Institute of Development Studies

Brief supporting Evidence Report 113

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND INFORMATION AND COMMUNICATIONS TECHNOLOGIES: A POLICY REVIEW AND CASE STUDY FROM SOUTH AFRICA

Empowerment of Women and Girls

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February 2015

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Input was provided by WISH Associates and African Gender Institute, University of Cape Town.

The material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.

AG Level 2 Output ID: 89

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND INFORMATION AND COMMUNICATIONS TECHNOLOGIES: A POLICY REVIEW AND CASE STUDY FROM SOUTH AFRICA

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February 2015

First published by the Institute of Development Studies in February 2015

This report explores the intersection between sexual and reproductive health (SRH) and technological means of enhancing health. South Africa has a high teenage pregnancy rate. Almost a third of its girl teenagers report having been pregnant. The drivers of teenage pregnancy include uneven gender relations, poor access to health services and a lack of knowledge about sexual reproduction, contraception and poverty. Poverty and place of residence also affect pregnancy and health outcomes. Women and girls living in low-income residential areas have little or no access to comprehensive sexual and reproductive health services, including sexual, reproductive and maternal health. Women and girls located in rural, peri-urban and informal settlement contexts also experience technology deficits, including low levels of mobile phone ownership, poor network coverage, weak satellite signals and insufficient bandwidth. At present, very little research explores health within peri-urban contexts and the interconnections between poverty, place and health. At the same time, e- and m-health, and the information and communications technologies (ICT) that they rely on are frequently seen as a panacea to struggling health systems and as a means of meeting the health needs of women and girls in hard-to-reach places. Yet many complex factors are required for a successful m-health intervention. These include appropriate policy recognition from both the Department of Health and the Department of Communications; cooperation between the government and the private sector to bring together professional expertise (in health and technology); financial resources; awareness of women's and girls' sexual and reproductive health needs and rights; planning and provision of health information; consideration of ethical information and privacy; and awareness of the potential for such systems to generate savings and/or additional revenue. Using ICT (particularly mobile phones) to address the sexual and reproductive health needs of women and girls in hard-to-reach places is in its infancy. However, ICT and health offer enormous business potential and many mobile phone companies are exploring possible business models. This creates potential for the government and commercial companies to cooperate and develop new initiatives. This report is an exploration of this complex and emerging landscape which looks at relevant policies and current practice, asking: how are poor women's and girls' needs in rural and peri-urban conditions catered for through technological innovation in health?

This report examines the linkages between policies on, and implementation of, sexual and reproductive health rights (SRHR) and ICT in rural and peri-urban spaces in South Africa. South Africa is renowned for its legal provisions addressing SRHR yet also experiences barriers to adolescent sexual health. SRHR programming is politically complex and often ambivalent; as a result less contentious aspects which emphasise maternal health get prioritised. The legacy of population control, during which actions were taken to reduce birth rates amongst black persons, has resulted in a focus on long-acting contraception as opposed to the development of SRHR. Nonetheless, adolescent pregnancy rates remain stubbornly high. At the same time South Africa has high mobile phone density with many adolescents owning phones. ICT therefore provide innovative opportunities to address the challenges facing health systems and SRHR.

This evidence report is based on the analysis of relevant SRHR policies and ICT policies, key informant interviews with stakeholders in the health and ICT domain and available literature. It argues that many stakeholders have a limited conceptualisation of the implementation of SRHR and see this primarily as:

- effected through HIV-prevention activities with little focus and leadership on the broader aspects of SRHR such as contraception;
- an emphasis on particular aspects of SRHR, such as maternal health or contraception, with little understanding of the potential for sex positive work;
- an emphasis on 'most at risk populations' with little recognition of adolescent vulnerabilities.

The intersectional area of reproductive justice offers scope to frame these challenges, but has not been widely adopted.

