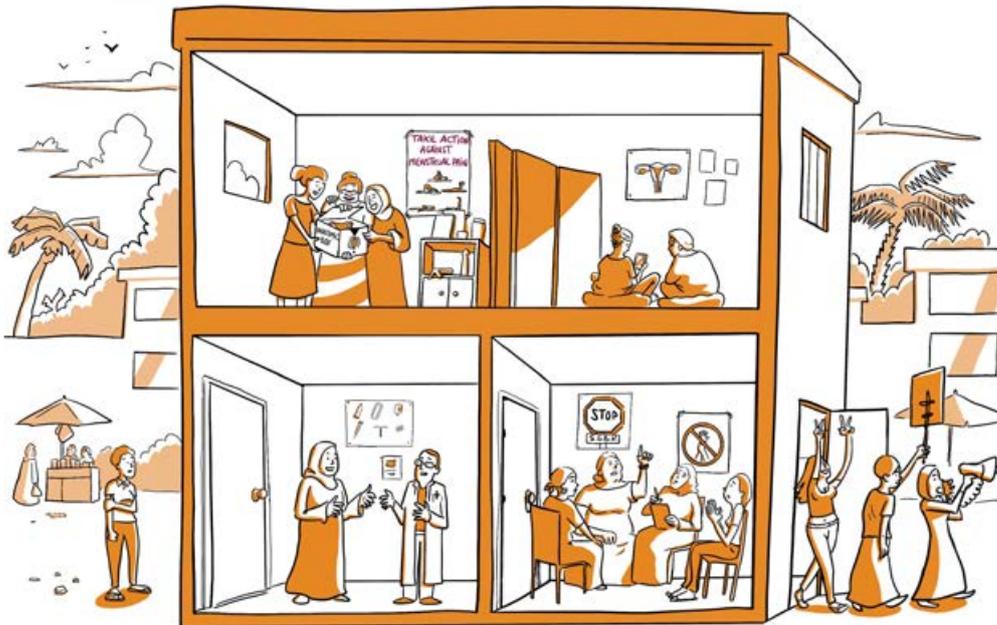


TOWARDS A FEMINIST APPROACH TO CARE

Promoting sexual and reproductive health rights for all



BEHIND SOLTHIS' FEMINIST APPROACH TO CARE

Sexual and reproductive health and rights (SRHR) refers to the right to access comprehensive, quality sexual and reproductive health (SRH) services and interventions.

Although there has been progress on key indicators, this progress remains extremely fragile even though we are seeing a decline in women's rights, the rise of religious conservatism and the failure to respect commitments made by governments, which are a threat to SRHR in many contexts.

In addition, Solthis considers that sexual and reproductive health (SRH) services are not sufficiently adapted to the needs of women. Some aspects of SRH, particularly in relation to sexual health, have long been neglected by interventions that focus solely on the reproductive component, and remain poorly integrated. In addition, when it comes to issues related to sexuality, value conflicts among some health staff, gender biases and the resulting negative attitudes continue to constitute significant barriers to access to care. The very history of gynecology and obstetrics has contributed to the gradual exclusion of women from being involved in their own health and to the loss of some of their knowledge about their own bodies.¹

1/3

of women and girls only have the opportunity to make their own SRHR decisions in West and Central Africa (UNFPA 2021).

50%

of pregnancies are not a result of deliberate choice at the global level.

However, abortions are generally not easily accessible: although 60 % of unintended pregnancies result in abortions, 45 % of these are carried out in unsafe conditions:

39,000

women die every year as a result of unsafe abortions. (UNFPA 2022).

1 in 3

1 in 3 women experience physical or sexual violence in their lifetime (UN 2020).

