

REPRODUCTIVE HEALTH CARE: A FOCUS ON SEXUALLY TRANSMITTED DISEASES AND REPRODUCTIVE TRACT INFECTIONS

Introduction

Section 27(1) of the Constitution provides: “Everyone has the right to have access to health care services, including reproductive health care.” Section 27(2) of the Constitution obliges the state to take reasonable legislative and other measures within its available resources to achieve the progressive realization of the right. The constitutional right of access to reproductive health care services, as with most other economic and social rights is still relatively undeveloped. In particular, the core content of the right, the obligations it places on the state as well as the extent to which resource constraints may be used to limit the right require further attention.

This article briefly examines the definition of reproductive health care, the nature of the services that should be provided in relation to sexually transmitted diseases (STDs) and reproductive tract infections (RTIs) as well as some of the particular barriers that women face in gaining access to the right.

Defining Reproductive Health Care

The UN Conference on Population, Sustainable Development and Sustained Economic Growth (ICPD) that was held in Cairo in 1994 accorded much attention to reproductive health. Although the resultant Programme of Action is not legally binding it provides some useful guidance into the definition and content of the right. In particular, its comprehensive definition of reproductive health has been considered a much welcomed departure from the traditional limited focus on maternal health. It defines reproductive health as follows:

“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 relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”

(Principle 8, Paragraph 7.2. of ICPD Programme)

The ICPD further defines reproductive health care as “the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. It also includes sexual health. ...” (Principle 8, Paragraph 7.2. of ICPD Programme)

In contributing to the content of reproductive health care, the ICPD makes provision for the certain types of health care services that ‘should’ be provided. These services include: “treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and information, education and counselling as appropriate, on human sexuality, reproductive health and responsible parenthood.” (Principle 8, Paragraph 7.6. of ICPD Programme)

Barriers that Women Face in Preventing and Treating RTIs and STDs

However, although the prevention, management and treatment of reproductive tract infections and sexually transmitted diseases is generally considered a critical aspect of reproductive health care services, many women still face significant barriers in both the prevention and treatment of STDs and RTIs. In an attempt to provide comprehensive and quality reproductive health care services on the basis of equality, it is vital that these barriers are recognized and addressed. Addressing this aspect of reproductive health care services for women is particularly crucial as women are much more susceptible to contracting STDs and RTIs biologically, and once contracted, they have a far greater impact on women than on men. In addition, certain social realities further increase women’s susceptibility to STDs and RTIs.

The social factors that contribute to the spread of RTIs/STDs among women include:

- Unequal power relations: due to the unequal power dynamics between men and women in society, women are often not in a position to negotiate the terms of a sexual relationship and are often subjected to sexual violence.
- Economic forces: for example, the increase in commercial sex work or other forms of exchange of sex for money or support;
- Political factors: the shame and secrecy surrounding RTIs/STDs, and the low priority given to prevention and treatment, in terms of resource allocation;

a minimum, components of family planning, STD prevention and management and safe motherhood. In view of the prevalence of RTIs and STDs in South Africa, the dire implications they have on the reproductive health of women in particular as well as the particular barriers that women face in gaining access to the right, it is suggested that their prevention and management form a vital component of the reproductive health care package in South Africa.

Conclusion

In making the constitutional right of access to reproductive health services a reality, it is vital that the term is not merely equated with maternal health. The term "reproductive health care" clearly refers to the entire reproductive system, of which maternal health is but a single component. Services aimed at managing and preventing reproductive tract infections and sexually transmitted diseases are therefore a fundamental component of reproductive health care services. In providing these services, it is essential that the multiple barriers that women face in gaining access to them are taken account of and addressed.