

Rethinking Reproductive Health Commodities Security from a Gender and Rights Perspective



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Presentation to the Partners in Population and
Development Meeting on Essential
Commodity Security

Cochin, India June 12-15, 2001

Main points



- ⌘ Ensuring access to reproductive health commodities that meet people's needs is essential to advancing the reproductive health and rights agenda.
- ⌘ However, current debates about commodities security do not adequately address either current realities posed by gender, health and rights concerns, nor the relationship between needed changes in program design and commodities supplies now and in the future.

To achieve our stated goals...



⌘ We must view commodities in terms of the broader social agenda we seek to advance--with specific attention to advancing gender equity and promoting reproductive health and rights at the individual and societal level--and in terms of how existing and future programs condition both demand for and supply of commodities.

What are our goals?



⌘ Rights: reproductive and sexual

⌘ Health

⌘ Equity (power, negotiation, equitable partnerships)

⌘ Social justice

How good are our tools for assessing commodities security?



- ⌘ Current methodologies for defining “essential RH commodities packages” are based on a narrow set of parameters that do not accurately or fully reflect gender and rights concerns at the individual or societal level.

Main weaknesses

- ⊞ Considerations of demand based only on population growth, age distribution, levels of parity, and current prevalence rates can result in highly misleading conclusions about what is needed in the context of the gender dimensions of “**unmet needs**” and “**indivisible risks.**”
- ⊞ Assumptions about the relationship between program design and commodities supplies are based on the biases of the past rather than current realities or future challenges. Example: “HIV condoms.”


Reproductive Morbidity, Mortality, and Unmet Needs from a Gender Perspective



▣ Primary concerns

- ▣ Unwanted pregnancies
- ▣ Unsafe abortions
- ▣ Illness, reduced productivity, and deaths from maternal causes generally
- ▣ RTIs/STIs, including HIV
- ▣ Cervical cancer (linked to HPV)
- ▣ Breast cancer
- ▣ Others: e.g. fistula, prolapse, FGM

Conventional versus Gender Analyses of “Needs and Essentials”



⌘ Three examples

☑ Unwanted pregnancy

☑ Unsafe abortion

☑ STI and HIV infection

Unwanted Pregnancy: Conventional Analysis



- ⌘ Current means of analyzing and extrapolating “unmet needs” and method mix for pregnancy prevention at the level of a population
 - ☑ share of women reporting wanting no more children, or having a large than desired family size
 - ☑ expression of desire to use fertility regulation
 - ☑ age
 - ☑ parity
 - ☑ trends in contraceptive prevalence rates generally and by method

Unwanted Pregnancy: Gendered Analysis



- ⌘ Lack of access to methods that meet needs;
Poor experience with methods available
- ⌘ Changing life-cycle needs; desires to switch
methods at various points in time
- ⌘ Assessment of “needs” as conditioned by poor
RH knowledge and/or low awareness of “risks”
- ⌘ Familial and cultural norms
- ⌘ Sexual violence and coercion
- ⌘ Overall lack of negotiating power
- ⌘ Need for secrecy and privacy

Historical and Political Considerations Must Also be Considered



⌘ India

- ☑ Past reliance on sterilization
- ☑ Current gaps in needs for spacing methods among a large proportion of the population
- ☑ Level of commitment to program change on fundamental levels will shape the extent of acceptance, and demand for certain commodities
- ☑ Raises questions about the extent of “excess capacity”

Unsafe abortion



⌘ Needs conditioned by:

- ☑ sexual violence and coercion; lack of negotiating power
- ☑ lack of knowledge of legal conditions
- ☑ lack of access to safe services wherever they exist
- ☑ lack of knowledge of or access to emergency contraception
- ☑ lack of political commitment to openly address unsafe abortion, make safe services available, provide post-abortion care

Abortion in Peru



- ⌘ Roughly 340,000 abortions per year; legal only in case of life endangerment
- ⌘ Unsafe abortion leads to one of the highest rates of maternal deaths in Latin America
- ⌘ Donor and national politics has stalled introduction of emergency contraception and expansion of post-abortion care
- ⌘ Essential needs may go unacknowledged

Sexually Transmitted Infections



- ⌘ Prevention strategies and effective use of male and female condoms influenced by:
 - ☑ gender disparities in sexual negotiation
 - ☑ sexual violence and coercion
 - ☑ little or no emphasis within programs on the use of condoms within the context of positive sexuality and sexual pleasure, of equitable partnerships, or the use of condoms within intimate partnerships
 - ☑ severe under-investment in female condom procurement, delivery, and program support

Vertical programs versus indivisible risks



⌘ For women, every act of intercourse brings the indivisible risk of:


unwanted pregnancy

infection

⌘ Many women face the threat of violence and coercion

⌘ Increasing numbers of monogamous women are at risk due to partner behavior

Promoting Dual Protection is an Urgent Priority



- ⌘ Dual protection strategies are urgently needed that both meet current demand and focus on expanded demand for use of both male and female condoms for dual protection.
- ⌘ We can no longer afford to compartmentalize these commodities, but must develop gender-sensitive programs to simultaneously increase the effective demand, use, and the supply of male and female condoms for dual protection.

To Reiterate



⌘ We need to think of these issues in light of the programs we want to build and the overall goals we seek to achieve.

Conclusions



- ⌘ Developing essential packages of reproductive health commodities that truly reflect a transformative health and rights agenda will require:
 - ☑ examining and incorporating new models based on the gendered realities of sex, sexuality, and reproduction;
 - ☑ using creative models to build and constantly test assumptions that reflect local realities and women's articulated needs and engage civil society in the process of setting priorities (e.g. WHO Strategic Introduction strategy);

Conclusions, cont'd



⌘ Making programmatic commitments to:

- ☑ promote rights, health, and equity through reproductive health programs
- ☑ responding in an integral rather than a vertical manner to the indivisible risks of unwanted pregnancy and sexually transmitted infections through programs that emphasize changing social norms and the promotion of dual protection