

UK Opinion Leaders: understanding their views about sexual and reproductive health rights in developing countries

NOVEMBER 2003

interview

The results of an
independent survey
for Marie Stopes
International
conducted by
Opinion Leader
Research
2003



Marie Stopes International
153-157 Cleveland Street
London W1T 6QW
United Kingdom

Telephone
+44 (0)20 7574 7400

Facsimile
+44 (0)20 7574 7417

Email
info@mariestopes.org.uk

Website
www.mariestopes.org.uk

Registered Charity No.
265543

Company No.
1102208

contents

ifc	Contributors
01	Abstract
03	Key findings
04	Methodology
04	Research objectives
04	Qualitative research phase
04	Quantative research
04	Survey sample
05	Results
05	Rights
08	Access and barriers
11	Rejecting conservatism
12	The international confrence on population and development
13	Communicating with opinion leaders
16	Conclusion
ibc	About Marie Stopes International
	About Opinion Leaders Research
	References

Marie Stopes International

The Marie Stopes International Partnership provides sexual and reproductive health services and information to 3.6 million people in 35 countries, upholding their right to choose the timing, spacing and size of their families; and to remain healthy. The organisation's global network of services are sustainable, culturally appropriate and of the highest quality.

Opinion Leaders Research

Opinion Leader Research is one of the UK's leading research consultancies with expertise in:

- leadership studies that use qualitative and quantitative techniques in new and innovative ways
- conducting consultations on high profile and often complex policy issues for government departments, public bodies, non government organisations (NGOs) and commercial companies alike
- gaining access to hard to reach audiences, including top national opinion leaders from a wide range of backgrounds - including politics, the media, NGOs, the City, and business.

Opinion Leader Research has a passion for getting to the heart of issues – by understanding the context in which its clients operate and developing appropriate research techniques, it helps organisations like Marie Stopes International to gain compelling insights and actionable solutions that enable them to forge powerful relationships with their key audiences.

contributors

Julia Ekong:
Senior Advocacy Manager

Julie Pörksen:
Research, Monitoring and Evaluation Manager

Diana Thomas:
Communications Manager – Press and Public Affairs

For further information about this research please contact the research department on +44 (0)20 7574 7400 or email research@mariestopes.org.uk

references

- Tinker, A., Finn, K. & Epp, J. 2002. *Improving women's health: issues and interventions*. The World Bank.
- Marie Stopes International. 2002. *Annual review*. London: Marie Stopes International.
- Setty-Venugopal, V. and Upadhyay, U.D. Summer 2002. *Population reports*. Number 3. Johns Hopkins University. USA.
- UN. Programme of Action. 1994. *International Conference on Population and Development*. Cairo.
- UNDP. 2003. *Human development report*. New York: UNDP.
- UNFPA. 2002. *State of world population*. New York: UNFPA.

abstract

500,000 women still die each and every year from pregnancy related causes, of which an estimated 80,000 maternal deaths are a result of unsafe abortions.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, and when, and how often to do so. UN. 1994.

2004 sees the 10th anniversary of the groundbreaking Cairo International Conference on Population and Development (ICPD), where sexual and reproductive health (SRH) was placed firmly on the health agenda of the United Nations and the world.

At the conference, 179 participating countries committed themselves to working towards a world where SRH care of the highest possible quality should be offered, without coercion, to all those who require it, regardless of age, sex, and marital status.

ICPD recognised the linkages which exist between lack of SRH care and the increasing poverty of the world's most vulnerable communities.

A mother's ill health or premature death, caused by too early, too frequent or too many births, places her existing children at greatly increased risk of dying in infancy. Sadly, some 500,000 women still die each and every year from pregnancy related causes, of which an estimated 80,000 maternal deaths are as a result of unsafe abortions. (UNFPA. 2002.)

The premature death of a mother impacts upon her children's ability to survive and pushes more and more families into extreme poverty.

When couples are denied the right to limit the size and spacing of their families, they may struggle to feed, clothe and educate their children who, in turn, become entrapped in a downward spiral of poverty.

Unless, and until, these key UK Opinion Leaders become fully engaged in financial, political and ideological support for SRH rights, the challenges of ICPD will never be met.

Research by John Hopkins University shows that by spacing births just three years apart, deaths of children under five could be reduced by up to 46% (Setty-Venugopal and Upadhyay. Summer 2002.).

In order to counter this appalling situation, the participating nations at ICPD agreed on the cost for a SRH package of \$17 billion per year in 2000, increasing yearly to \$21.7 billion by 2015 in order to ensure universal access to SRH by that date. Despite the commitments made, nearly ten years on targets are nowhere near being met. The international community which pledged to meet a third of this package has, so far, only met 45% of agreed commitments, a total of \$8.3 billion.

In the 10 years since the Cairo conference, the development agenda has moved on and the international community has now also adopted the Millennium Development Goals (MDGs) in its efforts to reduce poverty. While the MDGs do not specifically include the ICPD targets, three of the eight MDGs, namely those relating to: child mortality, maternal health and HIV/AIDS prevention, cannot possibly be achieved without improving SRH care. SRH care is also relevant to the remaining MDGs.

