

REPRODUCTIVE HEALTH RIGHTS OF WOMEN IN RURAL COMMUNITIES



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ABSTRACT

Reproductive health is very important as it shapes a woman's whole life. Currently there are a lot of obstacles that deny women their rights to reproductive health. The aim of this research was to find out what obstacles deny women their freedom to enjoy their reproductive health in order to establish a contribution that can be used by the Department of Health to improve their services. Descriptive research was conducted using a survey approach. Convenience sampling was utilised. Participants were selected from a sample of people attending the reproductive health clinic at a Hospital and a clinic in the Northern Province. The findings indicated that women are not enjoying reproductive health rights due to low educational level, cultural and societal constraints, low socio-economic status, gender inequality and the negative attitude of the providers. Women are not given detailed information to enable them to make informed choices. The ethical principles are not upheld, as there is no privacy, confidentiality or respect for individual worth and dignity. The issue of abortion was also addressed. The results showed that the abortion and sterilisation Act 2 of 1975, which has been replaced by the choice on Termination of Pregnancy Act 92 of 1996, denied women the right to abort. The study findings yielded many implications that are applicable to nursing. The philosophy of nursing is about caring. Therefore, nurses have to uphold this by respecting the clients' right to life, right to privacy, right to human dignity and the right to equality as entrenched in the constitution of South Africa.

OPSOMMING

Voortplantingsgesondheid is baie belangrik aangesien dit die vrou se hele lewe beïnvloed. Huidiglik is daar 'n hele aantal struikelblokke wat die vrou se reg tot voortplantingsgesondheid kniehalter. Die doel van die navorsing was om te bepaal wat hierdie struikelblokke is wat die vrou se vryheid om voortplantingsgesondheid te geniet ontnem. Met hierdie inligting word dan beoog om 'n bydra te lewer sodat die Departement Gesondheid hulle dienste in dié verband kan verbeter. 'n Beskrywende studie deur middel van die opname metode is gedoen. Toevallige steekproefneming, deur gebruik te maak van persone wat die gesinsbeplanningsklyniek by 'n hospitaal en klyniek in die Noordelike Provinsie bygewoon het, is gedoen. Die bevindinge het

aangetoon dat die volgende redes was waarom vroue nie voortplantingsregte geniet nie: lae opvoedkundige vlak, kulturele en sosiale beperkinge, lae sosio-ekonomiese status, geslagsongelykheid en 'n negatiewe houding aan die kant van die voorsieners van die diens. Vroue word nie van genoegsame inligting voorsien om 'n ingeligte keuse te doen nie. Die etiese beginsels word nie gehandhaaf nie, aangesien daar geen privaatheid is nie en vertroulikheid en respek nie betoon word nie. Die beëindiging van swangerskap-vraagstuk is ook aangeraak. Die resultate toon aan dat die wet op Aborsie en Sterilisasie, Wet 2 van 1975, wat vervang is deur die wet op die Keuse van die Beëindiging van Swangerskap, Wet 92 van 1996, vroue die reg om swangerskap te beëindig misgun het. Die studie het 'n aantal implikasies vir verpleegkundiges uit gelig. Die filosofie van verpleging is gefokus op sorgsaamheid daarom moet verpleegkundiges respek vir 'n kliënt se lewe, sy privaatheid, menswaardigheid en gelykheid, soos in die grondwet van Suid-Afrika neergelê, betoon.

INTRODUCTION

The World Health Organisation considers the health status of women to be one of the most sensitive indicators of social development. A conference held in Cairo in September 1994, which focused on population policy, sustainable economic development and environmental protection, shifted the emphasis of population development to the empowerment of women by the improvement of their social, political, economic and health status. A new woman-centred approach to health, combining public health perspectives and human rights principles, has been developed and is now crystallised in the concept of women's "reproductive health".

