

Conceptualizing Sexual and Reproductive Health Equity

Key Terms and Frameworks

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Consistent use of inclusive, accurate language and principles that resonate with diverse groups is essential in working to achieve health equity. To shape a definition and develop a shared understanding of sexual and reproductive health equity (SRHE) in appropriate context, CECA Conveners and Technical Experts explored and analyzed various organizations’ and government agencies’ definitions of key related terms and frameworks. This analysis resulted in the following definition of SRHE:

Systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health. This includes self-determining and achieving their reproductive goals. Government policy, health care systems, and other structures must value and support everyone fairly and justly.

This report presents an overview of existing SRHE-related terms, their definitions, and the context in which they are used and/or relate to other concepts and frameworks in published and grey literature.

Term	Sample Definition(s)	Context <i>Where is the term used? How does it relate to other concepts and frameworks?</i>
Contraceptive Equity	<ul style="list-style-type: none"> • National Health Law Program: “‘Contraceptive Equity’ means that every person can make their own decisions about pregnancy prevention, and contraceptive care is easily accessible and covered at no cost in all health programs. It requires acknowledging the critical role that family planning plays in improving health outcomes and economic security for people of reproductive age and their families, and simultaneously grappling with this country’s history of reproductive coercion. Further, Contraceptive Equity demands that we proactively address the historically inadequate coverage of comprehensive birth control services using a reproductive justice lens. While many states have Contraceptive Parity laws, requiring coverage of contraceptives in the same manner as other prescription drugs, and the Affordable Care Act (ACA) creates federal requirements for contraceptive coverage, Contraceptive Equity remains elusive.” • National Latina Institute for Reproductive Justice: “Every family needs to be able to make their own decisions about when and whether to become pregnant, give birth, and raise children. Access to safe, effective, and affordable contraception (medicine that prevents pregnancy) is important to protect health and support these personal decisions.” 	<ul style="list-style-type: none"> • Most frequently used in the context of state contraceptive equity laws • Used by national-level reproductive health and justice organizations to describe their contraceptive access work

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Diversity, Equity, and Inclusion (DEI)	<ul style="list-style-type: none"> • The Greenlining Institute: DEI terms are “interdependent and require specific attention.” <ul style="list-style-type: none"> ○ Diversity – Difference or variety of a particular identity. Can refer to many group identities, though often race is a primary focus. ○ Equity – Resources and the need to provide additional or alternative resources so that all groups can reach comparable, favorable outcomes. ○ Inclusion – Internal practices, policies, and processes that shape culture. Speaks to how community members of a shared identity experience their environment. 	<ul style="list-style-type: none"> • Terminology, particularly as a triad, referenced broadly in for-profit and non-profit organizations, academic institutions, charitable foundations, and government • Often attached to specific institutional initiatives, including diversity in hiring practices • Occasionally, additional core elements, including anti-oppression and accessibility, are incorporated in this framework
Health Disparities	<ul style="list-style-type: none"> • U.S. Department of Health and Human Services (HHS) Office of Minority Health and Healthy People 2020: “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage.” • Braveman, 2006: “A health disparity/inequality is a particular type of difference in health (or in the most important influences on health that could potentially be shaped by policies); it is a difference in which disadvantaged social groups—such as the poor, racial/ethnic minorities, women, or other groups who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups.” 	<ul style="list-style-type: none"> • Academic medical and public health literature (e.g., Owen, Carmona, and Pomeroy, 2020) • U.S. government agencies (e.g., CDC, SAMHSA) • Media

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Health Equity	<ul style="list-style-type: none"> • Whitehead, 1990: “Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.” • Robert Wood Johnson Foundation: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” • Healthy People 2020: “Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.” • HHS Health Resources & Services Administration: “Health Equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.” • World Health Organization (WHO): “Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.” 	<ul style="list-style-type: none"> • Use of the term ‘health equity’, as opposed to ‘health disparities,’ is meant to highlight the underlying injustices that drive observed disparities. As Dr. Joia Crear-Perry writes, “Talking about “health inequities” instead of “health disparities” helps illustrate how we create differences that we can avoid by prioritizing justice and fairness... Talking about inequities forces us to ask questions: How did we get here? What were the systems, structures, and the policies that created these inequities?... If you center the people who are the most impacted [by health inequities], and then build from there, you will get to equity.” • It is impossible to discuss health equity without acknowledging the role of racism in the production of U.S. health inequities. Dr. Camara Jones’s Gardener’s Tale provides a theoretic framework for understanding the multi-level impact of racism on health outcomes. • The equity frame had been used more broadly in the global health context (e.g., WHO European Region common health policy) beginning in 1990s. It became more broadly integrated in U.S. health policy discussions beginning in 2010s. For example, Healthy People goals have evolved. • Now used widely by U.S. government agencies, state and local health departments, NGOs, professional organizations