Funding for traditional SRH interventions has been further encroached upon by the shifting of focus and the increased resources needed to tackle the three great global communicable diseases: HIV/AIDS, tuberculosis and malaria.

The difficult task of delivering on the SRH health agenda is at present aggravated by increased attacks from conservative factions, spearheaded by right wing US politicians and certain religious groups, who are emotionalising the debate around SRH by giving disproportionate attention to the issue of abortion.

This opposition would deny women and men their fundamental SRH rights and bar young people altogether from accessing services and even information. The US administration, under George W Bush in particular, has taken an inflexible stance on these issues from its very beginning through a series of damaging measures. These have included withdrawing desperately needed funding from various international aid organisations that provide family planning services, including \$34 million earmarked for the United Nations Population Fund (UNFPA); and promoting 'abstinence only' sex education and HIV/AIDS programmes. There is no evidence to show that these programmes are effective in reducing transmission of HIV/AIDS.

With funding under threat, and conservative groups now attempting to influence development policy in SRH within Europe, traditionally a staunch supporter of the ICPD agenda, there could not be a more critical time to engage, inform and influence key opinion leaders – those politicians, civil servants, journalists and heads of national and multi-national corporations who shape public opinion and define public policy.

Unless, and until, these influential groups become fully engaged in financial, political and ideological support for SRH rights, the challenges of ICPD will never be met.

Yet how many of these UK Opinion Leaders really understand the concepts and language of SRH and ICPD, let alone endorse or support them?

To enable a greater understanding of the levels of knowledge and engagement of these crucial target groups, and to inform the development of its own advocacy strategy, global SRH agency Marie Stopes International commissioned Opinion Leader Research to conduct this independent research.

key findings



Rights – the vast majority of UK Opinion Leaders agree that sexual and reproductive health (SRH) is a universal human right.

Access and barriers – UK Opinion Leaders consider access to information and services poor, and that there are numerous barriers to overcome to improve that access. They also feel that support, in terms of funding, should be increased and the UK government should fund a range of SRH services and education. Three quarters think that the UK government should be funding safe abortion services.

Rejecting conservatism – UK Opinion Leaders strongly reject the abstinence approach favoured by the conservative US administration. Eight out of ten disagree or strongly disagree that promoting abstinence is a practical way to reduce the transmission of HIV/AIDS. The promotion of abstinence from sex is the foundation of American SRH policy both domestically and in developing countries.

The International Conference on Population and Development – UK Opinion Leaders believe that it is important to review progress made since the 1994 conference and maintain pressure around the issues it covered.

Communicating with Opinion Leaders – UK Opinion Leaders are interested in SRH issues in the developing world and understand the importance of SRH in poverty reduction. UK Opinion Leaders do not have full knowledge of the breadth of SRH. However, through effective communications they are keen to engage in future discussions regarding SRH in the developing world.

The results of this research show that there is an opportunity at present to develop knowledge and change attitudes in the UK to enhance understanding of SRH in the developing world.

methodology

Research objectives

The objectives of this research were to:

- gain an understanding of the views of UK Opinion Leaders with respect to sexual and reproductive health (SRH) and rights
- explore responses to the position of SRH on the development agenda and the relevance for the UK development policy to tackle poverty
- assess current levels of awareness and understanding among UK Opinion Leaders with respect to the ICPD:
 - what is the current level of awareness and understanding of the ICPD's aims, commitments, and outcomes?
 - is it possible to galvanise support for ICPD?

- compare the views of different UK Opinion Leaders, such as those in the fields of politics, the media, and health
 - explore how we can improve awareness among UK Opinion Leaders
 - identify the messages that will be most effective in capturing their attention.

Survey sample

UK Opinion Leaders from the media, NGOs, academic, political and corporate sectors were involved in quantitative and qualitative studies about their attitudes to SRH and rights in the developing world. A total of 182 were involved in the quantitative phase of the research, and one focus group discussion and five in-depth interviews also took place.

UK Opinion Leaders in the following sectors of expertise were surveyed:	
Classification	Description
SRH Developing World Experts	Those with a professional interest or extensive involvement in SRH and rights work in the developing world.
SRH UK Experts	Those with a professional interest or extensive involvement in SRH and rights work in the UK.
Developing World Experts	Those with a professional interest or extensive involvement in issues relating to the developing world, without SRH knowledge or expertise.
Traditional Opinion Leaders	Those who have no professional interest or involvement in either SRH and rights work or developing world issues.

* All fieldwork was conducted by Opinion Leader Research between February and May 2003.

Qualitative research phase

This stage was undertaken first in order to 'fine tune' the quantitative research questionnaire and to gain some in-depth opinions. The process entailed:

- a breakfast meeting (group discussion) with eight SRH Developing World Experts
- three face-to-face and two telephone in-depth interviews with Traditional Opinion Leaders.