South Africa has entered into a new Constitutional era with the enactment of a supreme Constitution with a justiciable Bill of Rights. Women in South Africa have played a prominent role in shaping the human rights culture as most of their aspirations and needs are embodied in the Bill of Rights. According to the Bill of Rights section 12 (2), everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction, (b) to security in and control over their body, (c) and not to be subjected to medical or scientific experimentation without their informed consent.

These changes have put more demands on the nursing profession. Respect for human rights has always been an integral part of nursing ethics. From the outset the nursing profession has honoured the right to privacy, human dignity and equality (Pera & Van Tonder, 1996:44). The ethics of the nurse are now supported by a Bill and applied more widely than just to nursing practise. A high degree of control over reproductive behaviour can only be achieved when women experience themselves as having the right to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion (International Planned

Parenthood Association, 1996:22).

Reproductive health rights improve women's status. It also contributes to heightened self-esteem, making women believe that they are now in control over their sexuality and reproductive capacity as well as other aspects of their lives.

OUTLINE AND BACKGROUND OF THE PROBLEM

Currently the right to decide when to have a child and to practise safe birth control is not readily accessible to millions of women especially in rural areas. Pitted around women are a number of obstacles, such as economic discrimination, subordination within the family, and religious and cultural restrictions. These obstacles shape and control lives, thereby affecting every aspect of their experience, including family life, sexuality and exercising reproductive health rights.

The nature of South Africa itself contributed to the problems confronting rural communities of which reproductive health is one. For instance there is maldistribution of resources and access to health services between rural and urban areas (Ngwenya, 1994:25). Clinics in urban areas outnumber those in rural areas. Clinics in rural areas are also scattered kilometres away from each other. These institutions are also understaffed, leading to inadequate provision of services. According to the Bill of Rights section 24(a), everyone has the right to an environment that is not harmful to his or her health or well being. The main argument is whether the health services in rural areas will be improved to create a good environment as professed by the African National Congress' national health plan for South Africa.

RESEARCH QUESTION

This study was descriptive by nature. It proceeded without a hypothesis. The researcher proposed to obtain an answer to the following question:

- What are the obstacles in exercising reproductive health rights for women?

RESEARCH OBJECTIVES

The objectives of the research were to:

- Find out what obstacles deny women their freedom to enjoy their reproductive health.
- Contribute to the improvement of reproductive health services by the Department of Health.

SIGNIFICANCE OF THE STUDY

The problems of reproductive health have been well researched. It remains an issue of major concern to the

broader society. One of the main aims of the present study is to bridge the imbalances caused by gender inequalities, which violated the reproductive rights of women. In addressing these problems, it is hoped that this study will be beneficial in many ways. Possible benefits of this study are to:

- raise women's awareness of reproductive health issues and rights;
- directly or indirectly influence Government policies on reproductive rights and women's health issues;
- create an awareness of the state's responsibility to protect reproductive rights of women and to secure access to health care and services;
- raise the status of women by creating public awareness of the needs of an individual woman, stressing that it should take precedence over fewer concrete notions of what is good for society (Moen, 1981:53);
- help health care providers to provide the necessary information when offering treatment alternatives and to share it with their clients;
- enable patients to decide whether they need contraceptives or not, thus improving their accountability and quality care;
- encourage women to break the silence about their sexual reproductive problems and to relate their individual experiences with health care systems by challenging notions of culture, policies, the family, religions and community control that limit women's freedom.

DEFINITION OF KEY CONCEPTS

Patriarchy is defined by Bennet (1995:80) as the control exercised by senior men over the property and lives of women and juniors.

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. As well as other methods of their choice for regulation of fertility which are not against the law, and the right to access to appropriate health care services that will enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant (Cook, 1996:1).

LITERATURE REVIEW

Literature was reviewed to determine obstacles that prevent women to enjoy their right to reproductive health rights.

Obstacles preventing women from exercising their reproductive health rights

In rural areas, the small-scale community has a real effect on reproductive health rights by urging conformity with the traditional norms.

