

Access to sexual and Reproductive health and protection services in Ecuador: overcoming institutional barriers and stereotypes

Cheryl Martens, PhD

Research team: Miriam Ernst y Virginia Gómez de la Torre, Taymi Milán, Manuela Ernst, Jessica Flores, Juan Miguel Tria, Andrea Valencia





Study Overview

Objectives:

To examine migrant access to sexual health and reproductive health, and the provision of services for gender-based violence in the cities of Quito, Machala, Manta, Lago Agrio and Guayaquil.

Research methodology

Human Rights



The right to dignity of every person, with a focus on the human rights of migrants.

Gender Responsiveness



Considers gender roles and inequalities, as well as the capacity to promote equitable participation and distribution of benefits and access to services.

Migration and Human Mobility



Drawing on the UNFCCC process, Cancun Adaptation Framework Paragraph 14(f), whereby “Human Mobility” encompasses displacement, migration, and planned relocation (UNFCCC, 2010).

Transversal approaches

Feminist, Intergeneracional, Intersectional approaches

Research Design

Qualitative Methods

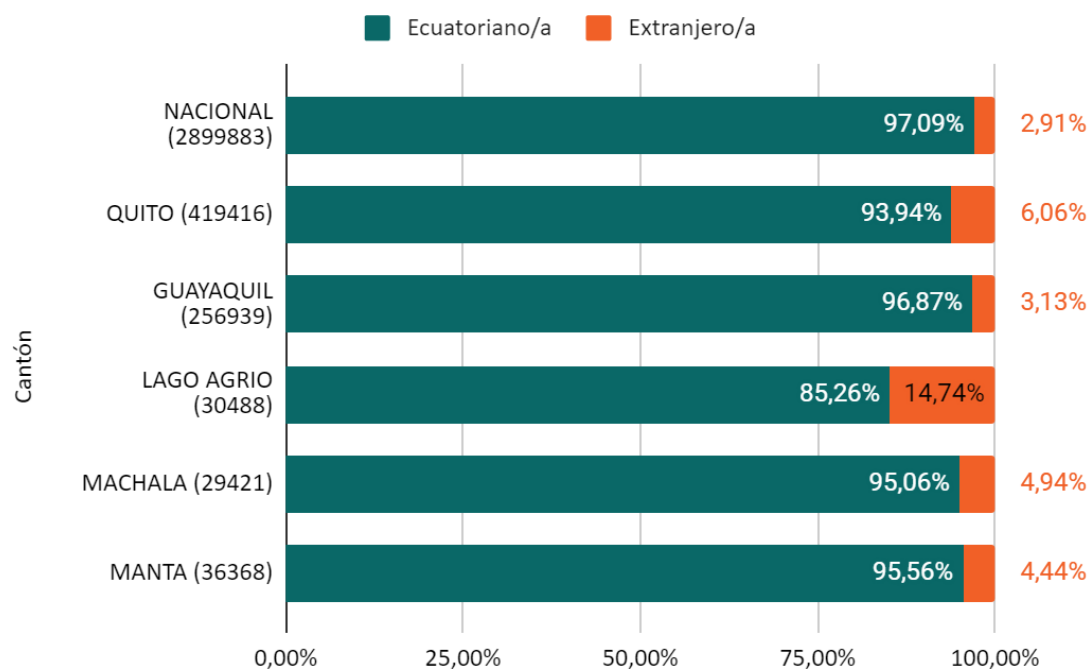
- 25 Semi-structured interviews with city level officials
- 13 Semi-structured interviews with National Level Officials
- 35 Semi-structured interviews with sexual health and protection and services users.
- 9 Focus groups with local civil society actors.
- 14 Sexual Health and Reproductive Rights Workshops with men, women and LGBT participants (165 participants).