Quantitative research phase

This phase of this research was conducted after the war in Iraq. It comprised 182 15-minute telephone interviews with UK Opinion Leaders across a range of professions. The respondents were categorised as follows:

Sector expertise:					
Professional Groupings	SRH Developing World Experts	SRH UK Experts	Developing World Experts	Traditional Opinion Leaders	TOTAL
Media	8	6	5	12	31
NGO	29	7	11	10	57
Academic	12	5	7	18	42
Political	5	1	1	12	19
Corporate	1	0	9	23	33
TOTAL	55	19	33	75	182

93% of UK Opinion Leaders agree that SRH is a universal human right.

results

Rights

The vast majority of UK Opinion Leaders agree that sexual and reproductive health (SRH) is a universal human right.

Overall, 93% of UK Opinion Leaders agree with the statement that SRH is a universal human right; two thirds (66%) strongly agree that it is a universal human right.

This overwhelming support for SRH rights is backed up by the importance UK Opinion Leaders place on various elements of SRH

when asked to consider which are the main issues facing the developing world today.

The top three issues facing the developing world which are spontaneously mentioned by UK Opinion Leaders are inextricably linked to SRH:

- inadequate health services (41%)
- poverty (41%)
- HIV/AIDS (26%).

Chart 1: Sexual and reproductive health is a universal right

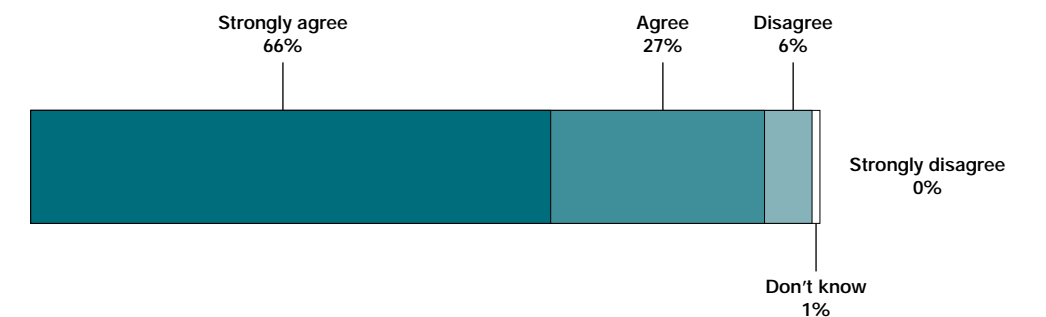
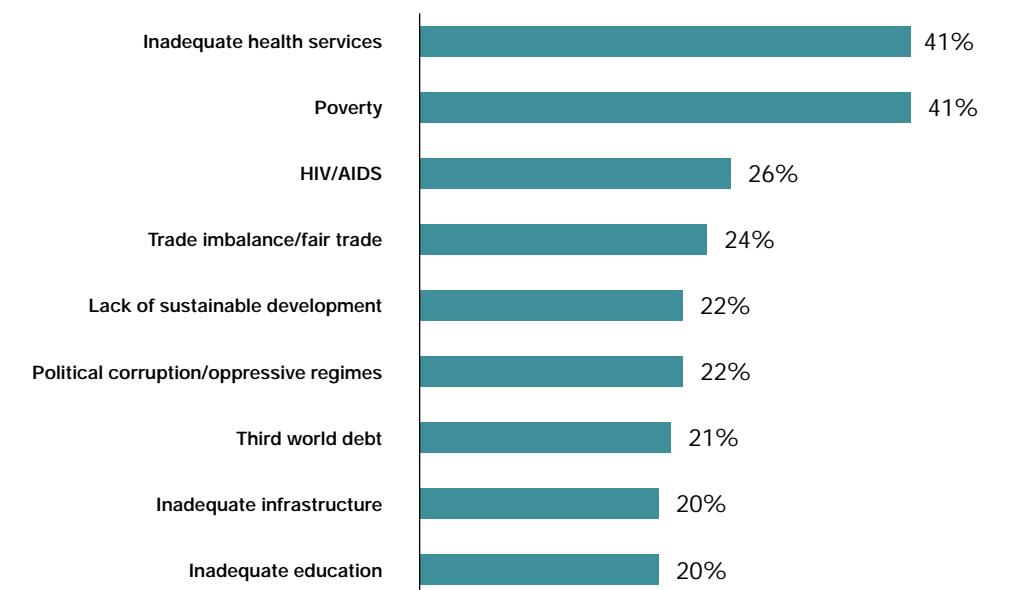


Chart 2: What would you say are the main issues facing developing world countries today? (Spontaneous mentions)



* Due to rounding, percentages may be up to one or two percent out. This applies to all of the tables, charts and graphs.

