



CEHURD

social justice in health

PARTICIPATORY APPROACH TO FACILITATE PEOPLE CENTERED HEALTH SYSTEM IN IMPROVING SEXUAL REPRODUCTIVE HEALTH FOR THE YOUTH IN KIBOGA/ KYANKWANZI DISTRICTS - UGANDA



2013



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1.0 Background

The Regional Network for Equity in Health in East and Southern Africa (EQUINET), TARSC organized a training workshop on participatory methods for a people centered health system which was attended by CEHURD. The training was based on the health literacy manual for people centered systems of Malawi and Botswana whose aim is to strengthen the capacity of facilitators, strengthening work on participatory methods for research and intervention towards people centered health systems, with a focus on overcoming community and health systems barriers and strengthening equitable primary health care. Additionally, it was agreed during a planning meeting that CEHURD would carry out work in Kiboga/Kyankwanzi district with a focus on facilitating community participation in improving sexual reproductive health for the youth of Mulagi, Wattuba and Gayaza sub-counties through use of the PRA processes to promote health literacy. Health literacy refers to people's ability to obtain, interpret and understand basic health information and health services and to use such information and services in ways that promote their health. Literacy is not simply the ability to read and writes but also the ability to understand, communicate and use information to support action.

1.1 Introduction

This workshop was a held at Buyimbaazi Senior Secondary School and its purpose was to introduce the project on Sexual Reproductive Health (SRH) for the Youth specifically in relation to Youth Friendly services. The project was introduced to approximately 40 participants who ranged from student Leaders, school administrators and youth outside secondary schools. Participants were from three other secondary schools and one Vocational School in Kiboga and Kyankwanzi Districts. The Secondary schools that took part in the exercise included students that are youth from;

- St. Joseph's Secondary School Kigando,
- Citizen's Secondary School Ntwetwe,
- Buyimbazi Secondary School and

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- A vocational school for the youth.

This visit was done inline with a protocol that had been developed to guide CEHURD Community Empowerment team during the first community intervention in Kiboga/Kyankwanzi district Uganda. The protocol was used as a guide to implementing Module II of the health Literacy Manual.

1.2 The objectives of this field visit were therefore to;

- I. Inform participants about CEHURD and EQUINET project and interest them to take part in the project
- II. Map and find out details about the schools as well as the challenges relating to sexual reproductive health in the area of:(Using Module II guidelines)
 - Population
 - Challenges
 - Location
 - Availability, affordability, accessibility and quality of sexual reproductive health services
- III. Map out the areas of action within the communities /identify and prioritize barriers or challenges to sexual reproductive health
- IV. Agree on two or three challenges to act upon as discussed above
- V. Develop an action plan to act on barriers/challenges identified
- VI. Identify key persons relevant to this project both with schools selected and those outside the schools i.e. Community based organizations. Relevant persons in Schools involve school head teachers, student leaders etc.

The project was well received with anxiety and high expectations from the teachers of the selected schools for the project. The management in these schools thought it a good idea long overdue since they had increasing dropout rates in their schools due to ignorance in sexual reproductive health. Below is a report of the workshop an intervention intended to achieve the results mentioned in the above.

2.0 Meetings with School Administrators

2.1 Deputy Head teacher- Buyimbazi Secondary School

An interview with the deputy head teacher revealed that there is a high rate of sexual immorality in the school. Female students are targeted by men mostly those that provide the local transport commonly known as *Boda Boda* (motor cycle transporters). These entice

female students from the school with presents and gifts to seduce them into sexual acts which sometimes lead to relationships with numerous partners. He made mention of the fact that there numerous cases of girls being found pregnant on examination by health specialists by the school. In some instances female students terminate these pregnancies which have resulted into death. Pregnancies are terminated for fear of being expelled from school and the would be reaction from the parents. That notwithstanding, he alluded to the two known cases of HIV/AIDS patients in the school. However his fear was that there are girls who contract the virus through the numerous partners they have. This has also led to a high spread of HIV prevalence in these schools.



CEHURD Team talking to the School Administrator

The deputy head teacher thought this project a timely solution to sexual reproductive health education a much needed aspect in the school not on the curriculum citing our project as a necessity. In the school there is no clinic or sick bay so all the sick students are sent to Ntwetwe health center four. This health center from his knowledge does not have a youth desk so there is nobody who can talk to these children and advise them on their sexuality.

