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Title	Barriers that Prevent Women from Accessing Sexual Reproductive Health & Rights (SRHR) Services in Mozambique and Advocacy Strategies to Address them
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Barriers that Prevent Women from Accessing SRHR Services in Mozambique and Advocacy Strategies to Address Them

Presented by Maximino Costumado, Ernest Khalema, Catherine Ndinda, & Maira Domingos
University of KwaZulu-Natal, Build Environment and Development Studies

Presentation Outline

- Introduction: Context
- Review of Relevant Literature: Justification
  - Sexual and Reproductive Ill Health and Gender (Women)
  - Barriers that Prevent Women' Access to SRHR Services
- Methodology: Systematic Literature Review
  - Advocacy Strategies to Promote Access to SRHR Globally
  - Possibilities and Recommendations for Mozambique
- Conclusion

Introduction: *Context*

- Sub Saharan African countries faced many hurdles in realising social, cultural, political, and economic transformation.
- Women economic and social burden include
  - the feminisation of poverty,
  - low socio-economic status,
  - the burden of sexual and reproductive ill-health (WHO, 2007; Glasier et al, 2006; UNFPA, 2012), and
  - harmful cultural/social practices fuelled by patriarchy.
- International & National agreements: accelerated the urgency of addressing SRHR for women.

National Policy Initiatives

- The Mozambique constitution recognizes the right of all citizens to medical and health care and the duty to promote and defend the public health systems (UNFPA, 2013).
- The country has implemented several programs and strategic plans:
  - *Strategic Plan for the Health Sector* (PESS 2007-2012);
  - *National Integrated Plan for the Achievement of Development Goals 4&5*(2009-2012);
  - *Family Planning Strategy and Contraception 2010-2015*;
  - *Action Plan for Poverty Reduction (PARP, 2011-2014);*
  - *National Policy on Health and Sexual and Reproductive Rights* (2011) and more recently the *Health Sector Strategic Plan 2013-2017*;

Women SRHR challenges

- **The burden includes high:** *maternal mortality, unsafe abortions, sexually transmitted infections, HIV/AIDS prevalence, and teen pregnancy* just to name a few.
- **Health System Context:** there were only about 700 medical doctors in the country. Only 0.03 doctors and 0.21 nurses per 1000 people (WHO, 2007).

Infant Mortality

- Data on infant mortality levels in Mozambique indicate that rural areas have higher mortality levels than urban areas, particularly children whose mothers have low level of education (DHS, 2011).
- Data from 2011 indicate that the infant mortality rate in urban areas was 69 per thousand live births against 72 per thousand live births in rural areas (DHS-Moz,2011).

Maternal Mortality

- The main causes of the deaths are postpartum haemorrhage (24%), while others causes include anaemia, malaria and heart disease (20%), infection (15%), eclampsia (12%), obstructed labour (8%), ectopic pregnancy, embolism, and anaesthesia complications (8%) and unsafe abortion (13%) (Mozambique DHS, 2011).
- The percentage of women who died due to maternal causes in Mozambique is 14%, and it was greater in young women.
- One in every four deaths (24 %) among women 15 to 19 years was attributed to cause maternal, but this proportion dropped to 16% for women aged 25 to 29 years and 8% for women aged 45 to 49 years (DHS,2011).

Unsafe Abortions

- Mozambique has one of the highest unsafe abortion rates with 36 per 1,000 women between16 and 44 years (WHO, 2011)
- In 2014, Mozambique approved a law that penalises illegal abortions but only in exceptional circumstances

Sexually Transmitted Infections (STIs) and HIV/AIDS

- Sexually transmitted infections (STIs) are the second most important cause of healthy life loss for women in Mozambique (UNFPA, 2009);
- In 2009 nearly 1.6 million people in Mozambique were living with HIV (55.5% of which are women and 9.2% of which are children younger than 15years).

Teen Pregnancy

- Total fertility rate is 5.9 per women (DHS,2011)
- Data from Mozambique show that the proportion of young women age 15–19 years who ever become pregnant is 38 % (INE, 2013);
- **Percentage of girls aged 15–19 years who fell pregnant by level of education – DHS,2011**

Level of Education	% of pregnant girls
None	51
Primary	41
Secondary	26
Total	38

Contraceptive Use

Percentage of Contraceptive use among women in Mozambique

Variation	1997	2003	2011
Current contraceptive use among women 15-49 years old, any method, percentage	5.6	16.5	12.3
Current contraceptive use among women 15-49 years old, condom, percentage	0.3	1.1	3
Current contraceptive use among women 15-49 years old, modern methods, percentage	5.1	11.8	12.1
Current contraceptive use among women 15-49 years old, any traditional methods, percentage	0.1	0.1	0.3

1997, 2003-2004, 2011 Population Surveys and Demographic Health surveys of Mozambique (DHS)

Barriers that Prevent Women' Access to SRHR Services

- *universal access* means that no one is deprived of being able to use appropriate services when needed(i.e. that no one has to incur large out-of-pocket expenditure at the time of seeking services) and, it implies:

Barriers occur at individual level, provider level, and system level:

- Individual level
  - gender, ethnicity/race, income, socio and cultural norms, level of information and education, indirect consumer costs;
- Provider level
  - sex, skills, attitudes, knowledge of technology of treatments and management efficiency
- System level
  - policy, organizational factors, structural factors, scarcity of supplies, poor quality of management training, and lack of management systems

Cont...

