



Primary health care approach to sexual & reproductive health and rights

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Primary health care-based approach to sexual and reproductive health and rights

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BHW	Barangay Health Worker
FGD	Focus Group Discussion
HIV	Human-immuno virus
LGBT	Lesbians, Gays, Bisexuals, and Transgender
MMR	Maternal Mortality Rate
NDHS	National Demographic Health Survey
PHC	Primary Health Care
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
WHO	World Health Organization

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Preface

As we celebrate the 30th year anniversary of the Alma Ata declaration on Primary Health Care, and as the debate on reproductive health continues, HAIN is proud and happy to publish this material entitled, "Primary Health Care Approach to Sexual and Reproductive Health and Rights."

The comprehensive primary health care (PHC) approach articulated at Alma Ata remains as relevant today as it was 30 years ago. Certainly, sexual and reproductive health and rights are integrated in the concepts of primary health care. The PHC approach has provided the shift in perspective from a medicalized and biomedical framework to a more socio-political-cultural and biopsychosocial approach to health.

The principles of PHC clearly embody the role of social determinants in health, ie, poverty, inequity, social injustice, as factors lying outside the medical and public health services that strongly determine health. As we look at the experiences of countries, it is evident that countries which achieved the more lasting improvements in health were those with a commitment to equitable development.

It is on these premises that the focus on sexual and reproductive health should not be on population control or sex act itself (as is the direction of the current debate), but on population as it relates to poverty, environment, education and other social issues. The campaign for the recognition of sexual and reproductive health and rights should be seen in the over all pursuit of human rights, including the right to health and the right to development. These rights can only be attained if we struggle against unequal and unjust social, economic and political structures which are the root causes of poverty, ill health, and underdevelopment.

HAIN hopes that that material will provide our readers this perspective.

Edelina P. de la Paz, MD
Executive Director
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Introduction

As of July 2007, the world's population stood at 6.6 billion, with Asia accounting for more than 60 percent of the global population.

With regards to future population estimates, global institutions constantly revise their projections owing to a number of factors such as advances in medicine and food technology, wars and genocide, and calamities. The United Nations itself has different projections based on different assumptions. Its medium variant projection, however, shows that by 2050, the global population would reach 9.19 billion.¹

What is clear though is the need to curb the growing global population. Much of the population growth occur in developing and least developed countries, further straining these countries' meager resources.

The Philippines is one of the countries coping with a growing population. According to the US Census Bureau, the Philippines is the world's 12th most populous nation, accounting for 1.3 percent of the global population.

Three babies are born every minute in the Philippines.² With an annual population growth rate of 2.36 percent demographers predict that the country's total population would hit 141 million by 2040.³

SRH as a developmental issue

There is now a growing acknowledgement that sexual and reproductive health (SRH) is a valid development issue – that ensuring an individual's SRH would allow that person to improve the quality of his or her life. The most basic explanation for this is that with a smaller and more manageable population, it is easier to ensure that each individual can reach his or her potential by allotting adequate resources.

At the national level, budget allocations for social services are on the downward trend. Given the growing number of the population accessing these services, resources are further strained and the quality of services become dismal.

Couples are keenly aware of the need to limit the number of their children; their access to family planning information and services are limited though. It is not a coincidence that the need for services is greater in low-income households; for a family living a day to day existence, shelling out money for family planning services is simply not an option.

SRH also goes beyond the need to limit the number of children a couple should have; it also includes the prevention of sexually transmitted infections (STI) and diseases of the reproductive organs. Of particular concern is the rising number of new cases of HIV and AIDS. Although HIV and AIDS directly affect less than one percent of the population, the worsening economic crisis - which forces more people into prostitution and outward migration - may provide the catalyst for its spread.

These explanations, however, barely touches the surface.

With discussions on development focusing mainly on the tangible, it is easy to overlook another facet of SRH: its importance in fostering gender-sensitivity and its promotion of responsible sexual behaviors.

How are we responding

Two sides have been locked up on a heated argument over the handling of population issues. On one side are reproductive health advocates battling for meaningful policies and programs to curb the growing population. Much of their arguments are anchored on the premise that a manageable population would spur development and improve the quality of lives of families. On the