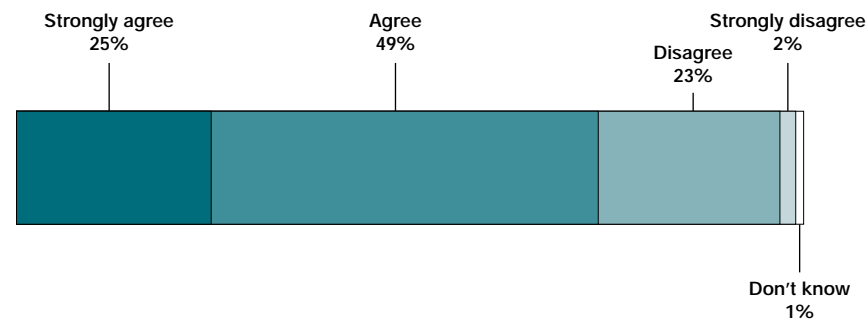
As might be expected, different categories of UK Opinion Leaders identify different main issues or priorities for the development agenda, for example, Developing World Experts place trade issues at the top of the agenda, while Traditional Opinion Leaders focus on poverty and health services. Those with expertise in SRH differ in terms of the emphasis they place on HIV/AIDS as a key concern, with 40% of SRH Developing World Experts showing particular concern about this, as opposed to just 16% of SRH UK Experts.

UK Opinion Leaders' concerns about health and poverty is further highlighted by the fact that the majority (74%) agree with the statement: *Combating HIV/AIDS and other infectious diseases is the basis for healthy economic growth.* However just under a quarter (23%) of UK Opinion Leaders disagree with this statement; disagreement is highest amongst those who are Developing World Experts without involvement in SRH.

"In 2001, the under five mortality rate was 90 per 1,000 live births in developing countries. In the least developed countries this rises to 160."



Chart 3: Combating HIV/AIDS and other infectious diseases is the basis for healthy economic growth



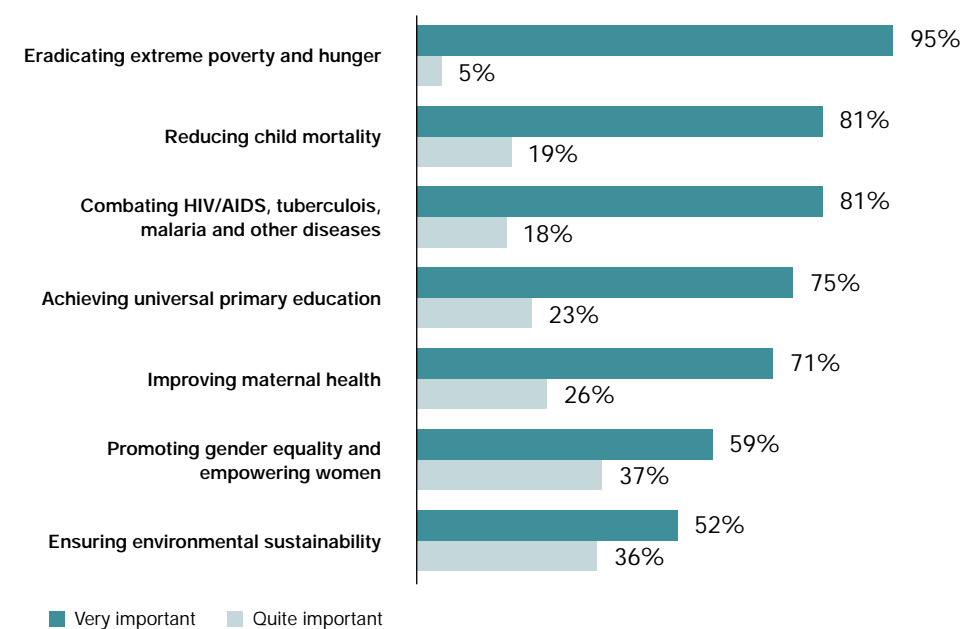
The international community has set the development agenda until 2015 through the Millennium Development Goals. The UK

Opinion Leaders were asked to prioritise statements based on the MDGs to find out which they feel are the most important.

As can be seen from these results (Chart 4, opposite), almost all areas are seen as very or quite important. The overarching development goal of eradicating extreme poverty and hunger is seen as very important by almost all respondents, as is reducing child mortality, and combating HIV/AIDS and other diseases. Improving maternal health is also considered very important by a large majority (71%) of UK Opinion Leaders.

The environment is seen as a lower priority. Given the investment in environmental issues in both the developing and developed world, as well as the significant efforts made to communicate environmental issues at a national and international level, perhaps this result illustrates that for UK Opinion Leaders green issues are not at the top of the development agenda.

Chart 4: How important do you think it is for the developing world to achieve the following?



"In 2001, the under five mortality rate was 90 per 1,000 live births in developing countries. In the least developed countries this rises to 160. The aim of the MDG to reduce child mortality is to reduce this by two thirds between 1990 and 2015."

"In countries considered the least developed, the maternal mortality ratio in 1995 was 1,000 for every 100,000 live births. The aim of the MDG to improve maternal health is to reduce this by three quarters between 1990 and 2015."

UNDP. 2003.

97% of UK Opinion Leaders agree that young people should have access to sex education and appropriate SRH services.

