



Improving Sexual Health



Unrestricted access to sexual health services is essential in upholding basic human rights. The UN's Sustainable Development Goals include a commitment to working towards ensuring universal access to these service, under the right to health as outlined in the Universal Declaration of Human Rights. This issue is based on two interlinked debates; the use of contraception and the provision of sexual education.

Contraception

Access to, and use of, contraception around the world is more limited than one might expect. Around 57% of the world's population use contraception, and this figure does not appear to be rising at any great speed (it was 54% in 1990). The vast majority of users of contraception globally are women, and researchers have considered what barriers these women face in terms of beginning to use contraception. These are widely considered to be *cultural* (i.e. women are pressured to not use contraception due to religious or social norms, or are embarrassed or fearful to start using it), *medical* (i.e. women experience unpleasant or unwanted side-effects from contraception or do not believe in its efficacy), and *availability* (i.e. women have no, or inconsistent, access to contraception).

Some forms of contraception (for example, the use of condoms) can prevent the spread of sexually transmitted infections when effectively used; this is significant as the group most impacted by STIs are young people in the 15-24 age bracket. Contraception also allows women to choose if and when to have children; when we consider this in relation to sexually active young people, we can see that increased use of contraception will encourage young women to stay in education longer worldwide, thus contributing to local and national economies and exercising their own free will.

Any attempt to widen contraceptive use globally should look to counter very pervasive attitudes which submit women to the social pressure to shun contraception. For example, the Catholic Church, of which there are over one billion followers worldwide, considers the use of all contraception aside from natural methods intrinsically sinful. It is interesting to note that, in studies conducted in Sub-Saharan Africa, there is wide disparity between rich and poor; the wealthier the woman, the more likely she is to use contraception regularly.

Sexual Education

Sexual education forms the backdrop to any attempt to increase the use of contraceptives, but it also has a key role to play in terms of educating young people about the risks of unprotected sex, both in terms of potential health consequences, and in terms of the possibility of unplanned pregnancy. Several studies have noted that sexual education programmes can be successful in lowering the rate of STIs and pregnancy among young people, and also in delaying the start of sexual activity. However, the potential impact of sexual education is lessened by the fact that it faces similar barriers to the use of contraception: often cultural norms prevent sexual education occurring, especially in some highly religious areas; the provision of sexual education depends for its success on an existing education, which in some rural areas is inaccessible for young people; and opponents

of sexual education have a powerful voice in many societies, often claiming that it is ineffective or has the opposite effect to what it attempts to achieve.

To consider:

- How can the UN remove some of the barriers to the use of contraception?
- What can be done to lessen the impact of religious views which oppose sexual education and contraceptives?
- How can a programme of sexual education be provided for young people in rural communities?

Useful Links:

<http://theconversation.com/how-the-catholic-church-came-to-oppose-birth-control-95694>
<https://www.who.int/bulletin/volumes/89/4/10-083329/en/>