

Human Security and Sexuality in the IPPF Africa Region

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ABSTRACT

Background: Human security (HS) refers to a paradigm for analyzing and addressing vulnerabilities, which means understanding the linkages between poverty and accountability (UNDP Report, 1994; 2005). These vulnerabilities can be economic; food; health; environmental; personal; community; and political insecurities. Without mechanisms to address these vulnerabilities, there cannot be an enabling environment to promote sexual and reproductive health and rights (SRHR). Human Security forms an important part of people's well being, and thus a need for stock-taking what is known for provisional guidance on the development of Human Security within the SRHR programming. In response to this, an exploratory study was conducted between November 2008 and April 2009 in the Democratic Republic of Congo (DRC), Angola, Liberia and Uganda, selected for their worst experience in human insecurity.

Objectives: a) To derive lessons from policy initiatives and interventions that include SRHR as an element of Human Security, and b) Initiate discussion within IPPFAR towards human security policy formulation that can be translated into guidelines for SHR

Research questions: Key research questions addressed by this study were; a) How has HS been interpreted and used within the context of IPPFAR and other partners work? b) What approaches, including policy initiatives have been used to promote HS in the IPPFAR? c) What are the documented linkages, outcomes and impacts of HS on SRHR? d) What are the lessons learnt regarding management of HS issues from the global and regional perspective? e) What approaches of HS are likely to be effective under the conditions prevailing in SSA and what are pitfalls to avoid? f) How can this study allow IPPFAR to operationalize TICAD and other agreements that incorporate human security?

Methodology: The study utilised interview methods, on-site observations, success stories gathered using the Most Significant Change (MSC) methodology, Focus Group Discussions with groups of female, male and youth community members, Key Informant Interviews with partners and stakeholders in Angola, the DRC, Liberia and Uganda. Data was analysed through content analysis and documentation of MSC stories.

Findings: The most powerful attribute of Human security is its use by policy makers to set priorities for development. However, competing economic demands make it difficult for SRHR target groups to prioritize RH services in their household budgets. On the other hand, food insecurity is linked to risky sexual behavior, especially among women as food insufficiency is associated with inconsistent condom use with a non-primary partner and lack of control in sexual relationships. Congestion and poor sanitation predispose residents to STDs. The major threat to personal security come from domestic violence, and displacement of people caused by wars, greatly weakens family structures and encourages promiscuity among young girls. There are capacity gaps for implementation of human security interventions in the Africa region. Therefore, a need to include staff capacity, especially in the areas of advocacy, proposal development, and monitoring and evaluation in future human security interventions.

Conclusions: The major conclusion is that there is potential benefits of this approach for furthering the goals of SRH initiatives in line with the principles and guidelines expressed in the TICAD, Maputo Plan of Action and the MDGs.

Recommendations: The key recommendations is that IPPFAR can start to prioritise economic security, community security and health security which have the greatest impact on the reproductive health of the people.

Lessons Learnt: The effective use of family planning services mitigates the effects of other human insecurities including economic insecurity, food insecurity, and health insecurity as its application in the families will reduce family size and demand on available resources.

Key Words: *Human Security; Sexuality; Millennium Development Goals; Most Significant Change*

Background

The concept of human security (HS) and its linkages to sexual health is gaining importance in human development. HS refers to analyzes of relationship between poverty and accountability (UNDP Report, 1994). These vulnerabilities can be economic; food; health; environmental; personal; community; and political insecurities. For example, the Millennium Development Goals (MDG) cannot be achieved without addressing sexual rights of PLWAs; for basic human rights, political security need to be guaranteed; sexual health and rights can only be guaranteed through respectful approach to sexuality; without mechanisms to address uneven distribution of resources, poverty and disempowerment, there cannot be an enabling environment to promote universal access to sexual and reproductive health. Thus, holistic approaches to health and development, including the concept of HS will provide a framework within which to view Africa's development. HS forms an important part of people's well being, and thus a need for stock-taking what is known for provisional guidance on the development of HS within the SRHR programming, and in order to identify issues in need of resolution. In response to this, a study was conducted between November 2008 and April 2009 in the DRC, Angola, Liberia and Uganda, selected for their worst experience in human insecurity.

Objectives of the study

This study sought to; a) derive lessons from policy initiatives and interventions that include SRHR as an element of HS, and b) to initiate discussion within IPPFAR towards HS policy formulation that can be translated into guidelines for SRHR programming within Africa.

