

Call for Papers

Exploring Sexual and Reproductive Health and Rights (SRHR) Inequities Within Countries

Volume 27 Number 53, November 2018

Co-edited by Gita Sen, Aditi Iyer, and RHM's Editor-in-Chief

Health inequalities can be defined as “observable or measurable differences in health status between and among individuals, subgroups of a population, and groups occupying unequal positions in society.”¹ Health inequities, on the other hand, are defined by the World Health Organization as “*avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies.”² While an inequality may or may not be socially produced, the concept of health inequity speaks more directly to ideas of fairness, justice and human rights.

Addressing health inequities, including those related to sexual and reproductive health and rights (SRHR), involves identifying and responding to the complex and intersectional political, legal, cultural and socio-economic factors that shape and limit people’s access to and use of services, health knowledge, the quality of services and care received, and ultimately, health outcomes. Gender power imbalances and prevailing gender norms play a critical role in creating and sustaining such inequities, particularly for women and girls, in areas such as maternal and newborn health; gender-based violence; access to safe abortion services; and effective access to contraception. Multiple and intersecting inequalities often interact to increase inequities in access to and usage of sexual and reproductive health services, producing and sustaining unacceptable differences in health outcomes within and between different populations.³ Understanding and addressing these inequities is a central challenge for achieving the Global Strategy for Women’s, Children’s and Adolescents’ Health, and for achieving the SRHR indicators of Goals 3 and 5 of the Sustainable Development Agenda, including ensuring universal access to sexual and reproductive health care services by 2030.⁴

While issues of inequality and inequity find cause and expression at multiple levels (e.g. individual, local, national, regional, and global), in this issue, RHM invites submissions that explore inequities in relation to SRHR, as they play out within national borders. Many global health platforms and programmes, including those focusing on SRHR, use the State as their referent point, with objectives set and progress measured

¹ Graham, M., H. McKenzie and G. Lamaro Haintz. “The health inequities of sexual and reproductive health: A review of the literature.” A review for the Action for Equity partnership 2016. Women’s Health West. 2016. P. 4. Available from: <http://whwest.org.au/resource/the-health-inequities-of-sexual-and-reproductive-health-a-review-of-the-literature/>

² http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

³ Sen, G., A. Iyer and C. Mukherjee. “A methodology to analyse the intersections of social inequalities in health.” *Journal of Human Development and Capabilities*. November 2009 10(3): pp 397 – 415

⁴ <https://sustainabledevelopment.un.org/sdgs>

at the national level. While important, this can too easily gloss over the important health inequities that exist within the borders of a state, potentially leaving many of the most vulnerable behind. In this issue, we ask authors to explore differences in services, quality of services and care, health knowledge, and health outcomes *within countries*, based on what are often intersecting social divisions such as race, age, ethnicity, caste, disability, sexuality, and gender. With this issue, RHM aims to contribute to growing global efforts to build the base of evidence for interventions that tackle inequities, and improve sexual and reproductive health outcomes, well-being, and access to rights for all. RHM particularly invites submissions linking issues of inequity, and their intersections, to the following sub-themes:

- **Underserved Populations**

Inequities in access to and quality of sexual and reproductive health services and rights may be particularly pronounced for some population groups, who are often neglected or underserved, including sex workers, people who misuse drugs and alcohol, incarcerated populations, migrants and refugees, people with a disability, people with mental health issues, adolescents, and older adults. Public policy, including sexual and reproductive health policy and programming, can often overlook those socially constructed as “undeserving,” or those who may otherwise not fit within dominant constructs of who ought to be targeted for sexual and reproductive health services. Often at the heart of multiple, intersectional factors that contribute to exclusion, such population groups may be faced with a number of obstacles to equitable access and quality of sexual and reproductive health services and care.

- **Social Determinants of Health and SRHR Inequities**

The social determinants of health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”^{5 6} They include factors such as living conditions, environmental conditions, access to education, access to employment, food insecurity, poverty, and social exclusion (amongst others). Such factors operate at multiple levels – within intimate and family relationships, in homes, communities, markets and government policies and programmes. They can both produce and sustain inequitable access to and quality of sexual and reproductive health and rights in myriad ways, with the potential to impact access to rights, services and care, the quality, reliability and appropriateness of those services and care, and health-seeking behaviour. They can also affect factors such as safety, the expense of travel to reach care and services, the availability and attitudes of health care workers, and funding for quality health systems, all of which can combine to increase people’s sexual and reproductive health vulnerabilities.

- **Health systems**

A country’s health systems also shape and impact people’s abilities to access effective and equitable sexual and reproductive health services and care. These systems are, in turn, shaped by the legal, policy and governance systems within which health systems operate. Particularly in a growing global context of decentralized health programming, the implementation of SRHR programmes and services within a country involves a range of actors, from the national government to sub-national and local level actors, often including non-governmental organisations and community health workers. Health systems also vary in their financing structures, and the degree to which systems operate publicly, privately, or in some combination. The impacts of health systems on SRHR programming, implementation and effectiveness require further exploration and research, particularly in relation to questions of equity.⁷

⁵ http://www.who.int/social_determinants/en/

⁶ *Unequal, unfair, ineffective and inefficient: Gender inequity in health - Why it exists and how we can change it*, Final report to the WHO Commission on Social Determinants of Health by the Women and Gender Equity Knowledge Network, 2007. (http://www.who.int/social_determinants/themes/womenandgender/en/index.html)

⁷ Sen, G and V Govender. “Sexual and reproductive health and rights in changing health systems”. *Special Issue Global Public Health*. Volume 10, Issue 2, 2015, pp 228-242

Call for Papers: What and When?

For this issue of RHM, we welcome analytical pieces, critical perspectives, and policy and legal analyses that interrogate issues of sexual and reproductive health equity within countries. We encourage original research articles, along with commentaries and viewpoints. We also encourage the submission of narratives from individuals with relevant first-hand experiences, as well as contributions from activists working in the field of SRHR and health equity.

- What are the experiences of care and services for neglected and underserved populations within countries, and how do these experiences affect sexual and reproductive health outcomes and further health-seeking behaviour?
- In what ways do different living conditions within a country impact equitable access, quality of services and care, and sexual and reproductive health outcomes?
- How do facets of inequities, such as class, gender, social group or geography, intersect and affect both health status and treatment-seeking?
- How do increasing processes of urbanisation impact equitable access, quality of services and care, and sexual and reproductive health outcomes?
- What kinds of policies and programmes have been successful (or not) in addressing inequitable sexual and reproductive health care access, quality and outcomes within countries? What factors contribute to their success or failure?
- What kinds of laws and policies challenge, sustain, or exacerbate these inequities?
- What impact do health systems have on promoting or hindering sexual and reproductive health equity within countries?
- What role do non-governmental organisations and community health worker programs play in promoting or hindering sexual and reproductive health equity within countries?

Submissions accepted between January 1 and May 1, 2018

Submit at <http://www.edmgr.com/zrhm/default.aspx>

******Carefully read Instructions for Authors before submission******