

The Sexual and Reproductive Health Counselling Initiative

Edith Okiria

The problems faced by women students are almost universally underestimated. It is often assumed that once they pass the gates of the university, all they have to do to succeed is to study hard and hand in their essays on time. This Profile wonderfully illustrates how that ideal is far from the reality of many women students at Makerere University, Uganda's premier public institution of higher learning. It shows how the determination of a small group of women faculty can make an enormous practical difference in students' lives. However, we also see that the personal and professional resources of these faculty members can be stretched to the breaking point in a situation where neither their own institution nor the international donor community sees fit to offer material and financial support to their efforts. Thus, simple yet crucial – sometimes life-saving – information and resources are denied to women students except on a small scale; and that smaller provision is dependent on the inner resources and strength of those same women faculty. It should be noted that Makerere formally adopted an Anti- Sexual Harassment Policy in June 2006 with detailed implementation guidelines; but as we see here, there are many steps that must still be taken before it can have an impact on individual students. Organizing activist women across the university in support of each other's work also can face serious obstacles of communication.¹

This Profile suggests that to the extent that institutional culture ignores or sidelines the specific health information needs of women students, the “norms” of female drop-out and failure, and the maintenance of male privilege, are cyclically reproduced.

I joined Makerere University in 1999 as a lecturer in the Department of Women and Gender Studies, established a few years earlier. At the time, one of my daughters was in her second year at the University. In her first semester, she had chosen to stay in a hostel near the University with some of her friends from secondary school. When I first took her to the hostel, I became concerned

about the neighbourhood. We had to walk through a drinking place and there was no direct access by car. To my great relief, my daughter spent only two nights there before deciding on her own accord to come back home. She was very reluctant to return to the hostel, and when I pressed her she told me:

Life out there is too hectic for me. My roommates go out literally every day and come back with their boyfriends waking everyone up. Actually they call me custodian of the room and have tried to get me a boyfriend too.

Needless to say I was happy to keep her at home. In the year 2000, my second daughter also joined the University but they both continued to commute from home. The difficult experiences of female students became a regular subject of our conversations. Some of their friends were having unwanted pregnancies, some were forced into premature marriages, and yet others were experiencing all manner of health problems. It was through these conversations about the social, economic and even cultural challenges facing their friends and colleagues that I first became interested in the situation of my students.

As a lecturer, I found myself in the ironic position of teaching gender studies while, all around me, students were facing difficulties related to their gender and sexual identities that were going unaddressed. Many times I had students, young women especially, come to talk to me after my lectures on gender and reproduction. I always used these lectures as an opportunity to sensitize students to important reproductive issues, sharing my own experiences by way of informing them. Many of them did not even know the location of the University Hospital.

The very first female student who came to see me about her personal life was living with a boyfriend who was also paying her tuition. She was on the evening programme so her lectures started at 5.00pm and ended at 10.00pm. After some time, she reported that her boyfriend became unhappy that she was coming home so late from her lectures. He started coming home late too, past midnight. Furthermore, he started beating her up for staying out late. It was difficult for this student to concentrate in class due to the domestic violence. She tried to go back to her mother, a single parent, working as a nurse. However, her mother explained that she did not have money to pay her tuition as she was already supporting her younger children. Thus the student had two alternatives: to stay in the abusive relationship or to go back home to her mother and drop out of the University. She was an intelligent girl who valued her education. I referred her to the Forum for African Women Educationists (FAWE), Uganda, but she never came back to tell me what happened, indeed

I never saw her again. I was angry and felt helpless, because I could not assist this girl more, and still do not know what became of her.

Another time, I was teaching Gender and Population and we were discussing maternal and child mortality rates. A female student leader followed me after the lecture and told me that one of her friends from the class had just lost a baby. The baby had died two days after delivery due to negligence on the part of the attending midwife. I made an appointment to meet this woman and counseled her, an act that was made easier by our shared Christian faith. This happened towards exam time so the student was busy studying despite her grief. She did manage to take all her exams, and later came back to share her results with me, showing that she had performed very well. This was a gratifying experience for me, in which I felt I had been able to help my student, who is still at the university, now in her final year.

Other problems my female students shared with me concerned their romantic relationships, post-abortion complications, as well as general questions about their sexuality and bodies. I realized through all this that students lacked a suitable environment in which to seek help or services on their sexual and reproductive health issues. These issues become particularly pressing at university, as students embark upon relationships that usually engender problems such as unwanted pregnancies, abortions, rape, sexual harassment, sexually transmitted diseases and so on. It is very disheartening to teach about gender relations and yet ignore the real-life, gendered challenges that our students are living through. I therefore decided to do something to address this matter.