Research questions

The key research questions addressed by this study were: a) How has HS been interpreted and used within the context of IPPFAR and other partners work?; b) What approaches, including policy initiatives have been used to promote HS in the IPPFAR?; c) What are the documented linkages, outcomes and impacts of HS on SRHR?; d) What are the lessons learnt regarding management of HS issues from the global and regional perspectives?; e) What approaches of HS are likely to be effective under the conditions prevailing in SSA and what are pitfalls to avoid?; f) How can this study allow IPPFAR to operationalize TICAD and other agreements that incorporate human security?

Methodology

The study utilised a qualitative data collection approach. These included interview methods, on-site observations, and success stories gathered using the Most Significant Change (MSC) methodology. The MSC approach captured and ranked individual stories according to how individuals felt about the outcome of the problem and what was impacting to their lives in as far as SRH is concerned. Two to three Focus Group Discussions were conducted with groups of female, male and youth community members and, were used to derive opinions and recommendations about the application of Human Security in SRH programming. While, 200 Key Informant Interviews with partners and stakeholders in Angola, Democratic Republic of Congo (DRC), Liberia and Uganda were used to understand in-country policy initiatives and also derive recommendations about the application of Human Security in SRH programming. Data was analysed through content analysis and documentation of MSC stories. The following are key findings, conclusions and recommendations.

FINDINGS

1. Current Interpretation of Human Security

Human Security (HS) incorporates immediate threats that people face in their day to day lives like where to get food, freedom from crime, safety from hunger, disease and repression, protection from sudden and

hurtful disruptions in the patterns of daily life (UNDP 1994). HS is categorized into seven categories: economic security; food security; health security; environmental security; personal security; community security; and political security. HS is being incorporated into international development dialogues and agreements like the 2005 United Nations World Summit, which committed to “discussing and defining the notion of human security in the General Assembly”(UN Report, 2005); and the 2008 Tokyo International Conference on African Development IV (TICAD IV), which set as its second priority “Ensuring human security, including the achievement of the MDGs and the consolidation of peace and democratization.” The most powerful attribute of HS is its expansiveness and inclusiveness, which provides a framework within which almost all human development efforts can be characterized (Commission on Human Security, 2003). It provides a framework for the analysis of populations as seen by the National Human Development Reports of Afghanistan 2004 (UNDP Report, 2004). It has also been used by policy makers to set priorities for development, for example, in a survey conducted in 2002/2003, Latvians identified economic/income uncertainty and access to healthcare as the two most pressing threats to their security (Jolly, *et al.*, 2007).

2. Current status of the application of Human Security Approaches in SRHR in IPPF Africa Region

HS approach has generally not been adopted by IPPFAR Member Associations in the target countries. Efforts to integrate HS approaches have mainly been reactive to existing socio-economic realities rather than a pro-active, conscious effort to focus on HS as a model for implementing IPPFARO programmes. Linkages between Human Security and Sexual Reproductive Health and Rights (SRHR).

a. Economic Security and SRHR

Economic insecurity appears to be the most pervasive form of vulnerability facing communities within the IPPFAR. Competing economic demands make it difficult for SRHR target groups to prioritize reproductive health services in their household budgets, as demonstrated by the story below:

A story of a lady in her early 40s focusing on economic insecurity in DRC

This is a story of a lady in her early 40s, who lives in Kinshasa, DRC, and currently has 16 children as a result of 2 triplet pregnancies, 4 twin pregnancies and 2 single pregnancies. She is a stay-at-home mother, and her husband is a teacher in a primary school in Kinshasa. At the time when the consultant met with her, she had come to the clinic to collect Contraceptive pills. When she was asked how come she has been pregnant so many times, she said that she has been using pills for a long time, but sometimes forgets to take them. When asked why she doesn't use the contraceptive implant, her response was:

“I know of it, but it is too expensive, we cannot afford to use it.”

b. Food Security and SRHR

The major impact of food insecurity on SRHR is that because people in low income countries spend almost half of their incomes on food (Trostle R, 2008), this reduces the amount of money available for other needs including reproductive health. It is also linked to risky sexual behavior, especially among women in that food insufficiency is associated with inconsistent condom use with a non-primary partner, intergenerational sexual relationships, and lack of control in sexual relationships (Weiser *et al.*, 2007).

c. Environmental Security and SRHR

Environmental risks such as air pollution, access to clean water and desertification are threatening the livelihoods of the population (WHO Report, 2009). The most common environmental challenge experienced in the countries visited was the poor sanitation, especially in the slum or congested areas, where many people have to share very few toilets. A respondent from the RHU Clinic in the resettlement camp in Gulu in northern Uganda, had this to say:

“Congestion and poor sanitation also predisposed camp residents to sexually transmitted diseases. For example, residents are forced to share tiny bathrooms which encourage the spread of infectious diseases”

d. Health security and SRHR

Health security entails that people have access to the highest attainable level of health. A respondent from one of the government health centres in Uganda, had this to say:

“We are always talking about poor attitudes of the health workers. But what brings about this poor attitude of the Health workers? They go to the health centres, there are no gloves, there is no water; You know, there is no lighting! How are they going to work? For me, I feel that unless government puts more resources to reproductive health, we are not doing much, because right now, we go to the communities, we are telling people; it is good for you to go to health centers. The women will walk a very long distance to the health centers. They will find someone there who is very rude, because her child has no food, so how are we helping ourselves?”

This picture is no different from what is seen in other countries in Sub-Saharan Africa, which according to WHO Report (2008), have health insecure populations characterized by:

- Underfunding of the health sector. Government expenditure on health in SSA in 2005 was 8.8%. Per capita expenditure on health is 112 USD in SSA and it goes lower in post conflict countries, e.g. Liberia 41 USD, Angola – 41 USD and DRC – 12 USD.

f. Community security and SRHR

The most prevalent community practices that have an impact on SRHR of people in Africa are:

- i. Female Genital Mutilation (FGM) widespread in Liberia, localized in Uganda to only a few tribes in Eastern Uganda. Depending on the culture, it is practiced as an initiation into womanhood, and for cultural identity. It is also used to control sexuality of girls. FGM results in a number of negative SRHR consequences, including: damage to the external genitalia, reproductive tract infections, pelvic infections, infertility, painful sexual intercourse, traumatic childbirth, increased risk of HIV infection due to the instruments used and the damage to the tissue, and psychological illnesses.
- ii. In Angola, the DRC, Liberia and Uganda, respondents reported that due to the displacement of the people caused by the wars, many families were separated and this has greatly weakened the family structures. A family is a very important institution in the African culture where girls are brought up by the entire community and not just the nuclear family. In DRC for example, it was reported that there was an increase in juvenile delinquency and promiscuity of girls (DRC DHS Report, 2007).
- iii. In Northern Uganda, some members of the community feel that women should be allowed to give birth naturally and, therefore, should not use family planning methods and believe it is their right to produce as many children as they want (DHS Report, 2006). Some also feel that since many people died during the war, they must have many children to replace those that died.

In all the countries visited, the gender dynamics reported were such that men are considered to be superior to women, who must obey what they say. In the words of a gentleman in the IDP resettlement camp in Northern Uganda:

“You are a man, since you’ve grabbed the woman from her home, she should be under your authority and whatever you say, she has to follow, whether it is favourable or not”.

g. Political security and SRHR

One of the most important aspects of human security is that people should be able to live in a society that honours their basic human rights—in this case, the right to the highest standard of reproductive health. In all

countries visited, there appears to be recognition by the government of the importance of SRHR of the people. The importance of SRHR is highlighted in the poverty reduction strategy papers (PSRP) of Uganda (Uganda PRSP, 2004-2008), Liberia (Liberia PSRP, 2008-2011), DRC (DRC PRSP, 2007) and Angola (Angola PRSP, 2004), which are at various stages of implementation. In Liberia, it had not yet begun. Much of the Poverty Reduction Strategy Paper was mainly aimed at reducing maternal mortality (Liberia, PSRP, 2008-2011).

3. Initiatives that are used to promote Human Security and SRHR

a. At International levels

Human Security Network (HSN), launched in 1999 at a Ministerial meeting in Norway, with Mali in Africa as a member, provides a platform for comprehensive responses to HIV/AIDS prevention and care as highlighted in joint *workshops on Comprehensive Responses to HIV/AIDS Prevention and Care in Nairobi, Kenya on June 2005; in Geneva on 25 July 2005; in Gaborone, Botswana in November 2005* (OECD Vol 2., 2006). *The objective of the workshops was to exchange best national practices in improving the interface between policies and programmes, including community good practices at the national and international levels.*

b. National and sub-national initiatives

i. Economic Security and SRHR

In Reproductive Health Uganda (RHU), a new strategic plan (2009-2013) incorporates issues of food, economic and environmental security. Apart from implementing its core SRHR programmes, RHU also refer clients to organizations that address other vulnerabilities., e.g. in Bwaise, a Kampala suburb, sex workers are referred to a youth development project that provides vocational training. In Fort Portal, a town in western Uganda, women clients are linked to a GTZ funded project that promotes economic security for women. However, all these initiatives were not undertaken under the umbrella of HS per se, but as a result of the recognition that they must be addressed if reproductive health goals, which is their core mandate, is to be achieved.