• **Patriarchal family structures:** In most African countries in which hierarchies of age and gender, patriarchal regimes and male domination operate, women experience many problems in reproductive choice (Dixon-Mueller, 1993:111-112). The man as the head of the family is the guiding principle of social structures. This has resulted in most areas of politics, economics and legal, social and religious institutions being dominated by men. This state of affairs influences women to believe that decision-making must lie with the head of the family as he is more valuable and capable than they are (Kadandara, 1994:12). According to Ngwenya (1994:26), the traditional norms of socialisation contributed greatly to the oppression of women. Initiation schools, marriage and the way in which children are reared affect women's behaviour. They are taught to be subservient, a servant to their husband, men in general and their in-laws.

• **African customary law:** Another stumbling block to women's reproductive choice is African customary law, which entrenches subordination to men. The system of lobola gives a husband a right over his wife's body, both sexually and in terms of physical labour. Lobola also gives him the right to have the number of children that he wants. Some people even argue that lobola gives the husband the right to his wife's income (Klugmann & Weiner, 1992:6 and Spicker, Bondeson & Tristram Engelhardt, 1987:92). This also has far reaching implications as women cannot occupy positions of high authority, cannot directly negotiate their marriage, terminate it or claim custody of their children.

• **Cultural and religious beliefs:** Religious, cultural and traditional practices, which may be in conflict with reproductive health rights, may also be detrimental and harmful to the individual's environment. Freedom of religion can allow fundamentalists to perpetuate the operation of women, for example the Roman Catholic faith denies women the right to use contraceptives and to abort. These are typical examples of conflict of rights between individuals and groups or between groups themselves (Norris, 1991:60).

• **Informed consent:** Seaman (1993:43) indicates that informed consent enables clients to acquire full knowledge and understanding about the procedures they are to undergo. This view is supported by Searle & Pera (1996:143) who emphasise that patients must grant consent for all procedures performed in the health care settings which involve some kind of invasion of the person's physical or psychological independence. Informed consent in this case involves full disclosure to make informed and free choices. Thus the doctrine of informed consent, the legal support for individual decision making, mediates the allocation of responsibility and authority to the individual (Spicker *et al.* 1987:168). Section 12 (2) of the Constitution provides everyone with the right not to be subjected to medical or scientific experiments without their informed consent. In all

forms of medical paramedical practice, the principle of autonomy and respect for a person is protected by the important rule of informed consent.

METHODOLOGY

Research design

Descriptive research was conducted using a survey approach. The survey method was chosen as Treece and Treece (1986:176) describe it as a non-experimental study or any research activity in which the researcher gathers data from samples of subjects, whose responses will be representative of the population, for the purpose of investigation and probable solution of the research problem.

Target population

The target population was women in their reproductive stages of life in the rural areas of the Northern province. One hospital and one clinic in region four of the Northern Province were selected as they serve the largest number of the people in rural areas. In addition their accessibility kept travelling expenses to a minimum.

Sampling

Convenience sampling was utilised. Participants were selected from a sample of people who were attending the reproductive health clinic during the researcher's presence. Over a period of two weeks the researcher interviewed every fifth client who visited the clinic. This was done to avoid delaying the respondents from being attended to by the clinic staff. A total of 52 clients were interviewed and eight were given a questionnaire to complete.

Research instrument

The interview method was used for data collection. Although structured questionnaires were utilised, research participants were interviewed directly to avoid misinterpretation and to ensure clarity on certain issues. Woods and Cantanzaro (1988:130) maintain that an interview is the best method of collecting data, especially if respondents cannot read and write. The questionnaire was composed of eight sections:

- The purpose of Section A was to obtain data about the participant's personal details, their educational status, economic status, marital status and the issue of lobola.
- The purpose of section B was to determine whether participants had relevant information about the contraceptives that they were using.
- Section C is aimed at obtaining data about the maintenance of privacy in the reproductive health clinic.
- Section D and E were drafted to determine the role played by the employer, the husband, relatives and society in the woman's decision making about the use of contraceptives.
- Section F was structured to obtain information on women's views on abortion.
- Section G was structured to obtain information on the women's awareness of their reproductive health rights.