Quantitative Methods

- Government data on Sexual Health and Protection Service provision (2017-2021)
- Survey (Stage 1, N=353; Stage 2 N=291)

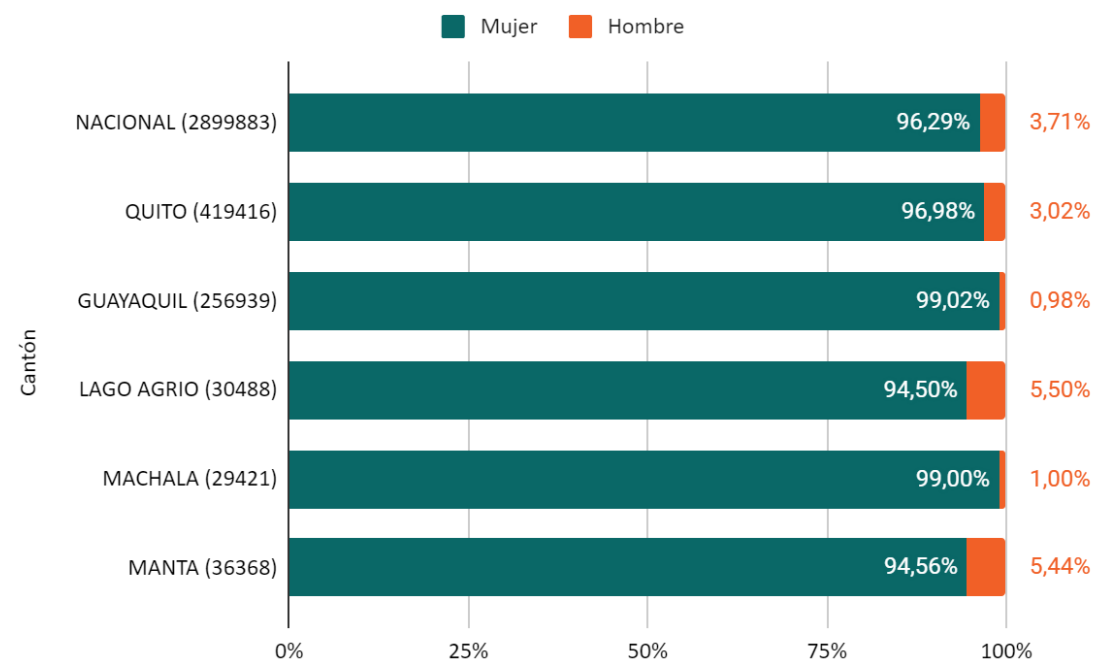
Access to government Sexual Health Services