ii. Environmental Security and SRHR

RHU was involved in community sanitation sensitization on proper hygiene in the IDP resettlement camps in northern Uganda and in the slums in Kampala.

iii. Political Security and SRHR

Advocacy campaigns in partnership with the Network of African Women Ministers and Parliamentarians (NAWMP) in Uganda carried out campaigns geared towards increasing attention to reproductive health and reproductive health commodity security among members of parliament. The Family Planning Association of Liberia (FPAL) was also in the process of including these two issues in their advocacy agenda.

iv. Community Security and SRHR

Community insecurity is a very difficult issue to tackle because many of these initiatives are intertwined in it. A men's MSC story below illustrates how it is being applied:

Men's MSC story focusing on community health, personal and community security

"We have constituted ourselves into different groups. Men, youth and women who have been trained by RHU.... These groups sensitize camp residents on various issues including sexual transmitted diseases (STDs) and domestic violence. For example, in training on how to prevent STDs has helped a lot, the level of drunkenness has gone down and the incidence of wife beating has reduced."

5. Influential factors for the HS Approach in IPPFAR

a. Enabling factors

i. IPPFAR can expect a positive response to the HS approach from other NGOs. For example, a programme that was providing farm inputs to people in resettlement camps in northern Uganda recognized the impact that HIV/AIDS was having on the farming community, as well as the way the spiraling population growth was increasing the food insecurity in the community. This is important, because when IPPFAR decides to operationalize the approach, they will find a receptive NGO and government community.

ii. The IPPFAR MAs have the capacity to penetrate the communities in which they work at the national and local level. This is mostly due to the good collaboration mechanisms that the MAs have with the relevant government institutions, as well as with other NGOs.

iii. In many countries in the IPPFAR, there are several avenues for joint planning and implementation that exist between government and NGOs. IPPFAR would use this as a vehicle for operationalizing the HS approach. For example in Liberia, there is NGO association, which is involved in a number of agenda setting forums amongst NGOs and between government and NGOs through which joint planning and implementation takes place.

In countries that are post conflict, there are local opportunities through which the MAs can access funding. In Liberia for example, during the years of conflict, a lot of the UN agencies and international NGOs lost their infrastructure in the country. Following the war, they chose to fund local NGOs, which were more established in the community, to implement their activities.

6. Hindering Factors

a. Capacity gaps. Specific areas for capacity development that were reported include advocacy, proposal development, and monitoring and evaluation. Further to this, NGOs and government will need their capacity built in the application of the HS approach.

b. Resource gaps are evident in almost all development efforts. In the MAs visited, there were serious financial challenges in implementing their programmes. For example, FPAL is still struggling to grow its capacity to what it was before the war. They currently can only afford to run 4 clinics, compared to the 132 that they were running before the war.

c. Joint planning and implementation is a challenge. In the words of one respondent, “*you have to consider joint accountability and joint priorities. On the one hand, you have governments that are implementing, not based on what they should, but what they can. On the other hand, you have NGOs that are implementing according to their individual priorities. Though this is a challenge, it has been done, with varying degrees of success*”.

CONCLUSIONS

- a. From this study, there is adequate justification for IPPFAR to pursue the operationalization of HS and Sexuality approaches to SRHR programming.
- b. The findings are clear on the potential benefits of this approach for furthering the goals of SRH initiatives in line with the principles and guidelines expressed in the Maputo Plan of Action and the MDGs.

RECOMMENDATIONS

- a. IPPFAR to narrow the concept of HS into a more analytically tractable concept that prioritizes certain HS components over others. From this study, economic security, community security and health security have the greatest impact on the reproductive health of the people.
- b. And since the components of HS are diverse and require different skill sets to implement, IPPFAR should harness opportunities for collaboration and corporation with partners that exist in the development community. However, for IPPFAR to succeed in its collaborating partnerships, it needs to ensure that all collaborating partners fully understand the HS approach, thus a need for an orientation of its MAs on this concept.

LESSONS LEARNT

- a. The Effective use of family planning services mitigates the effects of other human insecurities including economic insecurity, food insecurity, and health insecurity as its application in the families will reduce family size and demand on available resources.
- b. Involving men in reproductive health activities including family planning is crucial if such interventions are to be successful. In all the countries visited, men seem to have more influence in making family decisions thus interfering with personal and economic securities of their spouses.
- c. The technical capacity of IPPF Member Associations cannot cope with HS in their programmes with the existing staffing levels and skills set.

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