The questionnaire was mainly composed of closed-ended questions.

Data collection

The interview was conducted in a special room given to the researcher. Fifty-two respondents were interviewed and questions were asked in the language of the respondents to make it easier for them to respond and to understand questions clearly. The eight nurses who attended the clinic were reluctant to spend time being interviewed and requested time to fill in the questionnaire in their own time. They also indicated that they would feel free to record their feelings more truthfully without them being recorded by the researcher. Clients responded spontaneously and some were inquisitive to know more about the whole process.

Validity and reliability

The research instrument was tested for face and content validity by giving the questionnaire to the supervisors for acceptance, and to detect ambiguities in wording and repetition of items. Professional statisticians were also consulted to establish whether the instrument was sufficiently comprehensive in seeking the proper range of responses, was appropriate in terms of space and length, and was adequate. As a result of this pretesting to ensure the validity of the tool, some questions were discarded and others reworded to give greater clarity.

Reliability of the tool was ensured by phrasing each question carefully to avoid leading respondents towards a particular answer. Respondents were also informed of the purpose of the interview and asked to respond as truthfully as possible to discourage the tendency of responding to questions with desirable answers only (Brink & Wood, 1988:267).

Ethical considerations

Permission to undertake research was obtained from the ethical committee of the University, the Department of Health and the superintendent of the relevant hospital. The researcher undertook not to identify the hospital's name or the participants involved in the study. Clients were reassured that they would get their normal treatment and care even if they refused to participate. Respondents were informed that their names would not be disclosed and the confidentiality of the information they gave would be maintained.

DATA ANALYSIS

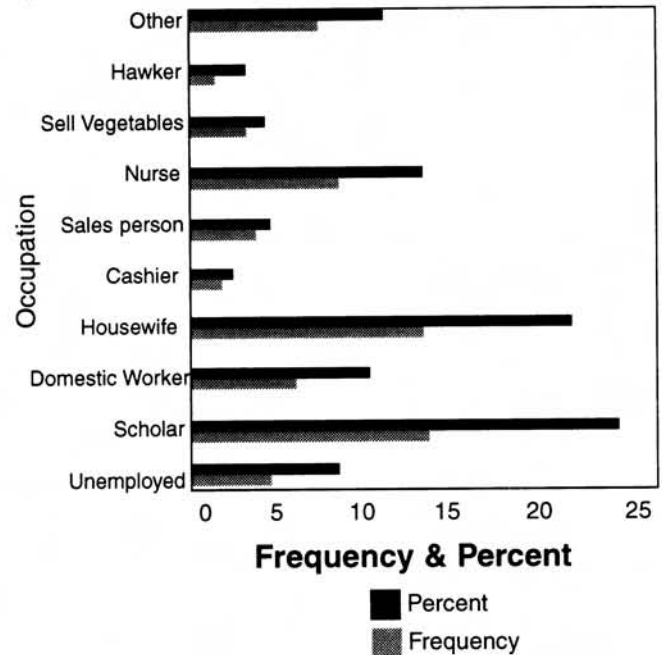
The questionnaires were coded to help intensive data-analysis. They were sent to the statistic department and processed by the computer service department using the statistical package for social sciences programme. Data was displayed in tables that indicated frequencies and percentages.

DISCUSSION OF FINDINGS

Interviewee's demography

Most of the respondents were in the age group 21-30, which is of significance as it indicated that they were still in their child-bearing years. The results as displayed in figure 1 show that most of the respondents were in the lower occupational groups.

Figure 1: Bar graph indicating occupational groups



The result also indicated a low literacy level. Women who are earning a low income and those who do not have an income at all usually depend on their husbands for financial support. This dependency subjects women to submissiveness, lack of self-confidence, assertiveness and self-worth. They are unable to decide on reproductive health issues on their own as they are not financially independent, they therefore do not enjoy their reproductive health rights. Most of them earn salaries, which are below the breadline. Only 15,2 percent earn above R500 per month, which could be an indication that in rural areas a high percentage of women are still dependent on their husbands. It was also not surprising to find out that 23,3 percent of the respondents are students who are intending to further their studies in order to get better education, better jobs, earn good income, and be able to enjoy and exercise their reproductive health rights.

