

Inside the FP Story Podcast

SEASON 6

EPISODE 1: Let's talk about Sex(ual and Reproductive Health)

[About the *Inside the FP Story Podcast*]

From Knowledge SUCCESS and FHI 360, this is Season 6 of *Inside the FP Story*—a podcast developed *with* the family planning workforce, *for* the family planning workforce.

Each season, we hear directly from implementers, decision makers, and others from around the world on issues that matter to our programs and services. Through these honest conversations, we learn how we can improve our family planning programs as we work together to build a better future for all.

I am Sarah Harlan, Partnerships Team Lead with the Knowledge SUCCESS project. I am pleased to introduce our narrator, Charlene Mangweni-Furusa.

[Intro to Season 6]

Narrator

Welcome to Season 6 of *Inside the FP Story*. This season, we are exploring the larger context of sexual and reproductive health (or SRH) beyond family planning. Being able to understand the holistic framework—and the range of concerns that affect people's sexual and reproductive lives—can help ensure access to higher quality information and services for all who need them. Topics like comprehensive sexuality education, menstrual health, and HIV prevention have been mentioned in previous seasons of the podcast, but we have not covered them extensively—until now. This season will *also* provide an opportunity to reflect on the needs of communities that have *not* been effectively reached by SRH services: including historically marginalized groups like youth and LGBTQI+ individuals. Our episodes this season will discuss tools, resources, and models to help us implement inclusive programs that take all these issues into account.

[music break]

[BACKGROUND AND DEFINITIONS: What is SRH?]

Narrator

First, so we are all on the same page, let's begin with what we mean by "Sexual and Reproductive Health." The World Health Organization defines *sexual* health as "...a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Their definition of *reproductive* health is nearly identical, but adds that people "have the capability to reproduce and the freedom to decide if, when, and how often to do so."

While these definitions include pleasurable and respectful sexual experiences, SRH is often highly stigmatized or politicized in the media and in many communities around the world. In this episode—and throughout this season—we would like to challenge that. We are going to take a fresh look at SRH—how do bodily autonomy and gender fit into this? What about pleasure? How do we ensure that sexual and reproductive health programs consider the needs of young people, and of LGBTQI+ individuals?

[Why should we care about SRH?]

For this episode, we are featuring several guests who are passionate about their work in SRH. We started each interview by asking, "Why should we care about sexual and reproductive health?"

First, we will hear from Ester Sumbana Murray, a Gender and Youth advisor with FHI 360. She works on the USAID-funded Alcanzar project, which focuses on reproductive, maternal, newborn, and child health in the Nampula and Zambezia Provinces of Mozambique.

Ester Murray

People should care because this is human rights and we are human beings, so everything that is related to our human rights is something that everyone should care about. It's our right to have the autonomy of our body. It's our right to have access to information about our body, not only mentally, but also physically, to have rights to freely decide who to have sex with and how to avoid sexually transmitted disease or infections. How to avoid unintended pregnancy. How many kids we can have, the partner that we can have. We all have rights, to be able to live without any fear and live without any pressure.

Narrator

Amanda Joan Gillian Mary Banura is the Founder and Executive Director of the Uganda Youth Alliance for Family Planning and Adolescent Health. Like Ester, Amanda also shared a perspective related to human rights.

Amanda Banura

It is a human right to have access to full sexual and reproductive health, to have choice and to have access and to be able to make their own decisions regarding their SRH. Why I care about SRH is because it is my right and it is my body. So it is my choice. I have to care.

Narrator

Innocent Grant is the Program Director of the Young and Alive Initiative, a youth-led organization based in Tanzania.

Innocent Grant

So first of all I want to say: Human beings are sexual beings for the whole period of our lives. When we don't talk about sexual health, when we don't care about our own sexual health, we are ignoring the fact that we are sexual beings.

Narrator

And finally, we have Francisco Ruiloba, an OB-GYN based in Mexico City. He also works with the International Federation of Obstetrics and Gynecology.

