Sexual and Reproductive Health in Displacement - A Reflexive Perspective on Evidence, Needs, and Policy Priorities

Rosanna Le Voir

Demography PhD Candidate

Department of Methodology, London School of Economics and Political Science

r.h.le-voir@lse.ac.uk

Introduction

Humanitarian priorities start with needs. Data from rapid assessments, UN Humanitarian Needs Overviews and local insights form the basis of donor strategies and funding proposals. But which needs are given attention and who defines those needs is not apolitical (Glasman, 2020). This is especially relevant in contested and politicised areas such as sexual and reproductive health (SRH) and displacement. This submission draws on critical and feminist approaches to unpack the prioritisation (or lack of) of SRH needs in humanitarian response, and the role of evidence in this. I address the question of "How are SRH needs in displacement constructed and (de)prioritised by international humanitarian actors?"

Literature review

Connections between power, politics and knowledge production are well documented (Adams, 2016; Davis, 2017, 2020; Foucault, 1980; Glasman, 2020; Merry, 2016; Parkhurst, 2017; Storeng & Béhague, 2017). Who or what is visible in data matters for global policy agendas (Polzer & Hammond, 2008), because numbers can be seen as inherently true or representative of reality (Desrosières, 1998; Espeland & Stevens, 1998). Data and evidence can also amplify specific issues, attracting increased funding and policy attention. Simultaneously, silence or gaps in knowledge production can render specific issues or groups invisible, with data exclusion as a form of inequality (D'Ignazio & Klein, 2020).

In displacement settings, gendered and colonial power hierarchies are embedded and inextricably linked to data collection (Singh et al., 2021). This is especially relevant for SRH, with its troubled history of population control policies and reproductive coercion (Nandagiri, 2021). *Who* defines humanitarian needs influences a cycle of problem representations and data collection agendas, constraining research questions to accepted categories and concepts (Bakewell, 2008). These processes can favour and perpetuate dominant perspectives - traditionally constructed through gendered and global north-south hierarchies and networks (Shiffman et al., 2016). Complex areas such as SRH can be reduced to a narrow humanitarian lens on prevention of pregnancies and gender-based violence (GBV), rather than a rights-based or reproductive justice approach (Daigle & Spencer, 2022).

Calls for more and better data to understand displacement (Gillsäter, 2022) are confronted by critiques of the proliferation of data, tied up in power dynamics between affected people, humanitarians, and donors (Squire, 2022). A range of data sources on SRH in displacement have long been recognised in existing frameworks (Busza & Lush, 1999). These include cross-sectional national surveys such as the Demographic and Health Survey, rapid assessments, health service statistics, and operations research. Bandola-Gill et al. (2023) recognise how producers and custodians of data in international organisations, whose work goes "beyond just 'producing numbers'", navigate competing epistemic, political and value orders (Bandola-Gill et al., 2023, p. 7). These processes may be more or less reflexive; for example, governance institutions may intentionally avoid the collection of official statistics, such as conducting a census, to prevent public dissent (Belhaj et al., 2022).

No matter the amount of evidence or extent of reflexivity, actors - and their data systems - working on overlapping issues experienced by individuals, such as SRH and displacement, are disconnected (Kobeissi et al., 2022). This leads to repeated data collection efforts, with similar questions asked sometimes of the same people, but measured in ways that limit integration and triangulation. In the most extractive cases, efforts to better understand human phenomena have led to initiatives that prioritise data over people (Singh et al., 2021), with limited obvious benefit for the affected population.

Methodology

Theoretical framing

This submission is positioned within the humanitarian and population health literature, and the social studies of quantification (Adams, 2016; Davis, 2020; Merry, 2016; Parkhurst, 2017; Storeng & Béhague, 2017). I draw on theoretical approaches of situated knowledge and social epistemology. In particular, Ferree's (2003) research on radical and resonant frames emphasises selectivity in what is (and is not) represented in different environments, and how these discursive opportunities are political (Ferree, 2003).

Data collection and analysis

This study uses qualitative methods, specifically semi-structured interviews. Interviews have been successfully used elsewhere to study the limits, challenges, and politics of metrics in international organisations, providing a space for experts to reflect (Bandola-Gill et al., 2023). The inclusion criteria for participation in the study are 1) working at an international organisation, donor, or academic institution on SRH and displacement in the past two years; 2) aged 18 or over; and 3) give informed consent to be interviewed. International organisations include United Nations (UN) agencies and non-governmental organizations (NGOs).

