

## Module 7:

# Sexual and reproductive health and rights

## This module will help you understand:

- Terminology used by professionals working in reproductive health and HIV services
- Why integration of sexual and reproductive health with HIV services makes sense
- The need to concentrate efforts on improving women's reproductive health
- Basic facts for informed reporting on reproductive health and HIV



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## What is reproductive health?

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 functions and process. Reproductive health means people can have a satisfying and safe sex life, as well as the capability to reproduce and the freedom to decide if, when and how often to do so.<sup>1</sup>

The right to sexual and reproductive health was first acknowledged internationally as a universal human right during the UN's 1994 International Conference on Population and Development.

Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as cornerstones of population and development policies. Concrete goals of the conference included: providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV.

## Why should reproductive health issues concern citizen journalists?

Sexual and reproductive health deals with the most intimate and private aspects of people's lives, which can be difficult to write about and discuss publicly. As a result, the public misunderstands many sexual and reproductive health matters. Cultural sensitivities and taboos also surround sexuality and often prevent people from seeking information and care, and can prevent governments from addressing the issues.

Yet, sexual and reproductive health profoundly affects the social and economic development of countries. When women die in childbirth, children are orphaned. When girls must take over care of their siblings, they drop out of school. Without an education, girls often marry and begin having children early, which can jeopardise their health and limit their opportunities to add productively to their community and their country's development.

A mother with her daughter at Lean On Me, a project in Kenya to support young mothers living with HIV

<sup>1</sup> unfpa.org



Journalists who produce accurate and timely reports about sexual and reproductive health issues can:

- bring taboo subjects out in the open so they can be discussed
- monitor their government's progress toward achieving stated goals and hold government officials accountable to the public.

A fascinated community watch a condom demonstration in Mozambique

## Understanding the terminology of sexual and reproductive health issues

It doesn't matter what sector you look at – from health to banking, education to the IT industry – people working within a specific area will develop specialist and technical language, what communications professionals refer to as 'jargon'. Jargon is language (and acronyms) that seems completely normal to the people working within that particular sector – but which mean very little to people outside the sector.

One aspect of the craft of journalism involves 'translating' jargon into plain English so that everyone can understand the content of a story. But in order to do that a journalist needs to have a good understanding of the subject, the issues and what the jargon means in the first place.

Here are some of the commonly used terms, which are important to understand when reporting on sexual and reproductive health and HIV:

**AIDS (acquired immune deficiency syndrome)** is a progressive condition that reduces the body's ability to fight certain infections. It is caused by infection with human immunodeficiency virus (HIV). There is no cure for AIDS, but antiretroviral therapy can control symptoms.

**Bi-directional linkages and integration** means that reproductive health components can be linked to HIV programmes and HIV components can be linked to reproductive health programmes. For example:

- community health workers refer people with HIV for family planning and preventing mother-to-child transmission of HIV
- antenatal clinics offer HIV testing and fast referral for antiretroviral treatment for HIV positive women.



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Only a third of young people aged 15-24 have comprehensive knowledge of HIV transmission

**Dual protection** means using both a condom and some other form of modern contraception, such as the pill, to protect against both unplanned pregnancy and sexually transmitted infections (STIs), including HIV. Health professionals recommend dual protection for women because they are not always able to negotiate use of a condom. Although other forms of contraception won't protect them from sexually transmitted diseases, they will at least protect them from unwanted pregnancies.

**HIV (human immunodeficiency virus)** is a virus that attacks the body's immune system, making the body unable to fight infection. It can cause AIDS, which is the last stage of HIV infection. HIV is the most dangerous sexually transmitted infection.

**Incidence rate** is the number of people contracting a disease per 1,000 population at risk for a given period of time (usually annually).

**Integration** involves the organisation of policies and programmes to deliver comprehensive services which provide a continuum of care for HIV, care and treatment, as well as meeting people's sexual and reproductive health needs. In plain English, this means providing a 'one stop shop' where reproductive health and HIV services are offered all in the same place, or by referrals to other services.

