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Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

More than maternity: neglected areas in sexual and reproductive health and rights

Health reporter, 14 May 2009

Feature: More than maternity: neglected areas in sexual and reproductive health and rights

Recommended readings:

- Rethinking sexuality and policy
- Economic and programmatic aspects of congenital syphilis prevention
- HIV in Pakistan: preventing a future epidemic in most-at-risk groups
- Painful tradeoffs: intimate-partner violence and sexual and reproductive health rights in Kenya
- Women, HIV and human rights: the crisis of criminalization

Latest additions:

- The effects of parental death and chronic poverty on children's education and health: evidence from Indonesia
- Repositioning family planning: guidelines for advocacy action
- The political and social economy of care in a development context: contextual issues, research questions, and policy options
- Gender and care cutting edge pack
- Severe maternal morbidity from direct obstetric causes in West Africa: incidence and case fatality rates

Announcements

Feature: More than maternity: neglected areas in sexual and reproductive health and rights

Recent months have seen a resurgence of interest in health in developing countries at international level. Bodies like the International Health Partnership and the High Level

Taskforce on Innovative Financing for Health have highlighted aid flows and health system strengthening. Announcements from the United States Administration seem to suggest a return to rights based approaches and a new focus on global health. Maternal health initiatives advocating around access to obstetric care have mushroomed as a result of the world's poor progress on MDG 5. Whilst this focus on health in developing countries is welcomed, high profile grand partnerships tend not to focus on contested, complicated or stigmatised issues.

The Realising Rights Research Programme Consortium takes a comprehensive approach to sexual and reproductive health and rights with a particular focus on neglected issues. Researchers from Bangladesh, Ghana, Kenya and the UK are exploring neglected or "challenging" areas of sexual and reproductive health and rights, with a strong focus on men's health, improved access to contraception particularly for poorer women and men, sexuality and rights, masculinities, sexually transmitted infections, gender based violence and unsafe abortion.

These issues are central to development and health. Although access to safe abortion makes human and economic sense it is continually 'invisibilised' in maternal health advocacy, despite the fact that it is responsible for an estimated 15 percent of maternal deaths.

Sexually transmitted infections are a major public health issue in many settings. Every year, at least half a million infants are born with congenital syphilis. Maternal syphilis causes another half million stillbirths and miscarriages annually. Yet the tests for syphilis cost a mere US\$ 0.93–1.44 per woman screened. Rising numbers of people living with HIV raise important questions about the right to a safe and satisfying sexual life in line with international agreements on sexual and reproductive rights but in many settings women living with HIV are penalised by criminal law. In Sierra Leone, for example, if a woman transmits HIV to her child, she can be fined or jailed up to 7 years or both.

Gender based violence is prevalent in all countries of the world but rarely afforded the attention it deserves. A study from Kenya found that physical and sexual abuse within relationships often leads to repeated exposure to sexual and reproductive health risks, and abused women lack knowledge about these impacts, experience feelings of hopelessness about their health, and are unable to access the health services they need.

Those who are marginalised from dominant norms around sexuality - such as lesbians, gay men, bisexuals, transgender and intersex people, sex workers, single women, women who have sex outside of marriage, and non-macho men - may face not only pressure to conform, but stigma, discrimination and violence if they do not.

As we develop an evidence base in this area the challenge is how it is translated to policy and practical action that would improve the lives of so many - how can we ensure that sexual and reproductive health is appropriately reflected in the larger global narratives

that are shaping development action?

Many thanks to Kate Hawkins and Hilary Standing from the Realising Rights Research Programme Consortium, UK, for writing the content for this Health Reporter.

More information:

- Realising Rights
www.realising-rights.org/index.htm
- Global Partners in Action: NGO Forum on sexual and reproductive health and development
www.globalngoforum.org/
- African Population and Health Research Center (APHRC), Kenya
www.aphrc.org/
- Eliminating congenital Syphilis, World Health Organization
www.who.int/reproductive-health/stis/syphilis.html
- The International Community of Women Living with HIV/AIDS (ICW)
www.icw.org/
- Naz Foundation International (NFI)
www.nfi.net/index.asp
- Global Forum on MSM & HIV (MSMGF)
www.msmandhiv.org/
- Network of Sex Work Projects
www.nswp.org/
- Key issues guide: Sexual and reproductive health and rights, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/key-issues/sexual-and-reproductive-health-and-rights
- Gender-based violence, Eldis Gender Resource Guide
www.eldis.org/go/topics/resource-guides/gender/gender-based-violence
- Key issues guide: Violence against women and HIV, Eldis HIV and AIDS Resource Guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/violence-against-women-and-hiv
- The high cost of unsafe abortion, id21 health focus, August 2007
www.id21.org/focus/unsafe_abortion/index.html

