Burnet Institute
Working towards a healthy world

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Institute Wide		Reproductive Health	
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Definition:

"Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, 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." [1]

This definition relates to both male and female reproductive health. It encourages providers of care at all levels to consider the interrelationship between reproduction and a wide range of health related outcomes, both positive and negative, and to appreciate that these outcomes have physical, social and mental manifestations.

Principles of Our Approach:

Human rights perspective[2 3 4]

Implicit in this definition of reproductive health, is the right of young people and adults to:

- be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation,
- have access to appropriate health care services that will enable women to have a safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant,
- be informed about sexual health, especially in relation to the prevention of sexually transmitted infections (STI's) and HIV.
- have access to appropriate health care services where STIs can be treated.

It is recognised that attention to women's reproductive health is essential to curb unsustainable population growth. However, we believe that improving women's reproductive health is primarily a matter of human rights, assuming that a woman's reproductive functions should not interfere with her right to good health -- a universal goal promoted by the World Health Organization.

Women's status

We recognise that women have a lower status than men do in most societies, and that the low status of women contributes to poor reproductive health, and in particular to the spread of STIs and HIV. This needs to be acknowledged and addressed in the planning and implementing of strategies to prevent the spread of STIs and HIV.

Concept of reproductive health

We have a broad concept of reproductive health. There is overlap between the categories of "maternal health", "women's health" and "reproductive health", which are distinguished by gender, the outcomes of concern, and the interval within the life-cycle.

We take the view that ‘reproductive health’ encompasses men and women, and that it includes emotional and mental health as well as physical health. We think that a life-cycle approach is important since events in childhood impact on reproductive health in adults, and the consequences of reproductive ill-health may be experienced into old age.

Although reproductive health is important it is also important not to view women’s lives only in terms of their reproductive functions or organs. Concern for reproductive health should not distract from discrimination and disadvantage as causes of women’s health problems.

Family planning

Women and couples should have access to information, advice, and the means to voluntarily control their fertility.

We oppose the use of coercion or incentives for the following purposes:

- to increase use of contraceptives
- to promote sterilisation of women or men, or
- to induce termination of pregnancy.

We recognise that there is a large unmet demand for contraception, and that for many women, failing to meet this need will result in the use of abortion as a means of fertility control.

We recognise that approximately 13% of all maternal deaths (nearly 70,000 women per year) are estimated to be secondary to complications of an unsafe abortion, and in some areas unsafe abortions account for almost half of all maternal deaths[5]. Of these preventable deaths, 99% occur in developing countries, especially in sub-Sahara Africa and South-central Asia. Hundreds of thousands more women suffer haemorrhage, acute and chronic infection, and infertility, as a result of abortions.

We support the training of health care workers in the detection and management of complications of abortion, and increased access to a choice of contraceptive methods to reduce the demand for abortion.

We support the declaration from the 1994 International Conference on Population and Development (ICPD) in Cairo, which urged that: “Women who have unwanted pregnancies should have access to reliable information and compassionate counselling.... In circumstances where abortion is not against the law, such abortion should be safe.

In all cases, women should have access to quality services for the management of complications arising from abortions and post-abortion counselling, education and family planning services.”[6]

We comply with the population policy of the Australian government and routinely use the AusAID population checklist in the design, appraisal, monitoring, and evaluation of projects.

Sexually Transmitted Diseases (STI), Reproductive Tract Infections (RTI), and HIV

We recognise the specific nature of the vulnerability of women, especially the young and marginalized, to infection by STIs, including HIV. In developing countries, as many women have been infected in recent years as men. We acknowledge the increased vulnerability of women to HIV infection while pregnant, and the need to prevent new infections at this time.[7] In addition to the health and social burden of HIV infection on women, HIV-positive women may infect their newborn children.

While we are encouraged by recent advances in the prevention of mother-to-child transmission of HIV through the use of drug treatment during pregnancy, we are cautious about the rapid introduction of such measures until effective programs of voluntary testing and counselling are in place for pregnant women. We also believe in the importance of carefully researching safe, healthy, and feasible alternatives to breast-feeding in HIV-infected women to avoid the well-proven dangers of providing breast milk substitutes in poor communities where hygiene may be inadequate.

Voluntary counselling and testing (VCT) for STIs/HIV

We encourage promotion of access to voluntary counselling (to obtain genuine, rather than "token", consent) and diagnosis of STIs and HIV infection, through systems that are culturally appropriate, logistically feasible and technically sound.