**Key populations** include both vulnerable and most-at-risk populations. They are important to the dynamics of HIV transmission in a given setting and are essential partners in an effective response to the epidemic. People living with HIV are considered a key population in all epidemic contexts (see reporting on HIV module for preferred terminology when talking about key populations).

**Lifetime risk of maternal death** is the probability of becoming pregnant combined with the probability of dying as a result of the pregnancy, cumulated across a woman's reproductive years.

**Linkages** refers to the policy, programme and advocacy links between reproductive health and HIV. It also involves addressing the social and structural issues that make people vulnerable to sexual and reproductive ill-health and HIV.



**Maternal morbidity** refers to illness or disability occurring in relation to pregnancy, childbirth, or in the postpartum period.

**Maternal mortality** means the death of a woman while pregnant, during delivery, or within 42 days (six weeks) of delivery or other termination of the pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes.

**Maternal mortality ratio** is the number of women who die during pregnancy, or during the first 42 days after delivery per 100,000 live births in a given year from any cause related to or aggravated by pregnancy, but not from accidental or incidental causes. The ratio reflects the risk women face of dying once pregnant.

**Most-at-risk populations** include men who have sex with men, transgender people, people who inject drugs and sex workers. Most-at-risk populations are disproportionately affected by HIV in most, if not all, epidemic contexts.

**Prevention of mother to child transmission (PMTCT)** refers to health care that helps reduce the transmission of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding.

**Serodiscordant couples** are couples in which one partner is living with HIV and the other is HIV-negative. A couple refers to two people in an ongoing sexual relationship; each of these is referred to as a partner in the relationship. How individuals define their relationships varies considerably according to cultural and social context.

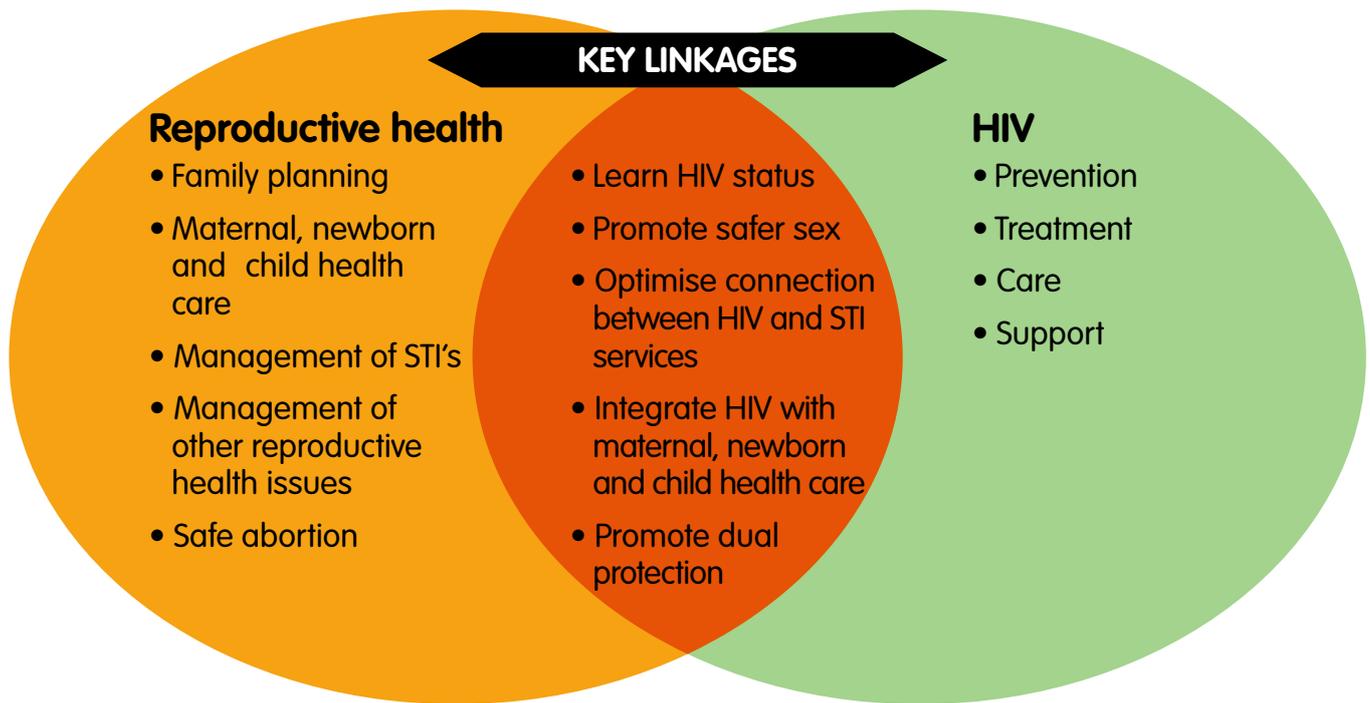
**Skilled birth attendant** refers exclusively to people such as doctors, nurses, and midwives who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage, or refer complications of pregnancy and delivery.