Recommended readings

1. Rethinking sexuality and policy

Publisher: id21 Development Research Reporting Service, 2008

What do sexuality and policy have to do with each other? This issue of id21 insights considers the policies and politics that surround sexuality asking what enables sexual

contact? What sets up the dynamics of relationships? And what will the consequences be? A number of articles written by various authors are included in the issue covering sexual rights in Muslim countries, US trade policy and HIV treatment, sexual pleasure and safer sex. The authors also address China's policies on sexuality, the World Bank's failure to address sexuality, and bodily integrity in Argentine law.

The issue summarises that policies and politics in society, the state, and international relations have a huge and often harmful impact on sexual practices and sexual rights. Sexuality needs to be clearly recognised as a policy issue. It is necessary to leave behind the World Bank's medical technical perspective in order to recognise and challenge the power dynamics, whether at the level of society, the nation or internationally. The document argues that a new political outlook is needed which promotes sexual rights: rights to seek the relationships of our choosing, based on consent and respect of those involved, rights to enjoy our bodies whatever our gender expression, rights to sexual health free from obstruction by global pharmaceuticals and the US trade regime. Forging alliances between people working on a range of different sexuality issues, and between activists working for sexual rights, economic justice and other progressive politics will help move towards that goal. [adapted from the author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=43374&type=Document

2. Economic and programmatic aspects of congenital syphilis prevention

Authors: G. Schmid

Publisher: Bulletin of the World Health Organization: the International Journal of Public Health, 2004

Congenital syphilis is a preventable disease and the tools to prevent it have been available for decades. This document in the Bulletin of the World Health Organization details how a review of the economic and programmatic aspects of congenital syphilis was conducted and provides recommendations made for improvement of its prevention. The author argues that the reasons that enable congenital syphilis to persist vary. In both industrialised and developing countries the prevention of congenital syphilis by antenatal screening is cost effective and may be cost saving. Yet globally there are approximately 500 000 fetal deaths a year from congenital syphilis, a figure rivalling that from mother to child transmission of HIV, which receives far greater attention.

The document argues that this international and national under appreciation of the burden of congenital syphilis and insufficient political will to provide effective antenatal screening programmes have prevented congenital syphilis from being effectively tackled. The author shows that all causes are amenable to effective intervention programmes. The prevention of congenital syphilis should be a global priority; international agencies and national programmes should be committed to improving antenatal care services including syphilis detection and prevention. The document offers various ways forward at local and national level including that improvement of sexually

transmitted infection services outside of antenatal care, with strong efforts to notify male partners who are infected, would help to achieve this goal.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=43372&type=Document

3. HIV in Pakistan: preventing a future epidemic in most-at-risk groups

Authors: Programme for Research and Capacity Building in Sexual and Reproductive Health and HIV in Developing Countries

Publisher: London School of Hygiene and Tropical Medicine, 2009

Very low levels of HIV and AIDS awareness and condom use, together with high-risk sexual behaviours in vulnerable groups such as injecting drug-users and sex workers, make Pakistan a potentially high-risk country for HIV spread. Current HIV prevalence is generally low but STI levels are high in some at-risk groups. This research briefing, from the Programme for Research & Capacity Building in Sexual and Reproductive Health & HIV in Developing Countries, outlines the findings of a study to investigate the extent of sexually transmitted infections and HIV epidemics among populations at risk through selling sex or through injecting drugs. The study also looks at associated behaviours including risk taking and protection from risk in these groups. The document shows how violence, abuse and discrimination are commonly experienced by sex workers and injecting drug users, and can increase the likelihood of infection. A future HIV epidemic is likely to be concentrated in those with highest levels of STIs and the highest levels of abuse – transgender sex workers.

