

Sexual and Reproductive Health and Rights in Emergency Communities: A survey on the Kyaka II Refugee Settlement, South Western Uganda

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Abstract:-

Introduction: Even though, a lot of funding has been injected into Sexual and Reproductive Health and Rights (SRHR), sadly, the area is still poorly addressed and unfulfilled. For the case of Kyaka II Refugee, little or no research is available on SRHR.

Purpose: This survey sought to determine the prevailing status of SRHR services in the Kyaka II refugee settlement.

Methods: This quantitative study was a survey in nature. Using stratified sampling, primary data were collected from 117, females aged 12 to 60 years. 13 respondents were randomly selected from each of the 9 zones of the settlement.

Findings: The study found out low (20%) prevalence of; Sexual Health, Sexual Rights, Reproductive Health, and Reproductive Rights, in the refugee settlement.

Value/ Recommendation: This study is valuable to funders, policymakers, and organizations responding to Sexual and Reproductive Health and Rights in refugee communities. Therefore, more funding allocation, in the areas of SRHR in the settlement, is recommended by the study.

Keywords:- *Sexual and Reproductive Health Rights, Refugee Communities, Kyaka II Refugee Settlement, South Western Uganda.*

I. INTRODUCTION

Broadly health is a full state of mental, physical, and social wellbeing, rather than just the lack of a disease or infirmity, but also fulfilment of life as a whole (Bradley, Goetz, & Viswanathan, 2018). Similarly, Sexual and Reproductive Health and Rights (SRHR) is defined as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, having HIV or not, to make choices regarding one's own sexuality and reproduction, providing there is respect for the rights of others to bodily integrity (Social Protection, 2020).

Even though a lot of funding has been injected into Sexual and Reproductive Health and Rights (SRHR), sadly, the area is still poorly addressed (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021). In low and middle-income countries, each year, more than 30 million women do not

give birth from a health facility, more than 45 million have inadequate or no antenatal care, and more than 200 million women want to avoid pregnancy. Still, they are not using modern contraception (Starrs, et al., 2018). In the case of Uganda, girls and young women lack information regarding their sexual health, what services are available and who and where to go if they experience violations such as sexual assault (Mcgranahan, et al., 2021). The situation in emergencies is not different, as refugees equally have limited access to information on SRHR (Tirado, Chu, Hanson, Eskstrom, & Kagesten, 2020).

SRHR can be traced in the outputs of the International Conference on Population and Development (ICPD), in Cairo (Schulte & Buller, 2018). Whereas locally, it finds its reflection in the "National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights" (Ministry of Health, 2006). Therefore, to improve SRHR, governments will need to reach all vulnerable populations, with a full range of needs-based quality services, ranging from contraceptive services; maternal and newborn care; prevention and control of sexually transmitted infections (STIs), including HIV; comprehensive sexuality education; safe abortion care, including post-abortion care; prevention, detection, and counseling for gender-based violence; prevention and treatment of infertility and cervical cancer; and counseling and care for sexual health and wellbeing (Chattu & Yaya, 2020).

A. Problem statement

Despite, the lots of funding having been injected in Sexual and Reproductive Health and Rights (SRHR), sadly, the area is still poorly addressed. (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021). Low and middle-income countries, like Uganda, are battling with offering some SRHR services to their citizens (Chattu & Yaya, 2020). In Uganda, specifically, girls and young women lack information regarding their sexual health, what services are available, and who and where to go if they experience violations such as sexual assault (Mcgranahan, et al., 2021). In emergencies, there is still limited information on SRHR (Tirado, Chu, Hanson, Eskstrom, & Kagesten, 2020). However little research exists on SRHR in the emergency communities in Uganda. This study, therefore, Surveyed the prevailing status of SRHR services in the Kyaka II refugee settlement.

B. Study objective

The study mainly sought to find out the prevailing status of Sexual and Reproductive Health and Rights (SRHR) in the Kyaka II refugee settlement.

II. LITERATURE REVIEW

A. An overview of SRHR

Broadly health is a full state of mental, physical, and social wellbeing, not just the lack of a disease or infirmity, but also the fulfillment of life as a whole (Bradley, Goetz, & Viswanathan, 2018). Sexual and Reproductive Health and Rights (SRHR) is defined in different ways, but this study defined sexual and reproductive health and rights (SRHR) as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, having HIV or not, to make choices regarding one's own sexuality and reproduction, providing there is respect the rights of others to bodily integrity (Social Protection, 2020). To add, Sexual and Reproductive Health (SRH) is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity (Starrs, et al., 2018).