**Unmet need for family planning** refers to those who are sexually active but not using any modern method of family planning and report either wanting to delay the birth of their next child, or not wanting any more children.

**Vulnerable populations** are groups of people who are particularly vulnerable to HIV infection in certain situations or contexts, such as adolescents (particularly adolescent girls), orphans, street children, people in closed settings (such as prisons or detention centres), people with disabilities and migrant workers. In each country specific populations are particularly vulnerable and key to the epidemic and response depending on the social context.

**Above left:** Lack of knowledge among young people, often due to cultural attitudes, is a key factor in low contraception use

**Above:** Esta Mzalezulu is sister in charge at the Manukwa Health Centre, in the Chipata District, Zambia which has 8,500 patients in its catchment area



## Why integrate sexual and reproductive health with HIV services?

One of the key issues concerning professionals in the HIV sector is the need to integrate HIV programmes with sexual and reproductive health services.

One of the reasons this makes sense is because reproductive health and HIV have similar characteristics and target populations:

- both mainly serve people of reproductive age
- the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding
- risk of HIV transmission and acquisition can be further increased by the presence of certain sexually transmitted infections (STIs)
- sexual and reproductive ill health and HIV share root causes, such as poverty, cultural norms, gender norms and inequality.

Also of importance is the desired outcomes for both reproductive health and HIV services are the same, including improved gender equality, and reduction of maternal and child mortality. And both rely on community participation to address sensitive issues of sexuality and factors affecting behaviour change.

## The benefits of integrating HIV with reproductive health services

- Minimise missed opportunities
- Greater support for dual protection
- Improved quality of care and client satisfaction
- Reduction of HIV-related stigma and discrimination
- Better understanding and protection of people's rights
- Improved access to services for under-served key populations
- Improved access to and uptake of HIV and reproductive health services
- Reduced duplication of efforts and better use of resources (human and financial)



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Pregnant women living with HIV receive guidance on preventing transmission of HIV to their child at Mukono Health Centre, Uganda

## Increasing women's access to family planning

In 2012, following several years of decreasing funding and support for family planning, the UK Government and the Bill & Melinda Gates Foundation hosted the London Summit on Family Planning.

The summit galvanised the international community to commit to increasing access to family planning for an additional 120 million women and girls by 2020.

HIV professionals, advocates and activists believe the 2020 commitment should also reinforce the importance of positioning family planning within broader sexual and reproductive health and rights. Along with preventing unintended pregnancy, reproductive health should also protect women, girls, their families and communities from HIV and other sexually transmitted infections.

This approach needs to address the rights and needs of all women, including those who are particularly vulnerable such as sex workers, women who use drugs and women living with HIV.