At the provider and structural level, there's some limitations which include:

- ✓ geographical distribution of the health network;
- ✓ degree of precarious sanitary infrastructure available in the country;
- ✓ unavailability of materials and medical resources in sanitary units;
- ✓ stocks of medication and / or lack reagents; shortage of qualified human resources in the health system; and
- ✓ low per capita doctor ratio

Barriers that Prevent Women' Access to SRHR Services Mozambique ...

- A study conducted in Mozambique cited distance as a barrier that prevent women access to contraceptives (Calverton, 2012 cited in Pathfinder, 2014].
- Others factors such as perceived side effects of modern methods and insufficient male involvement in reproductive health were cited as barriers (Pathfinder, 2014).
- Male partners and older women have negative attitudes about their peers giving birth in health facilities (Pathfinder, 2013 quoted in Cau & Arnold, 2014);
- Many women who gave birth outside of health facilities reported that family members had taken the decision on their behalf with or without their consent (Pathfinder, 2013 quoted in Cau & Arnold, 2014).

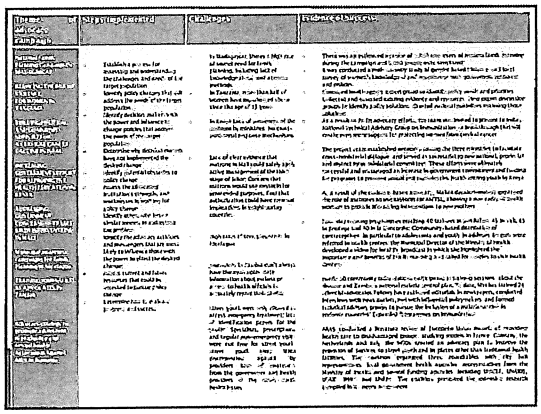
Methodology

- Systematic review (Cochrane) was conducted
- The relevant material was scoped from data sources, health literature and policy documents.
- The parameters around the data were inclusive of sexual and reproductive health services for women in Africa and elsewhere.
- The following databases were searched:
- • PubMed – which includes citations from Medline, life science journals and online books,
- Web of Science, social sciences and humanities,
- • JSTOR – which includes academic journals, letters, images and other primary sources,
- • Scopus -which covers a wide range of research literature and quality scientific web
- sources.
- • CINAHL
- • Google Scholar
- The following search terms were used with searches containing and/or/including for all five
- terms:
- • Search Term 1: Barriers in accessing sexual and reproductive health services for women
- • Search Term 2: Advocacy strategies in addressing barriers in accessing sexual and reproductive health services and rights in Africa
- • Search Term 3: Advocacy strategies in accessing sexual and reproductive health services and rights for women in Africa
- • Search Term 4: Sexual and reproductive health services and rights strategies in Mozambique

Methodology cont..

- The literature reviewed discusses a range of approaches and strategies from school based programs and community health settings to social networking, policy initiatives, community mobilization strategies as a way to address the needs of women in several contexts with the systems that provide their care.
- *Tanzania, Madagascar, India, Kenya, Mali, Romania, Maldives, Zambia and Nicaragua.*
- *Study selection: From 473 articles, 18 studies of interventions were selected for analysis.*

- **Content analysis revealed several themes:**
- *Legal and policy strategies- current policy and legislative context*
- *Programming and Systems issues-insights on programs, examples of best practices, barriers and facilitators to the uptake of SRHR interventions*
- *Stakeholders and actors- who is engaged, who are movers and influencers?*



Advocacy Strategies to Promote Access to SRHR for Women

- Systematic review also identified a variety of advocacy strategies from around the world that have significance to Mozambique.

- Taking services to the community for accessibility and acceptability
- Increasing desirability by improving facility and provider performance
- Increasing affordability of using existing services
- Improving access through participation and engagement
- Increasing health knowledge to motivate care-seeking

Key Strategies for Mozambique

- Identifying the objective/goal of our strategy;
- Conducting a needs assessment/environmental scan
  - Collection of qualitative empirical data from focus groups, interviews and, secondary data from the literature;
    - Information on the availability and use of sexual and reproductive health information and services by women and teenagers, including gaps and barriers;
  - Analyse and evaluation of local, regional, institutional, and national regulations and policies that affects the availability to and access by women of reproductive health information and services;
  - A workshop or information sharing event to present the findings to the key actors and stakeholders.

Cont...

- Identifying relevant policy interventions

The review above has identified several actions in community policy making process as such:

- Organizing a workshop with NGO's staff, Government decision makers, donors and academics to discuss the role of the international and national treats and policies in place to promote women access to health services and the ways to uplift those regulations;
- Organizing a multi task team document implementation of those SRH policies, and propose a clear source of funds and activities to promote the implementation of those regulations.

Cont...

- Identification of champions is necessary to drive and move the agenda of access forward
- This includes, recognizing people with power to influence decisions regarding to women health and their access to health services (i.e. medical chief, directors, ministry of health officials, community health practitioners, community leaders, etc);

Cont...

- Identify potential obstacles ;
  - through engagement stakeholders collectively learn what is important to all and works tirelessly to address gaps.
- Build Networks
  - To facilitate these strategic partnerships, coordinating a workshop with stakeholders to discuss the nature of partnerships, areas of collaborative work, and how to addresses, challenges that might emerge are a starting point to address issues impacting women' access to SRHR.

Conclusion

- Mozambique is a country pushing the agenda towards the achievement of MDGs and moving towards the SDG that impacts the SRHR of women and other vulnerable groups;
- Women in the country still face serious treats to their SRHR due to the existence of individual, structural, and systemic barriers that prevent them of accessing the health services;
- Since Mozambique has been actively working to empower women with appropriate information, opportunities, and services to access SRHR, the challenge is to institutionalise such efforts across systems and processes to ensure access to all women.

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