Positioning people as key stakeholders in their own health is an essential catalyst for women's emancipation and gender equality². Through its projects, Solthis is helping to **rethink models of care for a more inclusive approach, adapted to the specific needs of users. Our feminist approach to care aims to contribute to rebalancing knowledge and power between healthcare teams and patients.**

1. Ehrenreich & English 2005, Gardey & al 2015, Dorlin 2006

2. This vision is embodied in the organization's position statements on [SRHR and gender](#).

TOWARDS A FEMINIST APPROACH TO CARE IN SRHR PROJECTS

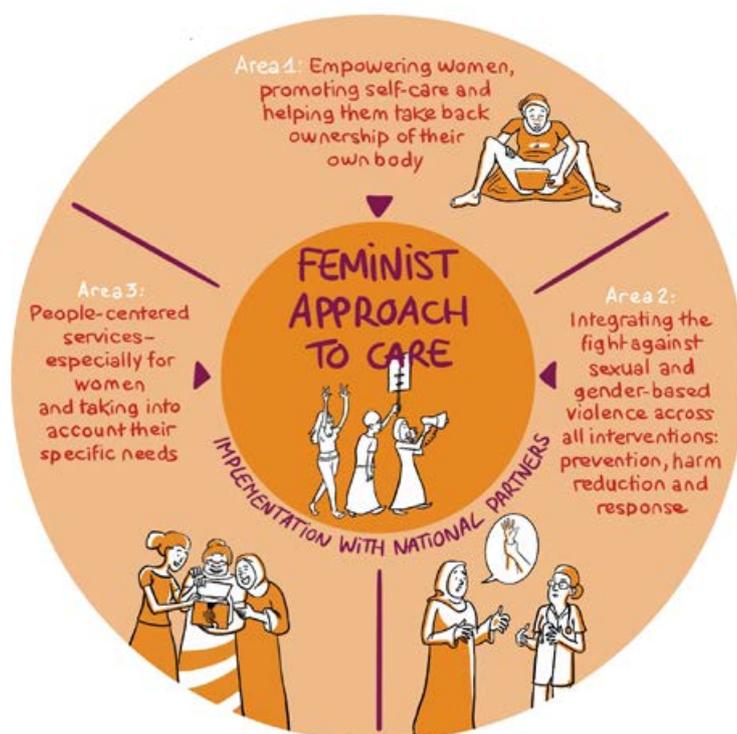
Solthis' approach is based on the following principles:

- A **comprehensive and positive vision** of SRH that addresses all individual needs and integrates all dimensions of SRH.
- **Taking into consideration intersectionality³** in all interventions carried out. The term refers to people who are living different forms of discriminations and disadvantages, because of their identities (gender, sexual orientation, social status, ethnic origin, etc.).
- **Self-care** as allowing each and every person to develop a critical approach to prevailing medical knowledge and to value knowledge based on their own experiences. Self-care is also a powerful tool to reach the people furthest from care.
- **Bodily autonomy** as the right to make your own decisions about your body and your future, and having the autonomy to make informed choices.
- **Empowerment** as a political and individual process that allows everyone to take control of their own health and of their political, social and economic environment.

HOW A FEMINIST APPROACH TO CARE IS REFLECTED IN SOLTHIS' PROJECTS

The organization is working to integrate these principles relating to the feminist approach to care into its various projects, in consultation with all stakeholders. It involves all stakeholders who play a role in health promotion: governments and institutions, healthcare staff, civil society organizations (CSOs), researchers, activists, as well as all individuals, as key stakeholders in their own health.

In the context of interventions implemented by Solthis, this approach is based on three complementary areas:



— INSPIRED BY —

Principle 1:
Comprehensive
positive vision of SRH

Principle 2:
Taking into account
intersectionality

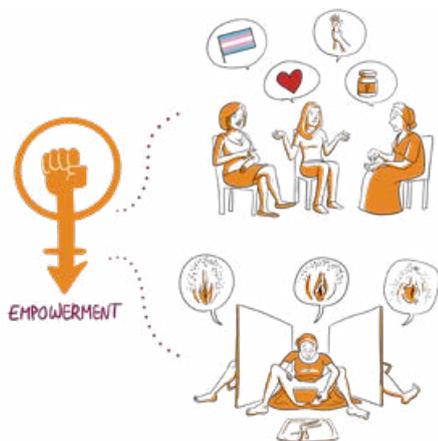
Principle 3:
Self-care

Principle 4:
Bodily autonomy

Principle 5:
Empowerment

3. Crenshaw, K. (2021). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics* *Droit et société*, 108, 465-487. <https://doi.org/10.3917/drs1.108.0465>