Even though a lot of funding has been injected into Sexual and Reproductive Health and Rights (SRHR), sadly, the area is still poorly addressed (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021) and unfulfilled (Schulte & Buller, 2018). Low and middle-income countries are battling with offering some SRHR services to their citizens (Chattu & Yaya, 2020). In these regions, each year, more than 30 million women do not give birth from a health facility, more than 45 million have inadequate or no antenatal care, and more than 200 million women want to avoid pregnancy. Still, they are not using modern contraception (Starrs, et al., 2018). Starrs, et al (2018) further stress, that each year globally, 25 million unsafe abortions take place, and more than 350 million men and women need treatment for one of the four curable sexually transmitted infections (STIs). In addition, more than one billion people have a sexually transmitted infection (STI), with an estimated 357 million new infections every year of four STIs (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021). Furthermore, about 35 million girls and women aged 14-49 years, lack access to Sexual and Reproductive Health Services (Schaaf, et al., 2020).

In the case of Uganda, girls and young women lack information regarding their sexual health, what services are available, and who and where to go if they experience violations, such as sexual assault (Mcgranahan, et al., 2021). Similarly in emergencies, there is limited information on SRHR (Tirado, Chu, Hanson, Eskstrom, & Kagesten, 2020). Yet the international policy overlooks several components of SRHR; safe abortion services, treatment of infertility, prevention of cervical cancer, STIs, violence against women and girls, etc (Starrs, et al., 2018)

B. An overview of the rationale of SRHR

Investing in SRHR is very beneficial (Starrs, et al., 2018). Similarly, upholding one's sexual rights is vital (Debanjan & Nair, 2020). Sexual health prevents adverse

outcomes, such as sexually transmitted infections/HIV, unintended pregnancy, and sexual violence (Ford, et al., 2019). In addition, poor sexual health negatively affects a person, individually, socially, and economically, in the short and long run (Barren-Dias, et al., 2018). Further, sexual ill-health is one of the main causes of untimely death (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021). Furthermore, SRHR efforts help to alleviate poverty and advance gender equality and women's rights (Sipple & Barroso, 2011). Further to add, men also suffer from conditions, such as STIs and prostate cancer, that go undetected and untreated due to social stigma and norms, about masculinity that discourage them from seeking health care (Starrs, et al., 2018).

For all individuals to live healthy and satisfying lives and to achieve their full potential, their SRHR must be fulfilled and respected (Starrs, et al., 2018). Therefore, as still stressed by Starrs, et al (2018), SRHR is essential for the achievement of social justice and the national, regional, and global commitments to the three pillars of sustainable development: social, economic, and environmental.

C. An overview of the International and local legislation on SRHR

SRHR first came to life and was recognized as a vital human right, at the International Conference on Population and Development (ICPD), in Cairo (Schulte & Buller, 2018). In Uganda, the Ministry (MOH) of Health has made some efforts to shed light on SRHR and its rationale by coming up with the "National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights" (Ministry of Health, 2006).

D. An overview on how to create good SRHR

To improve SRHR, addressing economic drivers and gender inequality, improving individual autonomy, comprehensive sexuality education, and tackling widely held taboos about sexual norms, including social stigma around sexual behaviors and accessing sexual services are some of the ways for addressing and improving SRHR (Philpott, Larsson, Singh, Zaneva, & Gonsalve, 2021). As effective communication and stakeholder involvement are vital in achieving any goal (Magezi, Abaho, & Kakooza, 2021), men equally need to be involved in SRHR advocacy (Chattu & Yaya, 2020). Further, there is a need to holistically focus on the neglected areas and issues, such as adolescent sexuality, gender-based violence, abortion, and diversity in sexual orientations and gender identities (Starrs, et al., 2018). Furthermore, a cross-examination of barriers to information, norms, legal and policy frameworks is key in promoting SRHR (Owino, Wangongu, Were, & Maleche, 2020).

