Sexual and reproductive health: the empress' new clothes?

*Cornelia Helfferich**

The concept of reproductive and sexual health is central to IPPF's *Vision 2000 Strategic Plan*, begging the question as to whether this concept should become the guiding principle for the work of IPPF's Family Planning Associations. But do FPAs intend to join the ranks of the re-labellers, who can, for example, re-define sickness insurance into health insurance by just including some prevention activities and who merely do so to improve their image rather than to respond to health promotion needs? And if so, at what price?

Health is almost inevitably a normative concept. If reproductive health relates to healthy sexuality then the alarm bells should be ringing. Who defines what is healthy in reproduction and in sexuality? Will health become the new normative strait-jacket? And should the disparity between health rhetoric and health resources not make us suspicious that these new concepts are not real improvements in health, but about something completely different? We need a discussion to clarify our understanding of the concept of health. A discussion on health as a political concept has already taken place in the Women And Health Research Department of the University of Freiburg in Germany. This discussion focused on normative implications but also on areas which are useful in advocacy for those who want to improve their health.

Reproductive health is a broad concept. It includes functioning of sexual organs, maternal and child health, fertility, contraception, pregnancy, induced abortion, sexuality, and approaches each of these issues from a physical, psychological, social and political perspective. According to *Vision 2000*, the focus should be on the individual and his or her right to make free and informed decisions. This suggests that health is related to self-determination, further indicating that any discussion on health must include clarification of the meaning of self-determination, and that is where opinions diverge. For example, is prenatal testing part of reproductive health? Is there a right not to be informed? Is the health concept as it is used in *Vision 2000* sufficiently clear to answer questions of this type? Are statements like the following excert from *Vision 2000* really clear: "Sexual and reproductive health is becoming an integral part of the health culture in its full significance of physical, mental and social well-being, and not just the absence of disease or injury." How can we answer such questions?

The WHO definition of health

Not without reason, IPPF has adopted the World Health Organisation (WHO) definition of health, and it refers to the right to health. In line with WHO, the objective is to formulate a human right (to health) and, where needed, to be the advocate for the implementation of this right to access to information and services. For example, medically safe abortion and contraception, adequate counselling and health care and, typically for the intersectoral approach of WHO, equal treatment of women. Those who feel that the WHO definition of health is too idealistic do not understand that this definition does not aim to describe a real state of health – indeed it is not suitable for that – but to formulate an ambitious political ideal. It is comprehensive and idealistic because, by its political nature, it is utopian, challenging oppression and providing a concrete appeal to governments to create conditions conducive to (reproductive) health. These conditions include political emancipation and empowerment to make self-conscious, free and informed decisions on health.

The 'dialectic of sexual enlightenment'

Are these WHO conditions fulfilled in Germany today? Yes and no. Compared with, for example, some of the former Eastern bloc countries, some are fulfilled. We have a broad network of centres for advice and services in the area of reproductive and sexual health, including medically safe abortion. But there are specific short-comings such as the taboo surrounding abortion and the actual cost of contraceptives. Certain social groups are not reached, and some are excluded from access to services, as is the case with asylum seekers. And against the backdrop of these relatively good facilities, it is also important that new questions and new demands are evolving. For example, in the field of medical care we don't have a shortage of services but these are sometimes not the right services because of the

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dominance of a technical and medical approach. New technical possibilities also create new pressures to use services designed around this new technology.

At this stage of our development we are discovering what the dialectic of sexual enlightenment actually means. What does self-determination mean, and what is the role of outside pressure in self-determination? In the USA discussion was sparked off by the question of whether the hiring of one's own body is justified by the argument of a free, self-determined, informed decision to become a surrogate mother. It can no longer be just a case of promoting access to information while trusting the objectivity of that information. Instead, we must be more precise in asking what information should be available, to whom and where. This signals the start of a discussion on values, which restricts 'free' decisions in the context of more important ethical considerations.

There is still much to be done in Germany in the field of reproductive and sexual health – as defined by WHO – both at the socio-political level and in terms of alleviating suffering, combating ignorance, overcoming crises, and solving problems in the field of counselling and therapy. However, discussion on reproductive and sexual health has to go beyond existing issues whenever new questions and scenarios arise.

