

HEALTH EDUCATION – A CHALLENGE FOR THE HEALTH SYSTEM

Over many years of working on RH service provision, health education for such services has seen great strides, but a clear and comprehensive health education system is still lacking. A system for health education that is easily accessible, sustainable, and covers all topics and populations in RH is needed.

Examples of good health education initiatives were observed at some clinics indicating feasibility for future development.

How can a health education and awareness system related to reproductive health be comprehensive and reach all community subgroups?

DO WE HAVE A SYSTEM FOR CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

CPD for health professionals – as a basic need to improve quality of services provided – is still limited. CPD activities are generally sporadic and do not come within a clear CPD system.

How can we build a sustainable and continuous CPD system for reproductive health professionals?

WE ARE MISSING THE BROAD DEFINITION OF “REPRODUCTIVE HEALTH”

Clinics are called “Maternal and Childs’ health clinics.” By default, this excludes unmarried women as well as menopausal women beyond childbearing years. It was also observed that the team is called, “women’s health team,” “women’s health physicians” and “women’s health nurse.” By default, men are excluded.

These are considered first-line barriers for the community to seek healthcare at these clinics, especially for never-married women, men and adolescents.

How can we mobilize the community and service providers to better address the broad definition of reproductive health?

RECOMMENDATIONS

- **There is a need to better address the reproductive health needs of specific community subgroups within the service provision system. These include: men, never-married women and adolescents.**
- **Health education and raising awareness in reproductive health remain a big challenge for different healthcare providers. Ways for improvement are highly needed at the content, dissemination and utilization levels.**
- **A continuous professional development (CPD) system for health professionals is essential. This system can ensure that health professionals are up-to-date on the quality of reproductive health services provided.**
- **There is a need to sensitize and mobilize the community for its different reproductive health needs and services.**

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Reproductive Health Services in the West Bank – Palestine History of Recommendations and the Way Forward

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Summary

Broad Definition of Reproductive Health

Reproductive Health (RH), as defined by the World Health Organization (WHO), is: “A state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life and for both sexes.”

Reproductive health (RH) is recognized as an international human right that should be delivered through the primary healthcare (PHC) system. The delivery system of RH services should take into consideration the changing RH needs over the life cycle, and be sensitive to the diversity of local communities.

Over the years, RH services have been provided to Palestinians at the PHC level and by different healthcare providers. These services have been assessed and evaluated several times during the past decade. Recommendations were communicated to relevant bodies and work on improvements has been implemented. However, challenges and gaps are still observed.

The objective of this policy brief is to shed light on the current status of reproductive health services for Palestinians living in the West Bank.

This was done through reviewing the history of recommendations that had emerged from previous situational analyses (SA) (tracing back to 10 years) and assessing the progress in improving the RH services to meet the needs of relevant populations (women and men from different ages and different marital statuses).

Results revealed some improvements over time, nevertheless, much work is still needed at the service providers’ level and at the community’s level. The main challenges are: raising awareness, increasing availability of RH services for specific community subgroups, work overload, and supporting health professionals with an adequate continuous professional development (CPD) system.

History of Recommendations

A document review was conducted for 3 situational analyses (SA) related to reproductive health (RH) services over the past decade. One SA was done in 2005 and two were conducted in 2010. The document review brought attention to the following recommendations:

General Recommendations that Emerged from Previous Reproductive Health Situational Analyses in Palestine over the Period 2005-2010

- Reproductive health services for women beyond reproductive and childbearing years need to be strengthened in terms of availability and utilization.
- Specific subgroups in the community need to be targeted with services through better health education and availability of RH services. Those include: never-married women, adolescents of both sexes, men and older women.
- Mental and psychological health and well-being services need to be strengthened and better integrated within the RH services.
- Given the finding on the lack of knowledge and information at the community's level in relation to RH and RH services, especially among adolescents and males, there is a need to address this gap in knowledge.
- At the human resources level, there was a general weakness in the continuous professional development (CPD) system; workload remains a burden for the health system at the PHC level; clear job descriptions and task distribution were weak or lacking at some healthcare providers.
- As for protocols and guidelines, there was an inadequacy and limited availability of reproductive health protocols and guidelines. Training and supervision on adherence were limited and there was a lack of incentives to adhere to available protocols. More work is needed to address these issues.
- The supervision and feedback system within the PHC level for reproductive health services needs to be strengthened.

Current Improvements and Challenges for Reproductive Health Services in Relation to the Previous Recommendations

A. In-depth interviews were conducted with three main levels of the service provision system:

1. **Health professionals** (women's health physicians, nurses and/or midwives at the primary healthcare level).
2. **Mid-level managers** (Maternal and Child's Health Director and Nursing Director).
3. **Decision makers.**

B. Focus group discussions were conducted with **community members** from different ages, sexes, localities and regions of the West Bank.

Over the past decade, there were clear improvements in the **availability of protocols and guidelines** for RH services. Training was readily available for different protocols. **The supervision and feedback** system within the PHC level has greatly improved, but still needs some development in the feedback process. **Mental and psychological well-being services were integrated within RH** services by some healthcare providers; other healthcare providers need support in the integration process.

MEN – MISSING OPPORTUNITY

Men are still missing from the available reproductive health services. Some of their RH needs are **not** addressed by healthcare providers, especially those related to awareness of different RH topics, family planning methods, companionship to their wives, infertility and some aspects of sexually transmitted infections (STIs).

How can we better address men's needs within the reproductive health services system?

ADOLESCENTS – BETWEEN AWARENESS AND CULTURAL BARRIERS

Adolescents, from both sexes, but more specifically males, expressed their interest and need for having specific services or sources of information related to RH. This can provide them with the needed information that can guide them through their transitional period from childhood to adulthood (puberty).

*Are there available reproductive health services for adolescents?
If yes, how can we improve the utilization of these services?*

NEVER-MARRIED WOMEN - BETWEEN CULTURE AND HEALTHCARE NEEDS

While the health system and health services are open for utilization by all women, never-married women seem to face a big cultural barrier to seek such services. In this case, culture might be one factor contributing to the health-seeking behavior and utilization patterns of never-married women.

Although the RH services are provided, the community is not aware of their availability. For example, the name of the clinic, Maternal and Child's Health (MCH), implies that it is only for mothers and by default excludes never-married women.

How can never-married women meet their reproductive health needs without being labeled by the community?

HEALTH PROFESSIONALS: BETWEEN WORKLOAD AND MEETING THE NEEDS OF THE COMMUNITY

Over the years, heavy workload has been a problem that poses a challenge to the team providing RH services. Nurses and midwives face most of the workload. In addition to supporting the women's health physician, nurses and midwives are required to prepare monthly technical reports, attend scheduled monthly meetings and disseminate new guidelines and protocols at the clinic level. Women's health physicians seem to have work overload at some clinics where they attend the clinic for a very limited number of hours (4-5 hours per day).

How can we address the workload problem for nurses and midwives?

How can we ensure better availability of women's health physicians at reproductive health clinics?

How can we support and protect nurses and midwives in their service provision work?