Access and barriers

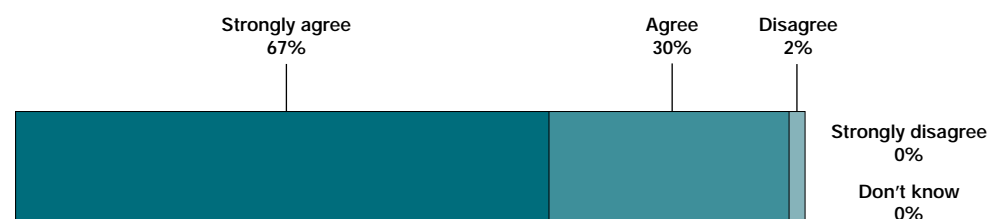
UK Opinion Leaders consider access to information and services poor, and that there are numerous barriers to overcome to improve that access. They also feel that support, in terms of funding, should increase and the UK government should fund a range of sexual and reproductive health services (SRH) and education. Three quarters think that the UK government should be funding safe abortion services.

Having established that the vast majority (93%) of UK Opinion Leaders agree that SRH is a universal human right, it was also important to understand their views about access to information and services, and the barriers to access that exist. Understanding these views will help to find solutions towards ensuring that SRH rights can be exercised.

Almost all (97%) of UK Opinion Leaders agree with the statement that young people should have access to sex education and appropriate SRH services.

Improving women's health requires a strong and sustained commitment by governments and other stakeholders, a favourable policy environment, and well-targeted resources.

Chart 5: Young people should have access to sex education and appropriate sexual and reproductive health services in the developing world

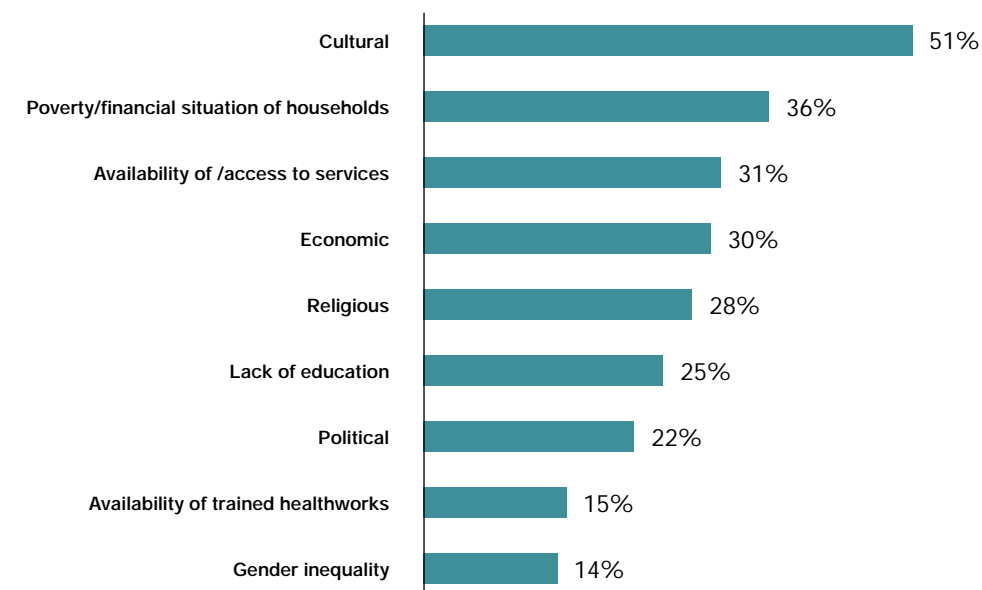


UK Opinion Leaders are aware that in developing countries it is not always easy to access different services within the SRH field. Safe abortion is seen by UK Opinion Leaders as being the least accessible service in developing countries; one third hold the view that no-one in developing countries has access to safe abortion.

Several barriers that could hinder access to services in the developing world were identified. The main barriers identified are:

- cultural factors
- poverty
- lack of availability/access to services.

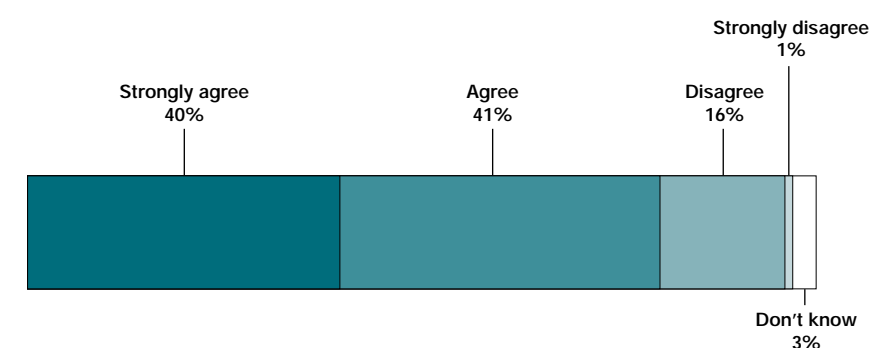
Chart 6: What do you perceive to be the main barriers to providing sexual and reproductive health services in the developing world? (Spontaneous mentions)



As shown in the above chart, gender inequality is only mentioned spontaneously as a barrier to accessing SRH services by one in seven UK Opinion Leaders. However, when asked specifically about their opinion

on gender issues (see chart below), 81% agree that promoting gender equality and empowering women must be the basis of any development strategy. A minority (17%), disagree with this statement.

