

CHANGE

Sexual &
reproductive
health & rights
for all.



photo credit: UNDP, 2016

Gender Norms as Health Harms: reclaiming a lifecourse perspective on reproductive health and rights

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A lifecourse approach to women's health & rights

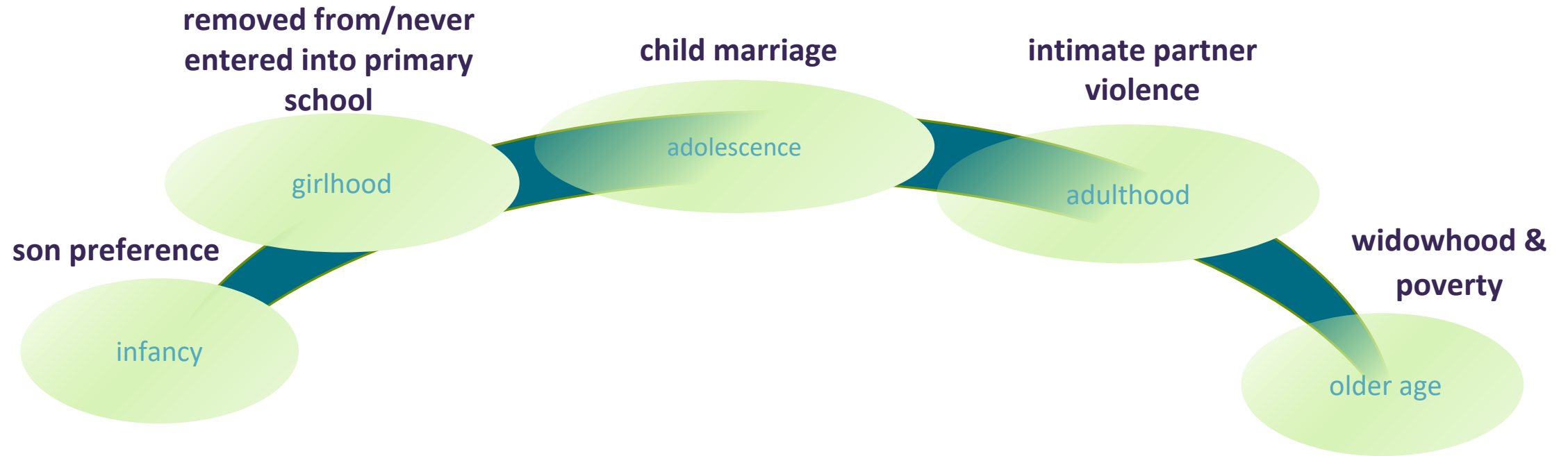
Women's rights to the enjoyment of the highest standard of health must be secured **throughout the whole life cycle** in equality with men.”

-Paragraph 92, Beijing Declaration & Platform for Action

Key assumptions to question

- Women's health = reproductive and maternal health
- Past a certain age, older women can experience elder abuse, but not GBV
- Ageism, as a social norm, is siloed from sexism, racism, & ableism
- “Older” has a fixed definition

Ageing is not gender neutral



The impact of gender disparities is cumulative across the life course, and their determinants are intersectional.

When women stop being counted

USAID Demographic & Health Surveys collect data on women ages 15-49, despite the fact that...



of the world's female population are **aged 50+**, making the case for collection, analysis and publication of data on women beyond reproductive age.

Credit: HelpAge International



Photo credit: Jenny Matthews/Sightsavers

Intersectional stigma

Aging magnifies inequalities. Growing older is universal, but rights, wellbeing, and economic security are not equally distributed

- Gender, race/ethnicity, disability, SOGI, SES play a role across the lifespan-- higher levels of education + economic stability → greater longevity, better health

Risk and protective factors for intimate partner violence (IPV) across the life course are shaped by social determinants

- aging [ageism] is often a barrier to help-seeking and care

Older women who experience trauma, IPV, earlier in the life course at higher risk for IPV as they age

Cailin Crockett, Bergen Cooper, Bonnie Brandl; Intersectional Stigma and Late-Life Intimate-Partner and Sexual Violence. *The British Journal of Social Work*, Volume 48, Issue 4, 1 June 2018, Pages 1000–1013, <https://doi.org/10.1093/bjsw/bcy049>

The importance of sexual rights

Emphasis on reproductive AND sexual health and rights is more inclusive and more expansive

- Older women, transgender women, non-binary people and others who are not childbearing but are entitled to basic rights, care and services

WAS 2014 Declaration of Sexual Rights

- comprehensively and affirmatively defines sexual rights, including reproductive rights, and the right to pursue a satisfying, safe, and pleasurable sexual life, for people of all ages, abilities, gender identities and sexual orientations.

Framing sexual health and sexuality in a positive, affirmative light, reduces stigma

- Reduced stigma → help-seeking



Older women's health is neglected by the current paradigm

Traditional focus on family planning and reproductive health obscures need to address sexual rights

- FP and maternal health = timebound, addresses women in childbearing years only
- Sexual health is relevant across the life course, including childhood and older age

Conflation of women's health w/ reproductive capacity → older women's sexual health predominantly depicted in terms of loss and decline

Older women's rare inclusion in FP discourse, programming narrowly focuses on their role in passing down knowledge (as well as myths, social + gender norms) to younger women

- E.g. older women perpetuating practices such as breast ironing, FGM/C

Providers seldom ask older women about their sexual health and personal lives

- Most older women want their healthcare provider to ask them about sex and relationships
- Missed opportunity for intervention

Case example: China

2015 cross-sectional survey of 1,652 rural women in China between ages of 50 & 64 examined unmet SRH needs

- Women asked about reproductive health status, knowledge, needs for services and whether they still had an IUD

31% cited first choice for care “family planning clinics”

54.4% indicate desire for health providers to share “sexual health knowledge”

31.4% of women lifetime use of IUD; 19.1% had not yet had IUD removed

- **Women over age 50 ineligible for state-sponsored family planning services** and therefore lack access to care for IUD removal, imperiling their health

Sun X, Shu X, Zong Z, Mao J, Sun Y, Hearst N. Unmet sexual and reproductive health needs of women aged 50 to 64 years in rural China. Menopause, 2015;22(5):505–511 <https://pubmed.ncbi.nlm.nih.gov/25349959/>

Opportunities for age-inclusivity

ADVOCACY

- Normalize the inclusion of older populations in discussion of sexual health and sexuality

RESEARCH

- Include older women in survey instruments and ask older persons about issues beyond ‘aging’ (e.g. sexual health, GBV)

POLICY

- If your SRHR agenda does not include older persons, it’s not intersectional

Thank you

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