Routine offering of VCT in the antenatal clinic has undoubted benefits for women and their babies, but great care is needed to ensure informed consent because experience shows that women rarely 'opt out' – but often fail to return for their results, and thus miss out on family planning and maternal and child health services.[8] [9] We should also acknowledge the potential impact that this routine testing has on men, who may inadvertently find out about their own HIV status through a partner's positive result. It is important that health systems are strengthened and strong legal protection is in place before routine VCT is made available.[10]

Perspectives of women

We believe that in the planning and delivery of reproductive health promotion and health care services it is essential to listen to the perspectives of women, especially poor women. Our primary health care projects commence with a participatory assessment of women's health needs and their attitudes to existing health services for women.

We are committed to developing research methods, and training research workers in developing countries, to facilitate the recording of the views of ordinary women and men in relation to these issues.

Involvement of men

We believe that men as well as women have rights, roles, and responsibilities in relation to reproductive health. The effects of reproductive ill-health include a negative impact on the well-being of families, including men. In addition, we recognise that the behaviours of men may have a causal influence on the reproductive health of women, in particular in regards to sexually transmitted infections.

Strategies that address reproductive health issues should actively encourage the involvement of men, especially where men are the main decision makers in the family and community. It is essential to improve communication between men and women on issues of sexuality and reproductive health and the understanding of their joint responsibilities; this is essential if men and women are to be equal partners in family and community life.

The approach to involving men in reproductive health aligns with recommendations of the ICPD and the Beijing Fourth World Conference on Women Platform for Action.[11]

Integration of services

We support, where possible, the integration of services for reproductive health, including the treatment and control of STIs and other reproductive tract infections, and family planning services, with other health care services for women and children.

Female genital mutilation

We recognise that female genital mutilation (FGM) has adverse effects on women's sexual and reproductive health, both physical and psychological. FGM is a form of violence against women and contravenes their human rights. We recognise, though, that FGM is a deeply–rooted traditional practice often supported by women themselves, and therefore it is important to support local initiatives that attempt to change attitudes and practices over the medium- to long-term.

Reproductive health and adolescents

The reproductive health needs of adolescents are commonly ignored. In some countries government family planning services are not legally permitted to provide contraception to single women[12 13].

This service failure breaches basic human rights such as the right to 'non-discrimination and equality before the law' to 'education and information', to 'sharing in scientific advancement and its benefits' and to 'health'. [14]

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We therefore recognize the need for reproductive health services and health communication strategies that specifically address the needs of adolescents.

Program responses should encourage genuine participation by adolescents to identify their reproductive and sexual health needs and design appropriate responses that where possible, utilise a peer education approach.

In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Information and services should be made available to help adolescents understand their sexuality and protect them from unwanted pregnancies, STIs and the subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share decision making and responsibility in matters of sexuality and reproduction. Such an approach is of unique importance to the health of young women and their children, and to improving the educational, economic and social status of women in all parts of the world.

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[1] WHO 2005 http://www.who.int/topics/reproductive_health/en/
[2] UN. Universal Declaration of Human Rights. http://www.hrweb.org/legal/udhr.html

[3] UN. International Covenant On Civil And Political Rights. http://www.hrweb.org/legal/cpr.html

[4] Convention on the Elimination of All Forms of Discrimination against Women http://www.hrweb.org/legal/cdw.html
[5] UNFPA, 2004. State of the World Population 2004
[6] UNFPA, 1994. Programme of Action of the International Conference on Population and Development. http://www.unfpa.org/icpd/icpd_poa.htm
[7] Gray, R. H, Increased risk of incident HIV during pregnancy in Rakai, Uganda: a prospective study. Lancet, 366:9492, pp 1182-8
[8] Chase E, Aggleton P. 2001. Stigma, HIV/AIDS and prevention of mother-to-child transmission. A pilot study in Zambia, India, Ukraine and Burkina Faso. UNICEF, Panos Programme. http://www.unicef.org/aids/aids_panosreportBS.pdf
[9] Temmerman M, Ndinya-Achola J, Ambani J, et al. The right not to know HIV-test results. Lancet 1995;345:969-70.
[10] Nieburg P, Cannell T, Stephen Morrison J. Expanded HIV testing: Critical gateway to HIV treatment and prevention requires major resources, effective protections. Center for Strategic and International Studies. 2005. available at www.csis.org/hivaids/expandedhivtesting.pdf
[11] Fourth World Conference on Women**,** Platform for Action http://www.un.org/womenwatch/daw/beijing/platform/plat1.htm
[12] Bennett LR.Single women's experiences of premarital pregnancy and induced abortion in Lombok, Eastern Indonesia. Reprod Health Matters. 2001;9(17):37-43.
[13] Sychareun V. Meeting the contraceptive needs of unmarried young people: attitudes of formal and informal sector providers in Vientiane Municipality, Lao PDR. Reprod Health Matters. 2004;12(23):155-65.
[14] UNAIDS, Inter-Parliamentary Union. Handbook for legislators on HIV/AIDS, Law and Human Rights.1999.