

**RUNNING THE OBSTACLE COURSE  
TO SEXUAL AND REPRODUCTIVE  
HEALTH**



# RUNNING THE OBSTACLE COURSE TO SEXUAL AND REPRODUCTIVE HEALTH



Lessons from Latin America

BONNIE SHEPARD

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*To José Barzelatto  
(1926–2006)*

*An exceptional colleague, mentor and friend.*

*Your wisdom and commitment will continue to inspire us.*

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## PREFACE

I have spent most of my professional career since the 1980s working on reproductive and sexual health programs, but I first developed a passion for these issues while working on a project in Chile from 1972 to 1973 at the time of Salvador Allende's government. A multinational group of women friends got together to adapt *Our Bodies Ourselves*<sup>1</sup> for a Chilean audience, which was to appear in the government's women's magazine, *Paloma*.<sup>2</sup> I was in my early twenties at the time, and my interviews with low-income women in Mothers' Clubs on issues related to women's health and sexuality gave me a new understanding, grounded in Latin American realities, of how discrimination against women negatively affects their health, their experiences in the medical system, and their closest personal relationships. Although Chile's health system was in many ways superior to most public health systems in the Latin American region, I did not know that at the time. My observations of the lack of respect for birthing women and of sensitivity to their needs in assembly-line childbirth in the public hospitals shocked me profoundly.

During the 1980s at Pathfinder International in the Women's Programs Division, my colleagues and I worked hard to integrate women's rights perspectives into family planning and population programs.<sup>3</sup> Our division was very active in Latin America, a region of the world where feminist organizations were actively experimenting with new service models and advocating for women's rights. We also supported the integration of "women-in-development" programs with family planning services, to empower women economically while providing them choices in managing their

fertility. Some of these USAID-funded efforts were greatly handicapped by having to “prove” that such integration made women more likely to use family planning.<sup>4</sup> In projects supported by private donors, Pathfinder supported seminal meetings of the Latin American feminist movement and the women’s health movement. However, during the 1980s, most of these efforts remained marginal to the mainstream activities in the population and family planning field. At the global policy level and then at the national level, widespread acceptance of women’s rights and gender equality as integral to all population and development efforts did not occur until the mid-1990s.

From 1992 to 1998, I was the program officer in charge of the Sexual and Reproductive Health Program in the Ford Foundation’s Andean and Southern Cone Regional office. At that time, under the leadership of José Barzelatto and Margaret Hempel, the foundation’s Reproductive Health Program played an important role in concert with many other organizations in stimulating the transformation of the population and family planning field. Both private foundations and governments supported the unprecedented involvement of civil society women’s organizations in both extra-official and official deliberations in the mid-1990s at three key United Nations World Conferences: on human rights, population and development (ICPD), and women (FWCW).

The conference agreements—in particular that of ICPD—legitimized a shift in the goals of population programs from reduction of fertility to comprehensive health and well-being with regard to reproduction and sexuality, empowerment of women and involvement of men, and reproductive rights. With these new goals came new challenges—some related to active political and cultural resistance, and others to the translation of these broad goals into specific changes in program design, bureaucracies, and budgets. Reviewing this situation after the conferences, the Ford Foundation’s Reproductive Health Latin American program officers<sup>5</sup> decided that we had two top priorities: to increase the effectiveness of advocacy to promote implementation of the ICPD Programme of Action, in particular at the national level, and to support any initiative that would provide guidance to both public and private programs on how to “operationalize” the goals of ICPD in health and population programs.

The idea for these four studies arose from my post-ICPD Ford Foundation experiences in the Andean and Southern Cone countries of Latin America, supporting programs that fit both priorities: women’s rights and reproductive rights advocacy networks, as well as innovative pilot sexual and reproductive health programs. In the case of the advocacy programs, my experience as a donor was sobering, as both networks and individual NGOs confronted political resistance as well as internal tensions arising from the political costs of espousing often-controversial reproductive rights issues. In the case of innovative sexual and reproductive health

programs that the foundation supported, political controversies at the national level and cultural resistance at the community level posed major obstacles to their implementation. However, the two programs analyzed in this book managed to overcome many of these obstacles. Therefore, my initial motivation for studying these programs arose from my enthusiasm for them and a belief that other similar programs could replicate or learn from these experiences, thus providing the needed guidance on implementing ICPD principles.

