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Ethiopia profile of the sexual and reproductive health services available at primary care level

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level ([The role of primary care in enhancing sexual and reproductive health – Laura Guarenti](#)).

Introduction

In many resource poor countries, community-based health programmers have increased access to basic health care services. Community-based workers are engaged in outreach and education, primarily health care of maternal and child health, family planning, HIV/AIDS, malaria and etc.¹

Family guidance association of Ethiopia initiated community based program where community based reproductive health agents (CBRHAs) have been an integral part of health delivery system since 1992. CBRHAs provide service through house hold visits, followed by community mobilization including health outreach and advocacy activity along with community and religious leaders. In addition to reproductive, maternal and child health, they are also involved in HIV/AIDS related services; HIV counseling and testing; referral linkages, condom distribution directly to the households to prevent the transmission of HIV and other sexually transmitted infections (STIs). They also provide outreach services in the voluntary basis.²

At the end of 2003, health extension program (HEP) was introduced. Together with the principle of decentralization, HEP was launched with the goal of providing universal primary health care (PHC) coverage. Two governmental paid health extension workers (HEWs) in every small administrative unit were assigned to improve access and equality in health care with a focused of sustained preventive health action and increase health awareness. HEWs attend one year training on the sixteen health packages with four main components.³

The primary health care unit (PHCU) is one of the key four-tier health system established to ensure the delivery of primary health services throughout the country. PHCU comprises health centers and five health posts designed to serve 25,000 people. Health Centre can have a physician, health officer, nurse, and midwife or community counselors as primary care (PC) providers. In health posts, there are nurses, midwives, HEWs or CBRHAs to be contacted as frontlines. In addition to HEWs and CBRHAs, other community health workers with a key role of community based primary health services are tradition birth attendants, trained community elders, community volunteers, and religious leaders.^{1,3}

Per the assignment, sexual and reproductive health services in Ethiopia at PHCU will be discussed. The focus will be on the way the services are provided; the key players of SRH at PHCU, the kinds of SRH services being provided and the barriers to access them.⁴

Strategies to address SRH services at PC level in Ethiopia

Gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancy, closely spaced pregnancies, abortion, STI and HIV/AIDS, are reproductive health problems in my country.⁵ Ethiopia reproductive strategy identified six primary areas: social and cultural determinants of women's reproductive health, fertility and family planning, maternal and newborn health, HIV/AIDS, reproductive health of young people, and reproductive organ cancer.⁴ This is with the aim to achieve a contraceptive prevalence rate of 60% by 2010, increase

couples approval of family planning by 75% and increasing awareness of health link between STI/post-abortion complication and infertility by 80%.⁶

Social and institutional parameters of women's health

Harmful traditional practices in the society such as female genital cutting (FGC) affect 60-80% of women in Ethiopia. The practice undermines reproductive health, limiting both a women ability to enjoy a satisfying health sex life. Infertility, obstructed labor, perinea tear, fistula are the bad outcomes of FGC.⁷

Early marriage, on average of 16 for Ethiopian female, commonly leads to early marital separation and migration to urban to become commercial health workers. Polygamy, wife inheritance, marriage by abduction poses women to important reproductive health risks such as HIV/AIDS.⁴

Therefore, doubling awareness of harmful consequence of FGC from 34% to 68% is the target which will be achieved by the help of HEWs, CBRHAs, trained community elders, school teachers. Health education can also be given at health posts and health centers by HEWs, nurses, midwives. Campaigns are other opportunities to increase the awareness of a community on the risks and negative health consequences of early marriage, and FGC. The primary health care providers can be trained on management and referral of FGC complications. In-service training to those HEWs serving the disadvantaged group of societies like pastoralists is also being implemented.

