

A Sexual and Reproductive Health Approach

A shift in focus

Over the past 10 years, a shift has been occurring gradually in the field of population and family planning—a shift away from a focus on demographic goals to a more client-centered focus. With demographic goals, programs tended to focus on “population control” through contraceptive targets or promotion of the most effective methods of fertility control. Programs now increasingly focus on the rights and needs of clients, as well as involving clients in participatory approaches to program design, implementation, and evaluation.

This shift has been greatly accelerated since the 1994 [International Conference on Population and Development](#) (ICPD) in Cairo and the 1995 [UN Fourth World Conference on Women](#) (FWCW) in Beijing. The consensus Platforms of Action from Cairo and Beijing placed women’s health and rights as a central concern for the first time.

This shift has included not only an increased focus on quality of care, informed choice, and gender sensitivity, but most importantly, a greater recognition of the broader, interrelated sexual and reproductive health needs of clients and a recognition of the changes required throughout the health care system to meet those needs. This new approach has been referred to as a “sexual and reproductive health approach.”

Redefining approaches

A sexual and reproductive health approach involves a shift in the thinking behind service provision, including using a holistic, quality, client-oriented approach; assuring that services are youth-friendly, male-friendly, and gender-sensitive; assuring a rights perspective—human rights and women’s rights, in addition to reproductive rights. A sexual and reproductive health approach involves assessing the interrelationship between clients’ needs, as well as promoting awareness among clients of their bodies, reproductive cycles, and sexuality.

Building upon and revitalizing services

A sexual and reproductive health approach encompasses the need for comprehensive services, yet it does not imply that every site must offer all services. Providing high-quality, comprehensive sexual and reproductive health services does not necessarily imply a new set of programs, but could simply involve adapting and revitalizing those already in place. It involves more than simply adding new activities—such as adding services for sexually transmitted infections (STIs) to existing contraceptive services. It also requires a shift in the way services are provided.

Addressing underlying issues

In offering sexual and reproductive health services, providers must be sensitive to the needs of clients that may lie beyond what they initially express as a reason for a visit. Providers must understand and address the interpersonal and social issues that underlie a client's decisions and that may be determinants of poor reproductive health.

Issues that can affect a client's choices and ability implement decisions might include, for example, the client's relationship with her or his partner and ability to communicate about issues of sexuality and reproduction. A decision might be affected by the client's perception of risk, including the client's risk of pregnancy or STIs.

Using a reproductive health approach, providers are sensitive to the context of decision making, including the threat of violence or coercion, poverty, economic dependency, cultural influences, beliefs, and practices, and gender-based power imbalances.

Addressing interrelated needs: HIV/STIs

Nothing that affects clients' reproductive health happens in isolation, and a client's decisions in one area may have a wide range of repercussions. For example, prevention, diagnosis, and treatment of STIs and other reproductive tract infections (RTIs) is a key area of activity for family planning providers who are moving to a broader reproductive health approach.

RTIs are prevalent and important health problems for reproductive health client populations. They are a significant cause of reproductive morbidity and mortality, they are a major cause of infertility, and they can facilitate HIV transmission. STIs also have implications for family planning methods, including the added risk of pelvic infection with IUD insertion and the potential for discontinuation of any contraceptive method due to incorrect attribution of STI symptoms.

Addressing sexuality

Sexuality has a major influence on what it means to be "reproductively healthy" and thus should be an integral aspect of reproductive health care. But in practice, this connection is rarely acknowledged.

In order to make informed reproductive health care choices, clients must make decisions about sexuality and sexual practices. For example, people's attitudes toward sexuality influence their contraceptive choice, how effectively the method is used, and their satisfaction with the method.

An informed decision about the use of family planning methods should take into account the impact of the method on sexual relations and the protection that the method offers against HIV and other STIs. STIs and HIV cannot be effectively addressed unless sexuality is addressed in a frank and direct way.

These issues—reproductive health, STIs, and sexuality—are so overlapping and intimately connected that to attempt to disentangle reproductive health from sexual health and sexuality can be a futile exercise—thus the emergence of the term “a sexual and reproductive health approach.”

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