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Report from Consultations on a Framework for Sexual and Reproductive Health

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Report from Consultations on a Framework for Sexual and Reproductive Health

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Executive Summary

This paper presents a report from consultations on a framework for comprehensive, collaborative action to maintain, protect, and promote the sexual and reproductive health of all people in Canada. It provides a broad strategic foundation upon which partners inside and outside the government can build specific initiatives to address their priorities.

The consultation process was led by Health Canada, with the participation of other federal departments, provincial and territorial governments, and key national non-government organizations. It addressed a need expressed by partners in all sectors, and responded to the call made by the Royal Commission on New Reproductive Technologies for a coherent, coordinated approach for promoting sexual and reproductive health. This report is the outcome of the consultation process and *does not* represent Health Canada's stated policy on sexual and reproductive health. Rather it identifies directions from which specific policies and actions can be developed collaboratively.

Healthy sexuality is a positive and life affirming part of being human. It includes knowledge of self; opportunities for healthy sexual development and sexual experience; the capacity for intimacy; an ability to share relationships and comfort with different expressions of sexuality including love, joy, caring, sensuality, or celibacy. Reproductive capacity is also a fundamental part of being human, even though not everyone makes the choice to have children or is able to reproduce.

Sexual and reproductive health is important throughout life. A healthy start gives children the capacity to develop a positive self-image and self-awareness and the capacity to establish satisfying relationships. During youth and early adulthood, decisions about sexual activity, reproduction, and parenthood become extremely important. The best possible choices occur when a strong foundation has been set from the earliest days of life, and when information, education, and supports to enable health are in place. During mid-life and the senior years the capacities, values, and supports developed throughout life continue to influence health and quality of life as self-awareness, relationships, and sexuality mature.

Healthy societal values and attitudes about sexuality and reproduction, family, and community networks and supports, educational and economic opportunities, a healthy physical environment, and access to effective services all enable sexual and reproductive health throughout life. Investing in policies, programs, and initiatives to positively influence these conditions will offer excellent returns, now and far into the future.

In Canada, we have unacceptably high levels of sexual and reproductive health problems. Prevention of these problems, and effective care and support for those affected, must be a priority. Examples are rates of teen pregnancy that are higher than in many other developed countries; unacceptably high rates of low birth weight babies; large numbers of young people affected by sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS); infertility experienced by about 7% of couples, often resulting from earlier untreated STDs; and unacceptable rates of sexual abuse and family violence.

The cost of these problems is high for both the individual and society at large. For example, every year Canadians spend approximately $30 million in direct costs on *in vitro* fertilization in an attempt to correct fertility problems.[14] A recent Canadian study estimates that the annual health-related costs of violence against women and children are $1.54 billion. Violent assaults include sexual assaults.[16] The total economic burden associated with the HIV/AIDS epidemic to date amounts to $36 billion.[18]

We know that positive action can promote sexual and reproductive health and prevent the kinds of problems outlined above. Programs and services are offered by all levels of government and private organizations in Canada; however, there is wide agreement that we are not achieving the best possible result for our efforts, and that there are significant gaps. To respond, the *Report* presents a starting point for developing the next steps. Supported by partners inside and outside government, it is based on evidence about the factors that determine sexual and reproductive health, and knowledge about effective solutions.

Overview of the Principles and Strategic Directions

The accompanying table presents the proposed main elements of a framework for sexual and reproductive health. The paper provides a commentary on each of the principles and presents strategic directions to address the broad directions. The strategies are quite general, providing a comprehensive yet flexible foundation for development of more specific actions by various partners.

Next Steps

The *Report from Consultations on a Framework for Sexual and Reproductive Health* sets an ambitious and long-term agenda that has the commitment of partners from many sectors inside and outside government. No individual partner can accomplish everything that is required; however, through a collaborative approach, and with a sustained commitment, significant progress can be made. It will be useful as a policy and planning tool for decision makers and program planners.

The partners concluded that the next step would be to develop specific and concrete initiatives that build upon the broad directions and strategies contained in the *Report*. These should guide collaborative action in determining and addressing the most important and urgent priorities, while ensuring that any actions we take now lay a sound foundation for the future. There was consensus among partners regarding the need to work together to identify such priorities and to develop collaborative initiatives that respond to them.

Purpose

Maintain, protect, and promote the sexual and reproductive health of all people in Canada.

Principles

1. All individuals are sexual beings throughout their lives.
2. Individual autonomy and responsibility should guide all aspects of decision making.
3. The greatest benefits will be achieved by emphasizing promotion of sexual and reproductive health and prevention of problems.
4. Health interventions should be safe, effective, and evidence-based; individuals should be fully informed before making decisions regarding interventions.
5. The simplest and least invasive intervention that is appropriate and effective should be used in delivering health care.
6. Access to sexual and reproductive health programs and services should be equitable, responsive to diversity, and not limited because of discrimination based on gender, age, race, ethnicity, marital status, sexual orientation, religion, culture, language, socio-economic status, disability, or geographic location.
7. Individuals should be protected from diseases and hazardous environments that can adversely affect their sexual and reproductive health.
8. Families and communities should provide a supportive physical and psycho-social environment that enables all their members to maintain their sexual and reproductive health.

Strategic Directions

1. *Personal choices*. Increase opportunities for all individuals to develop and sustain the knowledge, attitudes, capacities, skills, and behaviours needed to make healthy choices about sexuality and reproduction.
2. *Societal values*. Promote societal values and attitudes about sexuality and reproduction that enable and support healthy personal choices throughout life.
3. *Access to services*. Facilitate equitable access to effective health services that prevent problems and promote, protect, and restore sexual and reproductive health.
4. *Physical environment*. Reduce risks and conditions in the physical environment that are harmful to sexual and reproductive health.
5. *Families and communities*. Strengthen the capacity of families and communities to maintain and improve the sexual and reproductive health of their members.
6. *Social and economic conditions*. Reduce social and economic risk conditions, particularly poverty and discrimination, that limit opportunities to achieve sexual and reproductive health.
7. *Research, evaluation, and information*. Stimulate and support research and evaluation on factors and interventions that enhance sexual and reproductive health throughout life, and ensure availability of information to assist with planning and implementation of effective policies and programs.

Suggested Initiatives

Possible initiatives to address the broad directions are presented at the end of this paper.

Introduction

This paper presents the outcome of national discussions around a framework for comprehensive action to maintain, protect, and promote the sexual and reproductive health of people in Canada. Included are principles to guide action, seven strategic directions focusing on the major determinants of sexual and reproductive health, and suggested initiatives for each of the seven directions. The *Report* is intended to stimulate and guide collaborative action by partners inside and outside government. It provides a broad strategic foundation upon which more specific initiatives can be built.

The *Report* was developed primarily in response to *Proceed With Care: Final Report of the Royal Commission on New Reproductive Technologies,* which recommended a coordinated national approach for promoting sexual and reproductive health.[1] Although a major focus was prevention of infertility, the Royal Commission emphasized the importance of integrating infertility prevention into the wider perspective of health promotion and prevention policies, programs, and initiatives. The *Report from Consultations on a Framework for Sexual and Reproductive Health* responds by addressing the broad and interrelated influences on sexual and reproductive health at all stages of life.