Any positive definition of health going beyond IPPF's understanding of the concept – i.e. 'correct' living – tends to be normative, self-complacent, and of a we know better character. We have to reflect on our own ideas and remain open to those of others. Apart from the battle against suffering and oppression, the positive definition of reproductive and sexual health leads to two areas that we have to concentrate on: a critical social and political discussion of ethical issues; and counselling where there is no one prescribed understanding of health. The following examples demonstrate that different women may have different interpretations of health that cannot and should not be brought under one pre-determined and abstract definitions of health.

Subjective meanings of reproductive health

From the results of various research activities in the area of the reproductive health of women (on contraception, termination of pregnancy, fertility problems, lifestyle planning, etc.), part of which involved qualitative, biographical interviews, I would like to illustrate in a very schematic and selective way how different the subjective concepts of (reproductive) health can be for women.

The outcome of this research indicates that there are three lines of thought on the meaning of health. Firstly, health can be understood as the absence of illness. Secondly, it can be defined as empowerment, as a resource for achieving something or as an instrument. And thirdly, health can be understood as having an intrinsic value, as well-being, and as being aware of one's own body. In this third interpretation, well-being is specified, amongst other references, as being "in accordance with nature". Specific perspectives of reproductive health arise from these interpretations of health, as is shown by the example of attitudes towards the Pill.

Empowerment

Here the Pill is regarded from the viewpoint of empowerment and functional gain. Does it help me to achieve what I want, e.g. not to become pregnant, to remove anxiety, or to postpone my periods? The Pill is evaluated in terms of efficiency and convenience, and as an instrument. It is viewed as a positive opportunity to manipulate nature that would otherwise inevitably cause pregnancy. The starting point here is that the woman is an autonomous individual who can make and implement free decisions.