Five key interventions are recommended to stem the transmission of HIV/STIs in Pakistan. These include needle and syringe exchange programmes for injecting drug users and sexual and reproductive health care for female sex workers. The authors argue that interventions targeted at transgender sex workers will have little support among society, and it will be difficult for the government and public sector to implement, but they could be implemented successfully by NGOs, with donor funding and support. For interventions to be successful and sustainable, the underlying vulnerabilities and environment faced by all of the most-at-risk groups must be addressed. Interventions must recognise, protect and promote the human rights of all individuals.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=43394&type=Document

4. Painful tradeoffs: intimate-partner violence and sexual and reproductive health rights in Kenya

Authors: J. Crichton; C. N. Musembi; A. Ngugi

Publisher: Institute of Development Studies, Sussex, UK, 2008

Intimate-partner violence involves multiple violations of sexual and reproductive rights,

with devastating impacts on the health and wellbeing of those affected. This paper from the Institute of Development Studies details the results of an action-research collaboration between a Kenyan gender-based violence rehabilitation NGO and a research programme. The authors contextualise rights in the lives of women affected by intimate-partner violence, to understand how they are articulated and constrained in each of these dimensions. The research finds that physical and sexual abuse within relationships often leads to repeated exposure to sexual and reproductive health risks, and abused women lack knowledge about these impacts, experience feelings of hopelessness about their health, and are unable to access the health services they need.

The authors show how economic factors lead many women to subordinate their sexual and reproductive rights to their material needs and those of their children. There are limitations to the recognition of rights in both social attitudes and in the national legal framework. Social networks and justice institutions sometimes support individuals in exercising their rights and sometimes obstruct them. Legal reform, and strengthened services and referral systems are needed if the barriers to women's rights are to be overcome. Measures to facilitate access to sexual and reproductive health services and to address forms of vulnerability in ongoing abusive relationships are needed to help those affected to end the violence and mitigate its impacts. The authors offer various recommendations to the government of Kenya including that relevant ministries should take action to strengthen standards and improve coordination between services for women affected by violence. They also recommend that there is need for violence prevention interventions that work with men by using a gender perspective to change attitudes and behaviour.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=43375&type=Document

5. Women, HIV and human rights: the crisis of criminalization

Authors: A. Welbourn; The Salamander Trust

Publisher: All Party Parliamentary Group on AIDS, UK, 2009

This document outlines a presentation given by the Salamander Trust at a meeting on women and AIDS at the House of Commons in Westminster. The presenter details how, because of global attitudes, women with HIV/AIDS have seen their reproductive health rights and rights to liberty systematically and institutionally eroded. The document shows how some countries are now sterilising young positive women, coercing them to sign consent forms when in labour, so that after delivery when they go for contraception, they learn that this is no longer needed. The author argues that it is possible government doctors should face criminal charges. The presentation contains a list of facts and figures and examines what the UN and other organisations have been doing to safe guard HIV positive women.

The UN agencies have promoted global guidance, and campaigns such as 'Know your

epidemic' and 'Save the Unborn Child' to promote an 'AIDS-free generation'. The document argues that these guidelines were supposed to promote voluntary and confidential testing of pregnant women, with pre- and post-test counselling. But they have resulted in compulsory mass testing of pregnant women – and unless tested, many women are refused access to further ante-natal services. For those who test positive, this becomes public knowledge. The author outlines how as states were becoming increasingly desperate to curb the spread of HIV, a US backed initiative launched the Model AIDS Law in West Africa. Thus, in Sierra Leone now, for example, if a woman transmits HIV to her child, she can be fined or jailed up to 7 years or both. The author warns how the spread of criminalisation legislation means that many years of careful, committed and compassionate HIV prevention work in many countries are being blown apart overnight by people's fears that testing positive will mean that they could then be branded as disease vectors and as criminals. The presentation ends with some areas where positive action is taking place but highlights the importance of keeping up the pressure to roll out universal sex and relationships education, for young people especially, in order to support them to stay HIV negative.

Available online at: www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health&id=43376&type=Document

Latest additions from the Health resource guide

1. The effects of parental death and chronic poverty on children's education and health: evidence from Indonesia

Authors: D. Suryadarma; Y. M. Pakpahan; A. Suryahadi; SMERU Research Institute
Publisher: Chronic Poverty Research Centre, UK, 2009

What are the impacts of of parental death and chronic poverty on children's education and health in Indonesia? This paper estimates the short- and long-term effects of maternal and paternal death on children's school enrolment, educational attainment and health in Indonesia, and compare it with the effect of chronic poverty. The authors also investigate whether there are any gender dimensions of the effects.

