

AFRICAN EXAMPLES

A crusader for women's health

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Delivering reproductive health services in Africa is the Herculean task Dr Sarah Onyango is vested with.

But being a medical doctor with a passion for the job, one would expect the responsibility to be a walkover.

But this is easier said than done.

As the Regional Director, Africa, for Planned Parenthood Federation of America International (PPFA), Onyango faces many challenges that demand patience and tact beyond her profession.



Dr Onyango on duty

PPFA works in seven countries in East and West Africa. Consequently, Onyango manages reproductive health programmes in Kenya, Uganda, Sudan, Ethiopia, Nigeria, Cameroon and Benin.

"Part of the job involves improving reproductive health services targeting youth groups and internally displaced persons in Sudan and Ethiopia," she explains.

All PPFA efforts are channelled through local organisations, numbering 24 in the seven countries.

"We build the capacity of the organisations to deliver reproductive health services," Onyango says.

"We also obtain contraceptive commodities and provide technical assistance and training. We further monitor and evaluate the projects.

"Some of the organisations are young and we help them set up systems and logistics," adds the director.

One big challenge PPFA faces in its crucial work is the stigma associated with reproductive health in Africa.

"Considering that sexuality is not easily discussed, there are many obstacles when addressing HIV/Aids, reproductive health and unsafe abortions. "There are many socio-cultural issues and we have to struggle to create awareness within the values and beliefs of a particular community," says Onyango. She cites the case of northern Sudan and northern Nigeria.

"These regions record less than 10 per cent of contraceptive use because family planning services are still stigmatised."

Onyango says her team is even forced to choose words carefully to avoid offending the communities. For instance, rather than talk of 'family planning' the communities prefer 'child spacing'.



Dr Onyango with colleagues from Sudan, Uganda, Ethiopia, Nigeria, Cameroon and Benin.

The attitudes of various communities are as different as night and day. "While in Kenya you can easily talk about HIV/Aids because it is acceptable, things are different in Sudan. There, people don't admit that HIV/Aids exists. They say it is a disease brought from outside."

Given this uphill task, how does Onyango and her team go about delivering this essential service?

Advocacy

"Advocacy is the key. We carry out advocacy at various levels for governments to promote positive reproductive health policies."

With special emphasis on the youth, the organisation advocates for friendly reproductive health policies and laws for young people.

"In countries where the laws already exist, we ensure that they are implemented."

That is why the organisation, under the umbrella of Network for Adolescents and Youth for Africa, focuses on capacity building to identify the reproductive health needs of the youth and fill the gaps.

The Network, established in 2003, works through religious leaders as an entry point for advocating for reproductive health. It also works with policy makers.

"Given the high morbidity and mortality rates due to abortion, we advocate for a review of laws towards unsafe abortion.

"The problem is that in all the countries where we work, abortion is restricted."

Onyango says in conservative communities, dialogue, strengthened by research, has been of great importance.

She says they share with the communities the experiences of other countries where the law has been changed and had a positive impact. This approach always has the desired effect and the communities become more accommodating.

"The key strategy is dialogue with the public to make them understand what unsafe abortion is about," says Onyango.

The organisation works with the media and uses public forums to pass the message across.

How do they get the message through, given that abortion is one of the most stigmatised areas of reproductive health?

"We raise awareness on the adverse effects of unsafe abortions, including quoting figures of women and girls who die procuring backstreet abortions," says Onyango.

People feel safe discussing abortion in the context of sexual violence, she explains.

This is because other than cultural inhibitions, religion also revolves around the stigma issue.

Christianity and Islam are significant religions in most countries where PPFA operates. "In societies where religion is free, people have other alternatives and we work to provide these," she says. "But in countries where people do not have alternatives, we work with health providers.

"For instance, where health providers are, say, Catholic, we refer the women elsewhere for services," she says.

Onyango says joining the medical field, particularly public health, was a calling. She has never seen herself as doing anything else. "I developed this yearning right from my school days at Limuru Girls and Moi Girls Eldoret, where I sat my A-levels," she says.

Onyango studied for her undergraduate degree at Minsk Medical Institute, Belarussia, in the Soviet Union.

She returned home where she worked as an intern at Kenyatta National Hospital for four years. She then joined the University of Nairobi for a master's degree in Public Health.

"I went into public health because I found the inability to help patients traumatising," she says.

She was disturbed by shortage of staff and drugs in public hospitals, which rendered her unable to address the patients' needs.

This is when she opted for preventive rather than curative medicine.

