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# SEXUAL AND REPRODUCTIVE RIGHTS

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**THE RIGHT** to life

**THE RIGHT** to liberty  
and security of the person

**THE RIGHT** to equality,  
and to be free from all forms  
of discrimination

**THE RIGHT** to privacy

**THE RIGHT** to freedom  
of thought

**THE RIGHT** to information  
and education

**THE RIGHT** to choose  
whether or not to marry and  
to found and plan a family

**THE RIGHT** to decide  
whether or when to have children

**THE RIGHT** to health care  
and health protection

**THE RIGHT** to the  
benefits of scientific progress

**THE RIGHT** to freedom of  
assembly and political participation

**THE RIGHT** to be free from  
torture and ill treatment

# 1 CLIENTS' RIGHTS AND PROVIDERS' NEEDS



## 1 Introduction

The aim of sexual and reproductive health programmes is to improve the quality of life of all women, men, and young people. To achieve this aim, all services that clients receive must be of consistently high quality, and reflect this ideal.

Since the late 1980s, special focus on the concept of *quality of care*, and an increased attention to its importance, has enhanced client satisfaction and has led to increased demand for, and acceptability of, sexual and reproductive health services, including family planning. A high quality of care ensures that clients are empowered to make informed, confidential and timely decisions about their sexual and reproductive health.

Since access to sexual and reproductive health services and family planning has been recognized as a right of all individuals and couples, quality of care can now be understood as a *right of the client*, extending the definition of the client not only to those who approach the health care system for services, but also to everyone in the community who is in need of such services.

The client should be at the centre of all sexual and reproductive health and family planning activities. A client-centered approach means that providers of these services should be aware of clients' needs, and must meet and respect their rights. Managers and supervisors should also be aware that if the rights of clients are to be fulfilled, the *needs of the service providers* must also be met. Taken together, the **clients' rights** and the service **providers' needs** form the two pillars of quality of care in the provision of such services.

## 2 Clients' rights

**The right of all individuals and couples to decide freely the number and spacing of their children has been internationally established for many years.** The Tehran Declaration of Human Rights in 1968, for example, stated that "Parents have a basic human right to determine freely and responsibly the number and spacing of their children". The 1994 International Conference on Population and Development (ICPD) held in Cairo reinforced this declaration, and also stated that it is "the right of women and men to be informed and have access to sexual and

reproductive health services of their choices, which are safe, effective, affordable and acceptable”.

In line with these statements, **the rights of clients** can be outlined as follows:

### 2.1 Right to information

**All individuals in the community have a right to know about the benefits and availability of sexual and reproductive health services for themselves and their families. They also have a right to know where and how to obtain more information and services for planning their families and for sexual and reproductive health care.** All sexual and reproductive health programmes should be active in disseminating information about sexual and reproductive health and family planning not only at service delivery sites, but also at the community level.

### 2.2 Right to access

**All individuals in the community have a right to obtain sexual and reproductive health services, regardless of their race, gender or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability, or any other characteristics which could make individuals vulnerable to discrimination.** Fulfilment of this right requires ensuring access through various health care providers as well as service delivery systems.

Sexual and reproductive health programmes should take the necessary steps to ensure that services will reach all individuals who need them, especially those for whom health services are not yet easily accessible.

### 2.3 Right of choice

**Individuals and couples have the right to decide freely whether or not to control their fertility and which method to use. When seeking contraceptive services, clients should be given the freedom to choose which method of contraception to use.** Sexual and reproductive health programmes should assist individuals in the practice of informed, free choice by providing unbiased information, education and counselling, as well as an adequate range of contraceptive methods. Clients should be able to obtain the method which they have decided to use provided there are no contraindications to their use of that method.

A client's concept of acceptability and appropriateness changes with circumstances. Therefore, **the right of choice also involves clients' decisions about discontinuation of a method of contraception and method switching.**

Another aspect of choice should be considered: as far as is practical, clients have a right to choose where to go for sexual and reproductive health services, and the type of service provider with whom they feel most comfortable. Choosing where to go may involve a choice of physical location or a choice of service delivery mode (e.g., community-based services, pharmacy or over-the-counter service, hospital, health centre or sexual and reproductive health clinic). **Governmental, non-governmental and private sector providers should welcome the establishment of alternative service outlets.**

## 2.4 Right to safety

**Clients have a right to be protected from unwanted pregnancy, disease and sexual violence and, when receiving sexual and reproductive health services, this right to safety implies the following:**

- Although it is well recognized that the benefits to health from family planning outweigh the risks, clients have a right to protection against any possible negative effect of a contraceptive method on their physical and mental health.
- Since unwanted pregnancies may represent a risk to health, the right of the client to safety also includes the right to effective contraception.
- When receiving services, clients also have a right to protection against other health risks which are not related to a method of contraception (for example, protection against the possibility of acquiring an infection through the use of contaminated instruments).

