# Integrating Women's Reproductive Health rights in the decentralized health care delivery in Uganda by Edith M. Okiria


## Abstract

Health experts say if unmet need for contraceptives were satisfied, maternal mortality would drop by 40 per cent, and unplanned pregnancies and induced abortions would decline by 84 per cent. The current emphasis on reproductive health (RH) in population programs began years ago when human rights and women's health advocates began to question the rationale of traditional policies that mainly focused on reducing population growth through the provision of family planning services (Dixon-Mueller, 1993 Sinding and Ross, 1994). At the ICPD, there was consensus among national delegations on the need for a more comprehensive, client-centered view of reproductive health and for implementation of reproductive health programs in addition to family planning. While there have long been discussions of the merits of integrated services, the 1994 ICPD intensified the interest in implementing reproductive health services through integrated programs. However, the question is, will integrated programs be a successful mechanism for meeting reproductive health needs of women?

Women's health issues have attained higher international visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With limited access to education or employment, high illiteracy rates and increasing poverty levels, women's health improvement is still a challenge.
There is serious concern that health sector reforms have had detrimental effects on reproductive health for women in developing countries. Existing literature does not provide enough conclusions on either the positive or negative impact of decentralization on access to reproductive care or reproductive health outcomes. This clearly signals the need for research and evidence on whether women's reproductive rights are being addressed in the decentralized health care services delivery. The overall goal of this study therefore, was to assess the extent to which reproductive health rights are being integrated into the decentralized health services delivery in two districts in Uganda. Both

qualitative and quantitative techniques were used in data collection, processing and analysis to reveal that there is limited focus on women's reproductive health rights.

**Introduction**

Reproductive Rights embrace certain human rights recognized in national and international legal and human rights documents including:

1. The basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so.
2. The right to attain the highest standard of sexual and reproductive health
3. The right to make decisions concerning reproduction free of discrimination, coercion and violence (FWCW 1995, ICPD 1994, WCHR 1993 and CEDAW 1979).

Protecting and promoting sexual and reproductive rights should be, a fundamental basis for all relevant policies including decentralization. In order to ensure respect of human rights there should be mechanisms and actions to guide implementation.

Women's reproductive rights and freedom are key determinants of their health and are highly influenced by their roles in society.

Although government and other partners are committed to reducing maternal mortality as outlined in the National Health Policy, Maternal mortality (MM) rates in Uganda are still ranked among the highest in the region (UDHS, 2006). According to the Uganda Local government Act (1997) the establishment of health sub- districts and implementation of the essential health care package throughout the country, are the over-riding priority for the first phase of implementation of the policy. Women's reproductive health rights should be seen as part of the essential health care package in the reproductive health services delivery.

There is increasing interest in implementing reproductive health services through integrated programs. However, are integrated programs putting into consideration women's reproductive rights? Women's reproductive health rights have been neglected as integral to health care services delivery.

According to The Centre for Reproductive Rights (CRR), International Conference on Population and Development (ICPD) (1994), Convention for Elimination of all forms of Discrimination Against women (CEDAW) and Uganda's National Constitution (1995), reproductive health rights are human rights with which every woman is endowed. The ICPD (1994) programme of Action and the Beijing Platform for Action also recognized sexual and reproductive rights as human rights, thereby affirming them as an inalienable and integral. Women's reproductive health rights must be integrated into the development processes.

Two main rationales have been offered for integrated delivery of reproductive health services: integrated services may better meet clients' needs, and integrated services may improve the efficiency and effectiveness of services. The most fundamental rationale for integrated services is the likelihood that programs will be better able to help clients meet their reproductive needs (IPPF, 1981; Taylor et al., 1983b; Kunii, 1984; Rosen et al., 1989; Bruce, 1990; Simmons et al., 1990; Dixon-Mueller, 1994). Integration of various policy and program components may occur in varying degrees at the national, provincial, district, local, and other administrative levels. In this case, the need was to examine the extent to which reproductive health rights are being integrated into the decentralized health services delivery at local government levels.

Service integration might involve the linkage of several provider functions at the service delivery point and would require modification of worker roles, allocation of time and referral requirements. One of the objectives of the study was to establish the reproductive health services offered at every level of service provision in the decentralized health care system.

The neglect of sexual and reproductive health and rights lies at the root of many of the problems that international community has identified in need of urgent action, including violence, sexual abuse and rape of women and children, HIV and AIDS, maternal mortality, teenage pregnancy, abandoned children, harmful practices such as female genital mutilation, population growth, feminization of poverty and violation of fundamental human rights and human dignity (Maria Jose Alcal, 1995).

A human rights approach is a powerful tool in the fight to save women from death and disability: it holds governments accountable, places women's health and well-being at the center of efforts to reduce maternal deaths, and empowers women to defend their right to maternal health.(Center for reproductive rights,2009 in **(www.reproductiverights.org/.** The historic 1978 Alma-Ata International Conference on Primary Health Care offered a framework for understanding health in terms of equity and its related socioeconomic and health system issues. The PHC model equates health with freedom, endorsing a definition of health that is not merely the absence of disease (WHO, 1988) and the overarching framework included promotion, protection, prevention, care and support, and rehabilitation. District health systems, as formulated by WHO in 1983, supported PHC with "coherent health services closer to the people" (Korte, 2004: 22).

Decentralization of health services has become a key element of health sector reforms in developing countries and Uganda in particular.

Many countries have adopted decentralization as one of the major means of implementing reforms for better efficiency, quality, and equity. The issues of equity in health care and the impact of poverty, have major concerns in sub-Saharan Africa (WHO, 2006; Commission for Africa, 2005). Achievement of equity through access to reproductive health services, choice of family planning, liberty to choose the number of children and access to information are critical for the realization of women's reproductive health rights. The District Health System is a more or less self-contained segment of the National Health System. It consists of various tiers under the overall direction of the District Director of Health Services.