I recruit participants using a combination of strategies, through purposive and snowball sampling. I initially contact potential participants directly by email, based on online searches and my practitioner networks. I intentionally seek out deviant perspectives that challenge my findings and help to refine the argument. The intended sample size is around 30 participants or when the interviews reach saturation.

Individuals who express interest in participating in the research are sent an informed consent form with more details on the study. Interviews are conducted in English and primarily online using Zoom, lasting around 70-90 minutes. I use a pre-tested topic guide to facilitate the interviews in a flexible way.

My analysis involves multiple complementary steps. Firstly, shortly after completing each interview I write an interview memo that captures key moments, analytical notes, and methodological reflections. Secondly, I periodically write analytical memos to note key themes, evolving research questions, and my contributions to the literature. I also pay attention to what I am not hearing from participants (based on prior research) and why this might be. I transcribe interviews as I go, to feed into the analytical memos. The final stage is formal coding and discourse analysis of the transcripts.

The study is being conducted in line with the LSE Research Ethics Policy. Participants do not receive any financial incentive for taking part in the study.

Positionality and reflexivity

This study is designed in line with the principles of 'studying sideways' (Hannerz, 1998) and 'starting where you are' (Lofland & Lofland, 2006). My professional background includes developing, advising,

and reviewing humanitarian programmes. I have observed first-hand the emphasis placed on quantitative data and metrics, with little attention to what evidence already exists, what questions are not being posed and why, and who and what is lost (Dottolo & Tillery, 2015). To help maintain an open perspective, I actively think about how these experiences may influence the study design, data collection, analysis and write up through methodological memos, as part of an iterative reflexive research process (Dean, 2017; Kara, 2015).

Preliminary findings

The findings below are based on initial analyses.

Participants spoke about a range of factors that influence the construction of SRH needs in displacement settings, how priorities are set, and the role of evidence in this. Preliminary emerging themes include SRH as both a lifesaving and lifecycle issue, adapting the framing of SRH based on audiences and operational realities, decision making about *whose* and *which* SRH priorities, and structural issues such as funding. These themes are discussed in more detail below.

SRH as lifesaving and lifecycle

Participants conceptualised SRH needs in displacement as both lifesaving - consistent with the standard basis of humanitarian action - as well as a longer-term, systems issue. This was seen to complicate the justification for humanitarian SRH programming, compared to other emergency health needs. As two participants described:

> *"There's always been this struggle with SRH, because it's not, I come in, there's bullet wounds and I fix it. SRH is a life span and it never ends. That's why there's a reluctance to get into SRH because as soon as you touch mums and babies, you're deep in the whole health system." (International organization)*

> *"There's a perception of humanitarian need that we can all identify with. It's the trauma stuff, the really emergency, lifesaving, like this needs sorting out now or this person will die type of health need… But contraception, STI testing and treatment hasn't got that - saving lives now - impact of other health services. It's saving lives in a few months or down the line." (International organization)*

Which SRH priorities and whose priorities?

Participants understood the broad area of SRH in different ways, with some SRH components seen to be prioritised over others. For example, this included a perceived focus on maternal health compared to contraception and safe abortion care:

> *"If you look at traditional humanitarian response, there's a lot of attention to what I call maternity crap for safe maternity… A lot of classic humanitarian responders actually don't do family planning or contraceptives. They don't do post-abortion care. They don't do safe abortion. And with family planning, the argument is always, we don't have time for that." (International organization)*

When probed about GBV, participants advocated for the importance of this in displacement settings where risk of rape and other forms of violence are high. However, they also emphasised the need to distinguish between GBV and SRH more broadly. For example, in cases where individuals may not have experienced GBV, but may still wish to access emergency contraception.