Safety relates to the quality of service provision, including both the adequacy of the service delivery facility itself, and the technical competence of the service providers. Ensuring the client's right to safety includes assisting the client in making an informed choice of contraceptives, screening for contraindications, use of the appropriate techniques to provide the method (if applicable), teaching the client about the proper use of the method and ensuring proper follow-up. The conditions in service delivery sites, together with the materials and instruments, should be adequate for the provision of safe services.

Any complications or major side-effects should receive appropriate treatment. If this treatment is not available at a particular service site, the client should be referred to another facility.

## 2.5 Right to privacy

**Clients have a right to discuss their needs or concerns in a private environment.** Clients should know that their conversation with the counsellor or service provider will not be listened to by other people.

**When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected.** The client's right to privacy also involves the following aspects related to quality of services:

- When receiving counselling or undergoing a physical examination, the client has the right to be informed about the role that each individual inside the room, besides those directly providing services, is playing (e.g., individuals undergoing training, supervisors, instructors, researchers, etc.). Where the presence of individuals undergoing training is necessary, the prior permission of the client should be obtained.
- A client has a right to know in advance the type of physical examination which is going to be undertaken. The client also has a right to refuse any particular type of examination if s/he does not feel comfortable with it or to request that this examination be done by another service provider.
- Any case-related discussions held in the presence of the client (particularly in training facilities) should involve and acknowledge the client.

## 2.6 Right to confidentiality

**Clients should be assured that any information they provide or any details of the services received will not be communicated to third parties without their consent.** The right to confidentiality is protected under the Hippocratic oath. As such, sexual and reproductive health services should be performed in conformity with local legal requirements and in accordance with ethical values.

A breach of confidentiality could cause the client to be shunned by the community or negatively affect the matrimonial status of the client.

It may also lessen a target group's confidence and trust in the staff of a service delivery programme. In accordance with the principle of confidentiality, service providers should refrain from talking about clients by name or in the presence of other clients. Clients should not be discussed outside service sites. Client records should be kept closed and filed immediately after use. Similarly, access to client records should be controlled.

### 2.7 Right to dignity

**Clients have a right to be treated with empathy, courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which could single them out or make them vulnerable to abuse.** In recognition of this right of the client, service providers must be able to put aside their personal gender, marital, social and intellectual prejudices and attitudes while providing services.

### 2.8 Right to comfort

**Clients have the right to feel comfortable when receiving services.** This right of the client is intimately related to adequacy and organization of service delivery facilities (e.g., service delivery sites should have proper ventilation, lighting, seating and toilet facilities). Clients should spend only a reasonable amount of time at the premises to receive the required services. The environment in which the services are provided should be in keeping with the cultural values, characteristics and demands of the community.

### 2.9 Right of continuity

**Clients have a right to receive sexual and reproductive health services and supplies, such as contraceptives, for as long as needed.** The services provided to a particular client should not be discontinued unless this is a decision made jointly between the provider and the client. In particular, a client's access to other sexual and reproductive health services should not depend on whether s/he continues the contraceptive services or not. The client has a right to request transfer of her/his clinical record to another clinical facility, and in response to that request, the clinical record or a copy of it should be sent to that facility or given to the client.

Referral and follow-up are two other important aspects of a client's right to continuity of services.

## 2.10 Right of opinion

**Clients have the right to freely express their views on the services that they receive.** Clients' opinions on the quality of services, be they in the form of thanks or complaint, together with their suggestions for changes in service provision, should be viewed positively in a programme's ongoing effort to monitor, evaluate and improve its services.

Any new programme or service delivery facility should ideally involve clients at the planning stage. The aim is to satisfy would-be clients' needs and preferences in ways that are appropriate and acceptable to them.

