

CHAPTER III: Why is it important for Health Professionals to address poverty and gender concerns in Sexual and Reproductive Health?

Efficiency

Important gains in sexual and reproductive health have been made in the Region. In some areas, however, gains in maternal health have been slow and the contraceptive needs of many couples have not been met. Many countries in the Region are also contending with progressing HIV/ AIDS epidemics and a growing burden of STIs, particularly among young people. Innovative strategies are required to address poverty and gender-related concerns in sexual and reproductive health care. Tailoring efforts in this way can better ensure that the sexual and reproductive needs of poor and marginalized men and women are met throughout their lifecycle.

As discussed above, poor and marginalized populations often bear a higher burden of reproductive and sexual ill-health than affluent groups. Unfortunately, investments in sexual and reproductive health care have not equally benefited the poor. Similarly, prevailing gender norms in the Region can constrict the ability of men and women, especially young men and women, to make decisions that protect and promote their sexual and reproductive health. Young people tend to be excluded from accessing services for and information on sexual and reproductive health; men have often been neglected by preventive and curative sexual and reproductive health programmes.

Nevertheless, healthy, voluntary and safe sexual and reproductive health has been recognized as being critical to human well-being. Sexual and reproductive health has been identified as integral to efforts to reduce maternal mortality, improve child health and reduce the burden of HIV and STIs, among other health conditions. Universal access to reproductive health is understood to be a prerequisite for meeting many of the Millennium Development Goals (MDGs). As such, innovative strategies are required to address poverty and gender-related concerns in sexual and reproductive health care.

Prevailing gender norms likewise influence efforts to improve sexual and reproductive health among many communities in the Region. In particular, gender-related barriers can limit women's access to effective health care and professional advice during pregnancy, delivery and in the postnatal period. By tailoring programmes to address these barriers, many of the health-related risks of pregnancy and childbirth can be avoided. That is, targeting poor men and women with appropriate sexual and reproductive health care can reduce maternal and other sexual and reproductive health-related morbidity and mortality, thereby reducing the overall financial burden of reproductive health care. Incorporating a gender-sensitive response can

likewise ensure that men and women benefit equitably from such efforts. Together these approaches can enhance the overall efficiency of sexual and reproductive health programmes.

The efficiency gains from better targeting poor men and women of all ages with preventive and curative sexual and reproductive health care are even more significant when considering the central role improved sexual and reproductive health can play in poverty reduction strategies. Improving the sexual and reproductive health of poor men and women can advance their overall health and well-being. Strategies that better meet the needs of poor men and women, including financial constraints, can protect poor households from the impoverishing effects of ill-health. Enhanced sexual and reproductive health among men and women can also lead to better health for their children. Such gains, when aggregated at the national level, can contribute towards improved

Box 6: Defining equity in health

Equity in health may be defined as the “absence of systematic disparities in health (or major social determinants) between groups with different levels of underlying social advantage or disadvantage, such as different positions in the social hierarchy.”

Source: Braveman and Gruskin 2003.

economic growth and poverty reduction in the longer-term.

Equity

Inequities refer to inequalities that are seen as unfair, unjust and avoidable (Box 6). In terms of access to sexual and reproductive health, inequities exist between men and women, between the rich and poor, and between industrialized and developing countries. Because of gender-based inequities, women may face additional disadvantages compared to men from the same social class, race, caste or ethnicity.

Pursuing equity in sexual and reproductive health is a commitment to increasing the opportunities for positive sexual and reproductive health outcomes among groups within societies that have suffered discrimination and marginalization.

**Box 7: Government obligations to respect, protect and fulfil human rights:
examples of reproductive rights**

- **The right to life:** Includes the obligation of the state in relation to maternal mortality.
- **Rights to bodily integrity and security of the person:** Includes security from sexual violence and assault at the hands of partners and/or others. Also includes protection against population programmes that compel sterilization and abortion or those that physically prohibit women from receiving family planning services.
- **The right to privacy:** Includes some protections in relation to sexuality. The treaty body that monitors governmental compliance with the *International Covenant on Civil and Political Rights* has stated that “it is undisputed that sexuality is covered by the concept of privacy” and that “moral issues are not exclusively a matter of national concern in that they are subject to review for consistency with international human rights instruments.”
- **The right to the benefits of scientific progress:** This right now includes a woman’s right to control her own reproduction through access to microbicides, female controlled methods of contraception, research into a greater range of male contraceptives and access to safe abortion.
- **The right to seek, receive and impart information:** Includes a woman’s ability to make fully informed choices in reproductive decision-making, including her ability to protect herself against sexual exploitation, abuse or infection.
- **The right to education:** Literacy is critical to reproductive health and education about sexuality as an element of human personality is equally important.
- **The right to health:** Increasingly understood to mean that governments must create conditions that assure, for all, the enjoyment of the highest attainable standard of health. This interpretation would also draw attention to the almost complete lack of attention and resources devoted to the early detection of cervical cancer by a number of governments or state-controlled reproductive health programmes that exist for some populations groups but exclude certain marginalized communities from their consideration and outreach.
- **The right to equality in marriage and divorce:** Understood to refer to the equal ability of women and men to voluntarily enter into marriage and divorce. This right is being recognized by people involved in reproductive health because of its relevance to women’s ability to control and make decisions about their lives.
- **Non-discrimination:** Traditionally understood to mean that all people should be treated equally and given equal opportunity, including assurance of equal protection under the law. All treatment must be based on objective and reasonable criteria, therefore, applying different approaches to girls and boys in reproductive and sexual health policy and programme development must be based on a valid recognition of gender related differentials. The influence of prescribed gender roles and cultural norms when determining these differentials should be minimized.