Chart 7: Promoting gender and empowering women must be the basis for any development strategy in the developing world



"Improving women's health requires a strong and sustained commitment by governments and other stakeholders, a favourable policy environment, and well-targeted resources. Long-term improvements in education and employment opportunities for women will have a positive impact on the health of women and their families. In the short term,

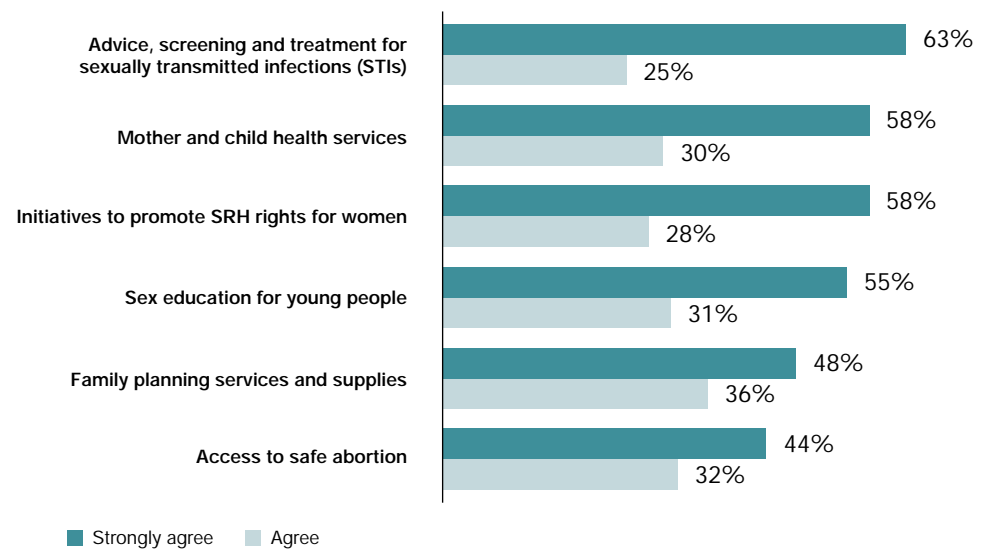
significant progress can be achieved by strengthening and expanding essential health services for women, improving policies, and promoting more positive attitudes and behaviour towards women's health."

Tinker, Finn and Epp. 2002.

Almost three quarters (71%) believe that the UK government does not contribute sufficient levels of funding or resources to developing world initiatives.

There is widespread support for UK government funding for a range of services relating to SRH and rights in the developing world, as illustrated in the chart below.

Chart 8: To what extent do you agree or disagree that the UK government should help fund the following services for people in developing world countries:



Governments, communities, the private sector and the international community must co-operate more closely, to make the best use of limited domestic and international resources and exploit competitive advantage... donors should encourage partnerships among governments and NGOs, with particular attention to incorporating the views of the poor in the design, implementation and monitoring of programmes. This participatory approach allows feedback on priorities and progress.

UNFPA. 2002.

Rejecting conservatism

UK Opinion Leaders strongly reject the abstinence approach favoured by the conservative US administration. Eight out of ten disagree or strongly disagree that promoting abstinence is a practical way to reduce the transmission of HIV/AIDS. The promotion of abstinence from sex is the foundation of American sexual and reproductive health policy both domestically and in developing countries.

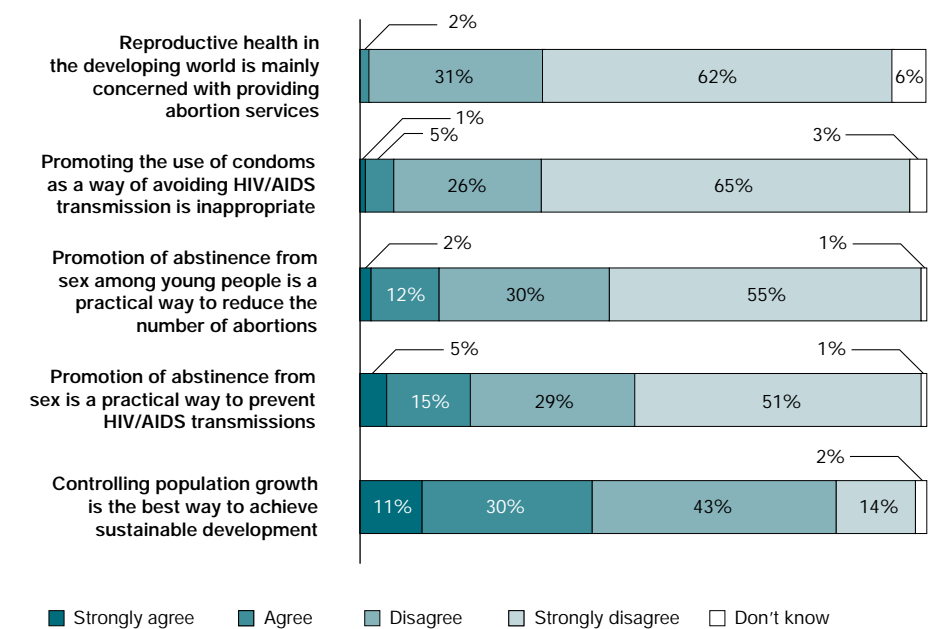
Having established UK Opinion Leaders' views about sexual and reproductive health (SRH) rights and the barriers to accessing those rights, the nature of approaches to SRH in developing countries was addressed.