Fertility and family planning

High fertility ranks are the greatest perceived threat to individuals and social well-being. Though there is a decline of Total Fertility Rate (TFR) in Ethiopia, yet the rate is high putting the nation the second most populous country in Africa with the fertility rate of 6.4%, population growth rate of 2.7% and unmet need for contraceptive of 36%.⁸

To reduce the unwanted pregnancies and to achieve desired family size, community based activities are creating acceptance and demand of family planning (FP). These services are being rendered at all PHCU as well as home to home visits by HEWs, community volunteers, CBRHAs. Health facility-based services are usually condom distribution, provision of oral contraceptive and injections and counseling service. Trained nurses, midwives or health officers at health centers insert loop and bury implants. A service provider is trained for about three weeks.

Tubal ligation and vasectomy are hardly served at community and PHCU.

At community level CBRHAs and HEWs create awareness about the relationship between STI, abortion and infertility. Also trained religious leaders promote FP at churches and mosques.

Maternal and newborn health

The maternal mortality ratio of 871/100,000 live births, neonatal mortality rate of 58/1,000 live births, 30% of ANC care, less than 9.7% of birth attended by trained birth attendances make Ethiopia one of a country with the highest rate of maternal and neonatal morbidity and mortality.⁹

To reduce maternal and neonatal morbidity and mortality, HEWs, CBRHAs, midwives, trained traditional birth attendants play a key role, at community and health post level. Physicians, health officers and nurses are trained for three months on emergency obstetric care take care of the commonest causes of maternal and neonatal deaths: obstructed labor and other pregnancy and delivery associated complications at health centre level. Primary care providers, trained religious leaders and other community elders create awareness and ethical acceptance of family planning and discourage youngsters from early marriages.

ANC service is given at health posts and health centers as well as at outreach, or during home to home by HEWs, CBRHAs, nurses, midwives and trained traditional birth attendants. Delivery and labor follow up can be done at PHCUs and at home.

HIV/AIDS

HIV/AIDS has been affecting both reproductive and productive population group in Ethiopia. More than halve of the affected people are female in Ethiopia.^{10,11} While women and girls are more susceptible to HIV infection, CSWs and lower educational level enhance vulnerability to HIV/AIDS. HIV counseling and testing (HCT), prevention of mother to child transmission (PMTCT), STI screening and treatment are being served to clients by trained nurses, midwives, community counselors at health posts and health centers. Trainings will take about 2-4 weeks. Community conversations (CC) lead by community elders, HEWs, case managers/adherence supporters or community volunteers are also helping in increasing the awareness of HIV prevention among the community. Home to home visits to screen and follow clients is becoming the activities of community counselors, case managers, HEWs or adherence counselors.

Reproductive health of young people

Early marriage, high risk of abortion, harmful traditional practices, sexual violence, addiction and substance abuse are the reproductive health problems of the youngsters. Awareness activity is made mainly at community level by HEWs, CBRHAs, etc. Post-abortion care can be performed by trained midwives, health officers, nurses and physicians, at health centre and health posts.²

Reproductive organ cancer

It has already been planned to screen cervical and breast cancer at PHCU. But it's not being implemented because of shortage of infrastructure and human resource.

This is one the elements of reproductive health not implemented at PHCU in addition to insertion and removal of implant, surgical and medical abortion and post-abortion care. However, condom and OCP provision, STI assessment and treatment, FP consultation, referral for further investigation and treatment, counseling for STI/HIV etc. can be handled at PHCU by nurses.

Monitoring and evaluation

PC workers or HEWs should keep records of demographic data, and service delivered. For example, they have to keep records of health education conducted. STI/HIV screened, tested, treated as well as, FP rendered need to be registered. Finally, the records have to be compiled for report.⁴

Barriers to access SRH services in Ethiopia

- Lack of resources, trained health care professionals, budget and underdeveloped infrastructure.
- Unfair working conditions.
- Lack of protocols and guidelines.
- Long distances between health care centers and poor transportation.
- Non-integrated reproductive health services where it should be part of the existing health care system.
- Poor communication and networking/referral system.
- Cultural, religious and traditional factors.

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