

# **We Want Birth Control**

## **Reproductive Health Findings in Northern Uganda**

*A follow-up to group discussions*



**Women's Commission for Refugee Women and Children**

**February 2007**

### **Who are we?**

The Women's Commission for Refugee Women and Children is a non-governmental organization (NGO) based in the United States. We are an "advocacy" organization: we work with governments, United Nations (UN) organizations and international relief organizations. We make sure that these agencies think about the rights, safety and well-being of displaced women, children and young people when they develop programs.

### **Why did we come to Northern Uganda?**

We came to Uganda to meet with displaced people, particularly women but also men and young people. We met with UN agencies, government offices and international and local organizations to find out what sexual and reproductive health services are in place for displaced women and youth. We also wanted to understand what needs to be done to make their lives better.

### **What did we do during our visit?**

Five members of the Women's Commission and one person from the UN Population Fund (UNFPA) came to northern Uganda for two weeks in February 2007. We visited camps and health centers in Pader and Kitgum, as well as a youth center in Gulu. We met with 80 men and 140 women in 10 group discussions. We interviewed representatives of local and international NGOs and UN agencies, members of the Ministry of Health and district-level health officials.

Listening to the people in northern Uganda was very important because we learned directly from them about their sexual and reproductive health needs. We will use their stories, information and advice to inform the international organizations and the Ugandan government about what matters most to the people of northern Uganda. We are extremely grateful to have met with them and for their permission to let us share the information they gave us in a responsible way.

### **What did we learn during our visit?**

We found that the sexual and reproductive health needs of the displaced population have been largely overlooked.

The most basic sexual and reproductive health services are still not in place. A major problem is the shortage of trained health workers. The Ministry of Health is trying to bring health care staff to the north from other parts of Uganda.



*“When the wife of my cousin arrived at the hospital for delivery they told her to undress and because she had not prepared herself by shaving, they told her she was a very dirty woman and slapped her for not being prepared.”  
Josephine, a displaced woman.*

Care for women who are pregnant is relatively good, especially for HIV/AIDS treatment. Women generally give birth at home, particularly in Pader. Some traditional birth attendants have been trained by NGOs—but many lack the skills and supplies to make sure that a birth is clean and safe. We found that women with serious problems such as bleeding and infections during pregnancy or delivery rarely have access to emergency care. This is because there are not enough health care staff, medicines and supplies. There is also a problem with poor communications equipment like telephones, and difficulty with transport to the health centers and hospitals. Many people participating in our discussions knew of women and infants who had died during childbirth over the last year.



*“Many women have died because of complications. They die on the way to town typically.”  
Group discussion participant, Mucwini camp.*

*“What is killing our mothers are simple things that can be stopped.”  
Dr. Keith Mugarurua, Canadian Physicians for Aid and Relief.*

Many women said they really wanted birth control yet they did not know about the supplies that were available at the health center nearby. Men often refused to let their wives use contraception. Some women received birth control without telling their husbands, which made some husbands angry. NGO workers explained that women and girls who are pregnant when they don't want to be often resort to terminating the pregnancy themselves in ways that are very dangerous to their health. The lack of privacy at health facilities when discussing family planning also discouraged women. Several of the female group discussion participants were interested in learning more about the female condom, but supplies were not available in the camps. Some organizations, notably UNFPA, are trying to improve family planning services.

*“I have six children and I pray that my husband will understand that I want no more.”*

*“God should be so kind that I can have contraceptives.”  
Female group discussion participants, Mucwini camp.*



People in our discussions said there was a big problem of sexually transmitted infections, including HIV/AIDS, in the camps. Most people we talked with had a good knowledge of HIV/AIDS. But some of the male group discussion participants felt that they needed better information on how to use a condom. HIV/AIDS treatment is not always available, particularly for poorer patients.



Many women said that domestic violence is very common and that alcohol use by men and women makes the problem worse. People do not generally want to intervene when violence occurs within the home. Men said that sexual exploitation was an unfortunate but inevitable result of the extreme poverty in the camps. Rape (defilement) was also widespread and was generally blamed on soldiers from the Ugandan army. However, the reported cases of rape show that it is usually community members.

Fetching water and firewood outside of the camps puts women and girls at risk of violence, although women in Padibe camps said this risk has declined over the past few months since the signing of the peace agreement. Women and young girls are reluctant to report rape, particularly when the rapist is a soldier. Most discussion participants agreed that survivors of rape should receive medical care and be able to report the rape to the police. UNICEF is developing programs to prevent violence against women and provide care for survivors of such violence. The Ugandan Ministry of Health has developed guidelines to support the clinical care of rape survivors.

During our trip we came across very few sexual and reproductive health services for youth. Yet many young people are sexually active from an early age. Girls are at particular risk of rape and adolescent girls who become pregnant are often forced to drop out of school. Young school girls we met in one camp said that soldiers approach them wanting sex and will attack them if they refuse. The fate of young survivors of rape is often decided by her family and the perpetrator's family; many are unable to access services until it is too late. The only youth-friendly sexual and reproductive health facilities we encountered is the impressive Gulu Youth Center, which trains peer educators, offers free sexual and reproductive health care and also organizes fun activities.



### What do we plan to do now?

- We will present our findings to UN, NGO, donor and Ugandan government representatives to ensure that comprehensive sexual and reproductive health care is available for the displaced people of northern Uganda. In particular, we want to ensure:
  - ❖ there are enough trained health workers in northern Uganda;
  - ❖ health workers are courteous and respectful to patients and when they are not respectful they receive appropriate punishment;
  - ❖ women and girls can safely collect water, firewood and food;
  - ❖ women learn skills to undertake activities that help them make money;
  - ❖ health workers make sure that health care is available to women and girls who are raped;
  - ❖ men, women and young people receive training on family planning and have access to birth control to prevent pregnancy;
  - ❖ more youth-friendly services like the Gulu Youth Center are available;
  - ❖ pregnant girls are allowed to stay in school.
- We will follow up with people from the UN, NGOs, donors and the government of Uganda in six months and in one year to find out what progress has been made to address the sexual and reproductive health needs of the people displaced by fighting in northern Uganda.

For more information about reproductive health services in northern Uganda, please contact Rachel Goldstein, Head of UNFPA Gulu Sub-Office, at 256 392 736015 or [goldstein@unfpa.org](mailto:goldstein@unfpa.org); or Agnes Barongo, UNFPA National Program Officer for Advocacy, at 256 414 34560 or [barongo@unfpa.org](mailto:barongo@unfpa.org). For more information about this assessment, please contact [wcrwc@womenscommission.org](mailto:wcrwc@womenscommission.org).

For the full report, *We Want Birth Control: Reproductive Health Findings in Northern Uganda*, please visit: [http://www.womenscommission.org/pdf/ug\\_rha.pdf](http://www.womenscommission.org/pdf/ug_rha.pdf)



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