



# Social protection for sexual and reproductive health rights (SRHR)

Much progress has been achieved in reducing maternal mortality in the last 20 years. Still more than 800 women die daily of causes related to pregnancy and child birth. Most of them could be prevented by access to health care and services, medical technology and by means of social protection. Good sexual and reproductive health and rights are a human right and key in achieving women's rights and gender equality.

Globally over 200 million women do not have access to modern contraceptives although they would want to use them. Reasons for this are women's and girls' poor social status and lack of decision making power, lack of information, services and contraceptives. This leads to too early and too frequent unwanted pregnancies, unsafe abortions, child and forced marriage, girls' dropout from school, enhancing a vicious circle of poverty.

These issues set stark barriers for girls and women to live healthy lives, go to school and complete their education and participate in income generating work. They also prevent inclusion in social and political life outside the home and living to one's full potential.

There are good examples on initiatives and innovations on how to tackle these issues. For example in Malawi maternal mortality has been addressed by constructing waiting shelters for pregnant women close to health facilities in rural areas of Malawi. Women can come and stay in the shelter well before their delivery and not have to worry about getting a transportation when already in labour or in case of emergency.

In Ethiopia a pilot project in the Amhara regions strengthened the social service workforce. Social workers are in a crucial position to link clients to services, to give counselling to individuals and families especially during periods of risk such pregnancy and child birth, adolescence and old age and they are in a position to



Photo: *allafrica.com*

influence attitudes regarding eg. child marriage and other harmful practices.

## Social protection systems key to women's and girls' welfare

More than half of the world's population is not covered by any type of social protection systems and 40 % are without any health protection or insurance. Social protection systems should ideally be based on a comprehensive set of gender responsive public policies designed to address risks during various times of a person's life course. These can include policy measures such as social insurance, social assistance, access to social and care services, sustainable infrastructure and policies, which promote inclusion in productive and income generating activities.

Governments should address the barriers met by girls and women and commit to overcome them by means of legal and policy frameworks including comprehensive social protection schemes. These measures should include universal health coverage including sexual and reproductive health care services. They should also comprise of gender responsive social infrastructure and public services. These measures should specifically take into consideration the needs and challenges of the most marginalized people.



## Sexual and reproductive health and rights through Universal Health Coverage (UHC)

Governments should adopt and endorse a comprehensive package of SRHR interventions to be delivered through UHC schemes. Health care systems need to be strengthened to successfully deliver them. UHC and SRHR packages should include among others antenatal, safe delivery and postnatal care; safe abortion and post-abortion care; contraception; prevention and treatment of sexually transmitted infections incl. HIV, infertility, reproductive tract infections and reproductive cancers; and services to address gender-based violence. The UHC policy design process needs to acknowledge the unique needs of young people and adolescents and ensure they can access accurate, comprehensive sexuality education and high-quality confidential services.<sup>1</sup>

In Zambia, in general, progress has been made in meeting government obligations to respect, protect, and fulfil the SRHR of all people. In most thematic areas assessed, statistics show improvements. For example, maternal deaths and HIV prevalence have significantly reduced; knowledge and use of FP services has improved, and postabortion-care services are available. Comprehensive sexuality education (CSE) has been introduced in schools and progress is being made to ensure CSE reaches out-of-school adolescents. In spite of these achievements, progress is very uneven across geographic locations and segments of population. Women and girls in rural areas are disadvantaged—especially those who have limited education. Zambia must do much more to guarantee the rights of vulnerable populations. Examining barriers through the human-rights-based approach helps identify actions that need to be taken to improve SRHR in Zambia.<sup>2</sup>

## Sustainable infrastructure and public services

Income protection through means of social protection is a necessary condition for women to be able to access SRHR and public services and to buy medicine, contraceptives and menstrual hygiene products. Lack of access to a nearby public health facility makes it difficult



*Photo: Iwan Baan*

for women and girls to get health care. This may be caused by difficult terrain, poor public transportation or due to lack of income to pay for the transport. This is a problem especially in the rural areas where the lack of health facilities combined with the lack of public transportation makes it difficult especially for rural girls and women to access health services. There is also a grave lack of skilled health care workers and social workers, which further reduces the access to services.

The lack of clean water and sanitation affects women and girls in large part because they are more likely than men and boys to be poor and voiceless. Furthermore, women also have different needs when it comes to basic services. The reasons for this are both biological and cultural. Pregnancy and delivery makes the need for safe water, sanitation and hygiene especially important. When a woman is pregnant, access to safe water, sanitation and hygiene is crucial for the welfare of both the mother and child.

Many people do not have lavatories at home and it is culturally inappropriate for girls and women to relieve themselves in the nature. The public lavatories may be located far away exposing women and girls to sexual abuse and violence especially during night time. Menstruating girls may not be able to attend school because of associated stigma and inadequate sanitation and hygiene at home and in schools.

Governments should ensure people’s access to health facilities by investing in roads, public transportation as well to emergency transportation. They should increase the number and training of health care and social workers so that their availability is guaranteed for all, also for the marginalized and hard-to-reach rural populations.



Governments need to ensure access to clean water and sanitation as well as menstrual hygiene management to girls and women at home, school, work places and other relevant facilities allowing women and girls to manage their menstruation safely and with dignity.