**Programme managers and service providers should achieve fulfilment of all rights of the clients. This goal is directly related to the availability and quality of sexual and reproductive health and family planning information and services.**

## 3 Providers' needs

**The needs of service providers** must also be addressed in order to make clients' rights a reality. Without these needs being met – in terms of adequate resources, support, knowledge and training, for example – it becomes impossible for service providers truly to meet clients' rights. The needs of the service providers can be outlined as follows:

### 3.1 Need for training

**Service providers must have access to the knowledge and skills needed to perform all the tasks required to do their work.** It would be most unfair to the service provider and her/his clients if providers were required to perform a task for which they had not received the appropriate training. It is, therefore, the responsibility of the managers to identify staff training needs and to take the necessary steps to provide all required training.

Programme managers should bear in mind that the training needs of service providers include technical aspects *and* communication skills. Effective communication is essential for clients to understand the background information, to which everyone is entitled, that will support the decision-making process and the implications of any choices made, including the personal risk/benefit balance. Effective communication is also required to establish the providers' perception and understanding of the clients' circumstances.

### 3.2 Need for information

**All service providers need to be kept informed on issues related to their duties.** Moreover, service providers do not work in isolation, and they can work more efficiently if they are also informed on aspects related to the work of their colleagues in the service delivery team and other areas of the programme. Access to updated technical information can assist service providers to talk with authority and to act with confidence.

### 3.3 Need for infrastructure

**Service providers need to have the appropriate physical facilities and organization to provide services at an acceptable level of quality.** This right to the appropriate infrastructure applies not only to services provided in a clinical environment, but also to services provided at the community level. The need for efficient organization at community level is just as important as it is for clinical services.

Service providers must also be assured their working environment is safe. This includes safety from being unnecessarily exposed to the risk of an infection, such as HIV/AIDS.

### 3.4 Need for supplies

**Service providers need continuous and reliable supplies of the methods of contraception and materials which are required for the provision of sexual and reproductive health services at appropriate standards of quality.** It is highly frustrating for a service provider who wants to do a good job to have to turn away clients without giving them the method of contraception they want to use. An adequate supply of materials should include educational materials, as well as those which are required to provide safe and effective services to the clients.

### 3.5 Need for guidance

**Service providers need clear, relevant and objective guidance: the type of guidance which will reinforce their commitment and competence for delivery of high-quality services.** This guidance should be in the form of written service guidelines, practical checklists and effective supportive supervision.

### 3.6 Need for back-up

**Service providers need to be reassured that whatever the level of care at which they are working – from the community level to the most comprehensive clinical service delivery site – they are members of a**

**larger grouping in which individuals or units can provide support to each other.** To fulfil their commitment for quality of care, service providers may find themselves needing to request a consultation or technical support, or to refer clients to another provider or another level of care. Sexual and reproductive health and family planning programmes should develop the mechanisms to facilitate this process.

### 3.7 Need for respect

**Service providers need recognition from the programme of their competence and potential, and respect for their human needs.** They also need the support of the system in their efforts to gain the respect of the clients. For example, referrals made by community workers to clinical facilities should be given adequate attention and clinic staff should show respectful consideration of the concerns of the community workers.

Behavioural factors which may negatively affect the respect of the clients towards a service provider must be avoided – e.g., calling the attention of the provider to mistakes or problems in the presence of the clients in a way which may cause embarrassment or shame.

Service providers must be protected from any verbal, psychological and physical harassment or abuse from clients, other staff and supervisors.

### 3.8 Need for encouragement

**Service providers need stimulus in the development of their potential and creativity.** They should be encouraged to work at a level of autonomy in accordance with their capabilities. Their motivation and commitment to quality of care should be strengthened. Motivation and commitment are the most essential ingredients for successful sexual and reproductive health and family planning services which work at acceptable levels of quality.

### 3.9 Need for feedback

**Service providers need feedback concerning their competence and attitudes as judged by others.** This knowledge will assist service providers in improving their performance and in being responsive to the clients' needs. Feedback is necessary from all those involved in the service delivery system, including managers, supervisors, other service providers and especially the clients. Feedback works best if given in a positive and constructive way. Providers should be given the opportunity to improve their performance based on the knowledge of how they are seen by

others. If service providers are motivated towards quality of care and are continuously encouraged to improve, feedback will be effective in improving the quality of care.

### **3.10 Need for self-expression**

**All service providers, regardless of the level of care at which they are working, need to express their views concerning the quality and efficiency of the programme.** But they also need to be listened to and to know that their opinion is taken into account when making management decisions.

**Policy makers and programme managers should assess and care for the needs of service providers in order to ensure good quality of services. This is the best way to meet the rights of the clients and maintain the credibility and reputation of the programme.**