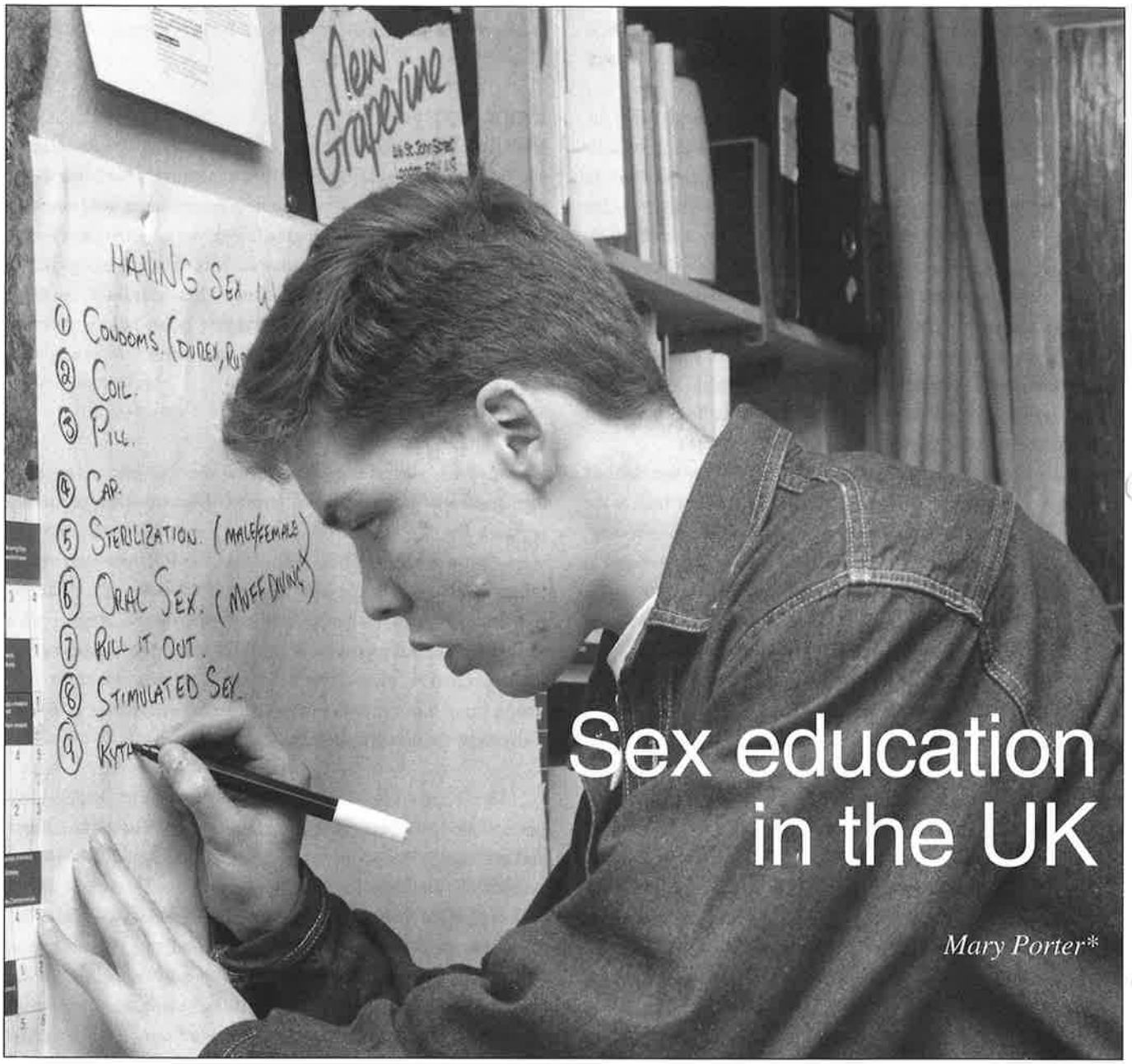
Well-being and harmony

Here the Pill is viewed as intervention into the body and as a negative interference with the woman's identity. Many women positively welcome the experience of their normal menstrual cycle after they stop taking the Pill. They report that the Pill had previously "suppressed" their cycle and "disturbed the balance". 'Natural' contraception would do greater justice to the body. The starting point here is that natural processes in the body have their own integrity, intactness and rightness. The Pill is regarded as a constraint, one reason being that it causes permanent sexual availability. It is "too convenient" because it does not enforce discussion.

These two views are related to different underlying perceptions of the body, and to the different ways in which control and self-determination are sought. On the one hand, the Pill is a symbol of freedom of action, on the other a symbol of social pressure. In the first case, it is regarded positively as the mastering of nature, and thus as healthy, in the second case, negatively as being contrary to natural harmony and thus as unhealthy. In the first case, an advantage of the Pill is that it does not need discussion with one's partner, whereas in the second not using the Pill is gainful for women because this enables them to assert themselves through negotiation and discussion with their partner.

Behind both concepts lie different experiences of society, which also means that there can be no question of offsetting the two approaches against one another as correct or incorrect, or of insisting in a normative way what the Pill actually is. Different experiences simply lead to different concepts of health, each having their own validity. Advice and counselling can only do justice to these differences if it is interpreted as helping others to help themselves. This will open up the opportunity to understand, respect, and acknowledge another person's particular definition of health. Empowerment means renunciation of prescribing health in a normative manner.

Is it possible to relate these three interpretations of health to each other, and to draw conclusions? This could be an alternative to the current health rhetoric, and could lead to an acceptable formulation of what an integral health culture – as mentioned in *Vision 2000* – would mean in practice.



Sex education in the UK

*Mary Porter**

The UK is an interesting country when it comes to sex education and teenage sexuality. Since 1993, we have had legislation making sex education compulsory in schools for all children over the age of 11 but also giving parents the right to withdraw their children from sex education classes. When this law was brought in, it was feared that sex education might suffer, but our experience has been that where schools involve parents and discuss their policy with them, few parents, except for a small religious minority, have withdrawn their children. Indeed, recent research has shown that around 96% of parents want sexuality education to be provided for their children.

The law makes only two specific requirements about the content of sex education programmes. All children over the age of 11 must receive education about HIV and AIDS, and sex education must have a moral component. (A source of some controversy that I will return to later.) Thus, we have conditions which favour sex education. It is compulsory, but schools have the freedom to design programmes to meet the needs of their children, as they and the parents perceive them.

Poor quality of sex education

Despite this favourable situation, many young people are dissatisfied with the quality of the education they receive. They say they want to be told about sexuality by their teachers or parents, but in practice many claim they learn more from friends than from teachers. They also complain that when they do get sex

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