In 1998, I applied for and received an eighteen-month fellowship from the Ford Foundation, and a two-year fellowship from the David Rockefeller Center for Latin American Studies at Harvard University in order to carry out the research on which this book is based. I carried out two additional case studies of organizational changes within reproductive health services in Colombia and Ecuador that are not included in this collection.<sup>6</sup>

The view I had as a representative of a donor agency expanded greatly when I was no longer in that position and had the opportunity to conduct research on advocacy and programs. As I became more steeped in the participants' viewpoints on their experience, I began to collect data more systematically on how the political systems and conflicts surrounding the programs either hindered or facilitated their progress, and on how structures and incentives within institutions affected efforts to promote change.

The processes that promote political and/or organizational change are challenging to analyze. Resistance to change takes place from the global to the community level, with multiple actors in webs of influence, and tensions within and among institutions. The title "Running the Obstacle Course to Sexual and Reproductive Health" refers to the long-term complex nature of the process of change—with alternating progress and setbacks, and to how the concept of "citizenship" comes alive and encounters obstacles in advocacy and programs related to sexual and reproductive health. The process of change does not fit well into the logic of the donor-funded "projects" that I was accustomed to, and I began to see how the projects that I had supported were embedded in this long-term process. I became fascinated by disentangling the threads leading to change, analyzing the effects of different obstacles, and observing the ripple effects of interventions.

Reducing the complexity of lived experience to short, readable chapters in a book was the final challenge. These studies reflect only a fraction of the richness that I found in conversations with participants at all levels of the institutions involved. I had to abandon possible "stories" in the interests of coherence. Some of these appear in asides, boxes, and endnotes.

I collected most of the data over a two-year period from September 1998 to August 2000, mainly in Chile, Colombia, and Peru, with some updates through subsequent communications between 2001 and 2004 when I wrote the final versions. My experiences and opinions from twenty-five years of observation and conversations with advocates and

program managers in sexual and reproductive health programs also inform the content of this book.

While particular historical experiences are never repeated, the nature of the resistance to sexual and reproductive health and rights is a global phenomenon, and I offer these studies to readers with the hope that the hypotheses and lessons arising from them will illuminate their experience.

the portraitist seeks to document and illuminate the complexity and detail of a unique experience or place, hoping that the audience will see themselves reflected in it. . . . The portraitist is very interested in the single case because she believes that embedded in it the reader will discover resonant universal themes. The more specific, the more subtle the description, the more likely it is to evoke identification.<sup>7</sup>

## NOTES

1. This book remains the main resource for the women's health movement in the United States, and has been translated and adapted into nineteen languages. For most of the Chilean project, the translation/adaptation group used the newsprint edition, before the very first Simon & Schuster edition appeared in 1973. The reference for the most recent edition is: Boston Women's Health Book Collective, *Our Bodies, Ourselves: A New Edition for a New Era*, New York: Touchstone/Fireside: Simon & Schuster, 2005. Currently, the author is co-chair of the Board of Directors of Our Bodies, Ourselves.

2. Only two copies of the manuscripts existed and both were lost. The authors' chapters were distributed among us in August 1973 after completion, and the chapters based on original research were lost as several authors fled the country or went into hiding at the time of the military coup in September 1973. The Editorial Quimantú copy was burned by the military along with most of the publications and manuscripts in the government publishing house's offices.

3. During the 1980s when I worked there, the organization's name was "Pathfinder Fund." Freya Olafson headed the division until 1986, when Pathfinder restructured and eliminated the thematic divisions. Judith Helzner was Program Associate until 1984.

4. See Helzner and Shepard 1997, for a discussion of this issue within the framework of promoting the feminist agenda within a population organization.

5. The other two program officers during the author's post-ICPD experiences were Lucille Atkin in Mexico and Sarah Costa in Brazil.