2.2 Teaching staff of Buyimbazi Secondary School

The teachers were informed about the project that was to be undertaken with the students and that also a work plan would be established to tackle sexual reproductive health issues especially those inline with access to *Youth Friendly services* and solutions to the barriers of is accessing youth friendly services. The teachers welcomed the project and posed several questions of concern. Some of the issues arising from the interaction with the teachers included the following:-

- The teachers wanted to know the duration of the project and how it will be sustained after it has ended since the services seem very important. They were informed that by use of the PRA processes, students will develop a work plan that makes them own the program even after the project has ended since they will have gained the skills and information to make them manage the program with the help of their patrons.
- The other concern was that a few students had been selected from each school and yet there are many students. This was put clearly that the few students chosen from each schools are pioneering the project work and come up with a work plan that will

be involving all the students in the school. That it was not only the chosen students that would be beneficiaries of the program.

- The teachers also raised the concern that only a few schools had been selected yet there are many schools in the area and the services seem to be good for all the youth in the different schools but teachers were informed that the schools chosen were just used as an entry point in the area and as the project goes on, it will attract more schools on board though it may not involve all schools in the district due to the financial limitations but however, the products of the program will attract other stakeholders to extend the services to all schools in the two districts.

3.0 Sessions

3.1 Session I

During this session, the CEHURD Team introduced itself to the participants and explained briefly about the EQUINET project./ The students were also given an opportunity to introduce themselves since the meeting entailed participants that had come from three other schools. During the introductions, the participants were asked to highlight their likes and dislikes. This was done in order to help the facilitators know more about the students that they were going to facilitate during the meeting.



Students making introductions

Some of the interests highlighted included;

- Love for music, dance and drama. This was identified as a good mode of disseminating SRH information to both the teachers and the parents or even the health workers and other members of the communities in which the participants live.

- Interest in debates. which also could help in examining the participant's understanding of SRH. Through such competitions, the participants get to disseminate this information.
- Interest in Sport; that could be used as platform to share issues information on issues of Sexual Reproductive Health.
- Interest in reading; this also gave the facilitators an idea on how dissemination of SRH information would be done if necessary.

3.2 Session II

3.2.1 Community understanding of Sexual Reproductive health

3.2.2 A Brain Storming Session on Sexual Reproductive Health

In order to understand the student's knowledge concerning the SRH we had a brainstorming session where they gave their understanding of Sexual Reproductive Health. Their responses clearly indicated that they had an idea. They responded that SRH related to the health and physical body changes of the youth. Other participants said that they understand the SRH as the wellbeing of adolescents.

Considering that the word adolescence had come out in their definition of SRH, it was then important to understand who an adolescent is according to them. They said that; *"An adolescent is that person who is sexually active with various body changes."*

The participants said that these are normally within the range of 12-21 years of age though some had differing idea as they were of the view that adolescence age starts at 15 and ends at 18 years.

After the discussion the facilitator facilitated them through the right understanding and the meaning of Sexual Reproductive Health and the definition was properly displayed for all to compare with their answers given. The definition given was; *"sexual reproductive health is a state of complete physical, mental and social wellbeing not merely the absence of reproductive disease or infirmity."* *"Reproductive health deals with the reproductive process, functions and systems at all stages of life"*

3.2.3 Learning More about the Youth Experiences at Health Centers

The following session was inline with the understanding of youth friendly services and what it meant to have youth friendly health centers. The participants shared experiences they had had at their health facilities. For example, when one goes for a blood test, he or she is always asked whether he /she have a boy friend (sexual partner). If the answer is in the affirmative, then you are told to also advise your partner to go for a blood test. Another participant noted that when they go for services in these health centers, they are told to make long lines

with the older people (not youths). When the facilitator asked for the problem with that, then the participants responded and said it's always bad because the older people also have their complicated problems and at times they start discussing about you(the youth). In the end you end up running away. Another student said it's hard for one to line up for the yethe or she has to run to school before it's late.

One male participant said at times males have their own challenges and yet schools employ female nurses then this becomes a challenge to them since it's always hard for them to go to the nurses and undress before them to show them the challenges that they do have. So the boys are of the view that a good youth friendly center should have both male and female attendants since even it would be hard for a female to go to the male attendant to tell him her challenges.