Adapted from World Health Organization 2001d.

Although experience shows that some variation in health status is unavoidable—due to biological differences between men and women, for example—inequalities in sexual and reproductive health between the poor and non-poor and between men and women are increasingly understood to at least partially mirror social disadvantage, such as that based on income, ethnicity or geographical location.

Access to reproductive health services for all people in need, regardless of their socioeconomic status, is a matter of social justice, fairness and equity. Equity involves the distribution of well-being among social groups so that vulnerable, poor and marginalized people can access sexual and reproductive health care services and programmes. Therefore, achieving the goal of social justice requires addressing the inequities between men and women, the rich and poor, and disparities in reproductive health outcomes between the developing and industrialized nations of the world.

Human rights

Human rights refer to an agreed-upon set of principles and norms that are contained in treaties, conventions, declarations, resolutions and guidelines at the international and regional level. The right to the highest attainable standard of physical and mental health, or the right to health, is rooted in the Universal Declaration of Human Rights. International laws make governments accountable for their actions in planning and implementing public health policies and programmes.

Active, free and meaningful participation of individuals, affected communities and other key stakeholders is a key component of a rights-based approach.

While the right to health encompasses sexual and reproductive health, the right to the highest attainable standard of sexual and reproductive health was advanced at the ICPD and FWCW. These gatherings acknowledged the right of men and women to have information on sexual and reproductive health, to have access to appropriate health services and to decide when to engage in sexual relations and have children, among other rights. Box 7 contains examples of rights that can be used to protect and promote gender equality in reproductive and sexual health. The right to sexual and reproductive health articulated by the ICPD and the FWCW have been widely endorsed by national governments, nongovernmental organizations and multinational agencies.

The Convention of the Rights of the Child (CRC) is another important framework for

**Box 8: Yogyakarta Principles on the
Application of International Law in Relation
to Issues of Sexual Orientation and Gender
Identity**

Individuals experience human rights violations because of their actual or perceived sexual orientation or gender identity. Such documented human rights violations have included: extra-judicial killings; torture; sexual assault and rape; detentions; repression of free speech and assembly; denial of employment and education opportunities; and discrimination in work, health, education, housing, access to justice and immigration.

A group of international law experts recently advanced the struggle to apply international human rights law to sexual orientation and gender identity. The group launched the “Yogyakarta Principles on the Application of International Law in Relation to Issues of Sexual Orientation and Gender Identity” in Yogyakarta, Indonesia in November 2006. The Principles affirm 29 key human rights and outline the basic legal standards for governments and other actors to protect and promote the rights of people who are discriminated on the basis of sexual and gender orientation. The Principles provide recommendations for ending discrimination and abuse for governments, the United Nations human rights system, human rights institutions, nongovernmental organizations and others.

Source: The Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity 2007.

addressing reproductive health, especially among adolescents and young people. The Convention states that children are entitled to the enjoyment of the highest attainable standard of health and to facilities for prevention, treatment of illness and rehabilitation of health. Nearly every country in the world has ratified the Convention.

The 2004 report of the United Nations Special Rapporteur on the Right to Health to the United Nations Human Rights Committee paid particular attention to sexual and reproductive rights. The report underscored the fact that discrimination on the basis of sexual orientation is impermissible under international human rights law. The United Nations Human Rights Committee has ruled that discrimination on the basis of sexual orientation violates the rights to privacy and non-discrimination. International initiatives have recently applied international human rights law to sexual orientation and gender identity (Box 8).

Non-discrimination is a key concept within the right to health. It forbids “any discrimination in access to health care and the underlying determinants, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health”.³²⁰ Yet, as discussed above, many poor and marginalized men and women, boys and girls, do not have adequate access to appropriate sexual and reproductive health care.

The concept of non-discrimination in conjunction with other human rights, such as the rights to information and privacy, should guide the interaction of individuals with the health system. Further, the notion of inclusiveness encompasses the right to health services and the right to the underlying determinants of health, such as education and food. Moreover, since the ICPD, the international community has consistently reaffirmed the right of young people to age-appropriate reproductive health information and services that safeguard their rights to privacy, confidentiality, respect and informed consent. The international community has also reaffirmed that the rights and responsibilities of parents to provide guidance in such matters should not prevent young people from having access to the information and services they require for effective reproductive health.

Member States are responsible for the progressive realization of human rights, including sexual and reproductive rights. Therefore, governments must put in place policies and plans that will make sexual and reproductive health care available and accessible, and will lead to the efficient realization of other human rights (Box 9). Governments must also regulate the actions of non-state actors to ensure the right to health is realized.

Box 9: A rights-based approach to sexual and reproductive health

Active, free and meaningful participation of individuals is a key component of a rights-based approach. Four criteria may be used to evaluate the right to health, in general, and the right to sexual and reproductive health, specifically:

- 1. Availability:** Sexual and reproductive health care is well-functioning and adequately available.
- 2. Accessibility:** Sexual and reproductive health care is accessible to all, encompassing four dimensions: non-discrimination, physical accessibility, economic accessibility (affordability) and information accessibility.
- 3. Acceptability:** Sexual and reproductive health care is respectful, culturally appropriate, gender-sensitive and honour the confidentiality of all patients.
- 4. Quality:** Sexual and reproductive health care is scientifically and medically appropriate and of good quality.

Source: World Health Organization 2002b.