

## EXPERIENCES OF WOMEN WHO CONSULT AT A GOVERNMENT FACILITY

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### *Introduction*

Reproductive tract infections (RTIs) could affect almost anyone. They include three types of infection: sexually transmitted infections, endogenous infections and iatrogenic infections. However, they are usually perceived to be limited to sexually transmitted infections (STIs). This perception and the stigma attached to STIs would usually make a person with RTIs shy away from seeking medical attention.

Just like health and other health-related issues, RTIs are not just a medical issue. They are also related to the way society looks at women and men, the way the government allocates funds for health and social services and the way women and men relate with each other and themselves.

Experiences shared during workshops on women and health conducted by women's groups with urban poor and factory women reveal that health workers in the government health facilities are not sensitive to women's health needs, not only in the kind of services offered but also in the quality of care given.

Most health programs do not take into account women's perceptions and experiences of health conditions that affect

women. This has resulted in programs and services that are not adequate and do not appropriately respond to women's health needs.

This study looked into the experiences of women with vaginal discharges who consulted health workers at a government hospital. The perceptions of health workers towards women's experiences with vaginal discharges were also explored.

This study hoped to give attention and importance to women's perceptions and experiences of the discharge, including their experiences of the response of the government health facility to their illness.

### *General Objective*

To mutually develop with health-care providers, women's groups and health teaching institutions appropriate recommendations and commitments to address specific health needs of women.

### *Specific Objectives*

1. To describe women's experiences of vaginal discharge in terms of:
  - 1.1 local illness terms used
  - 1.2 characteristics, severity, duration
  - 1.3 other signs and symptoms experienced with the discharge
  - 1.4 perceived cause(s) of the discharge
  - 1.5 effect(s) of the discharge
  - 1.6 health-seeking behavior
  - 1.7 experiences at the government health facility

2. To describe health workers'
  - 2.1 knowledge and perceptions of vaginal discharge
  - 2.2 perceptions towards women with vaginal discharge
  - 2.3 health-giving behavior

### *Methodology*

This study was a short-term, exploratory and descriptive study conducted from June 1996 to November 1996. The study site was limited to Zamboanga City.

Ten women with vaginal discharges who consulted health workers at the health facility and four health workers assigned to the OB-Gyne section of the outpatient department of the health facility participated in the research.

The following methods were used:

1. key informant interviews
2. in-depth sharing sessions
3. non-participant observation
4. round table discussion

### *Summary of Findings*

1. The research participants did not mention local illness terms for problematic discharge. The discharge was described according to characteristics and was related to other health problems. Vaginal discharge becomes problematic primarily when it has affected one's capacity to function within and outside the home.

2. The women attributed the cause of the discharge to several related causes. Such causes reflected the kind of

situation the women are in.

3. The discharge affected the women in many ways. Fear, shame and anxiety outweighed women's concerns for their physical health.

4. Women's health-seeking behavior includes self-treatment and then consulting other people ( family, relatives, traditional birth attendants and healers, medical practitioners).

5. While some women found some health-care providers kind, most of the women had unpleasant experiences. They perceived health-care providers as insensitive and inconsiderate of their experiences.

6. Women's health-seeking behavior was affected by the stigma attached to vaginal discharges, their explanatory models of the illness, the experiences they had at the hospital as well as by the existing social, economic and political situation.

7. The health-care providers identified microorganisms as the main infections. They perceived RTIs to be primarily sexually transmitted.

8. The health-care providers' information and knowledge regarding RTIs are mainly based on what they learned in medical and midwifery schools. Abnormal vaginal discharge, as a symptom, is discussed under sexually transmitted diseases.

9. The health-care providers knew that women resort to self-treatments or traditional healers before consulting health workers at the health facilities. They perceive home and traditional treatment measures to be ineffective.

10. Most of the women who consulted at the hospital for vaginal discharge were married. This has reinforced the health-care providers' perception of abnormal vaginal discharge as affecting mostly sexually active women.