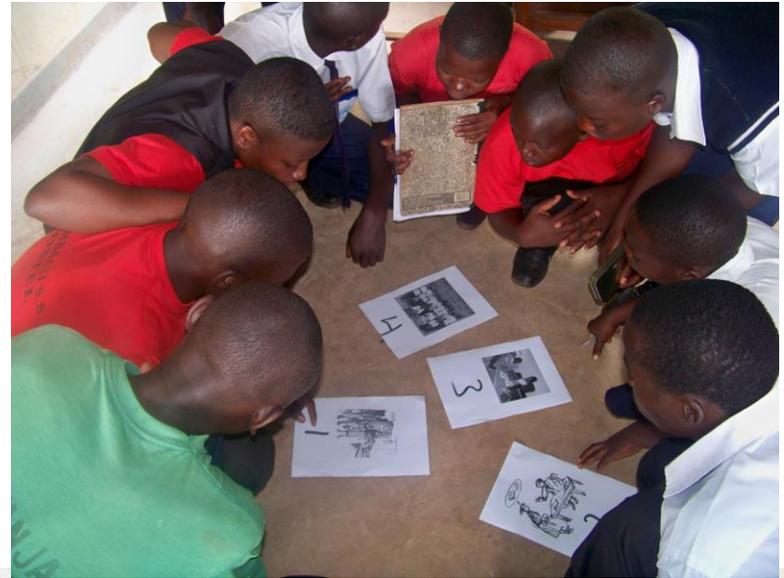
3.2.4 Picture Codes

To further understand the concept of youth friendly services, the participants were divided into four groups basing on the four schools that were present. The basis of this grouping was that since these schools are not from the same sub-county, are distant from each other and they each use different health facilities.

The different groups were introduced to a set of four pictures and asked to give their comments on the four pictures by stating whether according to their understanding of the youth friendly services, the services offered in these photos were youth friendly or not and even give reasons why the services are good or bad.

The groups also selected different representatives who would present their findings and interpretations to the rest of the participants in the workshop.





Students divided into groups to interpret the different picture codes

3.2.5 Analysis to Group One

- That picture 1 shows a very unfriendly health worker who is not willing to listen to the challenges of that young girl. The group also said that the young girl has got very many questions with her and with such treatment she can never go back to such a center for any service. This means that the conduct and the way a health worker handles youth that come to seek any services at a health center plays an instrumental role in how one perceives the services to be youth friendly or not.
- **Picture 2** is showing a lady who is probably a health worker who is receiving and welcoming her clients and directing them on where to sit. According to the participants, this kind of a health worker is providing the youth friendly services
- **Picture 3** shows a health worker attending to a young girl who had gone for the services and this seems to be a youth friendly desk with the health worker offering youth friendly services in a youth friendly centre.

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- **Picture 4** show a group of youths in a photo. The group noted that such youth clubs are so important since you can share some information within the group that can help you to overcome some avoidable challenges like AIDs and unwanted pregnancies and more so in case of any problem you can always know who to approach for assistance.

3.2.6 Group two participants

- These said that the health worker was not considering the patient because he or she had his or her own frustrations. As a result, the patients or people who consult with the facility on SRH will not be worked upon or advised accordingly.
- **Picture 2** shows that a nurse is working on a patient and the nurse is welcoming and friendly. This is seen by the way the nurse welcomes the patients and directs them on where to wait from showing concern and readiness to work on them. The participants in this group mentioned that it becomes easy to tell a friendly health worker about one's problems especially those problems related to sexual reproductive health other than talking to a non friendly health worker.
- Participants noted that **picture 3** shows that the nurse was friendly and this would enable the patient to voice his or her problem without holding back most especially SRH problems which need a the patient to be re-assured of love, understanding, re-assurance and secrecy of the information.
- The final **picture 4** presented a group of youths willing to share information to each other and advise on how to go about the sexual Reproductive Health Challenges.

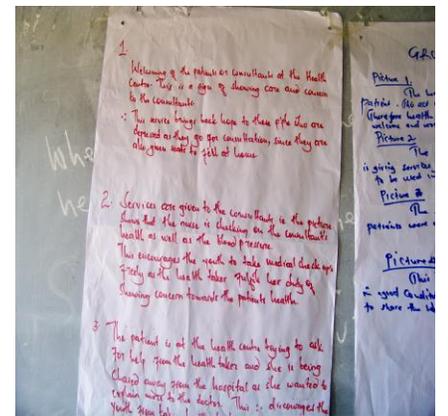
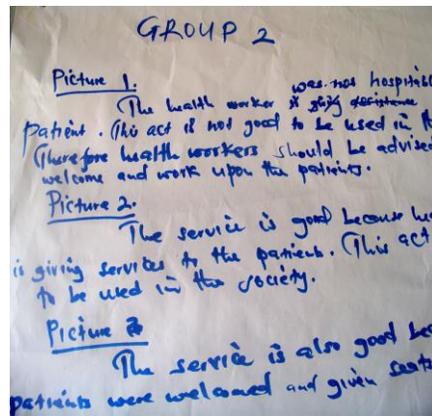
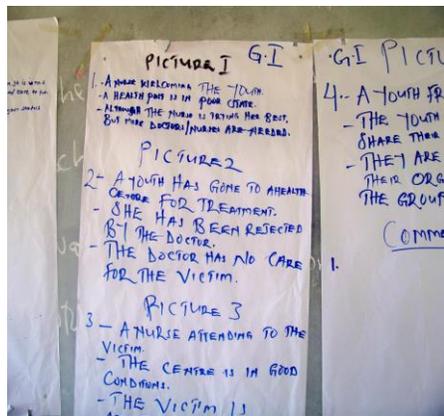
3.2.7 Group three participants

