the acceptance of sexual and reproductive health programs continues to meet ideological resistance. As Langer (2006) points out with regard to successes and setbacks for ICPD:

Increased conservatism in some donor countries has taken a heavy toll on the efforts to advance the international agenda on sexual and reproductive health and rights. Indeed, contrary to scientific evidence, conservative forces interpret the ICPD Programme of Action’s call for information and services for young people as promoting promiscuity and irresponsible behaviour. This situation exposes millions of women, men, and young people to HIV/AIDS, unwanted pregnancies, and unsafe and illegal abortions (p.1553).

The disconnect between sexual health and reproductive health is clearly grounded in a traditional and deeply rooted negatively oriented conceptualization of the nature and purpose of human sexuality. Within this paradigm, sexuality and sexual health are not often discussed openly between health care providers and their clients. At the public policy level, in many cases, initiatives aimed explicitly at sexual health are themselves taboo.

At another, but equally important level, when and where the concept of sexual and reproductive health has been recognized as a legitimate aspect of public health, it has been overwhelmingly oriented towards a conceptualization of human sexuality that emphasizes negative outcomes rather than positive outcomes such as satisfactory sexual activity and relationships. Clearly, the sole emphasis on preventing negative outcomes is more congenial to ideological perspectives that fear that integrating positive outcomes will subvert traditional conceptions of sexual morality. This has led, in many respects, to a desexualization of many reproductive health programs. Parker, DiMauro, Filiano and Garcia (2004) discuss the distinction between negative sexual rights and positive sexual rights; negative sexual rights concern freedom from, for example, violence and abuse, whereas positive sexual rights concern freedom for, for example, sexual expression and pleasure. Parker et al., note that it has been far easier to advance negative sexual rights than positive sexual rights. To fully integrate sexual health with reproductive health requires that programming appropriately balance positive and negative sexual rights.

Another difficulty that predisposes the sexual and reproductive health field towards a focus on negatives outcomes is that negative outcomes are, in most cases, far easier to quantify and measure as compared to positive outcomes. For example, the incidence and prevalence of sexually transmitted infections can be objectively measured in a number of ways whereas individual's necessarily subjective assessments of their own sexual well-being including improvements in sexual and relationship satisfaction are far more difficult to measure. As the UN (2006) report on sexual and reproductive health puts it, attaining good health is much more than simply avoiding diseases, and this is more the case with respect to sexuality than in other aspects of health:

Indeed, much of our personal identity as well as our social and personal relationships hinge on this part of our lives – which is closely related to our overall health and well-being. Today's measurement tools are not able to capture such positive aspects of health and well-being (p. 32).

Putting the Sexual Back into Sexual and Reproductive Health

As Parker, et al., (2004) point out “Currently, feminists, gay and lesbian activists, and HIV/AIDS nongovernmental organizations (NGO) are fighting to extend the definition of sexual rights to the enablement and even celebration of sexual diversity and sexual pleasure” (p. 368). And, there have been some successes: the focus on positive sexuality in the ICPD definition of reproductive health being first and foremost.

Although not an official policy of the organization, it is encouraging that the WHO (2004b) working definitions of sexual rights includes the right to “pursue a satisfying, safe and pleasurable sexual life” (p. 3) as this may enhance the focus on positive sexual health outcomes for sexual and reproductive health programmers who look to the WHO for guidance. We are increasingly seeing more balance between negative outcomes and positive outcomes in approaches to sexual and reproductive health.

For example, Health Canada’s (2003) Canadian Guidelines for Sexual health Education conceptualize sexual health education as being aimed both at sexual health behavior to prevent sexual problems (i.e., unwanted pregnancy, STI/HIV, sexual harassment/abuse, sexual dysfunction) as well as “sexual health enhancement” (e.g., positive self-worth and self-image in acceptance of one’s own sexuality, integration of sexuality into mutually satisfying relationships) (p. 15).