Development of the *Report* was led by Health Canada with the participation of other federal departments, provincial and territorial governments, and key national non-government organizations. It builds upon specific recommendations for prevention and education made by the Royal Commission on New Reproductive Technologies, as well as directions and recommendations of other key national initiatives. These include reports from the federal, provincial, and territorial working groups on Women's Health and on Adolescent Reproductive Health; the *Canadian Guidelines for Sexual Health Education*; the recommendations of the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth; the National AIDS Strategy; and the Federal Plan for Gender Equality.

Sexuality and reproductive capacity are seen as fundamental aspects

The Importance of Sexual and Reproductive Health

This *Report* takes as its starting point a holistic view of sexual and reproductive health. Sexuality and reproductive capacity are seen as fundamental aspects of being human. Sexual and reproductive health is as important to quality of life as other key aspects of health such as eating, sleeping, or physical activity. This is true regardless of age, gender, culture, abilities, sexual orientation, or other characteristics that make up our identity.

Healthy sexuality is a positive and life affirming part of being human. It includes knowledge of self, opportunities for healthy sexual development and sexual experience, the capacity for intimacy, an ability to share relationships, and comfort with different expressions of sexuality including love, joy, caring, sensuality, or celibacy. Our attitudes about sexuality, our ability to understand and accept our own sexuality, to make healthy choices and respect the choices of others, are essential aspects of who we are and how we interact with our world.

Reproductive capacity is a fundamental part of being human, even though not everyone makes the choice to have children or is able to reproduce. Our biological capacity to reproduce, and our expectations and values about reproduction, shape the way we view ourselves, our sexual decisions and choices, our choices in other life areas such as education and work, and our relationship with partners, families, and communities.

Because of its essential importance throughout life, opportunities and supports for sexual and reproductive health must be available at all life stages. The biological, social, and emotional foundation is set during early childhood. A healthy start in life provides the capacity to develop a positive self-image, make healthy choices, establish satisfying relationships, and cope with life challenges. These characteristics are the very basis of sexual and reproductive health throughout life.

A healthy start in life provides the capacity to develop a positive self-image, make healthy choices, establish satisfying relationships, and cope with life challenges ... the very basis of sexual and reproductive health

During youth and early adulthood, decisions about sexual activity and reproduction become extremely important. The best possible choices occur when a strong foundation of personal capacities has been set from the earliest days of life, and when information, education, and supports to enable health are in place. For those desiring children, preparation for parenthood is important, including healthy and informed choices during the preconception and prenatal period, skills for effective parenting, and the ability to maintain ongoing healthy family relationships.

During mid-life and the senior years, sexuality and reproductive capacity continue to be essential aspects of life. The capacities, values, and supports developed throughout our lives influence our health and quality of life as our self-awareness, relationships, and sexuality mature; and as the natural process of aging leads to changes in our biology, including our reproductive systems.

Because of the critical and life affirming significance of sexual and reproductive health for individuals, families, and society as a whole, it is important to ensure the conditions required to promote, protect, and maintain it are in place. Healthy societal values and attitudes about sexuality and reproduction, family, and community networks and supports, educational and economic opportunities, a healthy physical environment, and access to effective services all enable sexual and reproductive health. Investing in policies, programs, and initiatives to positively influence these conditions will offer excellent returns, now and far into the future.

Investing in policies, programs, and initiatives to positively influence these conditions will offer excellent returns, now and far into the

Why Do We Need a Framework?

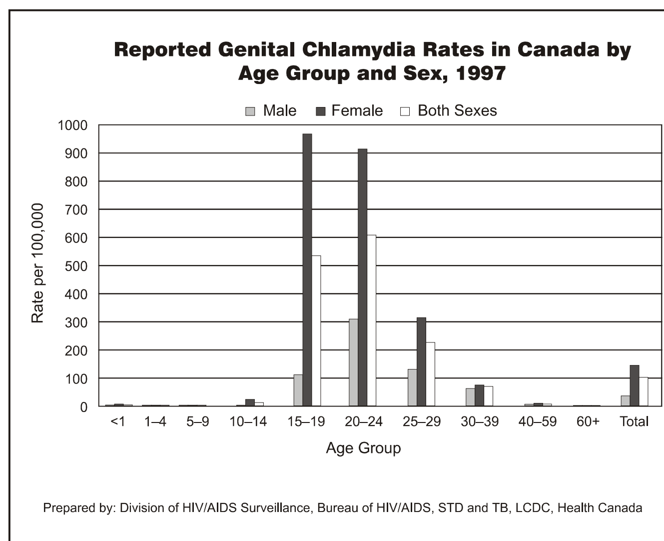
Clearly, sexual and reproductive health is essential for the well-being of all people in Canada. Yet the issues and challenges summarized in the next section show we have some distance to go to achieve it. Successful action on such a complex, multi-faceted area requires a coherent approach to which key players are committed. Research and experience indicate that such an approach must include comprehensive, integrated strategies for collaborative action to promote and maintain the conditions known to support healthy development, as well as to prevent and reduce risks and problems. The *Report from Consultations on a Framework for Sexual and Reproductive Health* offers such an approach.

By focusing attention and action on the fundamental conditions necessary for sexual and reproductive health, and on the very serious risks and problems faced by many people in Canada, the *Report* provides the direction from which government and non-government organizations can plan initiatives. During development of the *Report from Consultations on a Framework for Sexual and Reproductive Health*, government and non-government partners showed their support and readiness to participate.

What Are the Issues and Challenges?

In a country like Canada, where our overall population is among the healthiest in the world, we have unacceptably high levels of sexual and reproductive health problems. Prevention of these problems, and effective care and support for those affected, must be a priority. The following are just a few of the issues we must address:

Sexually Transmitted Diseases: Over 33,000 cases of chlamydia and 4,000 cases of gonorrhea were reported in Canada in 1997. Reported rates of chlamydia in adolescent girls are nine times the national rate.[2] If untreated, sexually transmitted diseases are estimated to account for 20% of all cases of infertility.[3]



HIV/AIDS: Since the beginning of the epidemic to December 31, 1998, a total of 16,236 AIDS cases and 11,534 deaths due to AIDS have been reported in Canada. Heterosexual contact accounted for 6.2% of positive HIV test reports among adults in the 1985–1994 testing period, compared to 16.0% in 1998.[4]

Those who have less power, who experience economic hardship, who have less access to information and services, and who live in marginalized circumstances tend to be most affected.

Low Birth Weight: Between 1985 and 1995, live births of less than 500 grams increased from 4.3 to 8.8 per 10,000. Low birth weight is higher among the youngest and oldest mothers than among those aged 25 to 34.[5] In urban Canada, the incidence of low birth weight and the infant mortality rate are relatively high in the lowest income neighbourhoods.[6]

Teen Pregnancy: Canadian rates of teen pregnancy are higher than in many other developed countries.[7] Birth rates vary significantly across the country.[8]

Teen Pregnancy

- ➢ Canada's teen pregnancy rates are higher than in many other developed countries.
- ➢ Teen pregnancy is almost five times more common in the lowest income neighbourhoods compared to the highest.
- ➢ Teen parents often have lower lifetime earnings, and more social problems throughout life.
- ➢ For every dollar spent on prevention of teen pregnancy, $10 could be saved just on the reduced cost of abortions and income support.

In 1994 the rate of teen pregnancy in Canada was 48.8 per 1,000 pregnancies, changed from 53.7 per 1,000 pregnancies in 1974. While the 1974 to 1993 period saw an overall drop in the teen pregnancy rate, the lowest rate during this 20-year period occurred in 1987, at 41.1 per 1,000, and has steadily increased since.[9]

The social and economic consequences of teenage births are as important as the health implications. Previous studies suggest that teenage motherhood may result in a loss of educational and occupational opportunities, and increase the likelihood of diminished socio-economic status.[10]

Infertility: Approximately 250,000 couples in their reproductive years (7%) are currently

affected by infertility.[11] Most of the demand for reproductive technologies, such as *in vitro* fertilization and donor insemination, is a direct result of infertility.