In 2001, I had the opportunity to attend an advocacy skills training workshop on “Women and Reproductive Health Rights in Africa,” organized by the Multidisciplinary African Women’s Health Network (MAWHN) in Accra, Ghana. After this workshop, which I attended with Dr. Olive Ssentumbwe from the World Health Organization, we organized a similar meeting in Kampala, involving the Assistant Commissioner for Reproductive Health from the Ministry of Health, a doctor from an STD clinic, a lawyer from Makerere University Law School, a counselor from Makerere University Hospital, a religious leader and myself. I subsequently decided to carry out a rapid appraisal of sexual and reproductive health issues in three institutions of higher learning in Kampala which, in turn, led me to carry out a number of sensitization workshops that made use of the findings. I found that the problems experienced by students from the various institutions were similar: sexually transmitted infections (STI’s), unwanted pregnancies and the complications of abortion, rape and sexual

harassment. The rapid appraisal also clearly showed that students do not use health services available to them. On the basis of these findings, the team I had worked with, composed of staff and students from all three institutions of higher learning, produced a comprehensive report which we submitted to the University authorities (Dean of Students), the Department of Women and Gender studies, and our funders, the World Health Organisation.

One of these three tertiary institutions, Kyambogo University, proceeded to develop a full fledged project on sexual and reproductive health for their students, spearheaded by one of the staff members that I had worked with. At Makerere, my department (Women and Gender Studies) embarked on lunch time seminars on reproductive health and family planning, which attracted a lot of interest and discussion. Together with the Head of Department, we discussed the possibility of establishing rudimentary support and information services for students, especially as there was already a student nurse with a background in counseling who was interested in working with me. However, my funding proposals for this project did not attract support. We were so determined to do something though, that we agreed to carry out the project by offering information sessions to students from all over the university every two weeks. We ran daytime and evening programmes, in keeping with the Makerere teaching timetables, and held a walk-in clinic in my office from 3.00pm to 6.00pm. This meant that I had to leave my office for students to have privacy with the counselor. The department stepped in to give a token payment to the counselor for her time, but even this was not sustained, although the Office of the Dean of Students was fully aware of the work we were doing.

The massive uptake of this modest health and counseling service by students, and the extent of the problems presented soon became overwhelming. Again, most of these problems concerned sexuality and relationships. For instance, we found that women students tend to go out with older, working men because of their need for material support, such that some are forced to endure sexual exploitation and abuse from these men. We saw too that young women students often opt to have abortions although these are illegal in Uganda. Illegal abortions use crude and dangerous methods such that some women needed post-abortion care but could not go to any health unit for help.

We have also had male students visiting our clinic. Their questions tend to concern sexual hygiene. For example, one male student we saw was not aware that wearing tight underwear could cause pain to his private parts. Another mature man who had contracted an STI was washing his genitalia with antiseptic,

hoping the problem would disappear. Recently, a male law student called asking to see me on a gender issue. In his case, a male lecturer was sexually harassing his girlfriend to the extent that this woman felt that she could not attend his lectures any more. I met the girl and asked her to speak boldly to the lecturer but she was terrified to do so, fearing victimization. Likewise, it was difficult for me to confront and rebuke this man. Mechanisms of reporting such cases are not yet in place at Makerere, and the university administration does not seem to see the seriousness of the problem. A sexual harassment policy has been developed with the leadership of the centralized gender mainstreaming division, but it has not been fully implemented.

In July 2003, the Women and Gender Studies Department sponsored our Counselor, Gorrette Nalwadda, and myself to go for a two week training in “Advocacy for Sexual and Reproductive Health” at the German Foundation for World Population Training Center in Uganda. The training opened our eyes even more. Through the project we had established, we had realized the need for students to be better informed. Therefore, after the training, we again wrote a funding proposal to establish a youth-friendly Center for Sexual and Reproductive Health at Makerere. The proposal had been solicited by the World Health Organization, but was again rejected for lack of money. We were deeply disappointed after all the hard work we had done. I even decided to reduce the proposal to the development of an information kit that could be given out to students, those new to the University in particular. However even this reduced initiative was rejected, forcing us to abandon it altogether. I still maintain that even a small-scale intervention such as this could make a lot of difference to our students’ sexual health and well-being.

It is often assumed that university students are mature and have all the information regarding their sexuality but, as I found, the reality is very different.

The initiative I have described here started as an individual effort, as it was not easy to find any support for it. Ultimately I believe that this is what has prevented it from fulfilling its promise. Although the Gender Mainstreaming Division under the Registrar’s office has spearheaded gender awareness throughout the university, they also face capacity constraints.

At the same time, the problems I have described in this brief profile are present in the students’ lives every day, and many women in particular, are unable to complete their education for want of institutional support to help them through life’s challenges. We need more research into the gendered and sexual cultures of our institutions of higher learning so that we can better

appreciate the problems that our students experience, especially as they come nowadays from all over Uganda and the countries beyond our borders too. For my part, I have continued organizing seminars and training sessions for students whenever possible. That over two hundred students attended the last seminar, held in November 2006 during their exams, speaks to the gaping need for this kind of service at Makerere University.

Endnotes

- 1 See Joyce Kwesiga and Elizabeth Ssendiwalwa, "Gender mainstreaming in the university context: Prospects and challenges at Makerere University, Uganda" *Women's Studies International Forum* 29:6 (2006). A copy of the Makerere University Anti-Sexual Harassment Policy, as adopted June 2006, will be posted on the GWS website; our thanks to Prof. Sylvia Tamale, Dean of Law at Makerere University (Editors).

Edith Okiria

is a senior lecturer in the Department of Women and Gender Studies at Makerere University, Uganda.