In responding to a set of attitudinal statements containing messages that reflect current issues, UK Opinion Leaders consistently display a libertarian attitude towards SRH, and disagree with more conservative statements.

"The current US administration is beginning to turn the clock back again."

SRH Developing World Expert

Chart 9: To what extent do you agree or disagree with the following statements in relation to the developing world:



UK Opinion Leaders adopt a pragmatic approach to SRH, with the vast majority rejecting the abstinence from sex approach as a means of reducing unwanted pregnancy or HIV transmission. This is contrary to the current US administration's approach to these issues. Some campaigners believe that SRH care is totally focussed on abortion yet from the results of this research, almost all (93%) of UK Opinion Leaders do not share this view.

Eight out of ten UK Opinion Leaders disagree when asked if the UK government should fund an abstinence from sex approach.

The move away from the population control development approach is supported by 57% of UK Opinion Leaders, although 41% still consider controlling population growth to be the best way to achieve sustainable development.

"I think the positive thing that came out of Cairo was to see everything as inter-connected – that you can't have fertility reduction without education, without micro-economic changes as well as macro."

SRH Developing World Expert

The International Conference on Population and Development

UK Opinion leaders believe that it is important to review the International Conference on Population and Development (ICPD) in order to check the progress made, and maintain pressure around the issues it covered.

"The ICPD addressed population and reproductive health concerns within a broad developmental framework, stressing the need to incorporate diverse population issues – including growth, location, age distribution and movement, and their evolving dynamics – in addressing issues of sustainable development."

UNFPA. 2002.

Although awareness of the ICPD Programme of Action is low, following an explanation of the Programme's goals, there is extensive support for a review of its commitments on the ICPD's 10th anniversary in 2004. Eighty-two percent of UK Opinion Leaders consider a review to be 'important' or 'very important', with just 12% seeing the review as 'not important' or 'not important at all'.

"I think the positive thing that came out of Cairo was to see everything as inter-connected – that you can't have fertility reduction without education, without micro-economic changes as well as macro."

SRH Developing World Expert

Those who consider a review of ICPD to be important qualified this view by giving reasons which include: to check that progress is made (26%) and that the principle of reviewing and following up on initiatives is important generally (23%). Seventeen percent hold the view that pressure needs to be kept up, including on developing world governments.

Those who do not think a review is important see conferences in general as ineffective or view other issues as more important.



Communicating with Opinion Leaders

UK Opinion Leaders are interested in sexual and reproductive health (SRH) issues in the developing world and understand the importance of SRH in poverty reduction. UK Opinion Leaders do not have full knowledge of the breadth of SRH. However, through effective communications they are keen to engage in future discussions regarding SRH in the developing world.

Having established that UK Opinion Leaders are fully supportive of sexual and reproductive health rights and pragmatic in their view of how SRH should be approached in the developing world, the survey then established whether UK Opinion Leaders are also interested in being engaged in SRH issues in the future, and what their levels of SRH knowledge and experience are, in order to better understand how their attention can be captured and public opinion favourably influenced.

Interest

When asked about their level of interest in developing world issues, the majority (88%) of UK Opinion Leaders are 'quite' or 'very interested'. Those working in the media (90%) and NGOs (93%) show the highest levels of interest. Those working in politics show the least interest across the professional groupings, with just under four out of five (79%) interested in these issues. Just over a quarter (26%) of SRH UK Experts, and 17% of Traditional Opinion Leaders, are however, 'not interested' or 'not at all interested' in developing world issues, suggesting that a minority remain disinterested in development issues.

Experience

Seventy percent are, or have been, actively involved with initiatives in the developing world or have worked in similar fields. Those working in NGOs, politics and academic professions are more likely to have been involved in the developing world. When asked about the type of developing world issues they are, or have been involved with, the most dominant response during the qualitative phase was 'trade issues'.

“In terms of sexual health and developing world, the immediate thing you think about is emergency relief in terms of dealing with the AIDS epidemic. It’s got a kind of disaster scenario about it rather than a kind of rights agenda...”

Traditional Opinion Leader

Development knowledge

Experience is perhaps reflected in knowledge, with 70% seeing themselves as ‘well-informed’ on the issues facing developing countries. As might be expected, all of those classified as Developing World Experts consider themselves to be ‘well informed’ as do 87% of SRH Developing World Experts, and 59% of Traditional Opinion Leaders; yet only 16% of those in the SRH UK category feel they are ‘well informed’. In total, 84% of those working within NGOs consider themselves ‘well informed’.

