

THE FEMINIST TOOLKIT TOWARDS JOYOUS & AUTONOMOUS SEXUAL & REPRODUCTIVE FUTURES

just published!

We recognise that the reclamation of SRHR is a collective effort, and one that grapples with deeply rooted medical, cultural, social, and economic systems and structures. The purpose of the toolkit is to bring together all those who envision and pursue a future where everyone has access to SRHR. It hopes to open a reflective space that calls on activists, policymakers, healthcare providers, community members, organizations, grassroots actors, rights holders, and all SRHR advocates.

Unpacking SRHR challenges in Lebanon

To dissect and understand the multifaceted challenges associated with accessing SRHR in Lebanon, rooted in its socio-cultural and healthcare landscape

Challenging traditional healthcare provision and encouraging feminist reimagination of care practices

To contribute to the transformation of the patient-provider dynamics through a feminist lens, recentring empathy, care, and respect for agency and autonomy

Setting forth an initial framework for enhanced access to SRHR

To devise a toolkit that is responsive to the challenges in accessing SRHR in Lebanon in the form of an initial framework that seeks to inspire further reflective, inventive, and intentional care practices

Forging an SRHR transnational network

To advocate for the conjoining of the diverse actors who envision a transformed SRHR future and to bridge between the vital lines of work necessary towards its actualisation

ADDRESSING SRHR CHALLENGES IN LEBANON & ARAB STATES

The toolkit provides a foundational analysis rather than a comprehensive exploration of all the challenges undermining access to SRHR in Lebanon. It identifies key obstacles such as knowledge gaps, patriarchal and privatized healthcare provision, over-medicalisation, and legal restrictions, alongside initial recommendations for navigating these deep-seated barriers. This analysis serves as a starting point for broader discussions and actions towards improving SRHR in Lebanon and beyond. In what follows is a snippet of the challenges which are more expansively elaborated on in the full version of the toolkit along with recommendations:

MYTHS AND MISCONCEPTIONS

Deeply ingrained myths, persistent misconceptions, and profound knowledge gaps about SRHR are often exacerbated by lack of accessible resources and restrictive socio-cultural norms in Lebanon. This restricts agency over one's sexual and reproductive life, whereby one's ability to understand and make informed choices about their health is compromised. For instance, we see this particularly prominent in contraceptive care, whereby the lack of knowledge about the different contraceptive choices, their advantages and disadvantages, hinders a person's ability to experiment with different options and observe what works best for them. Similarly, navigating STIs without access to information can reinforce stigmas and shame, and can lead to misconceptions surrounding the contraction and treatment of STIs.

Coupled with a fragile and discriminatory healthcare system which fails to compensate for these knowledge gaps, the issue becomes further complicated. Healthcare providers, intentionally or otherwise, may withhold, distort, and miscommunicate relevant information that is necessary for affirming sexual and reproductive agency. In fact, several organizations we spoke with expressed concern over the lack of comprehensive and inclusive education for healthcare providers on SRHR topics, which hinders their ability to deliver informed and sensitized care.

PATRIARCHAL PRIVATIZED HEALTHCARE

The healthcare system in Lebanon, marked by its heavy privatization and patriarchal underpinnings, faces substantial hurdles in providing comprehensive access to SRHR. The privatization has led to a healthcare landscape where the bulk of services are concentrated within the private sector, focusing predominantly on curative care rather than preventive and primary healthcare. The current economic crisis has exacerbated these issues, leading to severe shortages of supplies, equipment, and personnel, and an increase in healthcare costs that are unaffordable for most people. Furthermore, this has particularly impacted marginalized communities, which face bureaucratic, economic, and prejudicial barriers in accessing basic SRHR services, and which are often scapegoated in economic crises.

Moreover, the system is influenced by patriarchal norms, which can manifest in biases within healthcare provision and a lack of gender-sensitive approaches. In effect, privacy and confidentiality concerns are paramount, given the cultural context and the shame that transpires from patriarchal attitudes. This also leads to paternalistic attitudes by healthcare providers, whereby they deem themselves in a position to advise on what is best for their patients, compromising their sexual and reproductive agency. In addressing these challenges, there's a critical need for alternative, accessible, digital, and secure forms of service provision that ensure privacy and confidentiality, and that undermine patriarchal pressures.

OVER-MEDICALISATION IN HEALTHCARE

The challenges of overmedicalization in sexual and reproductive health provision are compounded by a broader healthcare crisis in Lebanon, marked by political, economic, and social turmoil. Over-medicalisation in SRH often manifests as the unnecessary use of medical interventions, obstetric violence, excessive and unnecessary testing, pathologization of sexual orientations or gender identities, among other harmful practices.

The financial crisis marked by high inflation, liquidity issues, and the devaluation of the Lebanese pound has led to increased inaccessibility to medical care within the country's highly privatized healthcare system. The delegitimization of self-managed care, coupled with the over-reliance on traditional, inaccessible healthcare systems emphasize the need for alternative avenues for the reclamation of SRHR.