Findings from the report include:

- similar to findings in Africa, young maternal orphans in Indonesia have worse educational outcomes compared with non-orphans, with the effect getting worse over time
- no significant health effects of orphanhood were found chronically poor children have worse health and education outcomes among young children, the adverse effect of maternal orphanhood on education is significantly worse than that of chronic poverty
- chronically poor orphans do not suffer adverse effects beyond the effects of chronic poverty

- the authors did not find gender differences in the effect of orphanhood on children in Indonesia.

The paper argues that these findings imply that the government should focus on helping chronically poor households to invest in their human capital.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=43055&type=Document

2. Repositioning family planning: guidelines for advocacy action

Authors: ; WHO, Regional Office for Africa; BRIDGE Project (USAID and Population Reference Bureau); Africa's Health in 2010 (Academy for Education Development)
Publisher: Africa's Health in 2010 (Academy for Education Development), 2008

Provision of family planning services in Africa is hindered by poverty, poor access to services and commodities, poor coordination of the programmes, and dwindling donor funding. In addition, traditional beliefs favouring high fertility, religious barriers, and lack of male involvement have weakened family planning interventions. Yet, it is considered an essential component of primary health care and reproductive health and plays a major role in reducing maternal and newborn morbidity, and transmission of HIV.

This toolkit aims to help those working in family planning across Africa to effectively advocate for renewed emphasis on family planning to enhance the visibility, availability, and quality of family planning services for increased contraceptive use and healthy timing and spacing of births, ultimately, improved quality of life across the region. It was developed in response to requests from several countries to assist them in accelerating their family planning advocacy efforts.

It contains of eight briefs including:

- An overview of regional and country data, trends and challenges (focusing on sub-Saharan Africa)
- Ten steps to developing an advocacy strategy and action plan
- Communicating with influential audiences including policymakers, health sector leaders, community leaders and the private sector
- Tips on how to engage journalists
- Additional resources

The complete toolkit comes with an interactive CD-ROM.
[adapted from the authors]

Available online at: www.eldis.org/go/topics/resource-

3. The political and social economy of care in a development context: contextual issues, research questions, and policy options

Authors: S. Razavi

Publisher: United Nations [UN] Research Institute for Social Development , 2007

Historically and across a diverse range of countries, women from disadvantaged racial and ethnic groups have tended to provide care services to meet the needs of the more powerful social groups, while their own needs for care have been downplayed and neglected. This paper by the United Nations Research Institute for Social Development traces the evolution of ideas in the area of gender and care, and analyses some of the main strands of thinking. The author analyses the contribution of feminist economics to the conceptualisation, as well as the measurement and valuation, of the unpaid economy, including its care components. The author shows how in approaching the issue of care from their distinct disciplinary perspectives in social policy and sociology, gender analyses of welfare regimes have contributed to the theorisation of care in important ways, some of which intersects with the work of feminist economists.

The strengths of this literature are reviewed in the paper and it is argued that ideally, society should recognise and value the importance of different forms of care, but without reinforcing care work as something that only women can or should do. This is especially important given the well-known and adverse consequences of such gendering: women's financial precariousness and their exclusion from the public domain. The paper considers the renewed interest in social policy, trailing after the high neoliberalism of the 1980s that was epitomised by the 'social investment state' allegedly focused on productive and active welfare, and on investing in children's opportunities. It asks what the implications of these ideas might be for the redesign of social policy, what space is likely to be given to issues of care and whether gender equality and women's movements' claims for services and supports are likely to be accommodated in this new welfare vision.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=42964&type=Document](#)

4. Gender and care cutting edge pack

Authors: E. Esplen

Publisher: BRIDGE, 2009

Providing care can be both a source of fulfilment and a major burden. For women and girls in particular, their socially prescribed role as carers can undermine their rights and limit their opportunities, capabilities and choices - posing a fundamental obstacle to gender equality and well-being. This Cutting Edge Pack from BRIDGE assesses how it might be possible to move towards a world in which individuals and society recognise and value the importance of different forms of care, but without reinforcing care work as

something that only women can or should do. The pack discusses why care is such an important issue for development work and social justice activism, especially in the face of emerging 'care crises' such as ageing populations and the HIV pandemic.