Sexual Violence: Four in ten adult women (39%) report having been sexually assaulted at least once since the age of 16. Almost 60% of women who experienced a sexual assault were the targets of more than one such incident.[12] The most extensive study of child sexual abuse in Canada indicates that, among adult Canadians, 53% of women and 31% of men were sexually abused when they were children.[13] Physical, sexual, and psychological violence can lead to anxiety, depression, suicide, and suicide attempts and a variety of physical health problems.

Although all Canadians are potentially at risk for some form of sexual or reproductive health problem, certain groups face particular challenges that limit their opportunities to achieve sexual and reproductive health. Those who have less power, who experience economic hardship, who have less access to information and services, and who live in marginalized circumstances tend to be most affected. Strategies and concrete action plans to address the needs of these groups must be a priority. The unique needs of persons with disabilities, Aboriginal peoples, ethnocultural minorities, and people with differing sexual orientations also require a special focus.

The Costs

Individual Canadians, and society at large, pay a significant price for sexual and reproductive health problems. For the individual, this includes the emotional cost of loss, pain, and disappointment; the economic costs of lost wages and benefits; and the cost of purchasing drugs and other uninsured treatments. Societal costs include the direct cost of health services, the cost of benefits paid to those who could have remained healthy and independent, the sick days that could have been avoided, and the loss of productivity of those who are emotionally or physically distressed. Although care and support for those affected is essential, prevention clearly is preferable and cost effective. A few examples strongly illustrate this essential point:

- Canadians spend approximately $30 million every year on one procedure alone, *in vitro* fertilization, in an attempt to conceive.[14]
- It is estimated that for every dollar spent on preventing teenage pregnancy, $10 could be saved on the costs of abortion services and the short- and long-term costs of income maintenance to adolescent sole support mothers.[15]
- A recent Canadian study estimates that the annual health-related costs of violence against women are $1.54 billion. Violent assaults include sexual assaults.[16]
- The average length of stay for a premature baby with complications is about 45 days. The cost of hospital care for these babies is about $650 to $700 per day.[17]
- The total economic burden associated with the HIV/AIDS epidemic to date amounts to $36.3 billion ($6.4 billion in direct costs and $29.9 billion in indirect costs).[18]

... for every dollar spent on preventing teenage pregnancy, $10 could be saved on the cost of abortion services and short- and long-term costs of income maintenance.

- For every dollar spent on early detection and treatment of chlamydia and gonorrhea, it is estimated that $12 could be saved in associated costs.[46]

The Challenges

We know a great deal about promoting sexual and reproductive health and preventing the kinds of problems outlined above. In fact, many initiatives, programs, and services are offered by all levels of government and private organizations in Canada. But there is wide agreement that we are not achieving the best possible result for our efforts, and that there are significant gaps.

Perhaps the greatest challenge in taking action on sexual and reproductive health is the strong emotional response the topic elicits. Many people feel discomfort and embarrassment when dealing with a subject as value-laden and private as sexuality and sexual choices. Reproduction is similarly a very private and value-laden subject. As a result, finding a balance between differing views and sensitivities when developing public policies and initiatives has often proven to be difficult.

Some policies, programs and services do not yet reflect the growing evidence about the benefits of comprehensive efforts to address the broad determinants of sexual and reproductive

Another significant challenge results from the fact that existing programs and services tend to be isolated and fragmented. Although there is a growing understanding of the importance of comprehensive, integrated, and multi-sectoral efforts, our policies, programs, and services do not yet reflect this understanding.

Access to sexual and reproductive health services are not equally available to all who need them. Some Canadians have little or no access to key services owing to their socio-economic status, age, abilities, geographic location, and their language, culture, or sexual orientation.

At the same time, sexual and reproductive health services are particularly vulnerable as reductions in health funding are made by all levels of government. This is at least partly due to a lack of knowledge among decision makers and the public about the consequences of teen pregnancies, low birth weight, STDs, and other related problems on Canadian society as a whole, and the potential impact of improved sexual and reproductive health.

To help meet these challenges, the *Report from Consultations on a Framework for Sexual and Reproductive Health* presents, as a starting point, the elements for a cohesive national approach supported by partners inside and outside government. It is based on evidence about the factors that determine sexual and reproductive health, and on knowledge about effective interventions.

Context for Action

D*iversity.* Canada's population is increasingly varied. The federal government's continued commitment to immigration means that our ethnocultural mosaic will become more rich and diverse. There is increasing recognition of the sexual diversity in our population, including diversity in sexual orientation and sexual practices. As well, diversity arises from differences created by geography, age, family structure, ability, living circumstances, lifestyle, and other social factors. Initiatives related to sexual and reproductive health must be sensitive to a wide range of personal, social, cultural, religious, and sexual values, attitudes, and expectations.

Age structure of the population. Canada's population is aging, which means that factors affecting sexuality in later life, and problems of the reproductive system that occur in older people, will have an increasing profile. As well, women are having children later in life, with more women having their first child in their late thirties or early forties.[19] Delayed child-bearing is linked with decreased fertility, a situation experienced by many couples.

In the Aboriginal population the proportion of young people is very high. For example 37% of Aboriginal peoples are under the age of 15, and 56% are under the age of 25.[20] In these relatively young groups, a strong focus is needed on healthy sexuality and reproductive health during their teens and early adulthood.

Infertility & Reproductive Technology

- Most of the demand for new reproductive technologies is a direct result of infertility.
- Untreated sexually transmitted diseases, especially chlamydia, account for 20% of infertility. One Canadian couple in 15 experiences fertility problems.
- Each year Canadians spend about $30 million on just one technology—*in vitro* fertilization—in an attempt to correct fertility problems.

New reproductive and genetic technologies. New reproductive and genetic technologies have already changed the way in which we look at human reproduction, and the role and structure of families. They introduce a host of health, social, ethical, legal, and economic concerns. One of the key areas addressed by the Royal Commission on New Reproductive Technologies was the growing demand for assisted reproduction techniques such as *in vitro* fertilization, to deal with the problem of infertility. The causes of infertility are not totally understood, but are known to include the effects of untreated sexually transmitted diseases, smoking, age, workplace hazards, environmental pollution, and other toxic exposures. The Royal Commission recommended action be taken to prevent infertility as part of a national approach for promoting sexual and reproductive health. Maintenance of reproductive capacity and prevention of infertility are important components of the *Report from Consultations on a Framework for Sexual and Reproductive Health.*

Gender issues. Another important aspect of sexual and reproductive health is Canada's ongoing commitment to gender equality. Canada's Federal Plan for Gender Equality reflects the commitment to the UN Platform for Action arising from the 1995 Beijing Fourth World Conference on Women and the 1994 Cairo International Conference on Population and Development. This federal plan includes an objective to improve women's physical and psychological well-being by addressing the broad socio-economic factors that affect women's health, as well as sexual and reproductive health problems such as HIV/AIDS and breast cancer; the over-medicalization of reproduction, childbirth, and menopause; and new reproductive technologies.