POLICIES AND LEGAL BARRIERS

In Lebanon, restrictive legal and policy environments gravely impede access to SRHR, influenced by the country's socio-cultural realities and religious norms. For instance, the sectarian personal status law, governing marriage, divorce, inheritance, child custody, among other matters, is patriarchal and relegates women to disadvantageous positions in legal settings. In effect, non-governmental organizations have long been advocating for the unification of the personal status law such that it protects women from state-sanctioned violence. Moreover, laws such as the criminalization of abortion except in life-threatening situations severely limit reproductive agency. This is further exacerbated by additional barriers to safe abortion services, such as the withholding of care due to conscientious objection by healthcare providers, lack of access to information about abortion methods and regulations, nonessential medical testing, financial constraints, and other factors contribute to the hindered access to SRHR.

Additionally, it is critical to recognise and address the intersection of sexual and reproductive rights with other rights, such as labor rights, to elucidate how restrictive policies further marginalized already vulnerable groups. This includes migrant domestic workers under the kafala (sponsorship) system, refugees, and trans* individuals. These communities face additional barriers in accessing SRHR due to their precarious legal status and residency rights, racism, xenophobia, homophobia, transphobia, and other forms of discrimination which significantly impacts their ability to seek healthcare without fear of harm or retaliation.

To learn more about our findings and recommendations to those challenges, as well as a deeper understanding of the main actors in Lebanon and the region's SRHR landscape, please use the QR code to visit the full version of the toolkit.



Omgyno is a growing social enterprise born in response to both deep-rooted and emergent challenges in accessing sexual and reproductive health and rights (SRHR). It is a femtech platform that seeks to reimagine the gynecoological experience through human-centered design and digitalized care. SRHR challenges Omgyno pursues and advocates for more equitable and joyous sexual and reproductive lives for all women. Operating in Lebanon and Greece since 2021 and run by an all-female primarily Lebanese team, Omgyno is actively expanding its scope dedicated to addressing a wide array of SRHR topics, aiming to cultivate an environment of informed care and deconstructed SRH-related shame.

OMGuide

An informative blog that is dedicated to addressing a wide array of SRHR topics, aiming to cultivate an environment of informed care and deconstructed SRH-related shame.

Home Tests



To facilitate online telemedicine consultations with informed healthcare providers to discuss home testing results and overall sexual and reproductive health.



which is Omgyno's own eco-conscious SRH products and aligns with its commitment to sustainable and ethical practices.

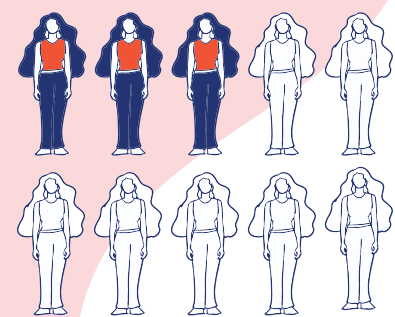
The Omgyno platform works on four interdependent fronts, each designed to respond to the diversity of contexts in which it operates. Omgyno is community-led and modular, intentionally relying on partnerships and community efforts, including but not limited to clients, partners, locally-based researchers, translators, and activists, whose collaboration is necessary for creating trusted alternative forms of SRH care. In short, Omgyno offers:

OMGYNO IN LEBANON

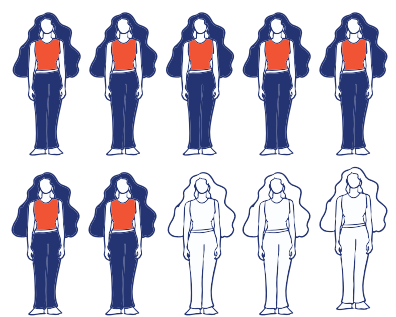
Omgyno launched in Lebanon in March 2023, with a country-wide campaign offering free SRH home testing and telemedicine consultations.

KEY FINDINGS FROM OMGYNO HOME TESTS

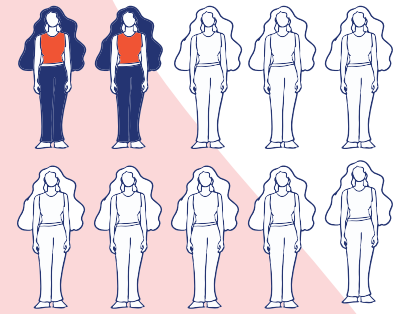
30% of the community members who ordered the test had **symptoms**



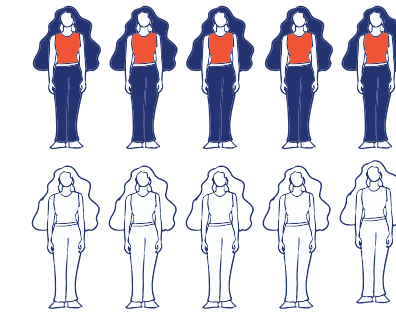
73% of the positive cases were coinfection with more than one high risk **HPV strain**



20% of the people who tested positive for a high-risk strain have never visited a gynecologist



53% of the people who tested positive for a high-risk strain have had their last checkup more than 1 year ago



100% of the community members who ordered the tests value the **privacy, accessibility, and affordability of the process.**

Credits: Doreen Toutikian, Eliannore Boutros, Rana Cheaito, and Razan Hadid. The production of this toolkit was supported and funded by We Lead, a 5-year program funded by the Dutch Ministry of Foreign Affairs. To learn more about our findings, please use the QR code to visit the full version of the toolkit.



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Towards justice for
sexual and
reproductive health