The role played by husband, family members, and society in reproductive health and decision making

Husbands are the main role players in reproductive health as they are supposed to grant consent for their wives to use contraceptives. This seems to be a stumbling block to women's reproductive health rights. More than 50 percent of the respondents were married in terms of customary law and 78 percent indicated that their husbands paid lobola.

There were different views as to whether lobola give husbands the right to have sex whenever they want to or whether it gives them the right to decide on the number of children the woman should have. Of the respondents 44,7 percent disagreed, indicating that their husbands cannot decide on their behalf in matters affecting their reproductive health. It is the opinion of the researcher that nowadays lobola is no longer used properly. The bride's price is determined by how educated she is. These values or price tags attached to women by their parents make the potential bridegrooms feel that they are buying these women. Ultimately, the woman, because of the high price tags that their husbands paid, are regarded as the property of their husbands, and thus have no rights whatsoever.

The literature revealed that the norms of society, customary marriages, lobola and cultural expectations in rural areas play a role in denying women their reproductive health rights. This was in line with the findings of this study as it was found that women are not expected to make decisions in matters affecting reproductive health, or to use contraceptives without their husbands' consent. It is a prerequisite that husbands must come to the reproductive health clinic to sign consent to allow their wives to use contraceptives. The findings also revealed that in some families the mother-in-law still decides on the number of children their sons may have. It was also indicated that the society does not approve of women using contraceptives. They say contraceptives induce sterility, make women sick and weak, and destroy the libido in men. This has profound effects as society's views are very important in rural areas.

The right to information and knowledge on contraceptive methods

The quality and quantity of information as well as specific information on methods used, are important parameters. This information should include discussion on the range of methods provided, advantages, disadvantages and contraindications. Advice should also be given on how to use the method, its potential problems, and what the client should do if problems arise. The results indicated that respondents know different methods of contraceptives though most of them seem not to have any knowledge of cervical caps, diaphragms, spermicides and sterilisation. It was very strange to note that not all nurses who participated in the study had knowledge of these methods. One wonders what type of health education they will give to the community when they themselves do not know all the methods. The radio and friends were chosen as powerful means of communication. The pill was chosen as the method which most of the respondents had used in the past. The main reason given for stopping the use of the pill was forgetfulness, which for most of the respondents led to unplanned pregnancy. Most of the respondents indicated that they were currently using the injection method as it is more convenient to use, it can also be hidden from husbands who deny their spouses' using contraceptives, and moreover, unlike the pill, it relieves the woman of the responsibility of having to remember it every day.

Table 1: Information on how the method of contraception works

Answer	Percentage
Aware of how method works	16,7
Not aware of how method works	83,3
Total	100,00

From table 1 there is a clear indication that the majority of respondents (83.3%) were using the method without the knowledge of its action. Only 16,7% had knowledge about the action and side effects of the method. A lack of full information on the action, side effects and instructions on how to use a method was found to be a problem as it denies the woman the right to make wider choices. This is aggravated by the negative attitudes of the health care providers and shortages of manpower in health services which make it difficult for health care providers to get enough time to attend, explain and examine clients.

The findings also indicated that most respondents lacked information about the pap smear test, which should be done yearly for early diagnosis of cervical cancer. It was also clear that vital signs and examinations, which are supposed to be done before issuing contraceptives, are not properly done.

The right to privacy

Reproductive health revolves around private issues. It is therefore important that privacy be maintained to avoid embarrassment and to enable clients to maintain confidentiality and their dignity. The results indicated a lack of privacy as respondents indicate that they enter the screening room with other patients, thus they are unable to verbalise their complaints.

