

Peeking Under the Rug: Unseen Gender Troubles in Sri Lanka's Sexual and Reproductive Health Sector

Ramya Kumar

Contents

Introduction	972
Building a Feminist Counternarrative	973
A Critical Feminist Political Economy of Health Approach	973
	974
Reproductive Healthcare in Sri Lanka: The Dominant Narrative	975
Peeking Under the Rug	976
Medicalization of Reproduction	976
	979
Co-opting Maternal Health	981
. •	983
	986
Conclusion	988
Cross-References	988
References	989

Abstract

Sexual and reproductive health (SRH) policies and programs are driven by agendas that are often far removed from health. These agendas, in turn, are shaped by sociopolitical forces and processes that operate at global, national, and/or local levels. Sri Lanka's public health system is internationally acclaimed for delivering free and accessible maternity care. The country's maternal health indicators, superior to those reported from most other South Asian settings, are cited as evidence of its reproductive health achievements. This chapter employs a critical feminist political economy of health lens to examine dominant narratives of reproductive healthcare in Sri Lanka. It draws attention to four "macro"

Senior Lecturer, Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna, Jaffna, Sri Lanka e-mail: ramyak@univ.jfn.ac.lk

R. Kumar (⋈)

972 R. Kumar

processes, namely, medicalization, commercialization, co-optation, and marginalization, that critically shape SRH in Sri Lanka. A gender lens that links sociopolitical forces and processes with SRH policies and programs helps to throw light on often neglected social justice and equity concerns that must be addressed in efforts to advance SRH in Sri Lanka and elsewhere.

Keywords

Sexual and reproductive health · Medicalization · Commercialization · Nationalisms · Marginalization · Critical feminist methodologies · Sri Lanka

Introduction

As of late nineteenth century, infant and maternal welfare programs have targeted women's bodies and their health as a part of nation-building efforts (Birn et al., 2017; Jones, 2004; Ram & Jolly, 1998). The early twentieth century saw eugenic family planning initiatives levelled at poor and minoritized populations in both industrialized and colonial settings, followed by an overt population control program rolled out in the nonaligned "Third World" during the Cold War (Hartmann, 1987; Kumar et al., 2016). Shaped by a range of actors, the population control agenda was supplanted by the reproductive health and rights paradigm in the 1990s, only to be subsumed by the regime of maternal health and family planning in the 5th Millennium Development Goal (MDG), *Improve maternal health* (Yamin & Boulanger, 2017). Today, as a target of the third Sustainable Development Goal (SDG) on health, universal sexual and reproductive health (SRH) remains elusive, with SRH policies and programs instrumentalized to fulfill goals that are far removed from, and, at times, in conflict with health (Kumar et al., 2016).

Sri Lanka's public healthcare system has been held up as a model that delivers free and universally accessible maternal and infant care (Rajapaksa et al., 2021; N.B. Indigenous medical services in the Ayurveda, Unani, and Siddha traditions constitute a vital arm of Sri Lanka's healthcare system, but play a limited role in maternity care). Guided by a free health policy (1951), this system has achieved near-universal coverage of antenatal care (99%) and skilled attendance at birth (99%), with as many as 95% of deliveries taking place at public facilities (Department of Census and Statistics, 2017). At 37 deaths per 100,000 live births, the country's maternal mortality ratio is much lower than in most other South Asian settings (World Bank, 2023), despite a protracted civil war having ravaged the country for decades. Indeed, these maternal health indicators are frequently cited as evidence of Sri Lanka's reproductive health achievements, alongside accounts of strong public health infrastructure and a professionalized health workforce. A 2016 World Health Organization (WHO) publication, titled *Public Health Success in Sri Lanka*, describes the landscape of maternal and child health (MCH) in this way:

There is comprehensive, island-wide access to MCH care. There are currently 343 health units, 77 hospitals with Comprehensive Emergency Obstetric and Neonatal Care services,