Therefore, to improve SRHR, the governments will need to reach all vulnerable populations with a full range of needs-based quality services, ranging from contraceptive services; maternal and newborn care; prevention and control of sexually transmitted infections (STIs), including HIV; comprehensive sexuality education; safe abortion care, including post-abortion care; prevention, detection, and counseling for gender-based violence; prevention and

treatment of infertility and cervical cancer; and counseling and care for sexual health and wellbeing (Chattu & Yaya, 2020). Although such efforts need to be accompanied by the confrontation of the barriers within the laws, policies, social norms, and values towards SRHR (Starrs, et al., 2018).

III. STUDY METHODOLOGY

A. Research design

This quantitative study used a stratified sampling technique because it allows one to pick a representative sample that best represents the large population that is being studied (Heys, 2021).

B. Sturdy population and sampling

A questionnaire was administered to 117 females (aged 12 to 60 years) from the 9 zones of the settlement; Bujubili,

E. Validity and reliability

The questionnaire was first piloted on 20 respondents. The first Cronbach alpha was 0.568. The questionnaire was then re-edited and adjusted till it fetched a Cronbach Alpha of 0.812, as shown below.

Anchor	Number of items	Cronbach alpha
12	12	0.812

Table 1: Validity and reliability

Source: Primary Data 2022

This Cronbach alpha score (0.812) therefore means that the data collection tool was very reliable (Cronbach, 1951).

IV. FINDINGS AND DISCUSSION

A. Background information

Age	12 - 18	19-35	36-50	above 50
#	7	34	67	10
%	6%	29%	57%	8%

Table 2: Biodata of the respondents

Source: Primary Data 2022

Of the study respondents: the majority (57%) were between 36-50 years, 29% between 19-35 years and 8% above 50 years. Whereas the least (6%) were between 12 – 18 years.

B. Prevalence of Sexual Health

Item	Not at all	Slightly	Middle	Well	Very well
Access to counselling relating to sexuality, sexual identity, or sexual relationships.	21%	73%	0%	4%	2%
Access to regular and enough information and treatment of sexually transmitted diseases.	1%	25%	70%	3%	4%
Chance of being educated about reproductive cancer?	14%	6%	44%	35%	1%
Average % score	20%				

Table 3: Prevalence of Sexual Health

Source: Primary Data 2022

A low (20%) prevalence of Sexual health was found by the study. For example, 71% of the respondents were found to slightly have access to counselling relating to sexuality, sexual identity or sexual relationships. 21% completely had no access at all. However, it should be noted that poor sexual health negatively affects a person, individually,

Byabakoora, Mukondo, Bukere, Sweswe, Kaborogota, Bwiriizakakoni, and Buliti. 13 females were randomly selected from each of the 9 zones.

C. Data collection and Questionnaire

A questionnaire was used to collect primary data. It was divided into 4 sections; Sexual Health, Sexual Rights, Reproductive Health, and Reproductive Rights. The Tool was developed according to the works of Chattu and Yaya (2020) and Starrs, et al (2018).

D. Data analysis and presentation

Primary data from questionnaires were organized and analyzed using Microsoft excel. Descriptives and percentages were used to make meaning out of the data.

socially, and economically, in the short and long run (Barren-Dias, et al., 2018).

This specific finding gets its backing from the works of (Ahmed, et al., 2019), whose study put forward that Sexual and Reproductive (SRH) Service packages, being offered in emergency communities are minimal. Ahmed, et al (2019)

further put forward that there are several barriers that prevent girls and women from accessing SRH services. The shortfall with their study is that it was conducted in Bangladesh, not in Uganda.

The above finding and discussion, therefore, imply that sexual health is very minimal in the Kyaka II Refugee Settlement.

C. Prevalence of Sexual Rights

Item	Not at all	Slightly	Middle	Well	Very well
Access to education on sexual rights	10%	54%	32%	3%	1%
Right to choose when to and whom to marry or become a partner	4%	11%	39%	41%	5%
Right to freely choose sexual partners	8%	4%	18%	42%	28%
Average % score	20%				

Table 4: Prevalence of Sexual Rights

Source: Primary Data 2022

Also, a low (20%) prevalence of sexual rights was discovered by the study. For instance, only 54% of the respondents, were found to slightly have some access to education on sexual rights, whereas 10% completely had no access. However, upholding one's sexual rights is very important (Debanjan & Nair, 2020).

This finding gets its backing from the works of (Tirado, Chu, Hanson, Eskstrom, & Kagesten, 2020), whose

study findings indicate, that refugee girls and young women lack access to information on Sexual and Reproductive Health information. However, their study was not conducted in Uganda.