The importance of gender sensitivity must also be recognized. Sexual and reproductive health is clearly important both for women and men. Yet the past and current emphasis in the field is disproportionately on women. For example, teen pregnancy is most often seen as a problem for young women, not for young men, with most of the onus for preventing pregnancy falling on the young woman rather than emphasizing the sexual behaviour and responsibilities of both. As well, gender sensitivity is too often taken to mean sensitivity to women's issues. To be successful, policies and initiatives to improve sexual and reproductive health must recognize and respond to the issues, needs, and responsibilities of both men and women, girls and boys, and make sure both genders have equitable access to effective programs and services. The challenge is to recognize the differences, and the similarities, between males and females and develop suitable interventions to respond appropriately.

To be successful, policies and initiatives to improve sexual and reproductive health must recognize and respond to the issues, needs and responsibilities of both men and women, girls and boys.

Health care system restructuring. In many regions, responsibility for health care services is being devolved to the regional and community level. This provides opportunities for improving the coordination and responsiveness of sexual and reproductive health services at the local level, but impedes the continuity of services on a national basis. The *Report from Consultations on a Framework for Sexual and Reproductive Health* provides a tool to help policy-makers, planners, and service deliverers focus on core sexual and reproductive health needs and effective services and interventions.

The Determinants of Sexual and Reproductive Health

The directions and strategies proposed in the *Report from Consultations on a Framework for Sexual and Reproductive Health* are based on evidence about the broad range of factors that determine the overall health and well-being of the population. The major categories of determinants have been adapted from the widely used document *Strategies for Population Health: Investing in the Health of Canadians*.[21]

a) ***The Social and Economic Environment***, including income, social status and hierarchy, social supports, education, employment, and working conditions.

b) ***The Physical Environment***, including natural and human-built environments.

c) ***Individual Capacities, Coping Skills, and Health Practices***, including choices that enhance or create risks to health, psychological attributes of the person such as self-esteem and a sense of control, as well as biological characteristics.

d) ***Health Services***, including services to promote, protect, maintain, and restore health.

The above categories are interrelated. For example, personal capacities and coping skills are strongly influenced by the social, economic, and physical environments within which they develop and are exercised. As well, there are factors not usually identified as specific determinants of health, but that relate to all of the determinants in a complex way. Two of the most important of these are gender and culture.

Gender. Gender refers to the array of roles, personality traits, attitudes, behaviours, values, relative power, and influence that society ascribes to men and women on a differential basis. Many health and social issues are a result of gender-based social status or roles. For example, women are more likely to experience low income, single parenthood, lower educational levels, and lower levels of self-esteem and feelings of personal competence. As well, there is considerable evidence of gender bias within the health care system. This means that both women and men may receive inappropriate care that is not sensitive to their needs.

Culture. The dominance of "mainstream" cultural values may result in marginalization, stigmatization, loss or devaluation of language and culture, and lack of access to appropriate health services for people from different cultures. These negative effects can alter the way in which all of the determinants exert an influence on health.

The following are examples of how the determinants of health listed above specifically influence sexual and reproductive health. The examples are drawn from the available evidence. Many of the examples focus on women because the existing research base emphasizes women and child-bearing.

a) The Social and Economic Environment

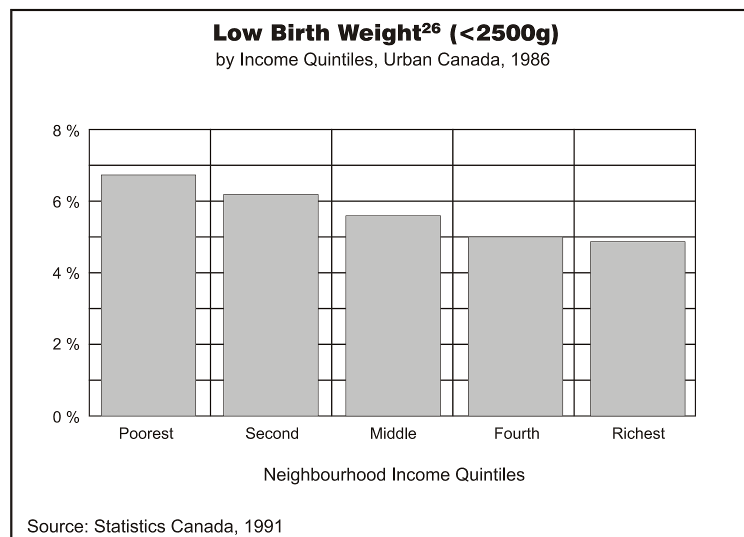
Income, Social Status, and Hierarchy

There is strong evidence that lower income and socio-economic status are associated with poorer health in general, and that health status increases with each step up the socio-economic ladder.[21] This is also the case for sexual and reproductive health.

Early initiation into sexual activity and riskier sexual practices are higher among youth in lower socio-economic

Early initiation into sexual activity and riskier sexual practices are higher among youth in groups with lower socio-economic status. For example, teenagers whose parents have lower educational levels are more likely to be sexually active, and those who live with a single parent are more likely to have had multiple sex partners.[22,23]

Young people in lower socio-economic groups are at higher risk of teenage pregnancy. Teenagers who live in the lowest income neighbourhoods have birth rates nearly five times higher than those in the highest income areas.[24] Income also has an impact on birth outcomes. There are 1.4 times as many low birth weight babies born to those living in low income neighbourhoods as compared to higher income areas, and babies with low birth weight are at higher risk of death, disease, and lifelong health problems.[25]



Individuals with low income live disproportionately in rural and remote areas where some sexual and reproductive health services, for example abortion services and sexually transmitted disease clinics, may be less accessible. Lower income women also are less likely to have, or more likely to delay, preventive procedures such as mammograms and Pap smears.[27,28] People with low income also may not be able to afford products such as oral contraceptives and condoms.

Social status affects the degree of control people have over their lives, especially in stressful situations. Members of certain groups often have less status and may be marginalized in terms of full participation in the social and economic benefits of society. They may include the poor, women, lesbians, gay men, bisexual persons, youth, Aboriginal peoples, persons with disabilities, and ethnocultural minorities. A lack of power and equal status in society can make it more difficult to participate fully in relationships and make healthy choices regarding sexual and reproductive health. Social status also influences access to health care, with services that are sometimes not accessible or responsive to the needs of those perceived as being marginalized or having lower social status.

In our society many women hold less power in heterosexual sexual relationships, which affects their ability to delay sexual activity, to insist on protection during sexual contact, or to have pleasure in sexual relationships.[29] Women are often conditioned to assume a submissive or passive role and may not have the power to insist on safer sex practices. According to one study, one-third of Aboriginal women indicated they were afraid of being abused if they refused to have sex with a partner.[30]

Employment and Working Conditions

Both unemployment and lower status in the workplace are associated with poorer health. Lower status may lead to sexual harassment in the workforce. Work-related pressures, poor working conditions, and fear of unemployment contribute to poor overall health and may lead to unhealthy choices such as tobacco and alcohol use during pregnancy, and shorter pregnancy leaves. Exposure to hazards and contaminants in the workplace can also harm reproductive health.

Social Supports

Social environments provided by families, peer groups, communities, and society in general have a major influence on sexual and reproductive health. The societal and cultural values, attitudes and expectations that surround us shape our sense of our own sexuality and our sexual behaviour, as well as our views and choices about reproduction. Media images exert a powerful influence on attitudes about gender roles, power, sexual attractiveness, and body ideals.