Family planning appointments by nationality 2017 - 2021



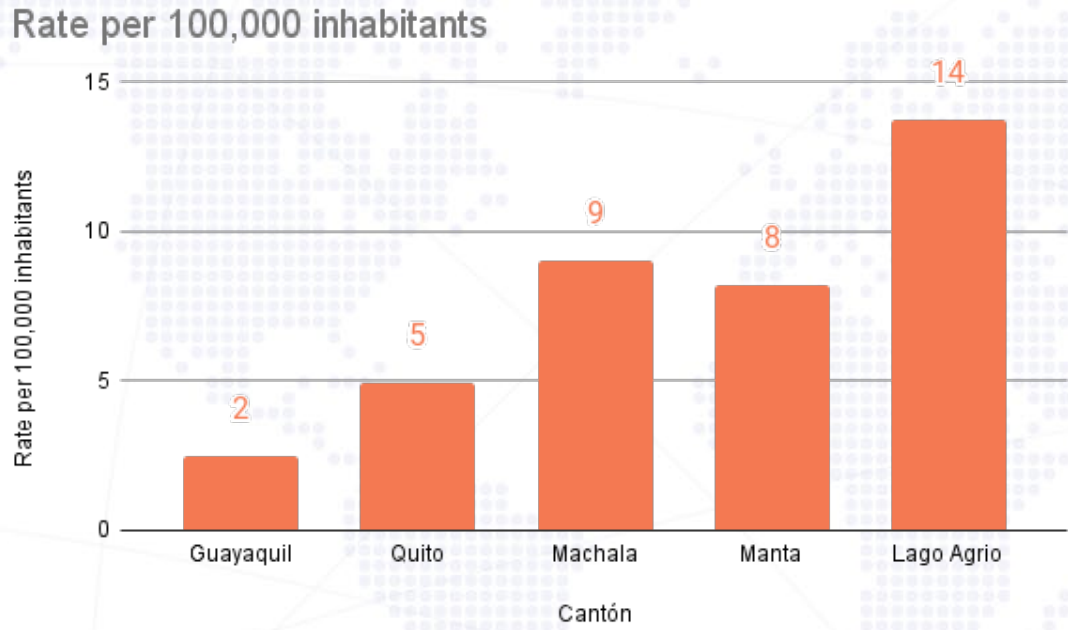
Source: MSP 2021

Family planning by sex 2017 - 2021



Source: MSP 2021

Femicides and sexual violence



Source: based on SAIF data, 2021

Officials naturalize violence - protocols are not followed due to lack of training, lack of interest. In 50% of cases, police officers make the victim retract their statement. It is much more common in migrant women, because they have no family networks, no papers, and they are told "I need your ID card, the aggressor's data, they don't know the addresses...".
