Sexual and Reproductive Health Matters – What’s in a name?

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A name is a label.
A name gives an identity – to people, to things, to organisations.
A name is important.
A name is political.

For those who work in this field, Reproductive Health Matters, or RHM, has become a “household” name, a reference, almost a brand name. It is known for its independent voice, its cutting-edge analysis, its platform for voices that have never been heard, for subjects that may be left aside by the mainstream, for its activist stance. As one respondent in a recent evaluation said, “RHM was built on a model of creating a respected peer review journal that has a commitment to be used in advocacy, bringing together solid public health research with more directive advocacy and with women at the centre … toward the way the world should be moving …”

From 1st February 2019, Reproductive Health Matters will become Sexual and Reproductive Health Matters. RHM will become SRHM. The change denotes critically important developments in the field which we believe it is essential to reflect.

Why?

A bit of history – the origins of “reproductive health” and the absence of “sexual”

RHM was launched in 1993, one year before the landmark International Conference on Population and Development (ICPD) in Cairo, at which “reproductive health” was defined for the first time in an international consensus document. Odd as it may seem from the standpoint of the early twenty-first century, the term “reproductive health” was revolutionary at the time. It was a very conscious and political strategy on the part of women’s health activists, NGOs and others of a like mind, to introduce a new concept that countered “population control” programmes which had been fostered and heavily supported financially by development agencies for the three previous decades. Population programmes had brought family planning services to women in different parts of the world, but these programmes were often aggressive or even coercive, and they did nothing to address the fact that women also need access to safe abortion services, to maternal health services, to services for sexually transmitted infections and services for child health. Nor, indeed, did they address similar needs for men. The approach in these programmes was in no way informed by the understanding that family planning is just one piece of a complex picture in which sexuality and sexual health are intertwined with reproductive health and that they might also have something to do with pleasure, desires, and well-being.

The negotiation process in Cairo was fierce. “Reproductive and sexual health” was proposed, but “sexual” had to be dropped in one of the many compromises, because of virulent objections from some governments. Still, the accepted definition of reproductive health was a major step
forward, particularly because it was inextricably linked to “reproductive rights”, also defined officially for the first time at ICPD, with its own paragraph (7.3). In the end, there was reluctant agreement to introduce “sexual health” at the end of the paragraph on reproductive health, almost as an afterthought, with the rather fluffy description of “the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases”. 3 

Largely due to the explosion of the HIV/AIDS pandemic, also given visibility and space in ICPD, matters relating to sex and sexuality could no longer be ignored or swept under the carpet. Yet the concept of “sexual health” as something that might also be relevant to contraceptive use, for example, was not fully taken on board by the global community, including the World Health Organization, until an international meeting in 2002 which finally produced a working definition of sexuality, sexual health and sexual rights in 2006. 4 

In short, the word “sexual”, at least in regard to health and at the international level, has been carefully wrapped historically, so as not to be too visible, in order not to offend. The watchword was “handle with care”. The past two decades have seen enormous strides forward: guidance on comprehensive sexuality education, 5 research into “non-consensual” sex, 6 and the milestone acceptance of “sexual health” as its own chapter, along with the rejection of “gender identity disorder” (amongst other sexuality-related matters) as a mental health disorder in the eleventh revision of the International Classification of Diseases, 7 to name but a few. Despite this, there is still huge resistance in many parts of the world to talking about, let alone providing services for, sexual health or to establishing legal, public health and societal acceptance for consensual sexual practices.

An important milestone in the recognition of sexuality and sexual health as a crucial area for human health and well-being generally, was the recognition by key international organisations of the inextricable link between sexual health and sexual rights, along the model of “reproductive health-reproductive rights” laid out in the ICPD document. The WHO working definition on “sexual rights” referred to above makes clear that “the fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.” 4, 8 

Since the official recognition by WHO of sexual rights, even as a working definition, several international organisations such as the World Association of Sexual Health (WAS), IPPF and UNAIDS have started to use a more comprehensive understanding of sexual rights in their policy and programmatic efforts. Indeed, over the past two decades, there has been increasing articulation of the existence and importance of sexual rights in international consensus documents, international and regional treaties and the jurisprudence of international, regional and national courts and treaty monitoring bodies.

The political context in 2019

Those who work in the field of sexual and reproductive health and rights have long come to accept that, while gains can and have been made, they can as easily be lost. 2018 saw the great achievement of partial liberalisation of abortion laws in Chile and Ireland, but it also saw an increasing number of states in the US with administrative and other restrictions to abortion, despite the historic Roe v Wade federal ruling back in 1973. 9 

Movements for decriminalising abortion and providing access to safe legal services are strong in many countries, including Argentina, Brazil, Indonesia and Poland – where they have yet to win the battle – and at the same time right-wing governments are gaining ground and moving to further restrict already existing access.

More than twenty countries around the world have enacted national laws allowing same-sex marriage, 10 and a growing number of governments are considering whether to grant legal recognition to same-sex marriages. At the same time, and perhaps because of this liberalisation, there is a growing backlash concerning differently expressed sexualities, with increased violence being perpetrated with impunity against people perceived as gay, transgender, or just different, in a whole gamut of countries across the world. And the more right-wing the government, the more restrictive the laws are put in place.

As pointed out by the current call for papers of the journal Global Public Health, “issues related to sexuality, gender, health and human rights have become increasingly visible, highly contested, and … even contradictory. … the recent
return of religious fervor and political extremism on a global scale has again drawn attention to sexuality and gender as key political battlegrounds at the intersection of the fields of global health and human rights.¹¹

Whether we like it or not, sexual and reproductive health and rights are political. Their realisation depends on legal and policy safeguards being in place to guarantee people’s access to the information and services they need, whether for understanding how their bodies work, having fulfilling sexual relationships, choosing the number of children they would like, being healthy through pregnancy and childbirth, preventing or treating sexually transmitted infections, or refusing to undergo female genital mutilation. Their realisation also depends on societal attitudes, acceptance of difference, and an environment that allows people to get a good education and employment, to organise and to lead a fulfilling life.

A name is political

Giving visibility to “sexual” in the name of our journal and organisation is therefore a political act. We do it consciously and deliberately, in recognition of the fragility of the gains made in this area, and the urgent and on-going need to continue to fight for those rights.

Reproductive Health Matters has covered a huge range of topics over the 25 years of its existence; it has focused on contraception, abortion, motherhood and fatherhood, infertility, safer sex, women’s health policies, adolescents’ SRH, disability, criminalisation, health systems, privatisation and integration of services, male circumcision, cosmetic surgery, and many more. As early as 1998, RHM focused an entire journal issue on “Sexuality”, and looking through that issue twenty years later, it is striking how all the papers are still entirely relevant in 2019.¹²

Sexual and Reproductive Health Matters continues that long tradition, with a visible and declared commitment to the “sexual” as well as to the “reproductive”, emphasising the intricate and inextricable linkages between health and human rights implied in both terms. In going forward, we affirm our position that sexual and reproductive health and rights (SRHR) is a constellation that is the basis of a comprehensive health, development and human rights agenda. This recognition cannot be optional in the reality of today’s world. It is central for everyone, and it “Matters”!

References