- This group's picture 1 analysis was that patients at the health center were being welcomed which is a sign of care to the patients. This service brings hope to people who are depressed. The seats also make them feel at home.
- Picture 2 showed a nurse carrying out tests on a patient for the blood pressure. The picture also shows that the youths will feel free to keep coming for medical check ups as the health personnel care to treat their patients.
- In **Picture 3**, the patient at the health center was being sent away by the health professional when trying to explain to the doctor what she was suffering from. This behavior discourages the youths from taking medical checkups much needed for their sexual reproductive health. Such treatment instills fear which causes the youths to seat on their problems thus neglecting their illnesses.
- Another picture showed youths at a youth friendly center. A youth friendly service, encourages togetherness among the youths despite their various health statuses. It also promotes friendship among the youth. Also the youth share ideas concerning their health.

3.2.8 Group four participant analysis

- The first picture code analysis was of a health worker presumably a doctor refusing to work on a patient who needed help. This picture shows the reality that sometimes the health workers send away the youths yell out the problems that have been presented before them by the youths.
- The other analysis made was that of a health worker taking blood test from the youth so that they can treat a disease that they know other than working with and treating symptoms.

At this point through discussion a participant asked a question as to whether a person who has just taken ARVs cannot spread HIV. This question showed the need to further introduce SRH to improve participant's knowledge on sexually transmitted diseases like HIV/AIDS.



Pictures code analysis pictorial

3.3 Session III

3.3.1 Community Needs and Health Issues In Relation To Sexual Reproductive Health

After finding out the participants' level of understanding of the SRH and after knowing the information that participants have on what is required at youth friendly centers, the participants were again sent back to their groups and told to come up with social maps of their communities clearly highlighting the factors that impede their access to the youth friendly services and those facilities that do help them access the youth friendly services. This was still done in their groups according to their schools since as the schools are distant from each other and each area has its own challenges.

3.3.2 Social Mapping

On the maps the participants indicated health facilities since most services are received from the health centers, schools were indicated, churches , mosques, police posts play grounds, social centers like night clubs, lodges, bars , economic places like shops, markets, roads, water bodies like bore holes among other facilities. These were all indicated because some of them help the participants in their respective places to access the youth friendly services as well as others act as hindrances to SRH generally.

After drawing the maps, then the participants came back to the plenary to discuss and share their maps with the rest of the participants. After the presentation of the maps, then the similarities and differences were generated but it seemed like all the maps had similar features especially the health facilities, clinics, houses, market places and shops, churches, schools among others.



Pictures of the social mapping process

3.3.3 An insight in the group maps drawn

3.3.3.1 Kigando St. Joseph

- A land mark of the Catholic sisters' premises was highlighted as a place where the participants could go for counseling on SRH.
- A football pitch was shown on the map as a place where the youth exercise their bodies and freely interact to discuss issues of SRH. Also sexual relationships are made concrete here.
- On the map bars were showed as the places that impact negatively on sexual reproductive health as the youths learn ill manners like promiscuity.
- Restaurant for food where youths go and sometimes are taken to these places by those who desire to entice them with simple gifts in exchange for sex.
- On the map a video hall was shown as a place where the youths go to watch soccer while other hang about the places and sometimes get into bad companionship which at times ends up in immorality for the youths.
- The police station is also important as the youths may end up there as criminals or even those who may take advantage of the youths' ignorance and plot criminal acts against them.

3.3.3.2 Buyimbazi Map

- A secondary school for education purposes
- Church for spiritual counseling
- Ntwetwe health center IV
- Rwenzori slum where the youths engage in entertainment activities. Many of the youths have engaged in these areas in activities that are not SRH friendly.

