

How VHTs are helping rural women access family planning

For many women, these community health workers are the only reason they can access family planning.

BY PHOEBE MASONGOLE

For thousands of women across the Elgon and Bukedi sub-regions, getting onto family planning is still a long, painful journey.

Some walk for hours to the nearest health facility only to find the contraceptives are out of stock. Others face stigma from the community and family resistance from husbands, or health workers who insist they return with their partners. Poverty is another hurdle many mothers face to access family planning.

The result is predictable but devastating: unplanned pregnancies, overwhelmed mothers, interrupted schooling for teenage girls, and families trapped in cycles of poverty.

Yet, even in the middle of these challenges, Village Health Teams (VHTs) are quietly bridging the gap. For many women, these community health workers are the only reason they can access family planning at all.

In Bududa District, the struggle is familiar to 32-year-old Sarah Wamono. She says: "I walk two hours to the health centre, and sometimes they tell me there are no injections in stock. Then I'm told to come back next month. By that time, I'm already worried I might be pregnant again."

Her experience mirrors those of countless women in the hills and valleys of Bugisu, where stock-outs of Depo-Provera, Sayana Press, pills, and implants can last months.

Twenty-eight-year-old Nabirye from Manafwa District, says her husband does not want her to enrol on family planning.

"He told me family planning is for prostitutes. When I insisted, he threatened to leave me. I still want to use it secretly, because I don't want to give birth every year," she says.

In nearby Sironko District, mother of four Mary Nakiso says she has endured insults from neighbours for using contraceptives.

"They have called me a bad woman for using birth control, but I can't afford to have more children when I am struggling to feed the ones I have," she says.

These voices capture the pressure many rural women face. Large families remain a sign of pride, wealth, and fertility in many communities. Misconceptions like the belief that contraceptives cause infertility, promote promiscuity, or damage women's bodies persist widely.

Experts say that such attitudes, combined with a lack of accurate information and male-dominated decision-making continue to hinder family planning uptake.

Dr Aron Wokuri, a reproductive health expert in Mbale, says: "Some husbands forbid their wives from using family planning, and community leaders reinforce these fears. These atti-



A member of a Village Health Team guides an adolescent on how to use a condom during a community outreach in Mbale District in September. PHOTO/PHOEBE MASONGOLE

tudes keep uptake very low, even where services exist."

Fertility remains high at 5.2 children per woman, and in Bukedi, the rate rises to 6.5. Teenage pregnancy also remains a problem, with 24 percent of girls aged 15 to 19 already mothers or expecting.

Yet the facilities meant to offer family planning are struggling. In some areas, nurses report months-long shortages of contraceptives.

"Most of the women who come here ask for short-term methods like the injectable, the daily pill, or even condoms," Ms Sylvia Namono, a nursing officer at Bududa Hospital, says.

She adds: "For example, many mothers prefer the injectable since it only requires one visit every three months, while some younger women like the pill because it is easy to start and stop but the problem comes when these methods are out of stock."

"Others simply walk away without taking anything, saying they would rather wait until the methods they trust are available. It leaves many women feeling like their choice has been taken from them," Ms Namono said.

In Mbale District, Ms Josephine Wesaka says she has failed to get her preferred contraceptive on five occasions despite walking two hours to get to the clinic.

"Most times I am told to return next month," she says, adding, "I'm already worried about getting pregnant again."

VHTs have become the vital connection between women and the services they need. They move from home to home, teaching, counselling, and giving short-term methods to women who would otherwise have none. They speak the local language, understand village politics, and know how to navigate the fears women carry.

"With the help of Village Health Teams (VHTs), I am able to get family planning without going to the health

ABOUT VHTS

The Village Health Team is a community based (village) structure whose members are selected by the people themselves to promote health and wellbeing of the people in their areas of residence and jurisdiction. It is the lowest health delivery structure.

Village Health Teams (VHTs) were established by the Ministry of Health to empower communities to take part in the decisions that affect their health, mobilise communities for health programmes, and strengthen the delivery of health services at household level.

Source: Ministry of Health

facility," Ms Nabirye says

Many VHTs in Bugisu and Bukedi were trained by Reproductive Health Uganda (RHU) and partners under the Shs3b Bergstrom project, which ran for three years.

They are equipped to provide condoms and oral pills directly at home, and refer women for long-term and permanent methods.

Ms Betty Isiko, the senior project manager at RHU, says the numbers show how important the intervention has become.

"We have managed to reach young women and men with a total of 7,590 short methods and 23,163 long-acting reversible contraceptive methods for family planning. Another 426 are on permanent methods," she says.

Ms Scovia Atim, a VHT attached to Kwapa Health Centre III, says her role is not to choose for women, but to guide them.

"We give an opportunity for a person to choose what they want. We only come in to advise, not to decide for them," she says.

Ms Atim says she has introduced about 500 people in her community to family planning.

"I always move door to door, at funerals, at ceremonies, even in churches, sensitising and enrolling women," she says.

Mr John Odeke, a VHT at Apete Health Centre II, says the impact is already visible.

"We have many children in schools compared to before, when parents couldn't pay fees, children could not be in schools," he said.

Although VHTs are recognised by the Ministry of Health and given training, most rely on non-governmental organisations for funding, allowances, and supplies.

Stockouts also affect them, leaving them unable to support women fully.

Ideally, contraceptives should be free at public health facilities. But shortages force many women to buy from private clinics, paying between Shs500 and Shs20,000 for methods supposed to be free. Pill prices in private facilities can go up to Shs10,000.

Organisations like Women with a Mission have tried to close this gap.

"Many rural women could not also afford even basic short-term methods. By bringing these services closer and making them free, we are not only giving women a choice but also restoring their dignity," Ms Betty Byanyima, the group's executive director, says.

Bududa District Chairperson Milton Kamoti believes government must do more.

"Access to family planning is not just a health service, it is a right," he says.

Tororo District Assistant Health Officer Connie Bwire says more effort is needed to strengthen community-level services.