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Social and spatial inclusiveness of reproductive health services in Tanzania: a perspective on "health corridors"

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Short abstract

Despite massive policy interventions in Tanzania, reproductive health services are poorly accessed and utilized. This paper examines the different patterns of access and utilization of reproductive health services and explores the social and spatial determinants behind it. Data reveals despite increasing coverage of health facility, free antennal and family planning services, there remains low utilisation of it. Mainly due to socio-economic and cultural barriers associated with gender relations; cultural misconception; presence of 'alternativity'; and a general trend to seek traditional health care over medical care. Paper concludes that addressing health services delivery without comparable attention given to the embedded socio-cultural aspects that are context-specific, represent a failure not only in policy but also alerts the spatial-bias in conceptual lens commonly used. Lastly, taking a perspective on health corridors is necessary to offer policies and programs for improving decentralized health services that are more socially and spatially inclusive.

Extended abstract

Description of the topic

Health is an important aspect of people's wellbeing, productivity, and contribution to the socio-economic development of a country. Increasingly, addressing health is gaining incredible recognition as central to reducing poverty on a global and local scale. Even more so, emphasis on sexual and reproductive health and rights (SRHR) is gaining greater exigency across global and national development agendas. Inherently this means increasing accessibility to the poor and vulnerable groups, especially targeting those of a reproductive age, improving the rights of women and girls in relation to access to functional health service, and expanding equitable access to SRHS. The challenge for researchers is to show the possibilities for achieving this across particular contexts.

Over the past decade in Africa, there has been an increase in economic growth reflecting the significant improvements in macro economic policy and sector reforms. Despite massive policy interventions, most Sub-Saharan African countries are still far away from achieving the Millennium Development Goals set for 2015; which is a yardstick taken to assess the development of a country. In particular, the realization of "universal access to reproductive health services" in MDG5 is the furthest away. In the case of Tanzania, reproductive health services show low utilization rates and poor access, especially for vulnerable groups. While the extent of inclusiveness in health service delivery varies tremendously, there are clear challenges in health equity, both spatial and social, most notably in rural areas. As a consequence, large numbers of women and girls are still dying in birth; unwanted pregnancies and unsafe abortions continue to rise; and prevalence of HIV/AIDS remains stagnant. In response, the Government of Tanzania initiated the Health Reform Policy in 1995, with an emphasis on decentralization, aiming to increase and improve availability, access to, and quality of health services. It further stipulated the "enhancement of the health status of women and children" as first priority in the National Development Vision 2025. This aligns with much of the current debate that affirms strengthening decentralised health systems, including decentralising reproductive health services, for instance through integrating family planning, antenatal care and HIV/AIDS, along with encouraging gender and right based interventions.

Theoretical focus

One of the recent emerging research gaps is *demanding for* and *delivering* health services that are *socially* and *spatially inclusive*. This study uses the extensive body of literature on the concept of social inclusions/exclusion, which deals with the convergence of health, poverty and gender. Emphasis is placed on the concept of *accessibility* recognising both a spatial and a social-economic dimension. It also draws from the body of literature on health sector reforms and health service delivery, which deal with accessibility and utilizations aspects. It also considers the implications of decentralisation in health services for the community; which includes placing people's – of various groups - needs at the core of the study giving it a strong social component.

Aim of study

Against this backdrop, this is a case study that focuses on the present-day situation in Magu, situated in the north western part of the country, to examine the different patterns of access and utilization of reproductive health services and explores the social and spatial determinants behind these patterns. Using a wealth of recently gathered primary data, it analysis aspects of how the population perceives and uses reproductive health services and it explicitly seeks to reveal why utilization rates are so low. It further examines the implications of facility-based reproductive health integrated services and community-embedded health interventions in the area. In doing so, it explores the notions of 'creating demand' and 'demand articulation' in health service delivery.

Method

Study adopts a mixed method: qualitative and quantitative. It conducted extensive focus group discussions with both male and female community groups and health workers, and; in-depth interviews with government and NGO service providers. In doing so, it mainly adopted a rights-based approach to capture health programmes processes and experiences primarily from community's perspective. It also carried out a randomised sample of a household survey in three selected villages in the district (Solongewe, Mwamabanza and Buhumbi).

Findings

Empirical findings reveal that firstly, despite increasing coverage and availability of health facility in spatial proximity, there was a general reluctance towards it. This low utilization of facility-based integrated services are mainly found to be due to socio-economic and cultural barriers associated with gender power and relations, traditional abortion and self perception of low risk HIV infection. Secondly, despite free antennal and family planning services, utilization appears to be low attributed largely by misconception of services, symptoms and presence of 'alternativity'. Thirdly, a general trend to seek traditional health care over medical care largely associated with the population's long history of acceptance, trust and loyalty towards traditional care (e.g. use of traditional contraceptives and abortion). The study observes that community-embedded health interventions are found to strategically breach cultural barriers and increase access to health care as such through health corridors. This is a socio-spatial path encompassing the interaction between community-based health agents and facility-based health service providers, as well as, the provision of non-clinical care (counseling, informal education, awareness) in community for stimulating people to acknowledge their reproductive health needs, articulate their demands and assert preventive care and utilize facility-based services. However, this is challenged most with the lack of cooperation and trust between implementing bodies and the skewed community perception of reproductive health.

Paper concludes that addressing health services delivery without comparable attention given to the embedded socio-cultural aspects that are context-specific, represent a failure not only in policy but also alerts the spatial-bias in conceptual lens commonly used. Lastly, in the absence of a strong health system in a limited resource area, taking a perspective on health corridors is necessary for strengthening reproductive health service delivery; which in turn offer policies and programs to improve decentralized health services that are social and spatial inclusive.