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Patient/Client/Person Centeredness	<ul style="list-style-type: none"> • Institute of Medicine: “providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.” • CDC/OPA Quality Family Planning guidelines: Care is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. • New England Journal of Medicine: “In patient-centered care, an individual’s specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. Patients are partners with their health care providers, and providers treat patients not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective.” 	<ul style="list-style-type: none"> • Healthcare, research, and other NGOs (e.g., Patient-Centered Outcomes Research Institute) • Academic medical and public health literature (e.g., Brandi & Fuentes, 2020) • Medical and consumer groups and U.S. federal government, mainly within context of patient-centered medical home (e.g., HRSA, AHRQ) • Some prefer the term ‘person-centered.’ As Dr. Kelsey Holt explains, “We use the term person-centered rather than patient-centered in recognition of the factors outside the health care system that influence whether individuals’ contraceptive needs are met.
Reproductive Autonomy	<ul style="list-style-type: none"> • University of California San Francisco Bixby Center for Global Reproductive Health: “Reproductive autonomy is having the power to decide and control contraceptive use, pregnancy, and childbearing. For example, women with reproductive autonomy can control whether and when to become pregnant, whether and when to use contraception, which method to use, and whether and when to continue a pregnancy.” • Hastings Center: “The idea that people, most often women but increasingly people of all genders, should have significant—almost unfettered—‘self-rule’ regarding their reproductive capacities and reproductive decisions.” Requires both negative, or rights-based, and positive, or justice-based, framing: “Reproductive autonomy cannot exist without attention to context—to supports, to barriers, to social policy, to social norms.” • Upadhyay, Dworkin, Weitz, and Foster, 2014: “Reproductive autonomy is one domain within the overarching construct of ‘women’s empowerment,’ which is defined as the expansion in women’s ability to make strategic life choices where this ability was previously denied them. We define ‘reproductive autonomy’ as having the power to decide about and control matters associated with contraceptive use, pregnancy, and childbearing.” 	<ul style="list-style-type: none"> • Reproductive autonomy is a more specific application of the general concept of “autonomy” in bioethics. The Belmont Report, a 1979 U.S. government guideline for the conduct of ethical research, outlined the concept of autonomy under the umbrella of “respect for persons,” differentiating between acknowledging the autonomy of persons who are “autonomous agents” and protecting those with “diminished autonomy.” • The landmark 1994 Cairo International Conference on Population and Development (ICPD) recognized the centrality of the rights to autonomy and privacy in sexual and reproductive decisions. • This term is used in academic medical and public health literature (e.g., Lathrop et al, 2020). Within this literature, this concept is often tied into “women’s empowerment,” especially to describe “low and middle income countries.” • A related concept of contraceptive autonomy has also been evolving, in particular among international reproductive health researchers.

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Reproductive (and Sexual) Health Equity	<ul style="list-style-type: none"> • Planned Parenthood Action Fund: “Reproductive health equity gives people what they need to have a fair chance at sexual and reproductive well-being and autonomy. That means your race, ethnicity, gender, income, sexual orientation, immigration status, or neighborhood does not disadvantage you from accessing the quality and affordable health care services you need to live a life of reproductive health.” • Dehlendorf et al 2021: <i>Reproductive and Sexual Health Equity</i> framework, “defined as an approach to comprehensively meet people’s reproductive and sexual health needs, with explicit attention to structural influences on health and health care and grounded in a desire to achieve the highest level of health for all people and address inequities in health outcomes.” 	<ul style="list-style-type: none"> • Academic medical and public health literature (e.g., Gubrium et al, 2016) • Reproductive movement and academic organizations and programs
Reproductive (and Sexual) Health	<ul style="list-style-type: none"> • United Nations Population Fund and World Health Organization: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well- being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.” • World Health Organization: “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” 	<ul style="list-style-type: none"> • Major global and domestic NGOs (e.g., WHO, UNFPA) <ul style="list-style-type: none"> ○ Healthcare delivery organizations (e.g., Planned Parenthood) ○ Research organizations (e.g., Ibis Reproductive Health, Guttmacher Institute) • U.S. federal and state governments (e.g., CDC, NIH, OPA). For example, in Healthy People 2020: “Reproductive and sexual health is a key component to the overall health and quality of life for both men and women.” • In the global health context, it is more common to hear sexual and reproductive health linked (e.g., Guttmacher-<i>Lancet</i> Commission on Sexual and Reproductive Health and Rights). In the U.S. context, sexual health is often used when discussing STI prevention (see CDC NCHHSTP webpage here), especially for LGBTQ+ communities, and reproductive health (see CDC Division of Reproductive Health webpage here) when discussing contraception, pregnancy, and maternal and infant health.