## Case studies

### Maternity shelters in Malawi

The Maternity Health Project supported by the Finnish Government and implemented by the Family Planning Association of Malawi and the Family Federation of Finland addressed the issue of maternal morbidity and mortality in rural areas in Malawi. One of the challenges for pregnant women is to get to the hospital in case of complications or in time for delivery.

Women live far away from the nearest health facility and getting transportation to the hospital is slow because the roads are poor and vehicles scarce. The project constructed a waiting shelter for pregnant women in a rural village of Lungwena near to the local health center/hospital. Women can come and stay at the shelter already two weeks or even a month before their expected delivery. This enables them to get immediate help in case of emergency and they can easily move from the shelter to the hospital for delivery. They can also stay in the shelter for a while after delivery. In the course of the project another shelter was opened in Makanjira.

The former President of Malawi Joyce Banda prioritized maternal health and safe motherhood during her reign between 2012 and 2014. She visited the two shelters and was impressed on their functionality and she decided to replicate this innovation nationwide. At the time Banda left office in May 2014 the Presidential Initiative on Maternal Health and Safe Motherhood had built 20 maternity shelters at various hospitals across the country. The African Union reported that Malawi had moved from 675 to 460 deaths per 100 000 births at that time. The AU gave the Malawi Government an award for improvements in maternal health.

### African Union campaign to end child marriage

The African Union implemented a campaign to end child marriage in Africa in 2014-2018. Child marriage continues to affect millions of girls every year and the consequences of this practice are severe. The campaign was effective at bringing the issue of child marriage to the fore on the African continent, to bring African leaders together to engage on the issue and generate commitment from multiple partners in its support. The campaign has resulted in tangible advancements in the pan-African policy and normative framework for ending child marriage. National gains have been made from legislation revisions to the production of costed national plans to end child marriage.

### Menstrual health management in Kenya

The Cup Foundation is a non-profit organization that educates and empowers women and girls who live in challenging environments by giving them life skills training and access to menstrual cups. Providing girls with ways to manage their periods can allow young women and girls to stay in school and live a healthier and safer life. The programme also educates boys and men to understand issues related to menstruation and to break the silence surrounding this issue, which is still considered a taboo.

The cups in this programme are produced by a Finnish company: Lune Group. The Lunette Menstrual Cup is an alternative period care product to sanitary pads and tampons. It is easily inserted to the vagina and can be used up to 12 hours at a time. It will last for years and only needs to be rinsed before using and sanitized in boiling water between periods. It is also an environmentally friendly and economically competitive solution compared to the disposables.



Photo: Lune Group



The cup programme has achieved considerable results in the Kibera slum in Nairobi, Kenya, where it has reached about 15 000 girls aged 11 to 16. Those who have chosen to start using the cup have higher attendance in school. School dropout rates have decreased considerably. The Cup has changed the life of thousands of women and young girls since 2015.

The Government of Kenya developed a Menstrual Hygiene Policy which was launched in 2018. It marks a milestone not just in this country but worldwide. The policy recognizes the importance of menstruation in the lives of females. The policy recommends a three pronged approach that includes 1) education and awareness by breaking the silence on menstruation; 2) enabling girls and women to manage their menstruation safely inside and outside the home and 3) enables the reuse or disposal of menstrual materials to safeguard women's health and the environment.

### **Social workers for SRHR**

An Ethiopian single mother, Enanye, with four children enjoys the benefits of cash transfer and support from a social worker.

"Last year I realized that I was pregnant. The social worker in our village asked me to go to the health clinic for a test. A health extension worker took a test and told me that I was six months pregnant. I have not gone to school. This is why I did not realize earlier that I was pregnant," Enanye tells.

"During the pregnancy the local social worker visited my house almost weekly, and reminded that I need to go to regular health check-ups. She also insisted that I should allow my girls to finish their school and not allow them to be married."

The pilot programme in Amhara is part of a larger project where THL-Finland/EU Social Protection Systems Initiative and UNICEF supported the Ethiopian Ministry of Labour and Social Affairs (MoLSA) in their effort to build social protection capacity in the country. The purpose of the broader project is to support the Government of Ethiopia to develop its labour and social service workforce.

Previously no one visited the clients, they just received a cash transfer. Now local social workers visit the homes of the elderly, the disabled and the pregnant women. Their crucial contribution is to discuss with clients about their needs and the various plans that are available. The social workers also link the clients to services to which they have a right, but may not be aware of.

Just recently the Government of Ethiopia has decided, as a result of the EU-SPS/UNICEF pilot programme, that all of the 4000 kebeles (villages) in Amhara will employ a social worker.

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*The views expressed in this briefing note reflect the lessons learned during the 4 years of the EU-SPS Programme, but they are not official positions of the partnering institutions (EU-Commission, OECD, MFA-Finland, THL).*

1 International Women's Health Coalition (2019): "Roads to Women and Girls' Health: Links between social protection systems, sustainable infrastructure, and sexual and reproductive health and rights"

2 Population Council, UNFPA, Government of Zambia Human Rights Commission, WLSA, and United Nations in Zambia (2017) "The Status of Sexual and Reproductive health and Rights in Zambia: Comprehensive Sexuality Education and Adolescents Sexual and Reproductive Health"

### **EU-SPS: CO-COPERATION WITH 11 COUNTRIES AND REGIONAL ORGANIATIONS IN AFRICA AND ASIA**

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