Social values, attitudes, and expectations shape our sense of our own sexuality and our sexual behaviour, as well as our views and choices about

Social and emotional support from families, friends, and communities is associated with better sexual and reproductive health. For example, providing enhanced social support during pregnancy, including family support and social support from a caregiver, has a beneficial effect on the emotional well-being and health behaviours of the mother, and also contributes to the health of the baby.[31] Community and peer support are also important in the prevention and treatment of sexually transmitted diseases because they provide the context of values, norms, expectations, and reinforcements within which healthy choices about sexual behaviour are made.

Education

Health status, including that of sexual and reproductive health status, increases with one's level of formal education. In women, higher levels of education are linked to fewer unwanted pregnancies, fewer babies with low birth weight, and lower rates of infant mortality.[32,33] Lower education levels among adults are associated with early onset of sexual activity and significantly lower rates of contraceptive use. Education also influences decisions regarding sexual activity among young people. Students who have higher expectations for education have a higher rate of contraceptive use. Low expectations about the level of education that could be achieved create high-risk situations for young people who see few future alternatives to justify either postponing sexual activity or using contraception consistently.[34]

Low expectations about the level of education that could be achieved create high-risk situations for young people. They see few future alternatives to justify either postponing sexual activity or using contraception consistently.

b) The Physical Environment

The physical environment, including housing, quality of air and water and the safety of communities have a major impact on health. Many of the products and chemicals used and consumed can affect our general health and some may have specific effects on sexual and reproductive health. Strategies that impact the physical environment must address complex and interrelated systems. There is enough evidence to maintain vigilance in testing new and existing chemicals in an effort to adequately protect the reproductive health of all Canadians.

Drugs and devices related to reproduction and sexuality are another part of our physical environment. For example, 27% of women aged 15 to 44 use birth control pills for contraception and 21% of sexually active adults use condoms. Two percent use intrauterine devices.[35] The safety and effectiveness of these drugs and devices is essential to reproductive health.

c) Individual Capacities, Coping Skills, and Health Practices

Personal Health Practices, Capacities, and Choices

Personal capacities such as coping skills and a sense of control, self-esteem, and competence are strongly linked with overall health status, and are key contributors to sexual and reproductive health. People's attitudes and beliefs about their own worth and their sense of control over their lives influence their decisions about sex and sexuality. As part of development, young people take risks and test limits. However, if they have a good sense of their own worth and strong coping and decision-making skills, they will be better able to assess risks and reduce the potential for harm.

People's knowledge, attitudes, intentions and skills are key determinants of healthy choices about sex, sexuality, and reproduction.

At the same time, supportive social environments are necessary to enable and sustain healthy choices. The use of birth controls or practices to provide protection from sexually transmitted diseases (STDs) illustrate the interaction between a person's knowledge, attitudes, intentions and skills, and their social environment. For example, there are many factors that influence whether or not a couple uses a condom during sexual activity, including what they have learned about birth control or STDs and HIV/AIDS; how easy condoms are to get and to use; their own comfort or discomfort with their bodies; perceptions about the consequences of not using protection; how their peer group views the matter; how much power each person perceives that they have in the relationship; and whether the focus is on male pleasure, female pleasure, or both.

Choices About Safer Sex

- Over 60% of Canadian youth under 19 have had sexual intercourse. The main danger young people see in being sexually active is pregnancy, not STDs or HIV.
- Whether condoms are used depends on many factors including how easy they are to get, beliefs about consequences of not using protection, how peers view the matter, and perceptions of how much power each person in the relationship has.
- Condom use declines in the later teens when young women are more likely to be using oral contraceptives. A large portion of sexually active teens, especially those with multiple partners, do not use condoms at all.
- Most youth are unaware and unconcerned about future problems such as pelvic inflammatory disease, infertility, ectopic pregnancy, and chronic pelvic pain that may result

Biology

Biology, including how the human body functions and develops, is a fundamental determinant of health with important impacts on sexual and reproductive health. The most obvious biological characteristic is that of a person's sex. Because of physiological differences, males and females have different sexual and reproductive experiences and risks. For example, women are at greater risk of acquiring certain sexually transmitted diseases due to the greater vulnerability of the female reproductive tract.[36]

Menopause can represent a significant change in women's sexual and reproductive life biologically, socially and emotionally. Many women experience a sense of freedom and ease in entering this period of their life; others may find some of the consequences of hormone loss stressful, or may be concerned about increased health risks. A particular point of concern is the use of hormone replacement therapy (HRT) to counteract hormone deficiency resulting from menopause.[37]

Other characteristics passed on from parent to child appear to make certain individuals more prone or resistant to particular diseases or health problems. Certain perinatal conditions (e.g., heart defects) and genetic variations are incompatible with life and account for approximately one third of infant deaths in Canada.[38]

A wide variety of physical and behavioural abnormalities have been found in the children of women who consume excessive amounts of alcohol during pregnancy. The most widely recognized is Fetal Alcohol Syndrome (FAS), which includes growth retardation, intellectual impairment, and distinctive physical characteristics. Furthermore, smoking during pregnancy has been found to be associated with lower birth weights, shorter gestation periods, and an increase in spontaneous abortions and still births.[39]

d) Health Services

Access to safe, effective, and appropriate health services, when they are needed, has a positive influence on sexual and reproductive health. For example, an intervention that provided access to public health family planning services combined with school-based sexuality education in Ontario was associated with a decline in teen pregnancy rates greater than for the province as a whole.[40] Teen pregnancy and abortion rates are lower in countries where there is wide access to sexuality education and contraceptive services.[41] Research in many places shows that access to prenatal education and services is associated with better outcomes for mother and child.

Teen pregnancy and abortion rates are lower in countries where there is wide access to sexuality education and contraceptive services.

At the same time, unnecessary or ineffective health care interventions may actually cause harm, and at the very least waste resources that could be better spent elsewhere. For example, Canada has a high variability in the rates of caesarian births, hysterectomies, and use of technologies such as electronic fetal monitoring, indicating that clinical standards and guidelines are not being followed in many instances, or that better standards are needed.[42,43,44,45]

As well, the effectiveness of services can be compromised when they are not sensitive to client characteristics such as gender, culture, and disability.

Principles

The following eight principles should guide the actions to maintain, protect, and promote the sexual and reproductive health of all people in Canada. They reflect fundamental values of our pluralistic Canadian society, and are consistent with what we know about the factors that influence sexual and reproductive health.

Principle 1: **All individuals are sexual beings throughout their lives.**

Sexuality throughout life should be celebrated as a dynamic and creative element of our whole being, with mental, spiritual, physical, and emotional aspects. It is an intensely personal experience and one that shapes many of our social interactions and significant relationships. Recognizing that sexual experiences are not always positive, we should aim to promote and celebrate diverse, healthy sexual relationships and identities that are free from coercion, abuse, guilt, and shame. Programs and services should take into account all aspects of the individual's situation and the environment.

Principle 2: **Individual autonomy and responsibility should guide all aspects of decision making.**

> ***Eight principles should guide the actions to maintain, protect, and promote the sexual and reproductive health of all people in Canada.***

Individuals have the right to choose the sexual relationships they enter into. With this right comes the responsibility to protect and promote one's own sexual health, and because sexual choices are most often a matter of interdependence, the responsibility to respect the choices and safeguard the well-being of others. Individuals have the right to make informed choices concerning their sexual and reproductive health. This includes control over their bodies and the right to refuse treatments for health conditions and disease.