The UK Consortium on AIDS and International Development produced a five-step approach to improving women's health by looking at rights, access, investment, security and equity:

1. Respect, protect and promote the sexual and reproductive rights of women and girls in all of their diversity and throughout their lives.
2. Overcome structural, legal and cultural barriers to accessing family planning, sexual and reproductive health and HIV services.
3. Invest in quality family planning, sexual and reproductive health and HIV services, integrating these when possible; and partnership with networks and coalitions of women living with HIV and other women most affected by HIV.
4. Protect and ensure the safety and security of women and girls.
5. Guarantee all people have full equity in accessing quality family planning, sexual and reproductive health and HIV services.



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Condom demonstration, Ukraine

## What is Family Planning 2020?

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multi-lateral organisations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020.

At the 2012 London Summit on Family Planning more than 20 governments made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies.

Hosted by the United Nations Foundation, FP2020 is based on the principle that all women, no matter where they live should have access to lifesaving contraceptives.

To achieve this goal, FP2020 will:

- track progress and report on financial and policy commitments made at the Summit, linking with established accountability processes for the UN Secretary General's Every Woman Every Child strategy
- monitor and report on global and country progress toward the FP2020 Summit goals
- identify obstacles and barriers to achieving Summit goals and recommend solutions
- ensure promotion of voluntary family planning and concrete measures to prevent coercion and discrimination, and ensure respect for human rights
- ensure data availability to support all of the above, consistent with country processes and sharing data, such as through a global score card
- publish an annual report to update the global community on progress and challenges.

Find out more at: [familyplanning2020.org](http://familyplanning2020.org)

## Basic facts for reporting on HIV and reproductive health

The following information is based on extracts from 'A Journalists Guide to Sexual and Reproductive Health in East Africa', published by the Population Reference Bureau (2011). Most of the information is also relevant to journalists reporting outside east Africa. The full guide can be found at: [prb.org/Publications/Media-Guides/2011/east-africa-media-2011.aspx](http://prb.org/Publications/Media-Guides/2011/east-africa-media-2011.aspx)

Maternal health and mortality:

- Worldwide more than 536,000 girls and women die of pregnancy-related causes each year—about one every minute—and 99 percent of them are in developing countries.
- 20 percent of maternal deaths are due to indirect causes, including diseases such as malaria, anemia, AIDS, and cardiovascular disease that are aggravated by pregnancy.
- For every woman who dies, at least 30 others suffer serious illness or debilitating injuries, such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility.

HIV:

- HIV causes AIDS by destroying certain white blood cells (called CD4 or T cells) that the human immune system needs to fight disease.
- HIV is present in blood, semen, breast milk and vaginal fluids of an infected person. The virus can be transmitted by:
  - Having unprotected sexual intercourse with an infected person.
  - Sharing needles or other drug-injecting equipment with an infected person.
  - Receiving a blood transfusion that contains HIV-infected blood or receiving a medical injection using equipment that has not been properly cleaned.
  - Being exposed to HIV while still in an infected mother's uterus, during birth, or through breastfeeding.
- HIV cannot be transmitted through casual contact like shaking hands or hugging, and it is not transmitted by mosquitoes.
- Women are most commonly infected through hetero-sexual intercourse. During vaginal or anal intercourse, tiny cuts and scrapes can open up on the skin of the penis, vagina, or anus. HIV enters a person's body through these cuts or scrapes.
- While any sexual intercourse with an infected person is risky, transmission is more likely:
  - during anal sex
  - during violent or coerced sex
  - in young women who are not fully developed and are more prone to tearing
  - if either partner has a sexually transmitted infection that causes open sores or lesions.



