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Title: Re-engendering sexual and reproductive health (S&RH) services: Evaluation and strategy directions for RH clinics

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Purpose: Sexual and reproductive health (S&RH) care encompasses a range of information, prevention, treatment, and referral services to safeguard complete physical, mental and social well-being in all matters relating to the reproductive system. Women and men alike have entitlements to accurate and comprehensive education, more so to access affordable and relevant options to meet their sexual and reproductive health needs. Since the adoption of the agenda points of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW 1979) and later the Program of Action of the International Conference on Population and Development (ICPD 1994) governments and civil society advocates have claim milestones in (1) shifting the paradigm from macro-demographic to human population and rights centered perspectives, (2) recognizing the need for advancing women's empowerment, and (3) setting out a comprehensive range of issues related to sexual and reproductive health (Haslegrave, 2014.)

However, amidst the recognition of S&RH as nexus for social justice and development, the issue of unmet needs among women in developing nations and the delivery of needs-responsive and gender-equitable services remain formidable challenges. Women living in conditions of poverty experience series of wanted, mistimed, and unwanted pregnancies, miscarriages, stillbirths, unsafe menstruation inducements and neonatal and infant deaths (Ravindran and Mishra, 2001.) Likewise, high fertility, reproductive and sexual morbidity and mortality, and unmet reproductive intentions prevail not only among non-users of contraceptions but also ever-users and current users of sexual and reproductive health services. The lack of access to S&RH technologies, the persistence of cultures preventing informed fertility options and decisions, and the inability of providers to contextualize services for clients, women specifically, in the wider context of their socio-cultural, political, and economic predicaments are but a few causes of these continuing concerns (Berer, 2014.) Understanding the extent to which individuals are able to achieve their sexual and reproductive intentions in good health and the identification of factors affecting responsive delivery of sexual and reproductive health care services thereby warrant attention.

Government and non-government organizations have actively spent decades laying down the foundations and actively promoting gender equitable S&RH care in the country. These organizations recognize men and women's equal autonomy on their S&RH lives as well as the gender-differentiated barriers men and women face in accessing development opportunities and entitlements.

This study was designed to systematically capture and utilize client, stakeholders, and literature insights for enhancing institutional relevance and performance. Exploring what entails engendering S&RH care, it is based on the recognition of gender-differentiated needs and the commitment to counteract the constraints and barriers to people, especially women's S&RH entitlements. Specifically, the study aimed to: 1) facilitate institutional resource and performance analysis; 2) examine through literature review the potential methods, models, and materials for enhancing responsiveness and relevance in S&RH program and project implementation; 3) apply the principles of feminist research and elicit RH Clinics stakeholders' perspectives on what constitutes client-centered and gender equitable service delivery; and 4) draft strategy directions for increasing RH Clinics institutional success in S&RH championing in the country

Methods: This descriptive evaluation research made use of multiple data collection methods espousing a feminist perspective. The first component involves the Institutional Capacity Assessment and Scoping study. This involved a systematic review of relevant related literature to guide practice. This component also used the results of the client exit interview findings (2013 and 2014) to evaluate nine (9) RH Clinics delivery performance; identify RH Clinics result achievement drivers and barriers, situate the RH Clinics standing against competitors, review communication and marketing channels, and outline potential strategies for enhancing service delivery.

The second component is ground data generation through qualitative research methods. It involved generation of data using qualitative research methods such as focus group discussions at three levels (institution, clients and other stakeholders), case studies and key informant interviews. This research is backed by the perspective that the documentation of clients and stakeholders' experiences, knowledge, and perceptions is the primary guidepost for enhancing S&RH services, hence the adoption of the most suitable strategies for data gathering: Focus Group Discussion (FGD) and Key Informant Interview (KII) or Small Group Interview (SGI).

Responses were gathered from the 9 RH Clinics from various parts of the country: 9 FGDs among RH Clinic Staff (total of 40 participants); 9 FGDS among outreach providers (124 participants); 9 FGDS among Female Clinest (94 participants); 9 FGDs among male clients (55 participants) 9 FGDs among RH Clinics partners (59 participants); KIIs among 10 competitors

Results: This study has revealed immeasurable baseline data for evaluating the relevance and effectivity of RH Clinic programs and services. Cross referencing the various perspectives from stakeholders and using the principles of *Client centered S&RH Service Delivery vis-à-vis* the four Elements of the Right to Sexual and Reproductive Health as proposed by the UN-CESCR (2016), namely: Availability, Accessibility, Affordability and Quality of Care. The study highlighted the success and enhancement windows (gaps and challenges) of the RH Clinics programs and services using indicators for the four elements.

Following the recommendations of Malarcher and Shan (2011) on basic care threads or service delivery factors to be considered on enhancing S&RH service provision, a model was developed as an illustrative guide and outline of PSPI's strategy directions. The model *The Social Determinants and Care Threads of Engendered S&RH Service Provision Model* is premised on

the following: 1) Any S&RH care initiative must be consciously situated to the socio-cultural, economic, and political milieu of its intended beneficiaries or clients users; 2) There are various organizational factors that affect the design, implementation/delivery, monitoring, and evaluation of S&RH services; 3) Clients or care seekers and their access to S&RH is determined by a combination and/or dynamics of different factors; 4) Between S&RH providers and care seekers, there are service and initiative intermediaries; these links may likewise play the roles of communication and monitoring; and 5) More than plain service provision, the value of care thread is to contribute to interlinked outcomes/impacts. The attainment of these outcomes/impacts determines the success of any S&RH initiative or service programs.

Conclusion: RH Clinics in the Philippines are well-established having sustained their operations for many decades nation-wide complete with essential facilities; having capable and competent human resources and maintaining a steady funding source in carrying out its defined S&RH services and programs. The RH Clinics however must deal with and address particular issues as identified in the study affecting the delivery of S&RH services that would make the institution more responsive and relevant to the needs of its intended clientele such as: 1) look into ways of empowering personnel and democratizing organizational processes that would make feedback mechanisms more institutionalized; 2) Literature scoping provided valuable theories and insights on re-engendering S&RH services; 3) Utilizing the principles of feminist research by drawing insights from client's perspectives, revealed the realities of gender-related concerns confronted RH Clinics. The lack of appreciation of gender-related issues which lead either to possible mishandling women clients on one hand or putting too much bias for women which consequently leads to unnecessary assertion and conflict with their partners is another concern needing appropriate attention. This also oftentimes relegates men to the background who do not get to become actively involved in S&RH concerns reinforcing the common misconception that S&RH issues are merely women's concerns. The delivery of S&RH services requires a gender lens from the service providers; 4) It is recommended that RH Clinics utilize the The Social Determinants and Care Threads of Engendered S&RH Service Provision Model.

References:

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