Interview hospital protection service worker, Quito.

Stage 1 Results

"The role of the community is fundamental, yet receives little attention in work with migrants"

(Volunteer, Focus group, Manta)

Ministerio de Salud Pública | Gobierno de Chile | OIM | Canadá

ENCUESTA

SALUD SEXUAL Y REPRODUCTIVA Y SERVICIOS DE PROTECCIÓN

Ayúdenos a identificar necesidades y demandas en cuanto al acceso a servicios

¡No le tomará más de 10 minutos!

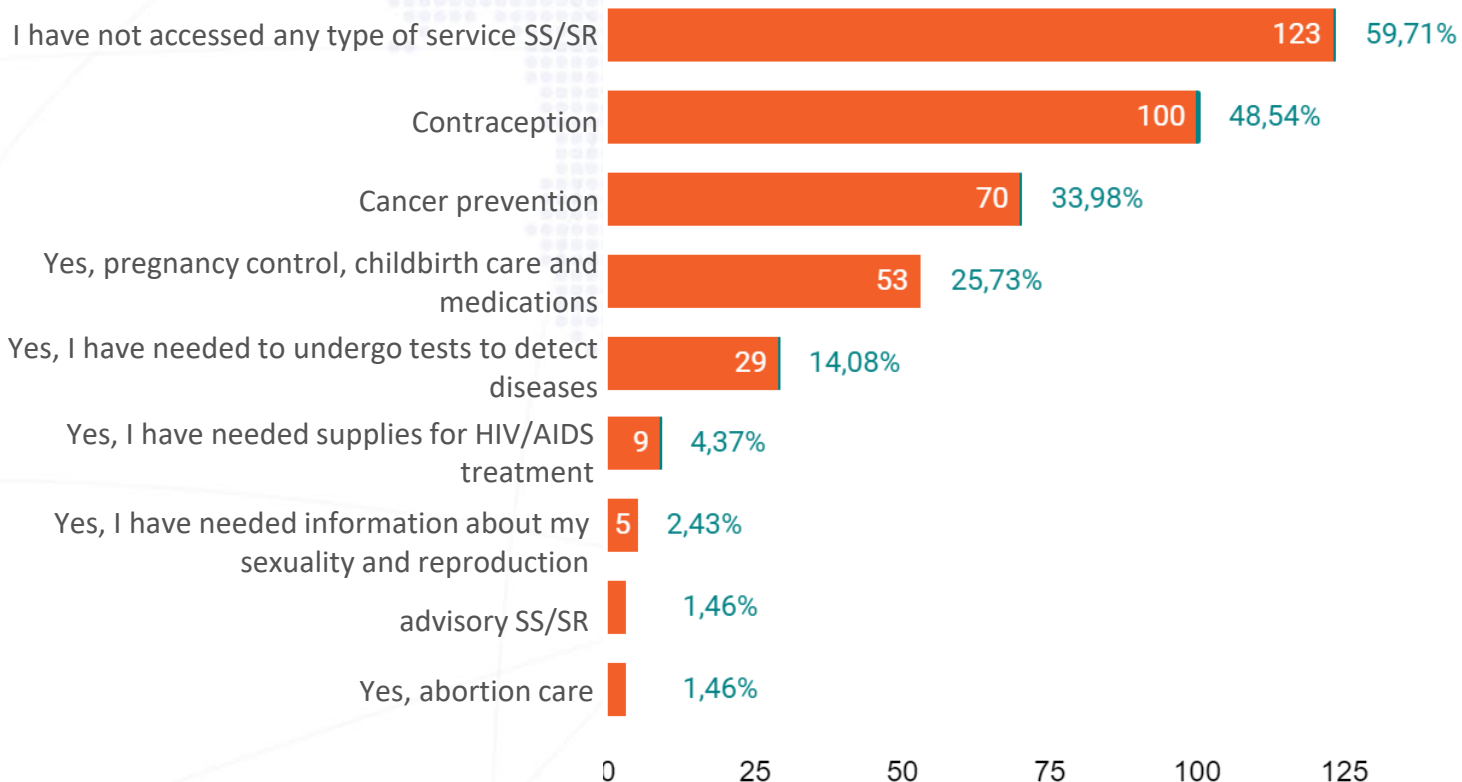
Le invitamos a responder esta breve Encuesta

