POLICY BRIEF

Taking a health literacy approach to increasing use of sexual and reproductive health services among refugee women in Uganda

Refugee women in Uganda have unmet sexual and reproductive health needs. This policy brief focuses on South Sudanese refugees in Rhino Camp and highlights how their healthcare decisions are shaped by health literacy--their ability to find, understand, and use health information. Women with higher health literacy are more confident navigating the healthcare system, making informed decisions, and using self-care interventions. Yet, gaps in family planning education, overstretched health facilities, and a lack of trusted healthcare providers hold many women back. To bridge this gap, we must equip healthcare workers to communicate more effectively, empower women to advocate for their needs, and expand community-based family planning education. Strengthening health literacy can increase uptake of sexual and reproductive health services, and give refugee women the tools to take control of their own health.

Introduction

Despite recent progress, refugee women in Africa still face unmet sexual and reproductive health needs. Studies show that being unfamiliar with a new health system or experiencing a language barrier complicate women's access to services. Resource limitations and staff shortages in healthcare facilities can make these challenges even more difficult to address.

Refugee women in Uganda—a country hosting more than 1.5 million refugees—use sexual and reproductive health services less than women from the host community. Women with unmet needs may delay to seek diagnosis or treatment for sexual and reproductive health conditions, or only access services when their needs are acute rather than seeking preventative care. This approach not only places strain on an individual's health, but also on the wider health system; services such as post-abortion care are more costly to deliver than family planning advice. Existing approaches to increasing use of sexual and reproductive services include delivering health education programmes to teach women about what is available. More recently, focus has expanded to promoting self-care: treatments which women can access and use from home, such as STI self-testing kits.

Self-care interventions can help to increase access to sexual and reproductive healthcare, but women must know how to use the interventions safely and correctly. Health education is only effective if women have the skills and knowledge to understand, interpret and apply this information to their own health. To deliver effective health education, and promote safe self-care interventions, programme managers need to consider the health literacy of their beneficiaries.

Health literacy describes a person's ability to access, understand and engage with health information and services to support good health.[1] This includes more than the ability to read or write.

People with higher levels of health literacy find it easier to understand health information and are empowered to make healthier choices.[2]

In contrast, people with lower levels of health literacy may find it difficult to navigate the health system, and struggle to fill out medical forms or understand their medication dosage.

1. Dodson et al. (2015) 'Health literacy toolkit for low- and middle-income countries' in *Health Information Systems* (vol. 1). Available online at: rb.gy/4fyjyj
2. World Health Organization (2024) 'The mandate for health literacy' in *Health Promotion.* Available online at: rb.gy/5ncrvy

Little is known about the health literacy of the one million South Sudanese refugees in Uganda. Studies elsewhere have found a strong connection between health literacy and many social determinants of health (think household income or level of education). People with limited financial resources and less formal education are not only more likely to have lower levels of health literacy, but also experience poorer health outcomes than other population groups. Health literacy is further shaped by the healthcare environment, through the accessibility (or otherwise) of decent health services, easily understandable health information and supportive healthcare workers.

Taking a health literacy approach can shed new light on how South Sudanese refugee women engage with the health system and offers opportunities to increase their use of sexual and reproductive healthcare.

Methods

The results presented in this brief stem from data collected from 486 South Sudanese refugee women aged between 15 and 49 years who were resident in Rhino Camp refugee settlement in April 2024. The goal of the study was to understand how South Sudanese refugee women's health literacy was associated with their use of sexual and reproductive health services.

To measure health literacy, the study used the Health Literacy Questionnaire (HLQ). This multi-dimensional tool assesses respondents on nine different scales to examine the extent to which it is easy/difficult for them to perform certain health-related actions. The researchers translated the HLQ into Juba Arabic and validated it for this study. Further questions assessed womens' knowledge, uptake of and access to family planning interventions, as well as their history of testing for HIV and screening for STIs. Sociodemographic data was also collected, including information about household size, education level, income level and language spoken at home.

Results

Women with higher levels of health literacy were more likely to have used sexual and reproductive health services. However, there were large differences between women's levels of health literacy. Women with higher household incomes, more education, and a perception of being in better health also had higher levels of health literacy.

Women found it difficult to navigate the health care system and find supportive healthcare providers who they felt they could trust. Accessing health care in a refugee settlement can be challenging. Understaffing and loss of funding for health care initiatives can make it difficult for patients to advocate for themselves or feel in control in their relationships with healthcare providers.

Women showed a strong ability to actively manage their own health. They reported making plans, setting goals and prioritising their health. This is a promising sign for encouraging self-care in sexual and reproductive health.

Although many women had anecdotally heard about family planning methods from friends and family, significantly fewer had been taught by a healthcare worker how these methods worked or knew where to get a method from. Women reported difficulty getting new health information from sources other than community health workers (VHTs). Many found it difficult to discuss things with healthcare providers until they understood what they needed to.

Personal opposition to family planning was high but few women mentioned fear of side effects as a barrier to using family planning. The general lack of comprehensive knowledge about family planning could mean women simply did not know enough about each family planning method to have developed an understanding of—or misconceptions around—any potential side effects.

*Whilst **86%** of respondents had ever heard of the implant, fewer than half of those had also been taught how the implant worked and knew where to get it from.*

Conclusion

Given the connections identified in this study, improving refugee women's health literacy could increase their use of sexual and reproductive health services. With better health literacy, refugee women could navigate the health system more easily and be empowered to make more informed decisions about their sexual and reproductive health. Re-framing refugee women's views on family planning in relation to how they access, understand, interpret and apply the health information they are given can move the narrative away from identifying barriers towards developing practical interventions. A health literate population is not only more capable of navigating sexual and reproductive healthcare; the benefits extend to many other areas of health such as non-communicable diseases and nutrition.

Recommendations

Interventions to improve health literacy are low-cost and simple to implement. They can be integrated into existing programmes, or delivered as standalone projects.

Train healthcare workers to support people with limited health literacy

Promote the use of "teach back", where a healthcare worker asks a patient to repeat back the health information or instructions they have been given. This creates opportunities to highlight any confusion and address misunderstandings before they become problematic.

Use plain language in consultations: cut out the jargon – say *high blood pressure* instead of *hypertension*.

Empower refugee women to advocate for themselves

Deliver training sessions to encourage women to advocate for themselves in healthcare settings. Teach women how to prepare for consultations, how to ask clarifying questions to their healthcare providers, and how to fact-check information that they receive from friends and family.

Expand family planning education through community health workers

Scale up existing family planning education interventions through village health team (VHT) members. Take advantage of community-based outreach and peer-to-peer education activities to deliver thorough and effective education on different methods of family planning.

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