

Social science methods for research on sexual and reproductive health

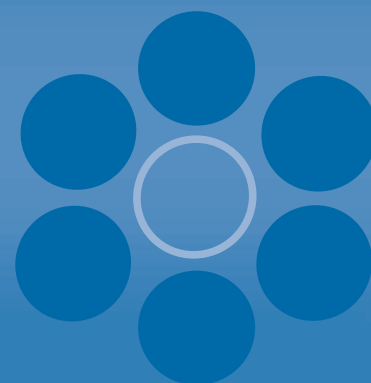
Martine Collumbien, Joanna Busza, John Cleland and Oona Campbell



ethical issues



planning & implementation



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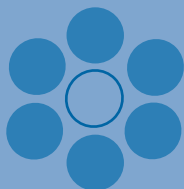
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Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CASI	computer-assisted self-interview
CBD	community-based distribution
COPE	client-oriented, provider-efficient
CRT	cluster/community randomized trial
DFID	Department for International Development (United Kingdom)
Epi Info	a statistical software product produced by the US Centers for Disease Control and Prevention (CDC)
FES	focused ethnographic studies
FGM	female genital mutilation
GIS	geographic information systems
GPS	global positioning system
HIV	human immunodeficiency virus
HPV	human papillomavirus
ICPD	International Conference on Population and Development
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
IPV	intimate partner violence
IUD	intrauterine device
LQAS	lot quality assurance sampling
MDG	Millennium Development Goal
NGO	nongovernmental organization
PAR	participatory action research
PRA	participatory rural appraisal
PDA	personal digital assistant
RCT	randomized controlled trial
RRA	rapid rural appraisal
RTI	reproductive tract infection
SAS	a statistical software product produced by SAS
SPSS	Statistical Package for Social Sciences
SRH	sexual and reproductive health
STATA	a statistical software product produced by StataCorp
STI	sexually transmitted infection
VCT	voluntary counselling and testing
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Chapter 1

Introduction



This chapter defines sexual and reproductive health (SRH) and lists the SRH issues of greatest public health and social concern.

1.1 What is sexual and reproductive health?

A quick glance at any newspaper reveals stories that are indicative of our intense interest in the more sensational aspects of sex, reproduction, and sexuality. Among the “new” stories clamouring for attention are novel ways of making test-tube babies, sex-selective abortions, side-effects of contraception, promising treatments for human immunodeficiency virus (HIV), impotence drugs, and gay marriages.

Vehemently debated in other forums are the broader issues behind these headlines, such as the best means of tackling adolescent pregnancy, the morality and politics of induced abortion, the definitions of consensual and coercive sex, the medicalization of sexual (dys)function, the need to restrict new reproductive technologies, and the right of the state to control reproduction.

Concerns are also voiced over the effects of high fertility, of fetal exposure to environmental and occupational hazards, and of the growing HIV epidemic. Other concerns involve the appalling number of maternal deaths in many developing countries, the practice of female genital mutilation (FGM), and the inequalities that stem from existing gender relations.

All these issues can be encompassed within SRH concerns. Yet the diversity and breadth of issues mean that even if a single, universally applicable, all-encompassing definition of SRH were ever agreed, it would be almost impossible to operationalize.

Examples of definitions of SRH are presented in Box 1.1.

Example A provides the definition of reproductive health agreed at the International Conference on Population and Development (ICPD) in 1994 (1). It is broad and positive, but difficult to measure.

Definition B focuses on ill health and is more specific, yet this approach leaves out some key elements of interest. Example B also suggests that – for some – reproductive health is perceived as solely a concern of women, although there is no reason to exclude men. Reproductive health often focuses on the reproductive age span (generally considered to be between the ages of 15 and 44 years or 15 and 49 years). For some people, however, problems (such as breast cancer) that affect the reproductive organs but usually occur postmenopause remain part of reproductive health.

Sexual health encompasses reproductive health, but goes beyond medical conditions, and remains relevant throughout the life-course.

The World Health Organization (WHO) working definitions of sexual health, sexuality, and sexual rights are presented as definitions C, D, and E, respectively (2).

Box 1.1 Selected definitions of sexual and reproductive health and rights

A. 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 related to the reproductive system and to its functions and processes” (1).

B. Reproductive ill health

Reproductive ill health includes conditions related to:

- pregnancy, end of pregnancy, and puerperium, including ectopic pregnancy, spontaneous abortion, discomforts of pregnancy, pregnancy-induced hypertension, exacerbation of pre-existing conditions, anaemia, urinary tract infections, antepartum haemorrhage, infection, postpartum infection, depression, eclampsia, and obstructed labour;
- the cumulative impact of reproductive experience, including malnutrition, anaemia, other deficiencies, sexually transmitted infections (STIs), pelvic infection, fistulae, prolapse, sequelae of female circumcision, low back pain, chronic illness, and psychological ill health.

C. Sexual health

Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

D. Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles, and relationships.

While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

E. Sexual rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents, and other consensus statements. They include the right of all persons, free of coercion, discrimination, and violence to:

- the highest attainable standard of sexual health, and access to sexual and reproductive health-care services;
- seek, receive, and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children;
- pursue a satisfying, safe and pleasurable sexual life.

Sources: (1, 2)

There is belated recognition that ensuring access to SRH information and services is central to achieving the Millennium Development Goals (MDGs). The five core reproductive and sexual health services (2) are:

- improving antenatal, intrapartum, postpartum, and newborn care;
- providing high-quality services for family planning, including infertility services;
- eliminating unsafe abortion;
- combating STIs – including HIV, reproductive tract infections (RTIs), cervical cancer, and other gynaecological morbidities;
- promoting sexual health.

1.2 Scope of the guidelines

These guidelines focus on the SRH issues of greatest public health and social concern, where action and intervention are likely to bring about change.

SRH problems are rooted in a biomedical dimension, yet their origins lie in human behaviour – the domain of the social scientist. Social norms govern the expression of sexuality and sexual behaviour in every society, and these norms sanction reproduction. Health-compromising practices often reflect social norms (e.g. child marriage, intimate partner violence). They increase people's vulnerability to risk of adverse outcomes while limiting their ability to adopt healthy behaviour. Sociopolitical forces and social and economic exclusion (including poverty, unequal access to services, and gender inequalities) may also act as major influences on sexual and reproductive behaviour and choices.

Fig. 1.1 classifies SRH topics into five main conceptual categories. The first four categories involve:

- *safe and pleasurable sexual life;*
- *fertility regulation* (avoiding unwelcome pregnancy and childbearing);
- *healthy childbearing;*
- *maintenance of a healthy reproductive system.*

Figure 1.1 The main domains of sexual and reproductive health



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