Sus respuestas ayudarán a la OIM y el Ministerio de Salud Pública a identificar necesidades y demandas en cuanto al acceso a servicios de Salud Sexual Reproductiva y Servicios de Protección frente a la Violencia Basada en Género.. Toda la información recabada será confidencial y no podrá ser difundida por terceros. Su apoyo en llenar esta encuesta será fundamental y agradecemos de antemano su colaboración.

Access to Sexual Health Services

No access to sexual health services by nationality group

Access to Services in the last 12 months



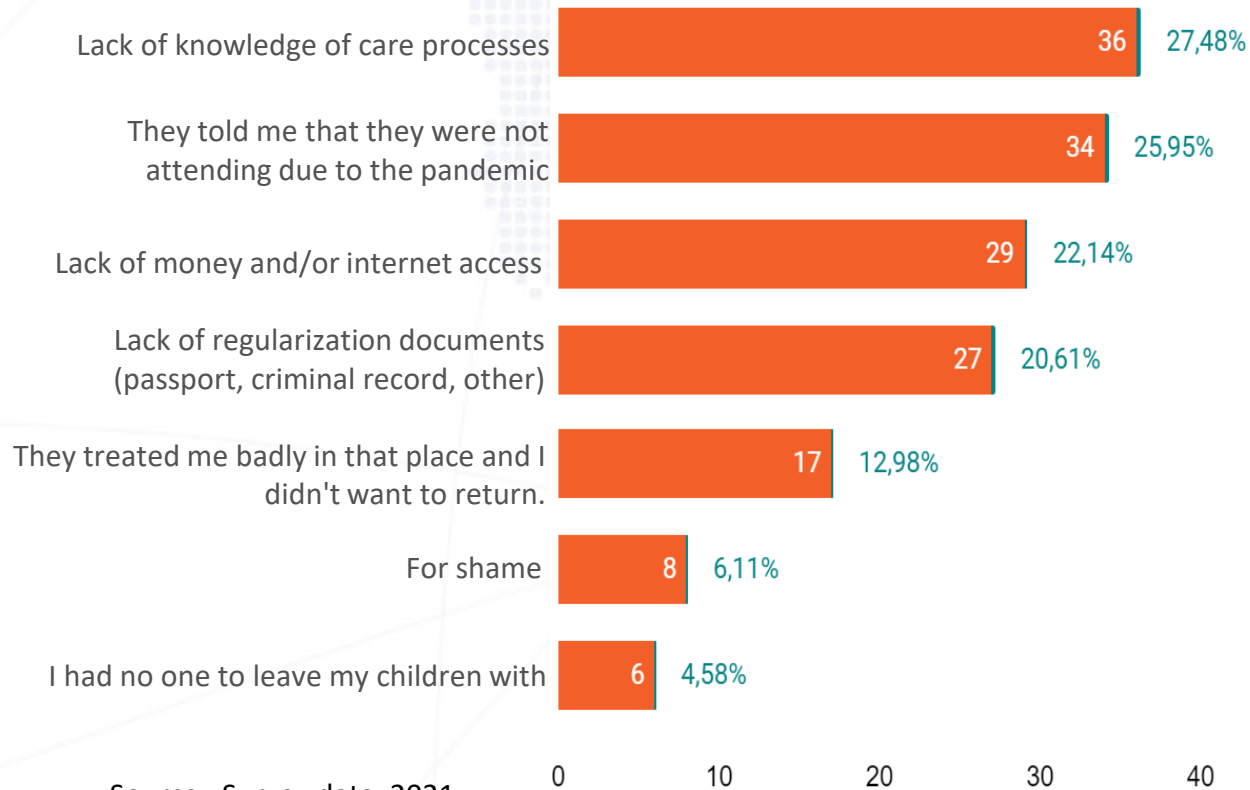
Source: Survey data, 2021



"To have my C-section stitches removed I had to wait in a line with 30 people with my just days-old baby girl in my arms, because the doctor told me that I didn't take priority and that I should wait" (Venezuelan migrant, Quito).

Access to sexual health services

Cause of lack of access to health services

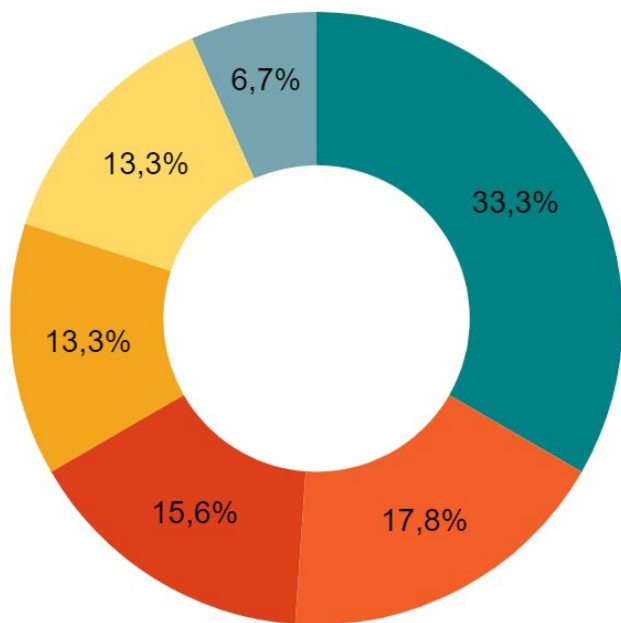


Source: Survey data, 2021

“I have had a difficult time without my treatment and I feel I am being judged morally, one doctor even told me that my illness was the result of straying from God” (HIV positive male migrant from Colombia, survey response, Quito).

Access to Sexual Health Services

Reported consequences of not having accessed Sexual Health Services



- Complications in pregnancy
- sexually transmitted infection
- My illness worsened
- Unintentional pregnancy
- miscarriage
- Fertility problem