In Bangladesh, the proportion of girls who get schooled has increased much more than the proportion of boys in recent years but the country still has one of the highest rates of child marriage in the world



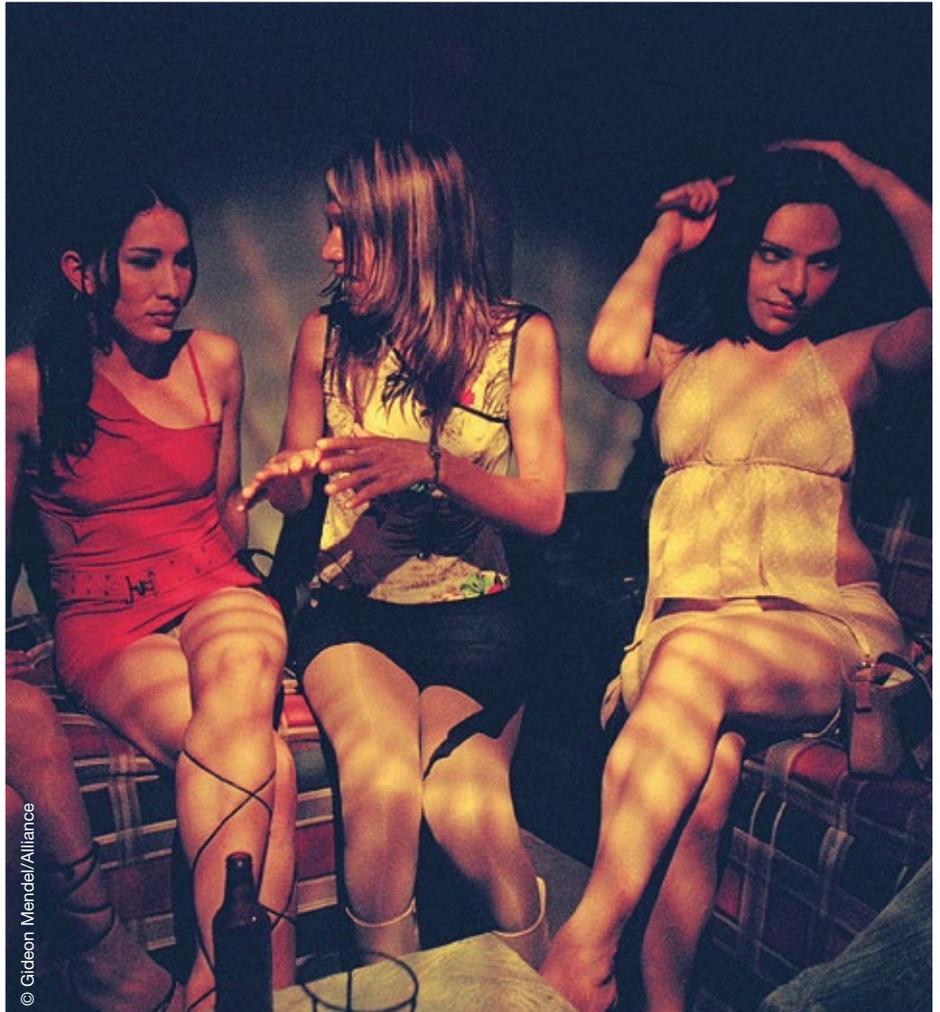
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#### Adolescents and young adults:

- This is when most people become sexually active, which makes it a critical time for learning about sexual and reproductive health risks. These risks include HIV and other sexually transmitted infections, unintended pregnancy, early childbearing, and unsafely performed abortion.

#### Sexual health risks:

- Females are biologically more at risk than heterosexual men to becoming infected.
- Females' husbands or sexual partners tend to be older and have had previous sexual relationships, making them more likely to already be infected with HIV.
- Young women often are unable to negotiate safer sex and condom use with their sexual partners.
- Young women often lack access to sexual and reproductive health information and services.



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**Above left:** The Addis Beza youth group is one of hundreds in Ethiopia helping young people to make well-informed decisions about their sexual health

**Above:** Fabiana advises peers about safe sex and HIV at The Penthouse nightclub in Guayaquil, Ecuador