3.3.3.3 Citizens' secondary school

- Police station
- Headquarters of the district for administration purposes
- A prison for criminals
- Ntwetwe health Center IV for treatment and SRH
- The Church for spiritual guidance.

4.0 Prioritizing SRH issues and needs

Basing on the issues identified on the social maps, then the participants went back to groups this time they were divided into 3 groups one for the males and the other two for the females since the females were more than the males. The gender basis was used because after drawing the maps, the facilitators realized that these communities had almost similar

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features, the barriers and challenges faced in these communities are almost related. So it was now time to understand the challenges that impact the males and those that do impact the females. Following the PRA processes the participants were facilitated to identify the challenges in their different communities that they feel affects their access to the youth friendly SRH services in their communities.

The facilitators went around guiding the participants on what to do in their individual groups and this activity took like 30 minutes. After identifying the barriers, the participants were facilitated into ranking and scoring of those barriers to come up with a list of priority issues that can be worked upon to ensure the availability of the youth friendly services in the respective communities.

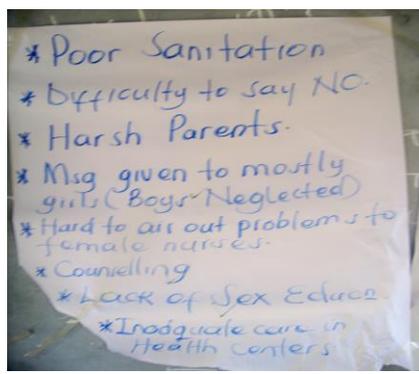
4.1 Prioritized Issues

After the ranking and scoring, the participants came up with a list of priority issues that need to be addressed. It should be noted that the groups into which the participants had been divided identified some issues that were similar. The facilitators therefore guided the group into a process where the similar issues were merged. The issues listed were the following;

- Poor sanitation; this mostly related to females that sometimes did not have access to enough sanitary towels which affected their cleanliness. The participants added that this has impact on one's confidence and relationship with other students since she becomes timid and reserved because of her bad body odor.
- Girls finding it difficult to resist advances from the boys
- Harsh parents; if one has harsh parents it is not easy for her to approach them and confide in them about issues concerning their SRH
- The female nurses are not discrete enough for girls to freely air out their SRH problems to them.
- Lack of sex education; this had also been identified through out the sessions as many youths wanted to inquire on different SRH issues and certain myths
- The SRH Counseling services are not as available for boys as they are to girls. This was explained that most time when information on SRH is brought it is mostly given to girls.

As aforementioned some of the above issues were similar and were therefore merged which led to the issues below for which a work plan was developed;

1. Need for counseling, sex education, difficulty in saying No and having the message given to only girls.
2. Harsh Parents
3. Poor Sanitation
4. Inadequate care in health facilities



Ranking and scoring process

ISSUE	ACTION
1. Poor Sanitation	- Cleaning equipment in schools, gloves, liquid soap
2. Inadequate care in health centers	- Organise seminars for health workers
3. Harsh Parents	- Organise seminars for parents
4. Difficulty to say NO	- Promoting Straight talk clubs
5. Misg given to mostly girls (Boys Neglected)	- More lectures on sex titles in schools
6. Lack of Sex Educ	- More lectures on sex titles in schools
7. Inadequate care in health centers	- Organise seminars for health workers
8. Reporting to Police	- Reporting to Police
9. Taking	- Taking

5.0 The Work Plan

1. Encouraging school to get counselors to counsel the students
2. Formation of youth clubs (SRH Clubs)
3. Promoting Straight talk clubs in schools
4. Promoting PIASCY in schools i.e. introduce the students to ABC. PIASCY is a programme that is in different schools. It is **Presidential Initiative on Aida Strategy for Communication to Youth**. The participants suggested that it would be a good idea to also work hand in hand with this programme that exists in schools.

5. This programme is also relevant to this project it's not about HIV/AIDS issues only

The participants also took time to suggest some of the activities that would be under taken in the different SRH Clubs that were to be formed in the different schools. These are listed below.

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Drama / plays

- Sharing ideas through fellowships
- Debates
- Inter schools debate competitions
- Showing movies sensitizing on sexual reproductive health
- Forming poems
- A schools SRH Magazine
- SRH issues presented through comedy by students

- Schools equipment to help with sanitation like jik, scrubbing brushes providing more dust bins for garbage collection
- Water canes near toilets for use after visiting the toilets
- Construction of incinerators for the girls to burn their pads
- Organize for the seminars on SRH to include parents