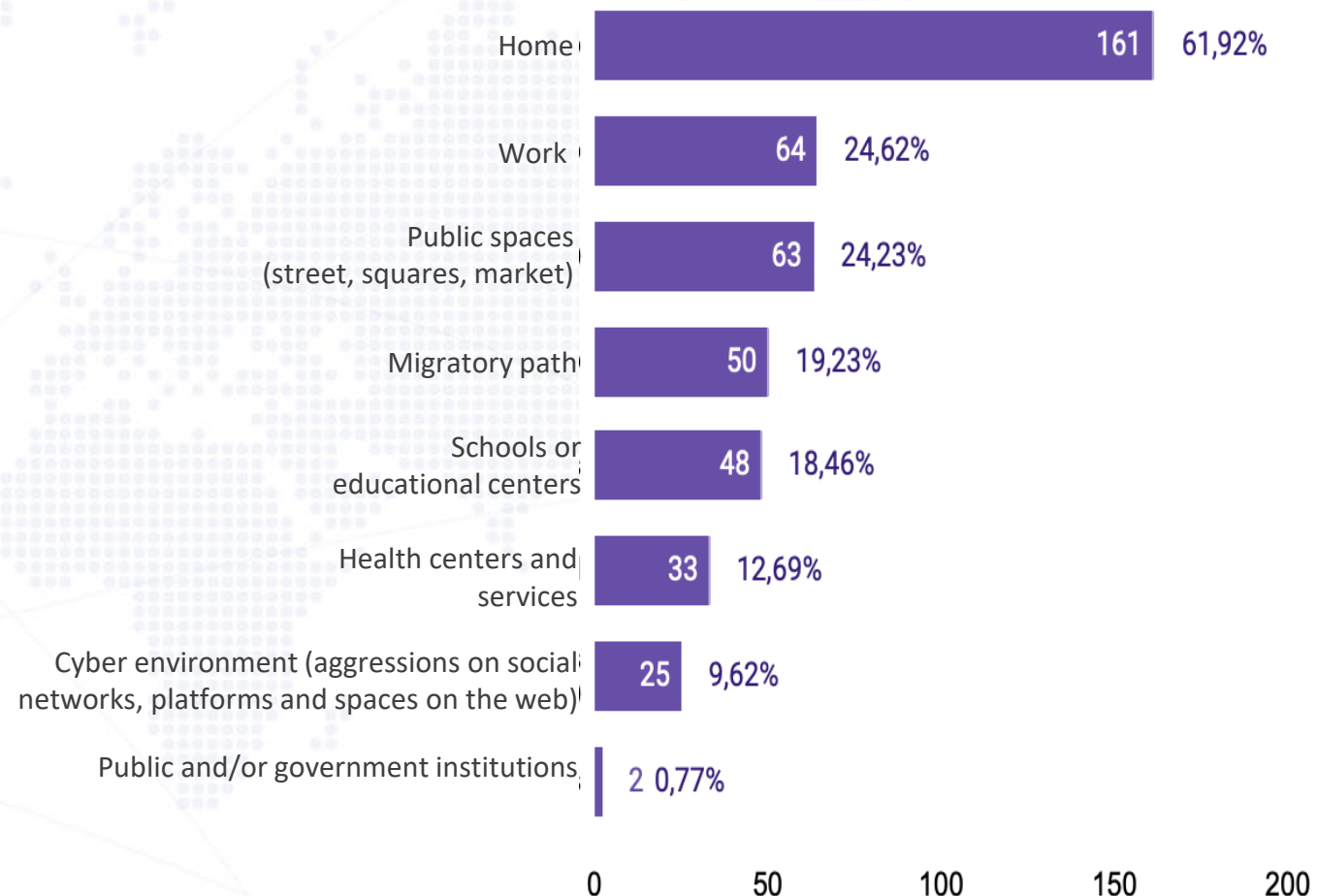
Source: survey data, 2021

“We have reports of women who have not been able to get an appointment for a year, such as general medicine for example, who have not been able to get an ultrasound or who have not had access to prenatal check-ups, if we are going to see that there is an increase in teenage pregnancy and that it is very closely linked to sexual violence” (Female NGO representative, Focus group participant, Machala).

Gender Based Violence

“Single women are at risk of being raped and sometimes, to cross a dangerous crossing point, they have to have sex with the human traffickers and with whomever the trafficker decides. There are many who disappear and are never heard from again” (Male Workshop participant, Quito).

