REPRODUCTIVE HEALTH matters

Sexual and reproductive health and rights and mHealth in policy and practice in South Africa

Linda Waldman,[a] Marion Stevens[b]

a Institute of Development Studies, University of Sussex, UK. *Correspondence*: L.Waldman@ids.ac.uk
b WISH Associates and African Gender Institute, University of Cape Town

Abstract: *Information and Communications Technology (ICT) offers enormous opportunity and innovation to improve public health and health systems.This paper explores the intersections between mHealth and sexual and reproductive health and rights in both policy and practice. It is a qualitative study, informed by policy review and key informant interviews. Three case studies provide evidence of what is happening on the ground in relation to ICTs and reproductive health and rights. We argue that in terms of policy, there is little overlap between health rights and communication technology. In the area of practice, however, significant interventions address aspects of reproductive health. At present, the extent to which mHealth addresses the full range of reproductive justice and sexual and reproductive health and rights is limited, particularly in terms of government initiatives. The paper argues that mHealth projects tend to avoid contentious aspects of sexual health, while addressing favourable topics such as pregnancy and motherhood. The ways in which information is framed in mHealth mirrors current gaps within sexual and reproductive health and rights, where a limited and conservative lens predominates, and which may result in narrow programming and implementation of services.* © 2015 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.

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Introduction

Information and Communications Technology (ICT) is a promising new area which holds great promise for health and development. In 2006, South Africa's telecommunications market totalled US$25 billion and mobile phone revenue is expected to expand by more than 40% in the next 20 years.[1,2] It is expected that mobile-related businesses will contribute 8% of the GDP by 2020 and that health will dominate the "mobile for development" market.[2] The term "mHealth" has come to refer to the use of mobile phones and other technological, portable devices in health. Substantial innovation has occurred in mhealth in South Africa, including in the use of mobile communication channels for health messaging[3] and for community health worker support and data collection.[4] The appeal of mHealth is in its ability to reach wide audiences relatively cheaply and to convey tailored, appropriate health information to individuals. mHealth is promoted as offering many benefits, including: a means of more easily providing people with health information and thus enhancing disease prevention; new forms of data accumulation for research and disease surveillance; decision-making aids provided by mHealth can support clinical service delivery; regular reminders can help patients manage their own health conditions and enhance treatment compliance and mHealth can augment access to health care services by connecting patients and providers through mobile phones and through supporting front line health workers.[3] mHealth can thus potentially provide solutions for health challenges and for health systems that struggle with limited point-of-care services, low staff:patient ratios and lack of access for remote patients,[5,6] as well as for sexual and reproductive health and rights (SRHR).[2,7,8] For example, in maternal and child health, mHealth interventions (such as mobile phone-based information messaging) "show great promise for empowering and enabling health workers to collaborate with pregnant and parenting women to improve [the] delivery of maternal and child health care".[9]

SRHR are critical dimensions of the international development agenda, and of individuals' health and wellbeing.[10] South Africa has impressive legal provisions addressing health and rights and has ratified many key international treaties, and it is viewed as an emerging global health leader by the World Health Organization (WHO).[11,12] These initiatives call attention to reproductive rights – namely couples' and individuals' rights to freely decide how many children to have and when, to make informed decisions and to achieve the highest standard of sexual and reproductive health[13] and reproductive justice.[14] The WHO views SRHR as comprising several, interrelated components, including: enhancing antenatal, perinatal, postpartum, and newborn health care; delivering high quality services (for infertility; abortion; sexually transmitted infections and other gynaecological morbidities); and endorsing sexual health.[15,16] People whose sexual and reproductive health needs are met have healthier lives. However, as Berer highlights, there is an enormous unmet need which "is about the whole system of delivery of contraception, abortion and sterilisation services, the quality of services, and the training of service providers".[17] Yet, despite the impressive legal provisions, many South Africans have no opportunities to address their reproductive needs because of social and financial barriers as well as the lack of health infrastructure and services in many areas,[16] thus suffering from a wide range of sexual and reproductive ill-health.

This paper explores the intersections between mHealth and SRHR in both policy and practice in South Africa. It examines what policy directives are in place for addressing sexual and reproductive health needs and how, in practice, mHealth is doing this. It argues that there is little overlap between health policies and policies focusing on communication technology. In the area of practice, however, significant interventions are taking place which address some aspects of sexual and reproductive health. The paper argues that mHealth projects tend to avoid the contentious aspects of SRHR, while addressing less contested topics such as pregnancy and motherhood.

The South Africa Context

South Africa experiences very high levels of adolescent pregnancy with almost a third of all girl teenagers reporting pregnancies.[18] In addition, poor South African women have inadequate knowledge about SRHR and thus struggle to make informed decisions. In South Africa, SRHR are marred by ambivalence stemming, in part, from "population control" programmes from the 1970s onwards which focused on reducing black population growth.[18,19] This also results, in part, from South Africa's diverse religious and cultural values, many of which oppose sexual rights and abortion.[19,20] Finally, as Edwards and Hecht and Breckenridge have demonstrated, prior to 1994, computers used by the apartheid government reinforced white superiority as fingerprint databases and race-based identity registration on computers facilitated the apartheid state's control over black people.[21,22] This also resulted in a highly unequal distribution of services, technology and skill with urban, white elites having computers and state-of-the-art health technology while poor, black and rural areas were neglected.[23]

South Africa's SRHR policies are considered "among the most progressive and comprehensive in the world".[19] The Constitution guarantees all citizens the right to reproductive health yet makes no reference to sexual health. Other policies address maternal health, teenagers' access to contraceptives, abortion, as well as focusing on sexual health and rights, HIV, other sexually transmitted infections and tuberculosis. Redressing past discriminations and the health needs of poor black women has been a primary aim of policies introduced since the end of apartheid. There has been wide-scale improvement in South Africa's health system, including free health care for pregnant women and mothers of young children.[19,24]

As the use of mobile technology as a tool within government is in its infancy, South African policymakers, health authorities and providers are not fully appraised of ICTs for addressing health challenges,[25] despite the government's stated intention to do so.[26] In addition, little attention has been paid to the policy domain which manages health systems and to the integration of mHealth. Mobile phones (known also as cellular phones or cell phones) offer potential ways to address SRHR challenges as 90% of South Africans and 75% of the poor own cell phones.[27,25] In addition, young people have expressed interest in and used cell phones to search for health-related information and many innovative projects already exist.

Methods

This paper is based on qualitative research which emphasises an interpretive approach[28] and which

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