11. Health-care providers treated the disease based on the signs and symptoms manifested, including results of laboratory exams. However, they neglected to consider the non-medical aspects of the disease, which include taking into account relationships between women and their partners, women's situations within the home, and women's feelings during the consultation.

12. The health-care providers' health-giving behavior was influenced by their own explanatory models of the disease, their training, the situation within the hospital setting as well as the existing social, economic and political situation.

### *Recommendations*

Women's health is limited not only to the absence of disease or ailments but also refers to women's total well-being. Women's health operates in the context of a socio-cultural, political and economic system. It is also affected by the context of power relations between men and women, and between classes.

This means that the management and/or prevention of reproductive health problems like RTIs should not be limited to just treating the disease. Measures should also include non-medical means which should involve the efforts of people from different disciplines and sectors.

A. As a Center for Wellness, and with its goal of "veering away from disease-based vertical approaches towards comprehensive and people-oriented initiatives focusing on high risk groups such as women and children", the health facility should work towards improvement of its services and the quality of care it gives.

1. Specifically, interaction between the women and health care providers could still be improved in the following areas:

1.1 women's privacy, especially at the examining room. Provision of adequate curtains be made including one at the doorway. A partition should be provided between examining table and the sink so that when other persons use the sink, the women's right to privacy will not be violated.

1.2 appropriate and adequate information regarding her illness. Causes and effects of illness should be explained, including the importance of the treatment that will be given and procedures that will be done. Preventive measures should also be discussed. Results of laboratory examinations should also be explained. In cases where the women's discharges are related to a STI, adequate information should be given, especially regarding the importance of having their partners treated.

1.3 experiences of the illness should be taken into consideration and incorporated into the diagnosis and treatment. Women should be asked regarding measures they have already taken before consulting at the hospital. Affirm measures that were found to be effective while at the same time explaining the importance of considering other forms of treatment, including doctor-prescribed treatments. Encourage the women to ask questions. Cultural diversity should be considered.

1.4 scheduling next visit of patients on days the residents are on duty at the OPD. This is essential for monitoring and to establish rapport between women and health-care providers. The women may not be there on time on the scheduled date; but knowing that the same doctor will see them when they consult him/her will assure the women that the doctor genuinely cares about them as women and not as mere patients. This will also encourage the women to come back on the scheduled date.

1.5 respect for women's feelings of shame, fear and anxiety, especially when asked to spread their legs for an internal exam. Explaining the procedure and why it has to be done will help put the women at ease.

1.6 women's feelings regarding being seen by a male physician. Their feelings and their desire to be seen by a female physician should be respected. When the women are to be examined by a male physician, even with their consent, always have a third person inside the examining room. This could be the clinic midwife or the woman's companion.

1.7 duty hours of residents. They should be in the clinic by two in the afternoon and stay on until four. This will allow more time between women and health-care providers.

2. The needs of the health-care providers should also be looked into and addressed. Measures should be taken to ease the workload of the residents. There is the need to employ more residents so that the workload could be distributed. Conducting stress-tension reduction sessions are also recommended. Health-care providers should also be asked how the present health-care delivery system at the health facility

could be improved. They should also be encouraged to advocate for necessary improvements that need to be made.

3. Strategies should be developed to integrate the prevention, diagnosis and treatment of RTIs into programs on women which are already existing: family planning, women's help desk, menopause clinic. This includes the implementation of measures that would improve coordination of the above mentioned programs. At the family planning clinic, appropriate and adequate screening procedures should be done before IUDs (or other contraceptives) are inserted (or advised). Women with abnormal discharges should also be asked about contraceptive methods they are using, especially IUDs. Pregnant women should also be asked regarding problems like abnormal discharges. It is suggested that the OB-Gyne department of the hospital take the lead role in coordinating activities that pertain to women's health especially, reproductive health.