> *"It's easy to connect the two, but it's also easy to conflict the two. There is often this idea that when we talk about GBV and SRH, it is only about rape." (International organization)*

Decision making about the relative importance of a population's SRH needs was described as a balance between the priorities of different stakeholders. These included donors, local authorities, and organisational mandates. The perspectives of affected people themselves were seen to be important too, for example through needs assessments. However, participants explained how SRH did not always

emerge as a priority in this evidence due to gendered dynamics and the challenge of anticipating future needs. This, in turn, meant it was not a focus in response plans. As this participant described:

> *"What happens if someone does a needs assessment and actually says, do you have a need for family planning? … Women might not be comfortable saying that in front of their husbands. They might not be comfortable saying that to a male assessor. So there's lots of information around the needs on family planning that never make it into the [UN's] Humanitarian Needs Overview. Therefore, it also doesn't make it into the Humanitarian Response Plan because those are linked… Where this gets even more complicated is emergency contraceptives, safe abortion care and post-abortion care. Because those are not things that people think they may ever need." (International organization)*

Participants explained how decisions about priority geographies were informed by pragmatism and efficiency. For example, establishing programmes in areas of higher population density rather than the most remote areas, and working in settings with enabling policy environments and strong pre-existing relationships with governments.

Health, rights and justice vs operational realities

Participants described the relative importance of health, rights and justice language in different ways depending on their type of organisation. Researchers expressed how these concepts were foundational to the theoretical framing of their research, occasionally making a distinction between rights and justice. Meanwhile, participants from operational humanitarian organisations explained how they adapted their language depending on what resonated best with a particular audience. This included tailoring messages to align with donor's preferred language, as well as adapting community outreach in conflict contexts with excess mortality to focus on the health benefits of contraception and birth spacing (vs limiting).

> *"I'm transitioning from the SRHR perspective… to reproductive justice to think more in terms of lived experiences… gender or sexuality or poverty or visa status or what have you, how those characteristics might create barriers for some people to really enjoy the rights that they are - in an ideal world and sometimes on paper also - are granted." (Academic)*

> *"It is mostly a matter of semantics and to a certain extent it's influencing how we talk to our donors... Because the work is the same for us. Whether you phrase it as justice or agency or rights or health or simply I want the family size that I want and not the family size that life is giving me, we really don't care how people want to phrase it." (International organization)*

Funding as a facilitator and constraint

Funding was consistently described as a key factor for SRH programmes and evidence in displacement settings. Language on this included "donor-driven" and "donor-dependent" relationships between funders and organisations. Challenging the current widespread push for flexible humanitarian funding, participants described how narrow funding calls specifically for SRH, as opposed to other health areas, could be beneficial. The role of different funding mechanisms as a facilitator and constraint is a key area that I hope to explore further through interviews with donors.

Discussion

This paper offers theoretically transferable contributions on relationships between policy and evidence in contested and politicised areas such as SRH in displacement. The preliminary findings present a tension between the construction of SRH needs and priorities, and the humanitarian principles of neutrality, impartiality, and independence. This is especially clear through a lens on evidence. The paper contributes to literature on the social studies of quantification, advancing a more reflexive and critical approach to needs- and evidence-based action.

References

Adams, V. (2016). *Metrics: What Counts in Global Health* (V. Adams, Ed.). Duke University Press.

Bakewell, O. (2008). Research beyond the categories: the importance of policy irrelevant research into forced migration. *Journal of Refugee Studies*, *21*(4), 432–453.

Bandola-Gill, J., Grek, S., & Tichenor, M. (2023). The rise of the reflexive expert? Epistemic, care-ful and instrumental reflexivity in global public policy. *Global Social Policy*, 14680181221145382.

Belhaj, F., Gatti, R., Lederman, D., Sergenti, E. J., Assem, H., Lotfi, R., & Mousa, M. E. (2022). *A New State of Mind: Greater Transparency and Accountability in the Middle East and North Africa*. https://openknowledge.worldbank.org/handle/10986/38065

Busza, J., & Lush, L. (1999). Planning reproductive health in conflict: a conceptual framework. *Social Science and Medicine*, *49*(2), 155–171.

Daigle, M., & Spencer, A. (2022). *Reproductive Justice, Sexual Rights and Bodily Autonomy in Humanitarian Action: What a Justice Lens Brings to Crisis Response* (HPG Working Paper). https://odi.org/en/publications/reproductive-justice-sexual-rights-and-bodily-autonomy-in-humanitarian-action-what-a-justice-lens-brings-to-crisis-response/

Davis, S. L. M. (2017). The uncounted: politics of data and visibility in global health. *The International Journal of Human Rights*, *21*(8), 1144–1163.