Principle 3: **The promotion of sexual and reproductive health and prevention of problems will reap the greatest benefits.**

Like other health issues facing Canadians, the case of promotion and prevention, over more costly and distressing intervention after a problem occurs, is clear. Sexual and reproductive health problems such as unintended pregnancy, sexually transmitted diseases and HIV/AIDS, violence, and cancers create undue hardship and anguish and exact huge financial and emotional costs. All sectors of society—the business sector, governments, communities, families, individuals, and clinicians—should work together to bring about conditions that support optimal health. A population health approach, which emphasizes prevention and promotion, will ensure that resources are applied in areas with the greatest benefit to the population as a whole and to subpopulations with the greatest needs.

Principle 4: **Health interventions should be safe, effective, and evidence-based, and individuals should be fully informed before making decisions.**

All sectors of society (individuals, families, communities, governments, and the private sector) have a role to play in promoting sexual and reproductive health. Governments and those delivering health programs and services have a particular responsibility to provide as high-quality interventions as possible. They also have a responsibility to work with individuals in ways that increase knowledge and the ability to make sound decisions, by providing balanced, current, and relevant information through empowering interactions.

Principle 5: **The simplest and least invasive intervention that is appropriate and effective should be used in delivering health care.**

Interventions related to sexual and reproductive health are sometimes inappropriate, for example, unnecessary hysterectomies and caesarian births. Treatment interventions, when required to restore and maintain health, should be as minimal and as non-invasive as possible. However, it is recognized that in some cases, the most appropriate and effective intervention is invasive.

Principle 6: **Access to sexual and reproductive health programs and services should be equitable, responsive to diversity, and not limited because of discrimination based on gender, age, race, ethnicity, marital status, sexual orientation, religion, culture, language, socio-economic status, disability, or geographic location.**

All reproductive and sexual health choices are affected by individual characteristics and situations, but these should not create barriers in access to services and programs. All individuals enjoy the same rights and freedoms. Services and programs should recognize diversity and aim to remove physical, attitudinal, and psychological barriers. Therefore, sexual and reproductive health programs and services should be equally accessible and available to all Canadians. Programs and services should be delivered within the philosophy of "the right services, the right provider, the right time and the right place." While affordability will always be a concern, this must be balanced by the proven benefits of optimal health through prevention, promotion, and care.

Services and programs should recognize diversity and aim to remove physical, attitudinal and psychological

Principle 7: **Individuals should be protected from diseases and hazardous environments that can adversely affect their sexual and reproductive health.**

Individuals, organizations, and corporations all share responsibility for contributing to safe and health promoting environments. Governments can take collective responsibility to reduce and eliminate circumstances that can adversely affect sexual and reproductive health. For example, appropriate levels of government should create and implement policies, legislation, and regulations in order to continue to monitor and regulate drugs and devices, control workplace hazards, and prohibit harassment.

Principle 8: **Families and communities share responsibility in providing a physical and psychosocial environment that enables all its members to maintain their sexual and reproductive health.**

Families and communities provide the context in which individuals live and interact. Families in this sense include those who provide the most immediate and extensive

support to its members, whether or not they are biologically related. Communities can include a defined geographic area or a group united by a similar culture, background, or experience. As such, they are an essential source of support concerning sexual and reproductive health. This support can include protection from harassment, discrimination, and violence, and support and respect for diversity.

Strategic Directions

The following strategic directions provide the basis for the practical application of the concepts expressed through the principles. These seven strategic directions identify key areas where effort can be taken and a positive impact can result. Although each direction is stated separately, they are interrelated and any effort taken in one area will most likely have an impact in another area. This synergy can be positive and desirable.

It is hoped that these strategic directions will guide the various stakeholders as they plan and implement initiatives that respond to this *Report*. A consolidation of suggested initiatives identified through the consultation process with stakeholders is provided starting on page 27 of this document.

1. **Personal Choices.** To increase the opportunities for all individuals to develop and sustain the knowledge, capacities, skills, and behaviours needed to make healthy choices about sexuality and reproduction.

2. **Societal Values.** To promote a set of values and attitudes about sexuality and reproduction that enable and support healthy personal choices throughout life.

3. **Access to Services.** To facilitate equitable access to effective health services and treatments that prevent problems and promote, protect, and restore sexual and reproductive health.

4. **Physical Environment.** To reduce risk factors and conditions in the physical environment that are harmful to sexual and reproductive health.

5. **Families and Communities.** To strengthen the capacity of families and communities so that they can maintain and improve the sexual and reproductive health of their members.

6. **Social and Economic Conditions.** To reduce social and economic risk conditions, particularly poverty and discrimination, that limit opportunities to achieve sexual and reproductive health.

7. **Research, Evaluation, and Information**. To stimulate and support research and evaluation on factors and interventions that enhance sexual and reproductive health throughout life and to ensure the availability of information to assist with planning and implementation of effective policies and programs.

The first directions tackle the major determinants of sexual and reproductive health. The seventh addresses key tools and supports necessary for effective action.

Next Steps

The *Report from Consultations on a Framework for Sexual and Reproductive Health* provides a broad platform for action. It sets an ambitious and long-term vision that will require the commitment of partners from many sectors inside and outside government.

The next steps should involve all partners in developing more specific and concrete initiatives to build upon the principles and strategic directions contained in the *Report*. These should guide collaborative action in determining and addressing the most important and urgent priorities, while ensuring that any actions taken now lay a sound foundation for the future.

Attached to this document are several lists of initiatives that were suggested during the discussions that occurred in preparing this *Report*. They have been organized by strategic direction. Partners are encouraged to review this list when planning activities to promote the principles and strategic directions that have been stated in the *Report*.

Clearly, there is a great deal to be done, and no one partner can accomplish everything that is required. Inevitably, there will be obstacles to overcome; however, with a sustained commitment, significant progress can be made.

Appendix: Sexual and Reproductive Health Throughout Life

Childhood

Preconception health and preparation for pregnancy by both parents contribute to the best possible outcomes for baby and parents. Important factors include nutrition, lifestyle choices such as tobacco, alcohol and drug abuse, use of medications, biology, environmental exposures, sexually transmitted diseases and HIV/AIDS, other health problems or risks, and economic and social supports.

Healthy pregnancy and childbirth, including early and continuing assessment of mother and fetus, education and counselling for parents about factors to promote health and prevent problems during pregnancy, preparation for giving birth, and provision of economic and psychosocial support when needed, contribute to good outcomes for the child and parents.

Childhood development has a powerful impact on health during childhood and throughout life. Effective early childhood nurturing and parenting and appropriate stimulation, socialization, and education of young children contribute to a developing sense of self, and the capacity to form trusting and secure relationships. The capacity to learn, think critically, cope with stress, have good self-esteem, and make good decisions starts developing in early childhood. Healthy sexual development, including development of intimacy and trust, gender identification, and positive experience of sensual and sexual feelings, also begins in early childhood. These factors have a profound effect on healthy sexuality and sexual and reproductive decision making throughout life.

Healthy sexual development begins in early childhood and has a profound effect throughout life.

Key issues and risks that negatively affect sexual and reproductive health at this life stage include lack of good prenatal and postnatal care and support; negative outcomes due to lack of good early childhood care, nurturing, stimulation, and positive social interaction; exposure to harmful or negative attitudes about sex and sexuality; and physical, emotional, and sexual abuse.

Youth

Personal and sexual development, begun in early childhood, continues into later childhood and youth. Important developmental milestones are the capacity to use abstract reasoning and communicate with persons in close relationships, development of meaningful relationships with peers, growing sense of self and establishment of values, puberty, development of a sense of one's own body, awareness of sexual feelings and responses, and the ability to make decisions about sexual activity.