4. At a training hospital, it is recommended that women's health with RTIs as focus, should be part of the training program of the OB-gyne. Discussions should also involve other health-care providers. Discussions on women's health should also include the non-medical aspects related to it, particularly the social, economic and political aspects of health. Venues should also be created to allow the health care providers to examine their own perceptions of sexuality and gender relations. This is necessary to enable residents to appropriately deal with sexuality and gender power as well as interpersonal relations affecting the prevention and management of reproductive health problems. Trainings should also emphasize doctor-women relations which should be respectful, private and non-discriminatory.

5. Residents should also be encouraged to go into multi-disciplinary qualitative and quantitative researches on women's health. One area for research could be finding out what women do for health problems they experience and their reasons. Findings and learnings from the research will contribute to deeper understanding of women's situation. During fieldwork, the researchers had chances to talk with quite a number of women who consulted health workers at the health facility for vaginal bleeding. Residents could also look into this area.

6. The health facility has conducted several training sessions on the prevention and management of certain diseases for community health workers of an urban poor program. It is recommended that it also include in its training sessions topics like patients' rights, women's health and socio-economic and political aspects of health. This is one way of fulfilling its mandate as a center of wellness and not only for treatment.

B. The training of health-care providers has been identified to influence the way they deal with women. The medical curriculum has focused more on the biomedical aspects of health which has led to a lot of medicalization. It is recommended that health teaching institutions include in their curriculum modules the social, cultural and political aspects of health. A wholistic approach to health-care teaching should tackle issues and concerns like violence against women and relate this to women's health. Lay perceptions of health and illness, as well as prevention and practices, should also be considered. Health education should also consider the capability of women (and men) to make decisions regarding their health and make sure that the information given by the health-providers influence people's decision-making. Community organizing for health should also be part of the

training and education of would-be health-care providers.

C. Organizations that work with people's organizations should examine the kind of programs they have. Particular attention should be given to women-centered, gender-responsive programs that take into account women's experiences. Education and training programs should include the following: comprehensive understanding of women's health, sexuality, violence against women, reproductive rights, health reproductive rights, health of adolescents and maturing women. Discussions should also include rights of women to informed treatment and body awareness, recognizing and being cognizant of women's perceptions of their bodies and how their bodies function. Emphasis should also be given to the importance of women's health beyond their maternal functions. Popular education materials should also be developed on women's health, taking into account the different languages spoken in the area. Women and their communities should be encouraged to develop individual and collective resources, including their capabilities and rights to demand from the government the services necessary for the promotion of health. This also includes the inclusion of women's perspectives in the development and implementation of health policies and services. This implies that community-based organizations and government organizations should advocate for increased participation of women in health care and health policy.

D. Areas for further research

Multi-disciplinary research in the following areas is encouraged:

- health-care practices of health problems by different ethnic groups in Zamboanga peninsula
- women's and men's perceptions regarding the body and how it functions (include local terms for body parts)
- indigenous methods of preventing pregnancy
- health-care providers' explanatory models of reproductive health problems (midwives at local health units, nurses, physicians who intend to specialize in OB-Gyne, OB-Gyne specialists)
- health-seeking behavior for reproductive health problems of health-care providers
- experiences of women of health delivery systems, particularly at the local health units
- perceptions regarding sexuality and their meanings as they relate to health.

E. Results of this exploratory study were shared with some research participants and some groups. Efforts should be made to bring together the research participants to feedback results of the study with them, including a discussion on reproductive tract infections and other issues relating to women's health. The results and the recommendation of this study should also be shared with the following:

- health teaching institutions
- health facility personnel

- organizations working with community and people's organizations
- other government health institutions

These groups should be asked for their commitments to address the health needs of women, particularly the implementation of the recommendations given. Furthermore, they should also be encouraged to dialogue with each other and find ways for individual and collective efforts to be made to address women's health.