6. The case study in Colombia focused on the incorporation of sexuality counseling into the services of the IPPF/WH affiliate—Profamilia. "When I talk about sexuality, I use myself as an example": Sexuality counseling and family planning in Colombia" is published in *Responding to Cairo: Case studies of changing practice in reproductive health and family planning*, edited by Nicole Haberland and Diana Measham, New York: The Population Council. 2002. A second case study on incorporating gender issues and male involvement into the services of APROFE in Ecuador (also an IPPF/WH affiliate) was supported by a consultancy from IPPF/WH. *Addressing Gender*

## PREFACE

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*Issues with Men and Couples: Involving Men in Sexual and Reproductive Health Services in APROFE, Ecuador*, FXB Center Working Paper No. 13, Boston, MA: François-Xavier Bagnoud Center for Health and Human Rights, Harvard University. An article based on the paper is published in *International Journal of Men's Health*, Vol. 1, No. 1, 2005.

7. Sarah Lawrence Lightfoot, *The Art and Science of Portraiture*, San Francisco, CA: Jossey Bass.



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of the information she provided deserves more attention than I could include here. Claudia Ordoñez, my former assistant at Harvard School of Public Health, helped with the transcription of tapes and notes. I wish to give a special mention to Alejandro Stuardo of Guernica Consultores for his commitment to young people and his insights. He shared his thoughts on the community-based program with me in early 2000 and died shortly thereafter in a tragic accident.

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# ACRONYMS

**CDD/LA:** Catholics for the Right to Decide in Latin America (Católicas por el Derecho a Decidir, Latinoamérica). CDD groups are in Argentina Cordoba and Buenos Aires), Bolivia, Brazil, Chile, Colombia, and Mexico

**CEDAW:** Convention on the Elimination of All Forms of Discrimination Against Women

**CEJIL:** Center for Justice and International Law

**CESIP:** Center for Social Studies and Publications

**CFFC:** Catholics for a Free Choice (based in the United States) works with its sister organizations in the CDD/LA network on various global activities and exchanges

**CLADEM:** Comité de América Latina y el Caribe para la Defensa de los Derechos de la Mujer (Latin American and Caribbean Committee for the Defense of Women's Rights)

**CONASIDA:** The Chilean government national AIDS program

**CSO:** Civil Society Organization

**CWNSRR:** Colombian Women's Network for Sexual and Reproductive Rights (Red Colombiana de Mujeres por los Derechos Sexuales y Reproductivos)

- DEMUS:** Office for the Defense of Women’s Rights (Estudio para la Defensa de los Derechos de la Mujer)
- EZLN:** Zapatista Army for National Liberation (Ejército Zapatista de Liberación Nacional)
- FGM:** Female Genital Mutilation
- FWCW:** United Nations Fourth World Conference on Women
- GBM:** Green Belt Movement, Kenya
- GIRE:** Information Group for Reproductive Choice in Mexico (Grupo de Información sobre Reproducción Elegida)
- ICASO:** International Council of AIDS Service Organizations
- ICMER:** Chilean Institute for Reproductive Medicine (Instituto Chileno de Medicina Reproductiva)
- ICPD:** International Conference on Population and Development
- IPPF/WHR:** International Planned Parenthood Federation/Western Hemisphere Region
- IUD:** Intra Uterine Device
- JOCAS:** *Jornadas de Conversación sobre Afectividad y Sexualidad*, the “Conversation Workshops on Relationships and Sexuality” (Chile)
- JOCCAS:** The community-based model of JOCAS
- LACWHN:** Latin American and Caribbean Women’s Health Network
- MAM:** Mass Women’s Movement (Movimiento Amplio de Mujeres), Peru
- MINEDUC:** Chilean Ministry of Education
- MINSAL:** Chilean Ministry of Health
- MOH:** Ministry of Health, Peru
- NGO:** Nongovernmental organization—usually used to refer to professionally staffed nonprofit organization, and not to community-based grassroots associations
- OAS:** Organization of American States
- PRD:** Democratic Revolutionary Party (Partido de la Revolución Democrática) Mexico
- PROMUDEH:** Ministry of Women’s Promotion and Human Development (Ministerio de Promoción de la Mujer y del Desarrollo Humano)
- PT:** Workers’ Party (Partido dos Trabalhadores) Brazil
- RSMLAC:** Red de Salud de Mujeres Latinoamericanas y del Caribe (name in Spanish of LACWHN)
- RTI:** Reproductive Tract Infection
- SERNAM:** Chilean National Women’s Service

## ACRONYMS

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**STI:** Sexually Transmitted Infection

**UNIFEM:** United Nations Development Fund for Women

**USAID:** United States Agency for International Development

**WEDO:** Women's Environment and Development Organization

**WHO:** World Health Organization