Francisco Ruiloba

I believe it's something that's extremely important, family planning and empowering women to space their births, to plan how many births they want to have, how many children. Well that's something that is crucial for every society, because there's nothing that's as awful as forced maternity and there's nothing that's as beautiful as a wanted pregnancy.

[Social and gender norms limiting SRH]

Narrator

So far in this episode, our guests have shared their thoughts on human rights, people as sexual beings, and the importance of bodily autonomy, which is “the right to make decisions about your own body, life, and future, without coercion or violence.” Related to this, the UNFPA’s most recent [State of the World’s Population report](#) found that, globally, 44% of women with partners cannot make choices about their reproductive health, contraception, *or* whether to have sex. 44% is a staggering number. How could this be?

Certainly there is not just one answer. But each of our guests did point to ways that *gender and social norms* limit people’s ability to achieve reproductive health. Note that in previous seasons of this podcast, we have also discussed social norms—and as we mentioned in those episodes, specific norms vary widely by context. Our guests this episode shared examples of social norms in their settings can negatively impact SRH. For example, Ester described how in Mozambique, a country with one of the highest rates of child marriage, where 1 in 2 girls get married before they are 18, young people have little freedom over their sexual lives.

Ester Murray

I was asking the boys what is [a] model for you in terms of being [a] young boy. He said a model is the one that has many sexual partners. And that they don't use condoms. Socially among his peers, to be considered that model is to have this kind of risk behavior. If he doesn't fit in that box, he's called weak, so even if he doesn't want to, he will end up doing [it] just not to be called names. And girls on the other hand, it's like they're not really encouraged to speak up about themselves. A girl who is 15 years old without starting her sexual life and without having kids, is not considered a model. In the case that she has a boyfriend, for instance, she fears to tell him, "I want to use condom, or any kind of contraception," because this boy will think that she has another partner. To prove that she's loyal to him, that she's faithful to him, she ends up accepting [sex] without protection because she has to fit into social pressure...

It's not easy to challenge social norms because it's not only her, it's also the network. It's the environment she grows up within. For a girl like 13, 14 years old to challenge her mother, her father, or family, or neighbors is very difficult. So we need to work with everyone that is around this girl. We need to work with her, telling her that there is no problem in delaying as much as possible to start her sexual life as long as she feels confident first with access of information so that she can have assertive decisions. She can have this network support [at] school, at home, in the church, everywhere she is. We also need to work with boys. These boys also face risk.

Narrator

We have just heard how social norms can negatively impact young people's SRH and bodily autonomy. And rather than putting the onus on the individual adolescent, we must engage all the key influencers around the adolescent to support them.

Another social norm that impacts SRH is the fact that in most countries around the world, it is not common to talk openly with young people about sex. Here is Innocent.

Innocent Grant

In Tanzania, when you are talking to young people, it's very limited to have an open dialogue regarding their sexual health. In general, sex discussions are quite a taboo topic. So they ended up getting pregnancy while they were in schools so they have a burden, with no qualification to gain a good job. At the same time, they have a child to support.

Narrator

Shifting now to men using contraception, Francisco shared how gender norms prevent men from using vasectomy, one of the only two available contraceptive methods for men.

Francisco Ruiloba

Vasectomy is such an underrated method. There's so much taboo and stigma and myths around vasectomy. I don't know if it's patriarchal culture or misogyny, but they believe that it's going to affect their manhood. Whereas women are all up for, yeah, let's say

take care of our sexual and reproductive health by using this or using that. Men just aren't there yet and it's our responsibility as clinicians to include them more and more and to just make them a part of our team because if we don't include 50% of the population in these decisions, well, we're missing out on a lot of participation that could bring very good outcomes.

Narrator

Vasectomy rates are low in many settings, but research has shown that men *may* be interested and willing to use other contraceptive methods if available, *and* that women *would* trust their partners to use these methods. Though male contraception is a historically under-funded area, there are a number of male methods currently being researched.

[What can be done to address challenges/Ideal SRH programs]

Narrator

So what can we do to address these deep challenges? We asked our guests what an ideal SRH program would look like to each of them. Here is Francisco.