Knowledge of sexual and reproductive health

UK Opinion Leaders struggle to define this term when asked the question ‘What do you think the term sexual and reproductive health covers?’ Over 28 different responses to the question were given, with the most frequently mentioned areas being:

- prevention and treatment of STIs (49%)
- contraceptive information and distribution (44%)
- family planning services (37%)
- prevention of HIV/AIDS (34%).

In addition, around a quarter of those surveyed relate the term SRH to ‘safe motherhood’; ‘ante- and post-natal care’; ‘mother and child health services’; and ‘sex education for young people’, demonstrating a knowledge of the role of maternal and child health in SRH. SRH UK Experts are able to list more SRH issues than other experts. Access to safe abortion is identified as a component of SRH by nine percent.

The initial qualitative research phase revealed a lack of awareness among Traditional Opinion Leaders with regard to SRH and rights as a developing world issue:

“In terms of sexual health and developing world, the immediate thing you think about is emergency relief in terms of dealing with the AIDS epidemic. It’s got a kind of disaster scenario about it rather than a kind of rights agenda...”

Traditional Opinion Leader

“We are working to combat the scourge of HIV/AIDS and other STIs. Half of all new HIV infections are among young people, particularly young women. Stopping the spread of HIV requires people at risk to be given appropriate information and services to protect themselves. We are expanding our voluntary counselling and testing programmes, investing more in behaviour change communications and tackling infection prevention through the social marketing of condoms to high-risk communities in many of the developing countries in which we work.”

Marie Stopes International. 2002.

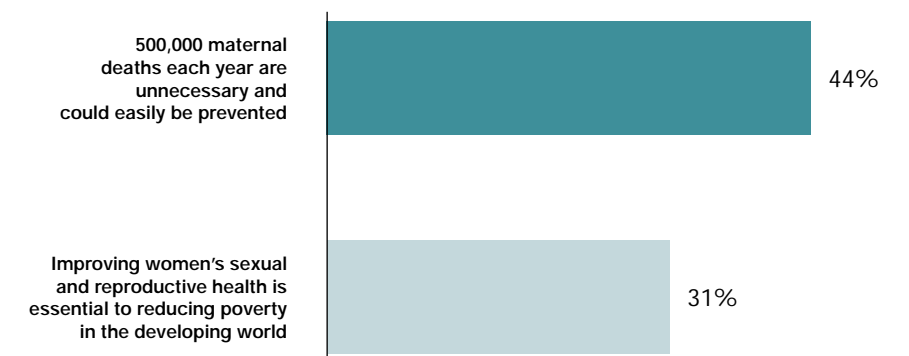
Further evidence of the willingness to be engaged in SRH is demonstrated by the fact that 69% of those interviewed state they would be willing to be involved in further research into SRH in the developing world. In addition, just over half said they want to be involved in future discussions regarding the development of advocacy campaigns on SRH.



Messages

Presented with a set of statements aimed at engaging UK Opinion Leaders on issues regarding SRH and rights in developing countries, the two messages shown below were rated as having most impact.

Chart 10: Which one of the following statements would be most effective in engaging Opinion Leaders with issues regarding sexual and reproductive health in developing countries? (top two messages shown)



The message about maternal deaths was felt to be the most effective, because it was considered striking, dramatic, or effective and contained statistics.

The message about improving women’s SRH was considered effective as it made the link between SRH and poverty and because it was a broad and inclusive message.

conclusion

The findings from this research suggest that there is a clear opportunity for those working in the sexual and reproductive health (SRH) sector and the broader development arena, to engage and involve UK Opinion Leaders with developing world issues – with particular regard to SRH and rights.

UK Opinion Leaders:

- place SRH high on the development agenda
- link SRH to poverty
- are informed and showed concern
- reject the conservative abstinence approach
- view services and education as important issues
- identify the need for funding SRH
- consider an ICPD review as important
- are receptive to key messages, and
- are willing to participate in future work.

This, in summary, is a call to action for those in the SRH sector. Changing attitudes and beliefs is possible with effective communication.

In order to achieve stronger links with UK Opinion Leaders, those working in the SRH field need to raise awareness of themselves and their remit both domestically and overseas, highlighting in particular their work in the developing world. There is also a need to create a stronger relationship between poverty and SRH in the developing world when communicating with UK Opinion Leaders.

The challenge facing Marie Stopes International and others in the sector is how to deliver their messages to UK Opinion Leaders. Communications need to overcome the difficulty found in understanding the term 'sexual and reproductive health' and to harness UK Opinion Leaders' pragmatic approach. Letting figures and statistics speak for themselves, and using statements that convey the need for urgent and immediate action, are the best ways to do this. By appealing first to a UK Opinion Leader's emotive self, and then by engaging with his/her rational self, the development sector can create opportunities to:

- develop an informed dialogue on key SRH issues and
- raise awareness of, and commitment to, SRH and rights.

Across a range of sectors both in the UK and internationally, there is firm support for increasing funding for SRH services, and for reviewing and fulfilling the commitments of the ICPD by 2004.

This research also shows that there is an opportunity at present to develop knowledge and change attitudes in the UK to enhance understanding of SRH in the developing world.