Equally significant is the growing awareness and understanding that “pleasure and prevention” go hand in hand. Recognizing, accepting, and incorporating the fact that people experience sexual desire and seek sexual pleasure into programs aimed at sexual and reproductive health problem prevention will contribute to the effectiveness of such programs (Philpott, Knerr, & Boydell, 2006; Philpott, Knerr, & Maher, 2006). Programs and services addressing reproductive health must fully recognize and account for the reality that reproductive health is deeply and inextricably linked to sexuality and that our sexuality is an expression of our human desire for pleasure and interconnection with others.

The growing recognition that sexual health and reproductive health are inseparable as evidenced by ICPD and that the promotion of sexual and reproductive health is an important in striving to achieve the MDGs as evidenced by the UN (2006) Public Choices, Private Decisions document are extremely positive developments. But, as noted previously, most societies around the world are primarily sex negative in orientation and/or anxiety ridden with respect to sexuality. And not surprisingly, as a result, many reproductive health care providers and their clients are uncomfortable with the prospect of discussing what has often been a highly taboo subject. Despite the fact that this culturally imposed silence around sexuality has served to increase the potentially negative outcomes of not addressing sexuality in reproductive health

programs, very few reproductive health care providers have been trained specifically to address sexuality issues with their clients.

The importance of training reproductive health care workers to fully integrate issues of sexuality in their work has been recognized by the Pan American Health Organization (PAHO) (2000) *Promotion of Sexual Health: Recommendations for Action*. According to PAHO, “Due to the obvious connection between reproductive health and human sexuality, it is often assumed that taking care of the reproductive aspects of health will be enough to satisfy the needs posed by the right to sexual health, but this assumption is incorrect” (p. 43). The PAHO recommendations indicate that reproductive health care workers require in-depth training in human sexuality and suggest that sexual health training curricula be adapted to the cultural context in which they are delivered.

THE PAHO RECOMMENDATIONS FOR REPRODUCTIVE HEALTH CARE WORKERS TRAINING IN HUMAN SEXUALITY

- Basic knowledge of human sexuality

 - Extensive knowledge in human reproduction and the means for its regulation that takes into account broader sexual rights concerns

 - Awareness of personal attitudes towards one’s own and other people’s sexuality which should include a respectful attitude towards persons with different sexual orientations and sexual practices

 - Basic skills in identifying, counseling and, if necessary, referring to the appropriate professional, problems of sexual health.
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PAHO, 2000 (p.44)

Conclusion

The integration of sexuality and reproductive health within reproductive health programs has, despite notable setbacks, advanced considerably in recent years. The ICPD definition of reproductive health clearly established the inherent interconnection of sexual health and reproductive health. Although the exclusion of reproductive health from the MDGs was regrettable, the omission has been substantially rectified by the UN (2005; 2006) recognition that promotion of sexual and reproductive health is necessary in order to achieve the MDGs.

The UN (2006) *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals* provides an operational strategy and a comprehensive series of recommendations including:

- Integrating sexual and reproductive health analyses and investments into national poverty reduction strategies
- Integrating sexual and reproductive health services into strengthened health systems
- Systematically collecting data pertinent to sexual and reproductive health
- Acting on the UN Millennium Project reproductive health Quick Impact initiative.
- Meeting the sexual and reproductive health needs of special populations with unmet needs (e.g., adolescents, men).

These recommendations are laudable and necessary and success in reaching the MDGs will be significantly dependant on the extent to which they are reflected in policy that is translated into concrete action. Furthermore, the relevance to people's lives, as well as effectiveness and success of these initiatives will be dependant upon the degree to which sexuality and sexual health issues are recognized and integrated with reproductive health in programming.

Necessary actions

5.1 Government and transnational policy and policy statements regarding reproductive health funding and mandating of services must include, in accordance with International Conference on Population and Development (ICPD), specific reference to sexual health.

5.2 Sexual and reproductive health programming should include a clear commitment that such programming will fully reflect and incorporate the WHO working definitions of sexual rights.

5.3 Sexual and reproductive health programming should recognize and reflect the positive aspects of human sexuality and be aimed in a balanced way toward positive as well as negative outcomes.

5.4 All reproductive health providers should receive, through pre-service and in-service training the knowledge, comfort level, and skills to effectively address sexuality and sexual health in their work.

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