

Call for Papers

The elimination of stigma and discrimination in sexual and reproductive health care

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Submissions due: March 15, 2019

Building on the “No one left behind” principle of the Sustainable Development Goals, and the United Nations’ call on taking coordinated multi-sectoral action to eliminate discrimination in health care, Sexual and Reproductive Health Matters (SRHM) is inviting submissions for a themed issue on “**The elimination of stigma and discrimination in sexual and reproductive health care**” to be published in October 2019. The objective of the issue is to collate innovative research, programmatic, policy and rights-based analysis and thinking that addresses the drivers of stigma and discrimination in sexual and reproductive health (SRH) care, documents their manifestations, illustrates good practices in addressing these issues, and informs pathways towards its ultimate elimination.

Stigma and discrimination in sexual and reproductive health care are widespread across the world and take many forms. They violate fundamental human rights protected in international, regional and national laws. While often used interchangeably, stigma and discrimination are separate though often closely related concepts. Stigma is experienced when an individual or group is identified as being different from a perceived norm, and is subjected to shame, disgrace, rejection or disapproval because of that difference. Discrimination manifests in disparate or inequitable treatment of those believed to be different and is often an expression of stigma. Stigma and discrimination can be real or perceived, but both have important implications for sexual and reproductive health-seeking behaviours, outcomes, and access to rights, particularly for some of the most marginalized populations. Identifying, addressing and eliminating stigma and discrimination is central to the realisation of sexual and reproductive rights for all.

Stigma and discrimination in SRH care are often directed towards some of the most marginalised populations. Such stigma and discrimination can be linked to what are often intersectional factors such as age (particularly for adolescents and older people), disability, race, sex, gender, gender expression, sexual orientation and sex characteristics, and marital status. Individuals’ experiences of stigma and discrimination can also be shaped by factors such as poverty and socio-economic inequalities, religion, culture, experiences of violence, immigration or refugee status, and occupation, particularly in relation to sex work.

Stigma and discrimination can be particularly profound when individuals seek specific kinds of SRH care or services, for example those related to HIV, sexually transmitted infections, abortion, contraception, sexual dysfunctions or transgender health services. Stereotypes,

fear, biases, religious beliefs, misinformation, bigotry and intolerance in societies at large, and in health care settings in particular, can present formidable barriers to stigmatized individuals' access to sexual and reproductive health care.

National laws and policies can either protect against or they can foster and perpetuate discrimination in SRH care settings, impeding the uptake services that people need. A lack of rights-based professional standards, along with legal and regulatory barriers, such as conscientious objection to the provision of SRH services, unreasonably set waiting periods and minimum human resources requirements, are proven to be harmful, contradictory to human rights, and counterproductive for the provision of quality SRH services.

However, multiple avenues exist to challenge stigma and discrimination. For example, health care services can address stigma and discrimination through delivery methods, such as using participatory approaches, community-based accountability and monitoring. Approaches that involve working directly with vulnerable groups in the design and delivery of services can be powerful in impact.

In this themed issue, SRHM invites research articles, perspectives, policy analysis, book reviews, commentaries that investigate and reflect upon the drivers and manifestations of stigma and discrimination in SRH care, and importantly, how those drivers can best be challenged, disrupted, and resolved. Examples of relevant areas of research include:

- What are the systemic or organizational drivers of stigma and discrimination in SRH care, in specific settings? How can these be overcome?
- What are the impacts of stigma and discrimination in SRH care on specific populations, and how can they be mitigated?
- How best can we understand and address the multiple layers of stigma and discrimination that can be experienced by individuals?
- What effective strategies and practices are currently being undertaken to eliminate stigma and discrimination in SRH care? What research methods may be utilised to evaluate how well stigma and discrimination are addressed?
- In what ways do stigma and discrimination manifest within laws, regulations, policies, programmes and their delivery (such as within health care provider and staff training, education and professional standards, and provision of services)? How can this be addressed?
- Where laws and policies exist to tackle stigma and discrimination in SRH care, how effective are they, and how can the gaps between policies and entrenched practices best be bridged?
- What are the accountability mechanisms within and beyond the health care system to eliminate stigma and discrimination, including access to justice and remedies for victims of violations of human rights?
- What role do community-based or faith-based organisations, or political actors and movements play in perpetuating or combatting stigma and discrimination in SRH reproductive health care?

Please visit the SRHM journal website for our Instructions for Authors, and details regarding manuscript submission: srhmjournal.org

Please note that for this themed issue, SRHM will cover the costs of Article Processing Charges for all accepted articles.

We would like to remind potential authors of articles that in addition to our regular calls for themed papers, SRHM also accepts other papers related to SRHR on an ongoing basis. Some of these may later be brought together or listed as key topics. We accept a wide range of article types, from full research reports to short personal perspectives, letters and book reviews. Article Processing Charges may apply for these papers. Please see instructions for authors at:

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