Places where GBV occurred

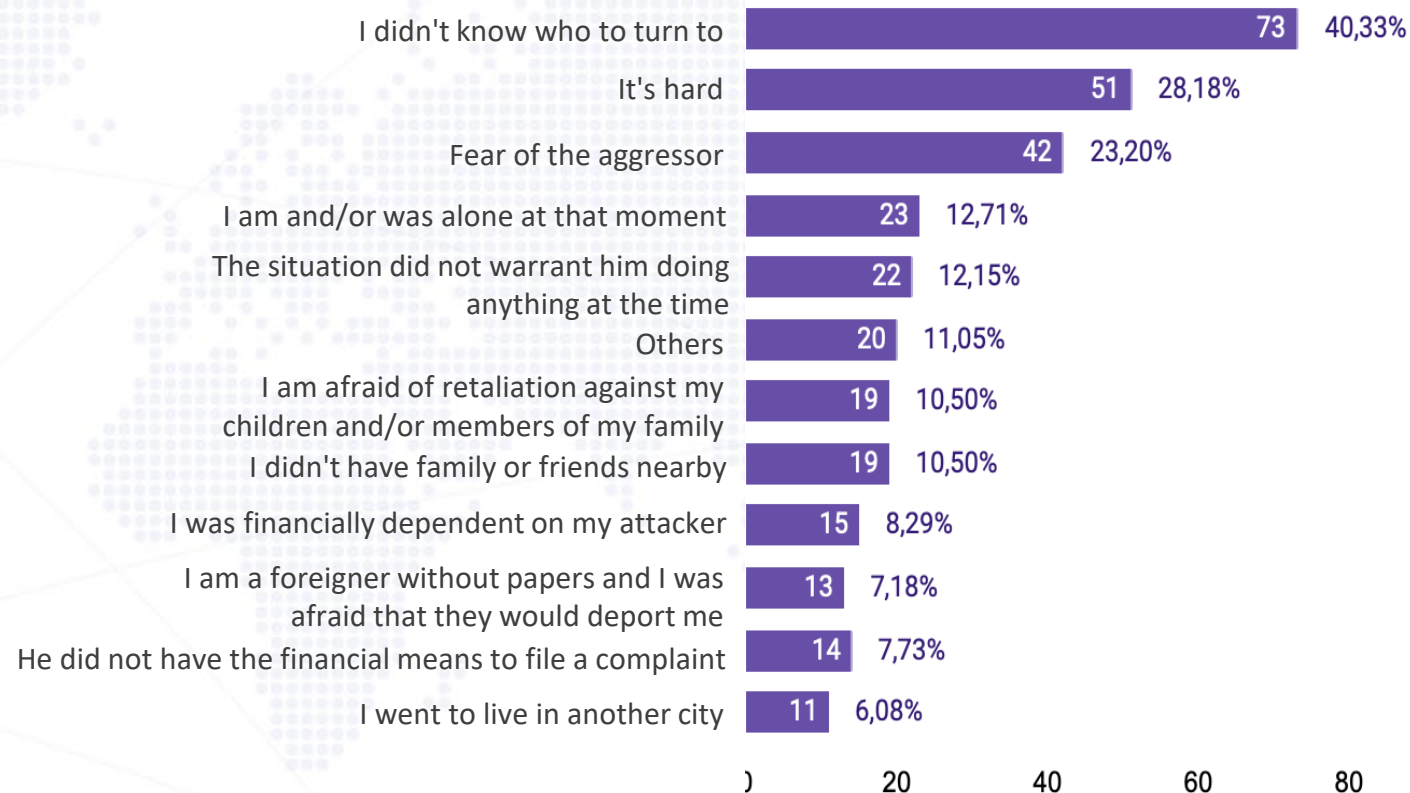


Source: survey data, 2021

Gender-based violence

“They take him away, but nothing happens, they release him at the corner. They cannot even be bothered to arrest him for a few hours, to see if he gets scared and leaves me alone” (Venezuelan female migrant, survey response, Quito)

Why did you not decide not to report?



