EDITORIAL

SEXUAL AND REPRODUCTIVE HEALTH PROMOTION: NEED OF THE HOUR

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Sexual health is a state of physical, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity. It requires a positive approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences; without any coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights must be respected, protected and fulfilled. Sexuality is a central aspect of human being throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships. It is influenced by interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[1] Meanwhile, reproductive health is the state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life.

Sexual and reproductive health (SRH) is considered at present as a human right. It is now a priority action agenda of governments and donor agencies throughout the world following International Conference on Population and Development in Cairo in 1994, the Fourth World Conference on Women in Beijing in 1995 and subsequently through the +5 conferences held in 1999 and 2000 respectively. However, sexual and reproductive healthcare problems and priorities are different in developing and developed countries.[2-4] Globally, inadequate SRH services are resulting in maternal deaths and rising numbers of sexually transmitted infections (STIs), particularly in developing countries. Unsafe sex is the second most important risk factor for disability and death in the world's poorest countries and the ninth most important in developed countries.[5] World Health Organization (WHO) estimates that 340 million new cases of bacterial STIs such as chlamydia and gonorrhoea occur annually in people aged 15 – 49 years. Many are untreated because of lack of access to services. In addition, millions of cases of viral infections including 4.1 million new HIV infections mainly among 15-24 year olds also occur every year. The sexually transmitted human papilloma virus infection is closely associated with cervical cancer, which is diagnosed in more than 490,000 women and causes 240,000 deaths every year. Around eight million women who become pregnant each year suffer life-threatening complications due to STIs and poor sexual health. Annually, estimated 529,000 women, almost all in developing countries, die during pregnancy and childbirth from largely preventable causes. There is also a worrying rise in the number and severity of STIs and the consequences of poor SRH go well beyond STIs as they lead directly to completely preventable illness and death. It is unacceptable in this modern age for a woman to die in childbirth, or for a person to become HIV positive for lack of information and resources. In sexually active adolescents (aged 10-19 years), SRH problems include early pregnancy, unsafe abortion, STIs including HIV, and sexual coercion and violence. Sexual and reproductive ill-health mostly affects women and adolescents. Women are disempowered in much of the developing world and adolescents, everywhere. SRH services are absent or of poor quality and underused in many countries including Pakistan and 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 detrimental intrusion of politics into public health.[5] It is also clear that the Millennium Development Goals 5 and 4 to reduce mother and child deaths by 2015 cannot be achieved without proper investment in the SRH. Averting unintended pregnancy and reducing unmet need for family planning are key interventions in improving maternal health and reducing perinatal deaths but among developing countries, estimated 200 million women lack access to family planning. In addition, in some cultures, three million girls and young women are subjected each year to genital mutilation/cutting which, in recent studies by WHO, has been shown to significantly increase the risk of death and serious injury for newborn babies and their mothers around childbirth. Current situation of SRH in world especially developing countries like Pakistan badly needs to increase investment in SRH to ensure access to quality reproductive health services (youth-friendly services), and to link HIV/AIDS and STI prevention with reproductive health services and vice versa.[6,7] In these countries, simple interventions like effective advocacy and behaviour change communication are vital elements for any successful attempt to reduce the impact of poor SRH. Evidence shows that investments in and access to SRH, including family planning are essential

to breaking the cycle of poverty too. This then frees national and household resources for investments in health, nutrition, and education; promoting economic activities– vital for the development.

WHO and United Nations Population Fund (UNFPA) are currently working to reverse the global trend of deteriorating levels of SRH. In this regard, a number of priority areas have recently been identified including coordinated action plan to implement the Global STI Prevention and Control Strategy; support to countries to increase skilled health attendants in target countries; coordinated work plans on improving reproductive, maternal, newborn and adolescent health.[8] These also include advocacy for inclusion of SRH in national economic planning such as poverty reduction strategies; strengthening the linkages between HIV and SRH through coordinated action in HIV prevention, care and treatment; joint training of country teams on the process for planning and working together at country level and joint competency reviews; coordinated work in countries addressing female genital mutilation/cutting, obstetric fistula, violence against women, including in emergencies and a pilot programme to introduce the Human Papilloma Virus vaccine. However, the key is to make practical plans in order to implement these strategies along with multisectoral programmes having political and social involvement. This includes effective public private partnerships; role of community based non governmental organizations at gross root level, capacity building of healthcare and allied professionals and multidimensional services including modern diagnostic, curative as well as preventive. Finally, there should be a focus on meaningful research for adopting timely effective interventions to control and or prevent these problems. So that, goals of SRH promotion are achieved.

REFERENCES

1. Sexual health. Available from URL: http://www.who.int/reproductive-health/gender/sexual_health.html. Accessed February 12, 2007.
2. Fikree FF. Reproductive Health in Pakistan: Evidence and Future Directions. J Pak Med Assoc. 2002; 52(1):34-41.
3. Rizvi JH, Zuberi NF. Women's health in developing countries. Best Parct Res Clin Obstet Gynaecol. 2006 Aug 3; [Epub ahead of print]
4. Rehan N. Profile of men suffering from sexually transmitted infections in Pakistan. J Ayub Med Coll Abbottabad. 2003;15(2):15-9.
5. Glasier A, Gulmezoglu AM, Schmid GP, Moreno CG, Van Look PF. Sexual and reproductive health: a matter of life and death. Lancet. 2006; 368(9547):1595-607.
6. The benefits of investing in sexual and reproductive health. Issues Brief (Alan Guttmacher Inst). 2004;(4):1-4.
7. Hennink M, Rana I, Iqbal R. Knowledge of personal and sexual development amongst young people in Pakistan. Cult Health Sex. 2005;7 (4):319-32.
8. Joint news release WHO/UNFPA: top level push to tackle priorities in sexual and reproductive health. Indian J Med Sci. 2006;60(6):255-7.

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