Social influences strongly impact personal attributes and sexual development, and decisions during later childhood and youth. A crucial influence is societal and cultural attitudes and values about gender roles and power. Young women's wishes and needs are generally expected to be subordinate to those of young men. As a result, young women often find it difficult to be assertive, but at the

same time are given most of the responsibility for preventing pregnancy and sexually transmitted diseases. Mass media images create and reinforce attitudes and values about gender roles and power; have powerful influences on attitudes about sexual attractiveness and body ideals; and create social expectations about acceptable choices regarding sex, sexuality, and reproduction. Peer relationships also have a great influence on development of values and attitudes, and on decisions about sex, sexuality, and reproduction.

During later childhood and youth, developing attitudes about sexuality and reproduction are strongly affected by peer relationships.

Key issues and risks during this life stage include risky sexual practices by sexually active youth resulting in high rates of sexually transmitted diseases and teen pregnancies; high rates of violence in young people's intimate relationships; negative and unrealistic images of sex and sexuality in the mass media that contribute to unrealistic expectations about interpersonal relationships, poor body image, poor nutrition and eating disorders among youth, especially young women; and negative social attitudes toward homosexuality that contribute to identity confusion, isolation, and rejection of gay, lesbian, and bisexual youth.

Adulthood

Adult sexuality is a continuing part of life for all adult men and women, whether or not they are sexually active. It may include sexual feelings and expression, sexual decision making, longer-term commitment to a partner, decision making on whether and when to have children, dealing with pregnancy and childbirth, contraceptive use, and protection from sexually transmitted diseases and HIV/AIDS, menopause as a developmental phase and a biological event, and for some people, dealing with conditions and diseases that negatively affect sexual and reproductive health.

Social influences continue from youth into adulthood. Gender roles and power continue to influence sexual and reproductive choices and health, and mass media continue to have a powerful impact. For example, gender role stereotypes limit the full expression of sexuality, and can be oppressive to women. Homophobia is widespread. Media images of sex have become much more explicit in recent years, and sex role stereotyping and violence are regularly linked to sexual expression in television, movies, and advertising. At the same time, sexuality is often portrayed as forbidden and shameful. These factors can create conflict and unhealthy expectations in sexual relationships, and contribute to risky sexual practices, poor self-concept, and dysfunctional relationships.

Social expectations about gender roles and power influence sexual and reproductive choices throughout adulthood.

Key issues and risks at this life stage include high rates of unintended or unwanted pregnancies, which may have negative effects for the child and parents. Other issues are high rates of sexually transmitted diseases and increasing rates of sexually transmitted HIV; unacceptable levels of infertility resulting from STDs, workplace hazards, environmental contaminants, age, and smoking; growing use of reproductive technologies to respond to infertility or manipulate the conception process; risks during pregnancy linked to poor prenatal care, substance use and abuse, poverty and lack of social supports; menopause and hormonal changes; unacceptable levels of violence,

including sexual violence; rates of reproductive cancers, including breast, cervical, and prostate cancer; and other sexual and reproductive conditions and disorders such as endometriosis and sexual dysfunction.

Late Adulthood

Sexuality in later life continues to be important. Men and women in their later years remain sexual beings and many people continue to be sexually active in later life. Even when sexual expression changes, sexual feelings and responses continue. The experience of sex and sexuality is influenced by the physical and emotional responses associated with hormonal changes and the process of aging, and may include a sense of loss and grief related to changes in sexual functioning and expression, and to loss of partners and peers.

Social influences on sexuality continue into later life. Positive influences may include a growing sense of freedom with the lessening of child rearing and job responsibilities, and a more balanced appreciation of sexual and other personal relationships. At the same time, societal attitudes tend to deny the sexuality of older men and women, and do not value older adults as much as youth. Older women face stereotypes depicting them as being in a period of decline. In a society that equates "femaleness" with youth and beauty, and beauty with worth, older women struggle with a devaluation that not only undermines their self-esteem, but that may also have serious repercussions for their health. Older men also face negative societal attitudes. Current views of masculinity place great emphasis on potency and control, and the decline in sexual potency that accompanies aging is sometimes a subject for ridicule and embarrassment. The result may be a sense of loss of ability, power, and declining self-esteem.

Sexual feeling and responses continue in later life, although sexual expression may change with the physical and emotional effects of aging.

Key issues and risks in later life include increasing rates of cancers of the reproductive system, especially for breast and prostate cancer; violence directed toward older adults living in institutions; and other conditions and disorders such as arthritis, chronic back pain, diabetes, hypertension, incontinence, osteoporosis, and heart disease that may affect sexual functioning.

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Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Personal Choices* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

1. Personal Choices

Increase opportunities for all individuals to develop and sustain the knowledge, attitudes, capacities, skills, and behaviours needed to make healthy choices about sexuality and reproduction.

1.1 Improve supports for healthy early child development, including effective prenatal education and care, parenting education and supports, and opportunities for early childhood education, stimulation, and socialization.

1.2 Improve knowledge and skills of parents as sexuality educators to assist their children in making healthy choices.

1.3 Ensure universal access to effective school-based sexuality education that is consistently sustained throughout the school years.

1.4 Develop sexuality education models and programs for youth who are not in school, particularly marginalized and street-involved youth who are most at risk.

1.5 Develop guidelines and model programs for sexual and reproductive health promotion, including links with health promotion on other issues such as alcohol and drug use, tobacco, and violence.

1.6 Improve access to effective, affordable resources for safer sex and contraception (condoms, birth control pills, etc.) particularly for youth and people living in marginalized circumstances.

1.7 Promote awareness of the importance of regular screening, such as Pap smears, mammograms, and prostate exams, and chlamydia screening in high-risk groups.

1.8 Improve the responsiveness to diversity (e.g., to recognize culture, sexual orientation, disability) of sexual health promotion and education programs and resources.

1.9 Provide education and support to help people make informed decisions about the prevention of birth defects and the use of reproductive and genetic technologies.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Societal Values* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

2. Societal Values

Promote societal values and attitudes about sexuality and reproduction that enable and support healthy choices throughout life.

2.1 Act on Canada's international commitments to promote human rights, sexual and reproductive rights, and gender equality.

2.2 Refine and enforce human rights and anti-discrimination legislation and regulation at federal, provincial and local levels to ensure that all Canadians are free of stigmatization and discrimination that harms their sexual and reproductive health.

2.3 Strengthen legislation and regulation to reinforce more appropriate and supportive social attitudes towards sexual violence.

2.4 Promote positive, violence-free, balanced images of women's and men's power in the media, including the Internet.

2.5 Reduce sexual discrimination, harassment and violence, for example through public awareness and education initiatives, workplace initiatives, and community participation to identify issues and develop solutions.

2.6 Reduce gender-based discrimination, including attitudes about men's and women's roles, jobs, worth, and power.

2.7 Promote healthy and realistic societal attitudes about sex and sexuality during the later years of life.

2.8 Improve our understanding of moral and ethical issues, attitudes, and values related to the development and use of new reproductive and genetic technologies.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Access to Services* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

3. Access to Services

Ensure equitable access to health services that prevent problems and promote, protect, and restore sexual and reproductive health.

3.1 Coordinate an information base at the national level that identifies the services that are available, the results being achieved, and where the gaps lie.