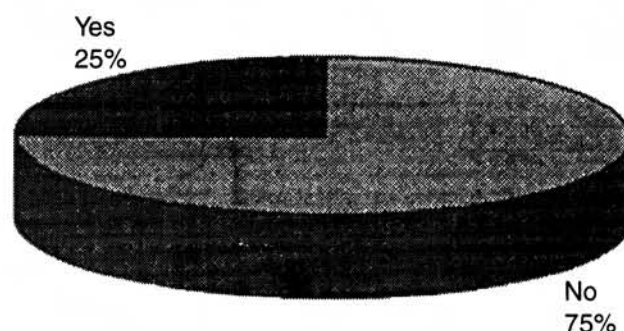


Figure 2: Pie chart on who accompanies the respondents when entering the screening room

In figure 2 it can be seen that 75 percent of the respondents indicated that they enter the screening room with other patients whereas 25 percent indicated that they enter the screening room alone. Although most respondents described the service at the clinic as professional, few respondents described the services as unfriendly, unprofessional and embarrassing.

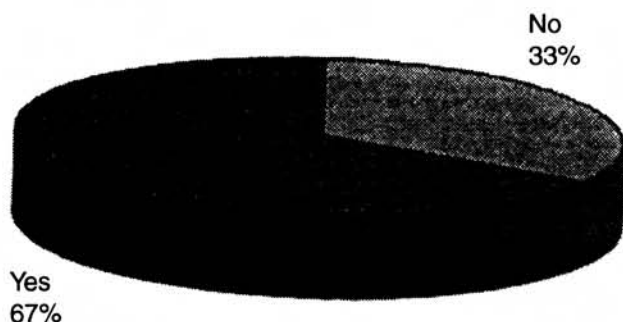
The right to reproductive health and employment

According to literature, employers in large factories make contraceptives available at work to avoid women becoming pregnant which disturbs work production rather than for their own health. The majority of women indicated that there were no policies set by their employers pertaining to reproductive health.

The right to abort

The research was conducted during the period when the abortion bill was being debated. This had an influence on the findings as respondents were not willing to give information. The respondents were asked whether they ever found themselves pregnant unexpectedly, and if so what was the first thing they thought of.

Figure 3: Pie chart on the percentage of respondents who found themselves pregnant unexpectedly
N = 60



From figure 3 it can be seen that 67 percent respondents indicated that they once found themselves pregnant unexpectedly. Of this 67 percent, 41 percent indicated that they thought of having an abortion but they were afraid of death, due to back street abortion. Though many women were hearing about the termination of pregnancy bill for the first time, most of them welcomed the idea. They felt that it would reduce maternal death and provide women with wider choices in reproductive health. Similarly those who opposed the bill felt strongly that it will deny the foetus the right to life, and also indicated that it was against their religious beliefs.

Awareness of reproductive health rights

The results indicated that women were aware of their reproductive health rights although they lacked information on certain issues, such as pap smear tests and certain birth control methods. The degree of awareness also depended on the educational level of the respondents. The higher the educational level the higher the degree of awareness.

SUMMARY OF THE FINDINGS

Based on the data and findings as well as the literature review, the following conclusions were drawn:

- All the respondents are aware of one or more methods of family planning. The injection is the most popular method

used, followed by the pill, which is also used more frequently although not the most reliable method.

- The women are aware of their reproductive rights, though they do not enjoy these rights fully due to obstacles like cultural constraints, customary marriages and lobola, as indicated in the findings according to the instrument and the literature.
- The statistical analysis indicated that women with higher educational status enjoy their reproductive health rights more than those with a low educational status. Educated women are able to comprehend information on contraceptive methods. They are therefore more aware of human rights as well as their reproductive health rights.
- The higher the socio-economic status, the more assertive women become and the more they enjoy their reproductive health rights. Women who are not earning their own salaries or are earning below the breadline depend solely on their husbands for economical support. They are therefore unable to make their own decisions in matters affecting reproductive health.
- Generally, women are not given detailed information to enable them to make informed choices. The ethical principles of nursing are not upheld as there is no privacy, confidentiality or respect for individual worth and dignity.
- Traditional and cultural influences have resulted in husbands being given superiority over women by allowing them to sign consent for their wives. This is the problem of gender inequality, which is unfair as women are adults capable of making their own decisions.
- The Choice of Termination of Pregnancy Act 92 of 1996 seems to be the only answer to women's problems, in abortion issues. It will go a long way in securing reproductive autonomy for women.