The transfer of responsibility for service delivery to the Health Sub-District necessitated redefining the roles and responsibilities of the District Director of Health Services' Office. The District Health Teams (DHTs) retain the functions of planning, budgeting, coordination, resource mobilization, and monitoring of overall district performance. It has been realized that poor logistics, inadequate staffing, weak management capacity and poor working conditions are some of the factors dictating the pace and general effectiveness of this policy change (Annual Health Sector Performance Report, 2003/04). This has an implication to reproductive health rights promotion.

Health sector reforms have been implemented in an effort to improve health services management and supervision. These reforms are intended to decentralize health systems, reduce bureaucracy, and increase cost-effectiveness and efficiency in part by

reorganizing services, streamlining management, and allocating resources to better meet local needs.

Major health reforms that have been instituted include: Decentralization of governance to districts; health sub district approaches; civil service reforms; user fees; Sector-Wide Approaches (SWAPs); Unification of health and family planning services, and health care financing.

Decentralization is intended to reduce inequalities in the provision of health care and for more people to be able to access health services. In that vein, under Uganda's decentralized structure, the responsibility for the provision of health services, including maternal and child care for the 90% of the population that lives in rural and urban areas rests on the district/

This study on women's reproductive health rights included entitlement to access family planning, antenatal and postnatal care, access to information, freedom to choose number of children to produce and decision making on reproductive health care. It assessed the extent to which women's reproductive health rights are being addressed in Jinja (urban) and Mayuge (rural) local governments and the similarities or differences. Focus was on establishing the reproductive health services offered at different levels, examining the accessibility to reproductive health services, documenting women's perceptions in accessing reproductive health services under the decentralized health care system and highlighting challenges in addressing women's reproductive health rights under the decentralized health services delivery.

**Methods used**

A non- experimental exploratory study design was used to examine how local governments are integrating women's reproductive health rights in the decentralized health care delivery system. For comparison purposes, the study was done in two districts in Eastern Uganda that represented a rural- based and urban- based district (Mayuge and Jinja). Using purposive sampling, both qualitative and quantitative study techniques were employed on a total population of 80 respondents, who included medical officers, administrators, community leaders and women in the community, at the different levels of health care delivery. Several methods were used that included Exit pols, Interviews, Observation and document reviews.

Later the data was entered into the computer, and a statistical package for social sciences (SPSS) was used to analyze the data. Data was interpreted using graphs to show access and utilization of the different services, decision making, levels of satisfaction and challenges.

Qualitative data was put into themes according to the set objectives identifying the similarities and differences between the two districts. After analysis, the data was interpreted and organized according to the study objectives/themes showing the correlation between the different methods used.

**Conclusion**

In the decentralized health care policy, reproductive health rights have not yet been fully integrated into client perspectives. The women's knowledge of reproductive health rights was based only on information understood from health care service providers, which is only a limited. Women do not realise that family planning for instance is their reproductive right; the majority reported practising it behind their husband's backs.

Issues identified at the service delivery level that require special attention in integrated reproductive health services include: infrastructure and referral systems; medical support, supplies and logistics; updated reproductive health service delivery guidelines competence of personnel; training for staff; lack of supervision; and evaluation of integrated programs. Some theatres had been built but were not in use either due to lack of equipments or lack of personnel to operate the equipments. Such situations deprived women of their rights, to access some of the reproductive health care services from those levels. Rights to permanent family planning methods and emergency obstetric care were only available in hospitals.

Inadequacy of staff training was cited repeatedly as an issue for integrated services. The need of training personnel in integrated programs repeatedly appeared in the discussions. All levels of workers should be trained in accountability and quality of care, including technical competence, sensitivity to the needs of clients, continuity of care, commitment to informed choice, and listening to clients. To a large extent, health workers especially in the rural areas felt neglected and helpless, because they were unable to access up-to-

date information on reproductive health. Ministry of Health, who are supposed to play a supervisory role in the decentralized health care, were not visible at the lower levels of health care. The lack of support supervision combined with irregular supplies of drugs, contributed to low morale among health workers and reduced trust in the health care delivery, among other reasons. Lack of special rooms for confidentiality and privacy during counseling sessions, undermines individual counseling and may create more stigma.

So far, decentralized health care is not adequately promoting community participation, which is key to meeting women's reproductive health rights. When women are not aware of their reproductive rights, they cannot demand for them like the case of family planning, antenatal care etc. and cannot hold government accountable.

The interrelationship of poverty with equity issues and the meaningful participation in health and health-care services seems obvious, but is not well explored.

Challenges in accessing and utilizing reproductive health services are similar between urban and rural but the rural are more disadvantaged, they have less access, poorer economically, poor communication and less literate. Rural women are less involved in decisions concerning their reproductive health like family planning, number of children etc. All in all 41% of the women said they take decisions on how many children they want while 59% said they cannot.

Integrating reproductive health rights into the minimum health care package would ensure that health planners give priority and allocate adequate resources for women's reproductive health, in the decentralized health care delivery. Revival of the Primary health care strategy, where traditional birth attendants can make a contribution to women's reproductive health care was proposed by the women themselves. This would mean that government changes their strategies on how to involve TBAs to integrate women's reproductive health rights in the decentralized health care delivery. Since the TBAs are already playing a significant role in health care delivery, proper training and closer supervision would give support to health care workers who are overburdened with too much work. Health care budget allocations must include the interests of the poor women. The costs of health care that the poor must bear during health care are

unsustainable. The real costs of maternal health care and family planning for communities are increasing in the era of decentralization, which shows that the budgeting process is not based on the interests of the poor women who cannot afford gloves, cotton wool Macintosh etc.

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