This, therefore, implies that there is low enjoyment of sexual rights in the Kyaka II refugee settlement.

D. Prevalence of Reproductive Health

Item	Not at all	Slightly	Middle	Well	Very well
Availability of help when having problems relating to partner violence and other forms of GBV?	6%	74%	16%	4%	0%
Accessibility to safe and affordable contraceptives	6%	8%	58%	25%	4%
Accessibility to safe and affordable antenatal care, pregnancy and childbirth	3%	14%	31%	46%	6%
Average % score	20%				

Table 5: Prevalence of Reproductive Health

Source: Primary Data 2022

Further, the study found out a low (20%) prevalence of Reproductive Health. Taking an example, 74% only have some slight access to help, when having problems relating to partner violence and other forms of GBV, whereas 6% completely have no access to help. However, poor reproductive health negatively affects women and girls (Chattu & Yaya, 2020).

This research finding is in line with the research of (Tirado, Chu, Hanson, Eskstrom, & Kagesten, 2020), who put forward that those displacements and migrations force young persons to lose power and control over their bodies

and their sexual relationships. Tirado, Chu, Hanson, Eskstrom, and Kagesten (2020) further stress, that this in turn forces them to be at risk of sexual violence and getting infected with STIs, unwanted pregnancies, unsafe abortions, and high maternal mortality rates. As earlier discussed, this research lacks primary data, as it only relied on secondary data.

This particular finding and discussion imply that reproductive health services are minimal in the Kyaka II refugee settlement.

E. Prevalence of Reproductive Rights

Item	Not at all	Slightly	Middle	Well	Very well
Equality of men and women	16%	70%	13%	1%	0%
Freedom on when to have children	3%	12%	56%	29%	0%
Freedom on child spacing	8%	19%	26%	41%	6%
Average % score	20%				

Table 6: Prevalence of Reproductive Rights

Source: Primary Data 2022

Furthermore, a low (20%) prevalence of reproductive rights was found by the study. Taking an example, 70% of the respondents shared that they were experiencing slight equality between men and women, whereas 16% did not completely experience any equity. However, it should be noted that this negatively affects the rest of their entire lives (Endler, et al., 2020).

This particular research result is in line with the works of (Endler, et al., 2020) who share that female refugees are vulnerable and victims of inequality and violence. The shortfall with this prior research is that it lacks a special focus on the situation of emergency communities in Uganda. In addition, the study also shares that African countries are battling the problem of gender inequality. (Chattu & Yaya, 2020)

The above finding and discussion, therefore, imply that there are low reproductive rights in the Kyaka II Refugee Settlement.

V. CONCLUSION

The prevalence of Sexual and Reproductive Health and Rights (SRHR), in emergency communities has not been well researched. The case is the same with Kyaka II refugee settlement, South Western Uganda. However, Sexual and Reproductive Health and Rights are part of human rights and should be given attention. Lack of sufficient funding, insufficient information, and loopholes in laws and policies in relation to SRHR are some of the reasons why the area is still poorly addressed. The SRHR survey found a low (20%) prevalence of SRHR, in the Kyaka II refugee settlement. Unless Sexual and Reproductive Health and Rights are given attention, the persons of concern (POCs), in the Kyaka Refugee Settlement shall continue to suffer. This study, therefore, recommends more funding in the areas of Sexual and Reproductive Health and Rights, in the Kyaka II Refugee Settlement.

VI. DECLARATIONS

- **Ethical statement:** This study was permitted by the office of the prime minister to take place. In addition, informed consents were obtained from all the respondents. In case of minors consent and permission was obtained from their care takers. Further, confidentiality and anonymization of all the data were ensured throughout the entire study.
- **Consent to publication:** All study respondents consented to have their information anonymized and could be used for publication
- **Availability of data:** This study relied on primary data, collected using questionnaires. This can be accessed by a request to the corresponding author.
- **Funding:** This Study did not receive any funding.
- **Authors' contribution :** Alex Magezi and David Niyonzimacarrried out the study design whereas Faith Mairahand Godfrey Ssenkubugeoffered the technical review guidance throughout the study.
- **Acknowledgments:** Not Applicable.

- **Conflict of interest:** The author expresses no conflict of interest. In Addition, all the views in this paper are entirely views of authors only, not their institutions of affiliation.

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