Davis, S. L. M. (2020). The Uncounted: Politics of Data in Global Health. In *Cambridge Studies in Law and Society*. Cambridge University Press.

Dean, J. (2017). *Doing Reflexivity: An Introduction* (1st ed.). Bristol: Policy Press.

Desrosières, A. (1998). *The Politics of Large Numbers: A History of Statistical Reasoning*. Harvard University Press.

D'Ignazio, C., & Klein, L. F. (2020). *Data Feminism*. The MIT Press.

Dottolo, A. L., & Tillery, S. M. (2015). Reflexivity and research: feminist interventions and their practical implications. In J. L. Amoureux & B. J. Steele (Eds.), *Reflexivity and International Relations: Positionality, Critique, and Practice* (1st Ed). Routledge.

Espeland, W. N., & Stevens, M. L. (1998). Commensuration as a social process. *Annual Review of Sociology*, *24*(1), 313–343.

Ferree, M. M. (2003). Resonance and radicalism: feminist framing in the abortion debates of the United States and Germany. *American Journal of Sociology*, *109*(2), 304–344.

Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977* (C. Gordon, Ed.). Brighton: Harvester Press.

Gillsäter, B. (2022). *To get a clearer picture of internal displacement, we need better data, and more of it*. IDMC Expert Opinion. https://www.internal-displacement.org/expert-opinion/to-get-a-clearer-picture-of-internal-displacement-we-need-better-data-and-more-of-it

Glasman, J. (2020). *Humanitarianism and the Quantification of Human Needs: Minimal Humanity*. Routledge.

Hannerz, U. (1998). Other transnationals: perspectives gained from studying sideways. *Paideuma*, *44*, 109–123.

Kara, H. (2015). *Creative Research Methods in the Social Sciences: A Practical Guide* (1st ed.). Bristol: Policy Press.

Kobeissi, L., Pyone, T., Moran, A. C., Strong, K. L., & Say, L. (2022). Scaling up a monitoring and evaluation framework for sexual, reproductive, maternal, newborn, child, and adolescent health services and outcomes in humanitarian settings: A global initiative. *Dialogues in Health*, *1*, 100075.

Lofland, J., & Lofland, L. (2006). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis* (4th ed.). Wadsworth/Thomson Learning.

Merry, S. E. (2016). *The Seductions of Quantification: Measuring Human Rights, Gender Violence, and Sex Trafficking*. University of Chicago Press.

Nandagiri, R. (2021). What's so troubling about 'voluntary' family planning anyway? A feminist perspective. *Population Studies*, *75*(sup1), 221–234.

Parkhurst, J. (2017). *The Politics of Evidence: From Evidence-Based Policy to the Good Governance of Evidence*. Routledge.

Polzer, T., & Hammond, L. (2008). Invisible displacement. *Journal of Refugee Studies*, *21*(4), 417–431.

Shiffman, J., Quissell, K., Schmitz, H., Pelletier, D., Smith, S., Berlan, D., Gneiting, U., Van Slyke, D., Mergel, I., Rodriguez, M., & Walt, G. (2016). A framework on the emergence and effectiveness of global health networks. *Health Policy and Planning*, *31*(Suppl 1), i3–i16.

Singh, N. S., Lokot, M., Undie, C.-C., Onyango, M. A., Morgan, R., Harmer, A., Freedman, J., & Heidari, S. (2021). Research in forced displacement: guidance for a feminist and decolonial approach. *The Lancet (British Edition)*, *397*(10274), 560–562.

Squire, V. et al. (2022). *Data and Displacement: Assessing the Practical and Ethical Implications of Data-Driven Humanitarianism for Internally Displaced Persons in Camp-Like Settings, Final Project Report*. https://warwick.ac.uk/fac/soc/pais/research/projects/internationalrelationssecurity/dataanddisplacement/data-displacement/news/data-and-displacement-report-2022/data_and_displacement_report.pdf

Storeng, K. T., & Béhague, D. P. (2017). "Guilty until proven innocent": the contested use of maternal mortality indicators in global health. *Critical Public Health*, *27*(2), 163–176.