RECOMMENDATIONS

The following recommendations are made:

- Health care providers must get more training on matters affecting reproductive health care so that they have enough information, which will enable them to give detailed and full information to clients.
- Only nurses with an interest in reproductive health should be allocated to reproductive health clinics as this can help in improving the attitude of nurses to clients, thereby helping clients to enjoy their rights to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion.
- Reproductive health matters must be taught at high school level, to limit teenage pregnancy and to enable students to become mature future adults with responsibility and equipped with knowledge.
- Information on reproductive health must be taught equally to males and females. Both adults must be responsible for their sexual rights and decision-making. This will also promote the issue of gender equality.
- Nurses, like care group motivators and those based in the community, must be empowered with more information as they have close contact with the community. They will be able to spread information faster in simpler terms and make it easier for everybody to understand.

- Human rights lawyers, legal aid clinics, the Department of justice and health care providers must take joint responsibility of informing people about their human rights and reproductive health rights, using the radio, which was found to be a very powerful means of communication in rural communities. Providing vocational training and employment opportunities for women may help women to make independent choices regarding reproductive health rights as they will be economically self-sufficient.
- Parents must be taught to realise that male and female children have equal worth and must be educated equally in order to get better jobs.
- Women and health care providers must challenge patriarchy by abolishing the standing order, which gives men the status to sign consent forms for their wives to allow them to use contraceptives.
- Health personnel must be encouraged to work in rural clinics by improving their conditions of services, giving them incentives like training opportunities, promotions and clinic allowances.

IMPLICATIONS FOR NURSING PRACTICE

Nursing practice has ethical principles to uphold. The study findings yielded many implications that are applicable to nursing. Nurses should respect women and their self-worth as indicated in one of the fourteen precepts of nursing which state that "the nurse must provide nursing care in accordance with human need and with respect for the dignity of man irrespective of race, creed, nationality, social standing or political persuasion".

Privacy must be maintained at all times to preserve the patient's dignity and self worth. Health care professionals have an obligation to protect the patient's privacy. Pera & Van Tonder(1996:27) maintain that in reproductive health care a client voluntarily gives up a part of his privacy to a health care professional. This does not, however, imply that the patient gives up all right to privacy, nor does the whole world have the right of access to a patient's private affairs.

Training must be provided to equip nurses with more information that they can impart to clients. The philosophy of nursing is about caring. Nurses must uphold this by respecting the client's human rights. Basic human rights like the right to life, right to privacy, right to human dignity and the right to dignity and the right to equality must be respected as they are entrenched in the Constitution of South Africa as well as in ethical principles of nursing.

LIMITATIONS OF THE STUDY

The research has been limited to a small area of the population, based on the argument that each area or population group is different from any other area, the result may not be representative enough. The area of research covered only part of the Northern Province so it is difficult to generalise the findings as representative to all rural com-

munities in South Africa. Reproductive health has many components, the researcher concentrated more on family planning although components like cancer care and abortion have also been included.

FINAL CONCLUSION

Obstacles that prevent women in exercising their reproductive health rights as identified in the research relates to the patriarchal society which is reflected in cultural practices, for example lobola and customary marriages. In order to correct this, women should be empowered to make their own reproductive choices. Privacy, confidentiality and respect for the individual's worth and dignity should be upheld by nurse practitioners in delivering reproductive health care.

To this end the research may contribute positively to issues pertaining to reproductive health if the Department of Health could introduce programmes which will equip women with health education and vocational training in order to be self reliant, as well as detailed information about contraceptives. This may inspire women to take responsibility for their own health, which is one of the major goals of primary health care.

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