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Reproductive Justice (RJ)	<ul style="list-style-type: none"> • SisterSong: “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” • Forward Together: “All people having the social, political, and economic power and resources to make healthy decisions about their gender, bodies, sexuality, and families for themselves and their communities.” • Loretta Ross: RJ highlights the limitations of a choice or rights based framework and shifts the focus to human rights and addressing reproductive oppression, defined as “the control and exploitation of women, girls and individuals through our bodies, sexuality, labor and reproduction.” 	<ul style="list-style-type: none"> • Forward Together explains the relationship between the reproductive health, rights, and justice frameworks: “Although the frameworks are distinct, together they provide a complementary and comprehensive solution. The Reproductive Health framework emphasizes the very necessary reproductive health services that women need. The Reproductive Rights framework is based on universal legal protections for women, and sees these protections as rights. Issues that were historically seen as private issues in the lives of women and girls have been made public and mainstream. And the Reproductive Justice framework stipulates that reproductive oppression is a result of the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights.” • This term is increasingly referenced by advocacy orgs and think tanks, including National Women’s Law Center, Center for American Progress. As more large, mainstream organizations have taken up reproductive justice terminology, questions of co-optation and conflation of concepts have been raised. See Sasser, 2018 for a more thorough analysis.

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Reproductive Quality of Life (QOL)	<ul style="list-style-type: none"> • CECA definition: Reproductive quality of life means that a person can achieve optimal sexual and reproductive health, including self-determining and achieving their goals of if, when, and how to become a parent. • Christine Dehlendorf, North American Forum on Family Planning, 2018: “Quality of life is a term that is used as to describe a holistic assessment of individuals’ wellbeing in a certain area – whether it be health in general, physical functioning, or the livability of communities. In the context of reproduction, then, quality of life can be defined as the extent to which, from a holistic perspective, individuals are able to achieve their reproductive goals. Are they able to prevent pregnancy when they want to? Are they able to prevent birth when they want to? Are they able to have children when they wish to have children? And are they treated with respect, compassion, and care throughout their reproductive lives, so that whatever outcomes they ultimately achieve, the process of getting there is optimized?” 	<ul style="list-style-type: none"> • Though reproductive quality of life is not well-defined, the term quality of life (QOL) is used frequently in research and measurement to connote a concept broader than health. CDC defines QOL as “a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life.” CDC defines health-related QOL, specifically, as “an individual’s or group’s perceived physical and mental health over time.” • Frameworks like reproductive autonomy, well-being, and quality of life are often suggested as more person-centered alternatives outcomes like unintended pregnancy or contraceptive use.
Reproductive Well-Being	<ul style="list-style-type: none"> • Power to Decide: “Reproductive well-being means that all people have the information, services, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.” 	<ul style="list-style-type: none"> • Occasional use in advocacy and research (e.g., Center for Reproductive Rights and Ibis Reproductive Health “Evaluating Priorities” document)
Social Determinants of Health (SDH)	<ul style="list-style-type: none"> • Braveman, Egerter, and Williams, 2011: “The term social determinant of health is often used to refer broadly to any nonmedical factors influencing health, including health-related knowledge, attitudes, beliefs, or behaviors (such as smoking). These factors, however, represent only the most downstream determinants in the causal pathways influencing health; they are shaped by more upstream determinants. “ • Centers for Disease Control and Prevention: “Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.” • World Health Organization: “The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” 	<ul style="list-style-type: none"> • Academic medical and public health literature (see citations at left) • Health-related NGOs (e.g., WHO, RWJF) • Taken up by U.S. government agencies (NIH, CDC) beginning in early 2000s. • Healthy People 2020: <i>Healthy People 2020 highlights the importance of addressing the social determinants of health by including “Create social and physical environments that promote good health for all” as one of the four overarching goals for the decade.</i>