SOCIO-CULTURAL FACTORS THAT AFFECT REPRODUCTIVE HEALTH IN LATIN AMERICA: EMERGING OPPORTUNITIES, CHALLENGES AND LEARNING ON CONTEXT, CONCEPT AND PRACTICE

FINAL REPORT

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ABBREVIATIONS

CFFC	Catholics for a Free Choice
CEIMM	Centro de Estudios de Información de la Mujer Multiétnica
CELADE	Centro Latinoamericano y Caribeño de Demografía
ECLAC	Economic Commission for Latin America and the Caribbean
FBO	Faith-based Organization
FCI	Family Care International
FEIM	Fundación para el Estudio e Investigación de la Mujer
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and Communication Technologies
IFFI	Instituto de Formación Femenina Integral
IPPF	International Planned Parenthood Federation
IT	Information Technology
LGBT	Lesbians, Gays, Bisexuals and Transgenders
MDGs	Millennium Development Goals
MSM	Men who have sex with men
NGO	Non-governmental organization
NICTs	New Information and Communication Technologies
PAHO	Pan American Health Organization
PEX	Post-exposure prophylaxis
PLWHA	People Living with HIV/AIDS
RH	Reproductive health
SRH	Sexual and reproductive health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UN	United Nations
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
VAWG	Violence against Women and Girls

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I. INTRODUCTION: BUILDING DEMAND FOR SERVICES, INFORMATION AND OTHER RESOURCES[1]

In health service planning, most attention usually goes to planning on the supply side of services. The question as to whether the services will be used is often neglected, even when it is clear there are factors that could limit demand and uptake of health services like denial, fear, stigma, discrimination, socio-cultural issues and high costs.

Undoubtedly quality health services are needed to achieve universal access to reproductive health, but we have also learned from extensive program experience that simply providing or strengthening health services may not necessarily lead to their use, particularly by poor women and the ones most at risk. Given the scope and complexities of social, cultural, economic, and geographic factors that infringe upon ones health-seeking behavior, it is evident that not all these factors can be addressed through health system strengthening initiatives and therefore require a more expansive set of strategies and leadership at the community level to influence social norms and catalyze action.

Increasingly, public health, including reproductive health care provision, is being seen as a system — a changing dynamic of entitlement and obligations between people, communities, providers and governments. Within this new lens, community participation, health promotion, social support and empowerment of individuals (especially of women) are seen as critical to achieving sustainable improvements in sexual and reproductive health care.

> "Public policies and their services respond, among others, to prevailing cultural and gender social systems. To prevent that services turn ineffective because of differences between what they offer and what the population expects, means for active participation of the beneficiaries that guarantee the incorporation of their cultural and gender demands need to be searched for."
>
> (Bant s/f:7)

In other words, good reproductive health requires partnership. While governments are obliged to make quality reproductive services and information widely accessible, users should be encouraged to articulate what they need and expect in terms of services, information and other resources. Users can also provide valuable input into monitoring and

[1] Mainly extracted from UNFPA (2009): "*Sexual and Reproductive Health: Building Demand for Services, Information and other Resources".* New York: UNFPA.

evaluation efforts that can improve quality of care. In this way, users can provide a feedback mechanism to support services and information appropriate to their needs.

The health care system implies an interaction between care provision/supply (trained personnel, equipment, commodities, services, information and other resources) and needs/demand (active participation of individuals, families and communities) for quality services. Interaction between these two parts of the system can improve effectiveness and efficiency of responses to the reproductive health needs of users.

> "For the individual it is important to have a sense of identity and belonging to a group that shares values and other cultural linkages. But each individual can identify himself/herself with various distinct groups....Identity also has an optional dimension: within these groups, individuals can decide which priority to give to one with respect to the other, depending on changes in the circumstances."
>
> (PNUD 2004:3)

The intersection of human rights, culture and gender relations underpin this whole model. The rights of individuals to exert control over their own lives and their reproductive health needs have been acknowledged by the international community. To be able to exert these rights, people need information, as well as affirmation and support in articulating and exercising their rights and in expressing demand for the services they need.

Furthermore, building demand for health services brings about a unique opportunity to broaden the scope of work to include sectors whose main mandate lies outside the health sector. That is why UNFPA works on many levels. In addition to supporting reproductive health services, the Fund also promotes behavior change, communications, advocacy, community involvement, male participation, education and empowerment, particularly of women. These kinds of interventions can encourage individuals and communities to increase demand and support for quality reproductive health services.

Therefore, raising demand for reproductive health services, information and systems requires understanding the users' perspectives, raising public awareness and overcoming cultural, social and financial obstacles. Within this framework, this study is part of an inter-branch activity to analyze social and cultural factors that influence reproductive health and service demand, as well as to identify, develop and disseminate strategies on comprehensive approaches to generate or increase demand for reproductive health and services.

Latin American countries have faced critical political changes that have undoubtedly impacted on the particular national history of reproductive health and rights. Political events have most frequently represented hazards for the advancement of reproductive health and rights but have also created opportunities for the advancement of sexual and reproductive issues, oftentimes within a context of ambivalence, contradictions and controversies. The capacity to take advantage of these "openings" has varied substantially between countries and periods. Also, the heterogeneity and dynamicity of the events has many times resulted in uneven and fragmented progress in relation to the RH.

> "More generally, although social and political crises create the potential for positive social transformation, whether or not that potential is realized is highly dependent on the larger local, national, and even global context at the moment when those crises occur."
>
> (Nathanson, Sember and Parker n/d:394)

In any case, considerable and diverse experience, inspiring good practices, lessons learned and evidence-based knowledge has been generated in the region that must be capitalized to nourish innovation, effective and efficient practice in addressing reproductive needs and bridging the gap between health services' supply and demand. This study aims to contribute in this direction.

II. THE STUDY

II.1 RATIONALE AND GENERAL APPROACH

"Culture is a matrix of infinite possibilities and choices. From within the same culture matrix we can extract arguments and strategies for the degradation and ennoblement of our species, for its enslavement or liberation, for the suppression of its productive potential or its enhancement."

—Wole Sovinka, Nigerian Nobel Laureate

Traditionally, cultures -and particularly indigenous cultures- have been approached in terms of "cultural barriers" that inhibit access to health services:

> *"Cultural barriers present the most complicated challenge because there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of the indigenous peoples."*
>
> (Qtd. in Cunningham 2009:173-174)

This barrier-centred approach has gone beyond indigenous populations and has tainted a great number of studies on RH and health services; while important in alerting about the gap between reproductive needs and health service provision and identifying within this framework key influential factors, today this approach has become insufficient and limitative to capture experience, generate knowledge and contribute to innovative, effective and efficient solutions.

From a more general perspective, research on sexual and reproductive health issues frequently confronts the following problems and limitations: a) academic isolation/limited accessibility; b) limited dissemination; c) type of knowledge produced (usefulness); d) ethnocentric approaches; e) gap between researchers and policy-makers (findings not traduced to policy