Drawing on diverse examples of initiatives taking place in countries across the world, it considers what strategies offer the best prospects for change. Several sections focus specifically on the impacts of providing care in contexts marked by high HIV prevalence, and on the approaches needed to better respond to the needs and priorities of community and home-based care providers. The document recommends that donors should fund capacity building of grassroots care-givers, women's organisations and networks, and organisations and networks of people living with HIV and AIDS, to enable care givers to advocate for their rights and represent themselves in local, national and international decision-making forums. The author also argues that donors should support the creation and/or strengthening of local, national and regional home-based care alliances of care providers for people living with HIV and AIDS, to allow care providers to share knowledge, skills, strategies, lessons learned and resources, and to provide spaces for mutual support and organising. Governments should ensure that gender-sensitive care provision is an integral and budgeted aspect of HIV and AIDS policies and programmes.

[adapted from the author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42963&type=Document

5. Severe maternal morbidity from direct obstetric causes in West Africa: incidence and case fatality rates

Authors: A. Prural; M. H. Bouvier - Colle; L. de Bernis; G. Bréat

Publisher: Bulletin of the World Health Organization: the International Journal of Public Health, 2000

Data on maternal morbidity make it possible to assess how many women are likely to need essential obstetric care, and permit the organization, monitoring and evaluation of safe motherhood programmes. In this paper by the World Health Organisation the authors propose operational definitions of severe maternal morbidity and report the frequency of such morbidity as revealed in a population-based survey of a cohort of 20,326 pregnant women in six West African countries. The study showed that certain complications, i.e. sepsis, uterine rupture and eclampsia, carried a very high risk of death for pregnant women in West Africa. This applied even in large urban settings where there was good access to health care and its utilisation by pregnant women was of a high order.

This finding suggests an unsatisfactory quality of maternal health care. The fact that a quarter of the 81 percent of women who delivered within health services were not attended by qualified health personnel, even though such personnel were present in

sufficient numbers, indicates significant malfunctioning of public health services. The authors detail how further analysis is in progress concerning the relationship between the different severe obstetric conditions, the level of care and the individual risk factors. It is to be hoped that a better understanding will emerge of severe maternal morbidity in West Africa, eventually leading to a major decline in maternal and perinatal mortality.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42847&type=Document

Announcements

1. New! Eldis dossier: health and fragile states

With some of the worst health indicators and the least adequate health services in the world, providing health services and rebuilding health systems in fragile states is a complex undertaking. The [Health and Fragile States Dossier](#) highlights the challenges and approaches to delivering health services in fragile states. The Dossier has been developed by the [Health and Fragile States Network](#), [IDS Health and Development Information Team](#), and [Eldis](#).

More details available online at: www.eldis.org/go/topics/dossiers/health-and-fragile-states

2. Meeting: What has the Gates Foundation done for global health?

Dates: 28 May 2009, 18:00-19:15

Location: RSA, 8 John Adam Street, London

This discussion evening, co-hosted by RSA and The Lancet, aims to assess the role of the Gates Foundation in global public health and to determine whether the Gates Foundation might be doing more harm than good, or whether the Foundation and private philanthropy in general offers a new way forward for global health?

You need to register for this event, as it is first come first served.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=43355&type=Item

3. Training: Advocacy for reproductive health and HIV & AIDS

Dates: 8 – 19 June 2009

Location: Centre for African Family Studies, Nairobi, Kenya

This two-week training course on advocacy for reproductive health and HIV & AIDS, is organised by the Centre for African Family Studies (CAFS). It will provide hands-on experience in designing and developing advocacy messages; implementing effective advocacy initiatives and setting indicators for monitoring and evaluating advocacy campaigns.

This course targets people who wish to improve and use advocacy skills to achieve their personal and organisational goals in reproductive health policies and programmes.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=42459&type=Item

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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The views expressed in this newsletter and on the Eldis website are the opinion of the authors and do not necessarily reflect the view of Eldis, IDS or its funders.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet. Eldis is one of a family of Knowledge services at IDS - <http://www.ids.ac.uk/go/knowledge-services>

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