Recent innovations in technology have meant that phones and other ICT devices now perform many diverse functions. This technological convergence requires a corresponding shift in policy formulation, as policies for separate communication and separate health processes are no longer valid. The ICT policies reviewed raise health-related and inequity issues and are highly aware of the challenges faced by rural constituencies. Yet SRHR are not promoted in these policies despite recognition of these rights in the South African Constitution. Similarly, communication technologies are not seen as a mechanism to enhance women's and girls' empowerment, despite recognition by the African Union of their power to do so (African Union 2003).

There are no policies that address both SRH and ICT, yet there is plenty happening in the world of ICT innovation, m-health and pilots in both the private and the public sector. There is also little synergy and partnering, despite increasing technological convergence,[1] between the government departments of health and communication.

Four case studies provide evidence of recent innovation in ICT and SRH in South Africa. The MomConnect case study is a ground-breaking, national mobile phone-based health service. Targeted at all South African pregnant women and mothers of children not yet a year old, MomConnect focuses on maternal health, providing stage-based advice and information on pregnancy. The second case study is Young Africa Live, or YAL, an m-health platform run by a not-for-profit foundation. Aimed at addressing SRHR, YAL offers a broader awareness of sexual health and related rights-based issues. The third case study, Cell-Life, addresses the full range of SRHR. This NGO-initiated randomised controlled trial shows that SMS messaging can make a valuable contribution to medical abortion (MA), reducing women's anxiety and improving their understanding of how abortion affects their bodies. The fourth case study, Soul City, examines a television series that includes maternal health alongside contraception, abortion, domestic violence, adolescent sexual health and other intersectional themes. These initiatives have led to new relationships between government departments, private sector initiatives, foundations and NGOs, raising questions about ethics, privacy and regulation in relation to ICT and SRHR. The discussions then explore the impact of these ICT initiatives in terms of health systems, maternal and child health (MCH) and SRHR, rural and peri-urban place and ethics, privacy and policy.

ICT offer new opportunities to improve public health and health systems and to address social norms. However, the extent to which ICT are used to address the full range of reproductive justice and SRHR, rather than focusing on maternal health, appears limited. The South African health system still experiences extreme inequalities in health provision, with poor services in townships, peri-urban locations and rural areas. These challenges are echoed in ICT access, with these same areas experiencing poor network coverage, weak satellite signals, insufficient bandwidth and voice capacity due to congestion and demand. Place, in relation to SRHR and ICT, is a significant factor in shaping women's and adolescent girls' experiences, but few people – be they policymakers, health experts or ICT implementers – are focusing on this dimension.

[1] Convergence refers to the ability of technological devices to perform multiple functions. This requires a shift in policy formulation, as separate policies for communication processes and for health are no longer valid.

Recommendations

- Pay careful attention, coupled with impartial research, to the role of the private sector when partnering with government; with particular consideration of regulation, vested interests, technical expertise, framing content and political influence;
- The legal parameters of privacy, ethics and safety of personal information need ongoing consideration as ICT innovate and new health system initiatives emerge;
- Given the inequity of access in relation to cost, place and uneven data services borne by poor women and adolescent girls, develop incentives that encourage donors, NGOs, the private sector and civil society to address government development objectives;
- Government health messaging needs to be developed by health and South African content experts with appropriate timeframes to allow for testing and with attention to the unintended effects of messaging;
- Donors can enhance their impact by investing in projects that reinforce progressive legal provisions within the country – for example, underscoring the recognition that maternal health will be better improved if not isolated from SRHR and reproductive justice;
- Methodologies of testing and refining messaging need to be funded, developed, and adopted as best practices for ICT content;
- Encourage ICT for health integration into existing health systems and programmes, rather than stand-alone projects and innovations;
- ICT innovators need to work with the principle of medicine to do no harm and be accountable to all partners as well as the poor communities they serve;
- Online safety is paramount and more needs to be done by governments, donors, NGOs and researchers to explore possible protections (moderated online spaces, legal provisions, protection of personal data etc.) so that women and adolescent girls, whether seeking or providing information online, can be secure and safe.