3.2 Improve access to community-based sexual health promotion and education for adults throughout life.

3.3 Identify sexual and reproductive health services that are core/essential and cost-effective, and ensure universal access to these services.

3.4 Improve access by consumers and service providers to information about availability and effectiveness of sexual and reproductive health services.

3.5 Improve access to effective programs and services (e.g., sensitivity to culture, gender, disability, sexual orientation; services for marginalized and street-involved youth; provision of child care and transportation for those in need) by those who face the greatest service barriers.

3.6 Develop and implement service models for remote and rural communities to reduce barriers to obtaining needed sexual and reproductive health services.

3.7 Maintain a commitment to the five principles of the *Canada Health Act* to help ensure universal access to medically necessary sexual and reproductive health services.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Physical Environment* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

4. Physical Environment

Reduce risks and conditions in the physical environment that are harmful to sexual and reproductive health.

4.1 Encourage and support the development of better, easier to use methods for giving people control over their sexual and reproductive health, for example, contraception and protection from sexually transmitted diseases.

4.2 Develop and strengthen policies and programs to protect people from hazardous products and environments that impact sexual and reproductive health, including workplace risks.

4.3 Improve access by consumers, service providers, and decision makers to objective, accurate, user-friendly information about sexual and reproductive health risks and hazards.

4.4 Ensure effective testing, post-market surveillance and regulation of drugs, devices, and procedures that impact sexual and reproductive health, including effective monitoring and regulation of drugs and procedures related to fertility treatment.

4.5 Implement nutritional and other proven interventions to prevent reproductive problems, for example, dietary folic acid supplementation to reduce the risk of neural tube defects.

4.6 Sustain and improve monitoring and surveillance of possible health hazards that impact sexual and reproductive health.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Families and Communities* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

5. Families and Communities

Strengthen the capacity of families and communities to sustain and promote the sexual and reproductive health of their members.

5.1 Improve and integrate preconception, prenatal, pregnancy, and postpartum programs to ensure essential assistance and support for mothers, fathers, and babies.

5.2 Develop information and programs that help parents support the healthy sexual development of their children, with particular emphasis on teenage parents and other parents who face greater risks.

5.3 Promote workplace benefits and support that help parents balance work and family life (e.g., maternity, adoption and parental leave, work site child care), and ensure these benefits recognize the many different types of family structures in Canada.

5.4 Promote and distribute Health Canada's *Guidelines for Sexual Health Education* to ensure wider use.

5.5 Improve professional education, including standards for teaching sexual and reproductive health in relevant professional education programs.

5.6 Provide information, services, and support to families caring for members with STDs, HIV, and other sexual and reproductive health problems.

5.7 Enhance social support networks, self-help and mutual support groups focused on sexual and reproductive health throughout life.

5.8 Include a focus on sexual and reproductive health in Healthy Schools, Healthy Communities, and Healthy Workplace initiatives.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Social and Economic Conditions* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

6. Social and Economic Conditions

Reduce social and economic risk conditions that limit opportunities to achieve sexual and reproductive health.

6.1 Promote and participate in initiatives that reduce poverty and achieve a more equitable distribution of income for all people in Canada (e.g., tax policy, employment and economic development initiatives, income assistance policy).

6.2 Promote the improvement of education and employment opportunities for marginalized groups experiencing the greatest risks to sexual and reproductive health.

6.3 Improve access to protective resources such as condoms and birth control pills, for marginalized groups experiencing the greatest risks to sexual and reproductive health.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Research, Evaluation, and Information* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

7. Research, Evaluation, and Information

Stimulate and support research and evaluation on factors and interventions that enhance sexual and reproductive health, and ensure availability of information to assist with planning and implementation of effective policies and programs.

7.1 Establish goals and targets for improvements in sexual and reproductive health status, and monitor and report on progress.

7.2 Improve the knowledge of policy and decision makers at all levels about the need for and the benefits of sexual and reproductive health services.

7.3 Identify comprehensive indicators of sexual and reproductive health, including a stronger focus on males, and new indicators and systems of measurement appropriate for a population health approach.

7.4 Implement mechanisms to access the impact on sexual and reproductive health on policies in all sectors.

7.5 Support research to ensure a good knowledge base for development and evaluation of sexuality education programs in schools and other community settings.

7.6 Support research and evaluation to improve the knowledge base for health services development, planning and implementation; standardized health services data collection; and access by program planners and decision makers to the information.

7.7 Implement mechanisms to assess, on an ongoing basis, community-specific needs and involve consumers in the design and evaluation of sexual and reproductive health clinical services, health education, counselling, and support services.

Initiatives Suggested During Consultations to Support a Framework for Sexual and Reproductive Health

This table represents a consolidation of the many initiatives suggested during the consultation process and that best correspond to the *Research, Evaluation, and Information* strategic direction (note: some initiatives may address more than one strategic direction). These initiatives should be viewed only as the basis for next steps, as they require further discussion and prioritization by Canadians. Subsequent implementation could only be realized through the collaborative efforts of many partners.

7. Research, Evaluation, and Information (cont.)

Stimulate and support research and evaluation on factors and interventions that enhance sexual and reproductive health, and ensure availability of information to assist with planning and implementation of effective policies and programs.

7.8 Stimulate and support interdisciplinary research on the determinants of sexual and reproductive health, including an emphasis on longitudinal studies.

7.9 Improve access by researchers, program developers, service providers and consumers to information about effective program and service approaches, best practice models, and innovative programs and pilot projects.

7.10 Evaluate the cost-effectiveness of sexual and reproductive health services.

7.11 Promote sexual and reproductive health research throughout life as a priority area to social and health research organizations and research funders.

Priority Areas Identified During Discussions on a Framework for Sexual and Reproductive Health

Healthy Development for Children and Youth

It has been made clear that initiatives and supports that focus on healthy development for children and youth should be at the forefront. The foundation for lifelong sexual and reproductive health is laid during this period, so investments in children and youth will yield significant returns both in the short and longer term. Key initiatives suggested for action include parenting supports, effective sexuality education in schools and alternative settings, building healthy relationships, and targeted approaches for groups facing the greatest risks such as families living in poverty and marginalized and street-involved youth. An excellent opportunity for significant progress in this area exists through linkages with healthy child development initiatives being developed by federal, provincial and territorial governments in the health and social sectors.

Improved Access to Information

Another priority that emerged is improved access to information and advice about innovative approaches, effective programs, and best practice models—for planners, program developers and service deliverers. Information to help consumers make informed choices about personal practices and use of services, with an emphasis on ensuring information is accessible to groups that face particular barriers and risks, was also stressed.

Measure, Track, and Report

Strengthening our capacity to measure, track and report on key indicators of sexual and reproductive health, including a stronger focus on positive indicators and more attention to indicators of men's sexual and reproductive health, was also suggested as a priority for initial action. This capacity is essential as the basis for future priority setting, planning, and evaluation of success.

Prevention of Infertility

Prevention of infertility and maintenance of reproductive capacity also emerged as a specific issue requiring attention. It is a priority for Health Canada both because of the need to respond to the recommendations of the Royal Commission on New Reproductive Technologies, and because it provides a concrete and manageable opportunity to illustrate how a comprehensive and coordinated action plan could be built on the foundation of the *Report*.

A concerted focus on these key priorities would be an excellent starting point for collaborative action, although additional priorities may also be identified as we move forward. These priority areas address a range of important issues and populations, build on existing opportunities, and offer the potential for significant improvements in sexual and reproductive health.