Francisco Ruiloba

My [ideal] program would have to have comprehensive sexual education, age appropriate, evidence-based education on topics like consent, what's a healthy relationship, contraception, family planning methods, sexually transmitted infections, and gender and sexuality. But it would also have to have accessible and affordable contraceptive services, a wide range, if not all of the options and people who give contraceptive advice. You would have to have a very good team that prevents and treats sexually transmitted infections with effective strategies, testing, along with education on safer sexual practices. It would be a system that is completely inclusive and will really drive equity home. It would have, especially for LGBTQ patients, services that respect their diverse gender identities, orientations, and their own cultural backgrounds. And finally I think that it would have to engage the whole community, promoting dialogue involving not only individuals but the whole community in decision-making processes to address all of these sexual and reproductive challenges effectively.

Narrator

And here is Amanda.

Amanda Banura

I would say the ideal SRH program to me, would look like a holistic approach where every young person or every person has access to subsidized medical care. By medical care, I mean “reproductive health commodities”—this will cover family planning, contraception and all to do with SRH.

Narrator

We just heard about the importance of offering a wide range of SRH information and supplies, but it is also important to consider SRH *education*.

Specifically, *what* information is shared and *how* it is shared can impact people's sexual behaviors. A recent systematic review was conducted by the WHO and the Pleasure Project, which included 33 interventions from around the world. It found that SRH programs that discuss sexual desire and pleasure improve knowledge and attitudes around sex and increase condom use, compared to those that do not. The Young and Alive Initiative has worked on integrating these principles into an SRH curriculum for youth in Tanzania, which was translated into Swahili. Innocent discussed shifting from a "fear-based" style of sexuality education—where, for example, photographs of advanced STIs are shown to scare young people—to a more open and positive style. Innocent explained that acknowledging that people have sexual desires can actually help them protect themselves from pregnancy and STIs.

Innocent Grant

Fear-based sex education hasn't provided us with the result that we want to see. For instance, we still have high rates of teenage pregnancy, HIV/AIDS, especially to young sexually active people and we still have a high rate of sexually transmitted infections as well. It opens the opportunity to start talking about our sexual differences and preferences. So it's better telling them the truth.

Narrator

Finally, Ester shared how we need to work across sectors to improve SRH, especially for youth.

Ester Murray

We need to work together. It's not only [the] health sector, it's[the] education sector that needs to create a good environment for kids to be able to access quality education, it's the labor area that needs to be able to make young people have job opportunities. There also needs to be information to provide service for these young people. I know we have very good policies in place, very good, but making sure that it happens in the field has been our main challenge and we have been working hard on that.

[CONCLUSION]

Narrator

We hope the insights in this episode have motivated you to advocate for holistic, multisectoral approaches to improving SRH. Ensuring access to SRH information and services underpins the sustainable development goals, particularly those related to universal health care, gender equality, poverty reduction, and environmental sustainability. Also, you may have noticed a strong emphasis on youth in this episode: With 1.8 billion people aged 10-24 in the world today, youth are the present *and* the future. Join us for our next episode, in which we will take a deeper dive into SRH topics related to adolescents and youth.

[Credits]

Season 6 of *Inside the FP Story* is produced by Knowledge SUCCESS and FHI 360. This episode was written by Catherine Packer and edited and mixed by Elizabeth Tully. It was supported by an additional team, including Sarah Harlan, Emily Hoppes, Brittany Goetsch, and Joy Cunningham.

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If you have any questions or suggestions for future episodes, feel free to reach out to us at info@knowledgesuccess.org.

Thank you for listening.

Resources

- [Male contraceptives under development](#)
- [Definition of “bodily autonomy”](#)
- [UNFPA state of the world population 2023](#)
- [The Pleasure Project’s pleasure principles](#)
- [Brief highlighting results of Pleasure Project and WHO systematic review](#)
- [Pleasure Project and WHO systematic review published article](#)
- [Alcancar project gender equality and social inclusion \(GESI\) and youth toolkit](#)