Source: Survey data, 2021

Lack of state resources and systemic violence

Why was the statement not taken on time? Because we did not have an unoccupied Gesell camera, because our Gesell camera is divided between different cities. So, this is where the co-responsibility of the State comes in. (Protection Service provider, focus group, Manta).

We make our best efforts, but limitations of human resources are affecting us. To date, we have a backlog of almost 6 months when it comes to violence assessments (Interview Attorney General's Office representative, Lago Agrio).

Our rights are violated all the time in the health services, that is our daily routine. There is no privacy, no confidentiality, no condoms, which is something very necessary for us. They put us in the same line as the rest of the population and shout "Sex workers, come and stand in line here" in front of everyone, including children. If you have HIV the same officials disclose it to anyone in your face. And you ask me about violence? Violence is part of our lives from the moment we open our eyes. (Focus group with trans sex workers in Lago Agrio - Colombian transfeminine migrant).

Xenofobia, transfobia and police brutality

It is very difficult for me as a foreign woman to have access to justice. The first thing they say to you when you claim your rights is " you are not from here and things are different here" or "why do you come here to give birth if you are going to be claiming benefits". These are things that I have experienced, problems with all those who are supposed to be there to protect you (Venezuelan female migrant, Lago Agrio).

The police have kicked me, put me in jail, threatened me, left me to die when they recently attacked me. Now they are calmer because they know that I am not alone and that organizations like Care International, the IOM and Puerta Violeta are with me. I don't trust the authorities because the only thing I have received has been mistreatment and violence (Colombian migrant, focus group with transfeminine sex worker, Lago Agrio).

Conclusions

Everything is always planned and executed at the national level, in the zonal coordinations we are given nothing, when we need to participate in an information fair or a workshop, the money comes out of the pocket of the analyst in charge of this program. There are no reimbursements, it is part of the expense, it must come out of your salary..

(Health service provider, Machala)

Partial implementation of official protection route legislation.

Insufficient resources for policy implementation (budgets, human resources and training).

Sparse intersectoral and multi-level information sharing and coordination

Weak human rights-based approaches in the provision of services, with emphasis on priority groups.

Absence of health promotion and prevention programs oriented towards addressing gendered power relations, masculinities and positive parenting.

Disparities and gaps in the functioning of the health and protection systems between territories.

Institutional violence and xenophobia are widespread and need addressing within the Ecuadorian health and protection systems.

Particularly urgent issues include: the need for case follow-up, comprehensive reparations for victims of GBV, need to address incest, rape and teen pregnancy.

Recomendaciones

Awareness raising and training are equally important because with resources and without the sensitivity to act in favor of people when they need it, we are not going to achieve anything. This must happen in addition to the office hours that are timetabled when the system is put into action. we must be there to protect rights that have been violated and on which people's lives often depend.
Interview with Ministry of Social and Economic Inclusion Worker - MIES)

Redesign policy and protocol to focus on the implementation of existing regulations, to include budgetary, organizational, information and instruments for monitoring.

Increase funding and autonomy at regional levels to favor the possibility of better adapting policies to meet the needs of specific territories.

Training with a focus on sexual and reproductive and LGBTQI+ rights, awareness of issues concerning human mobility, equity and social inclusion for all sexual health and personnel who deal with GBV in the public sector.

Design and implementation of comprehensive programs focused on masculinities and positive parenting.

Strengthen awareness programs concerning gender-based violence, sexual health promotion and STI and HIV prevention efforts and interinstitutional collaboration with schools and higher education institutions.

Further research needed to address xenophobia and violence within institutional spaces as well as the situation of incest, child and teen pregnancy.

Contact: cmartens@usfq.edu.ec

IOM Study:



U  **FQ** | INSTITUTO DE
ESTUDIOS AVANZADOS
EN DESIGUALDADES