"I found preventive medicine more viable, and curative constrained. The former was more satisfying."

Prior to joining PPFA, Onyango was a country director with IPAS, an international non-government organisation that also deals with reproductive health. It also seeks to improve the delivery of reproductive health services in the region. Though similar to PPFA, IPAS works at a global policy level. It strives to ensure that women around the world exercise their sexual and reproductive rights. It also fights to reduce abortion-related deaths and injuries.

IPAS' principal objective is for women worldwide to determine their future, care for their families and manage their fertility. During Onyango's tenure, IPAS Kenya had a specific programme on training, putting together service delivery, advocacy and research. "We worked with the Ministry of Health and various NGOs, with a focus on training health providers," she says.

They also provided equipment for public and private health facilities. Onyango says at IPAS, she faced challenges similar to those at PPFA.

"There was a lot of resistance and stigma associated with reproductive health services. Religious leaders also raised opposition."

This resistance would sometimes be nationalised through the leadership of some countries, which felt IPAS should not address sensitive reproductive health issues.

"Because of the stigma, abortion issues were relegated to the bottom. Women who had suffered botched abortions were received coldly in hospitals. Many died on hospital waiting benches," says Onyango.

She says they had to train the health workers to treat the women with dignity.

But Onyango's campaigns in public health started much earlier. Before IPAS, she was a manager with the Kenya Expanded Programme on Immunisation (Kepi). "My duty was to ensure that routine immunisation took place," she says.

During this time, Onyango organised the first polio immunisation campaign in the country that registered an 80 per cent success within three years.

"I mobilised huge sums of money for training health workers and buying and delivering vaccines in special carries throughout the country," she says. "It was challenging because the vaccines had to be refrigerated and maintain a certain temperature."

There was also the challenge of convincing locals, particularly staunch religion adherents. Apparently, they had been cautioned against taking their children to the immunisation centres, with the claim that the exercise was harmful.

"This is why the campaign did not attain a 100 per cent success. One of the lowest turnouts was recorded in Central Province," she explains.

After completing her studies, Onyango was posted to Kitui District Hospital. This was when she gained first-hand experience in providing health care to communities under difficult circumstances. "Shortage of doctors was a big problem and the situation was aggravated by the fact that we, the medics, lacked experience, having just left college," she says.

"There were no senior doctors to help. We had to refer patients to Machakos District Hospital sometimes for ailments that could have been managed within the facility."

Onyango also had a one-year stint at the Nairobi Hospice — a residential institution for terminally ill patients where treatment focuses on their well-being rather than

cure. It includes provision of drugs for pain management and counselling. Onyango says the challenge here was dealing with death and the dying.

"The African society does not accept death. Therefore, it has no plans for one to die in dignity," she says. "It was left to me to tell the families that their patient was dying so they could cope well," says the mother of two daughters Cora and Phillipa. Onyango admits that it is not easy being a single mother and handling a challenging career.

"To succeed, one has to be psychologically prepared," she says.

Onyango, who finds talk show host Oprah Winfrey a great encouragement, says: "If you want to do something, you must do it no matter what."

She attributes her achievements to associating with successful people.

"I have seen my former college and school mates reach the peak, which has greatly encouraged me," she says.

She says her parents were also a big influence in her life. "My parents were committed to education and this made us pursue higher goals.

They made us believe the sky was the limit."

That is why Onyango would like more women empowered to make important decisions. She is saddened that women have to rely on others to make decisions regarding their reproductive health.

"It is annoying to see a woman pregnant every other time just because she has no powers to control it.

"Education is the only key to empowering women, their families and communities," she says. Onyango longs for the day women will have the number of children they can afford to raise socially, economically and psychologically.

"And I will be happier to see these women love their children because they can manage them."

Onyango regrets that Africa faces the greatest challenges in raising awareness, literacy and resources. "The majority of people are poor. Poverty is a barrier to information and services which can only be provided at the leadership and political levels," she says.

She is happy that NGOs and donor organisations play a big role in improving people's standards of living.

But she officially regrets that there is no single reproductive health indicator where Africa does not score poorly.

"They include HIV/Aids, maternal mortality, unsafe abortions and the lowest contraception use," she says.

Onyango says although the use of contraceptives in Kenya and South Africa, among others is high, most African countries rate below 20 per cent.

"Women have not been empowered to make these choices and that is why everything goes in a vicious circle of poverty and illiteracy," she laments.

"If there was political and social will, there would be a big difference in the way things are managed, and life would be much better," Onyango concludes.