OUR COMMITMENTS



AREA 1: Empowering women, promoting self-care and helping them reclaim their bodies.

- Promoting the involvement and effective participation of the people concerned by the project, from project development through to implementation, and systematizing an intersectional approach (gender, sexual orientation, social status, etc.) in project implementation.
- Taking into account and valuing the experiences and viewpoints of women and minorities.
- Helping the people concerned by the project reclaim their bodies and anatomical knowledge, in order to allow them to take control over their health, develop resources to maintain it and as a result, make informed choices.
- Integrate self-care as a tool for empowerment and fighting violence in care, in all of its projects.



AREA 2: Integrating the fight against sexual and gender-based violence into all interventions: prevention, harm reduction and response.

- Involving the people concerned by the project to define and implement interventions adapted to their specific needs and realities.
- Promoting the implementation of multi-level approaches (individual, community and societal) based around prevention and harm reduction on violence, and care interventions.
- Addressing the needs of survivors through people-centered services and multisectoral response approaches.
- Integrating empowerment tools into the fight against sexual and gender-based violence.



AREA 3: People-centered services - especially for women - that take into account their specific needs.

- Assessing and jointly defining needs with the people directly concerned by the project, respecting the ability of each person to identify their own priorities and define their health expectations.
- Supporting the implementation of welcoming, responsive and non-discriminatory services, and integrate the fight against gynecological and obstetric violence as an essential component on improving the quality of service provision.
- Promoting a positive vision of sexuality that is not limited to reproduction and reduction of disease risks, but that values everyone's resources and makes health part of an individual's overall well-being.
- Investing in areas that have often fallen behind (menstrual health, comprehensive sexuality education, safe abortion care, SRH of key populations, etc.)
- Encouraging greater involvement and empowerment of men, particularly around reproductive issues.

RECOMMENDATIONS

It is now essential to ensure that every woman and girl has the right to freely define her own sexuality, to enjoy respect for her bodily integrity, to be able to own her body and to have access to all necessary sexual and reproductive health services. Our organization is convinced of the need to develop comprehensive, rights-based approaches that aim to empower individuals and communities and transform gender norms. **In this context, we urge technical and financial partners, policy makers and civil society organizations to:**

- 1 Strengthen the capacity of health care staff for more inclusive care**, taking into account the specific needs of women.
- 2 Systematically integrate into SRHR projects a component on preventing and responding to gynecological and obstetric violence**, in particular through conducting research to better understand this phenomenon in the context of West Africa -the gynecological component in particular, which has not yet been well researched. Promote participatory approaches on these subjects that involve caregivers and patients to allow for the viewpoints of each group to be put into context, for more sustainable collective solutions to be identified.
- 3 Roll out approaches to prevent and combat SGBV that are cross-cutting** within each SRHR project and connect with existing stakeholder networks in order to propose holistic management models.
- 4 Promote self-care activities in SRHR** as a catalyst for women's empowerment and a harm reduction approach to SRH.
- 5 Develop activities promoting a partnership approach to care**, meaning a more balanced relationship between health service users and health care staff, and help creating spaces for discussion to rethink current models of care.
- 6 Increase financial support to all civil society organizations that engage in SRHR.**
- 7 Involve civil society organizations and service users**, especially women and girls, in the development and monitoring of public policies in this area.
- 8 Encourage better involvement and empowerment of boys and men on all SRHR issues**, as users of services, equal and responsible partners and agents of change.

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