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An exploration of clients' agency regarding their own reproductive health while living with intimate partner violence

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Problem: A study conducted amongst women in Soweto, South Africa attending antenatal clinics in 2002, found that 21.8% of women seeking care experienced multiple assaults by a male partner (Dunkle, Jewkes, Brown, Yoshihama, Gray, McIntyre, & Harlow, 2004:238).

This study aims to develop insight into how intimate partner violence influences women's decision making and ultimate reproductive health choices.

Methodology and theoretical orientation: women were interviewed using a semi-structured interview guide. A qualitative descriptive approach was adopted with an embedded feminist perspective. Describing lived experiences has been conceptualised as an overarching philosophy on which all qualitative research draws. Descriptive qualitative research recognises an experience as being unique to an individual. Hermeneutic descriptive qualitative research concerns with creating a rich, deep account of an experience (Burns & Grove, 2011:76).

Research setting: All women attended a primary health care facility within the Khayelitsha Eastern substructure of the Western Cape South Africa.

Findings: Women have limited agency which influenced not only their reproductive and sexual health but their daily lives.

Conclusion: The lack of agency challenges women's ability to make reproductive health choices. Adhering to social norms is of higher value than women's rights and become an oppressive force. Intimate partner violence coupled with, fear challenges women's agency in a society where women have a lower status than men. Women living with intimate partner violence are at risk of unwanted pregnancies, sexually transmitted infections and HIV. This is mainly because of a

lack of agency. Individual stories behind statistics are powerful tools to raise awareness and steer interventions to advocate for the empowerment of women's health care.

The following is a summary of themes that emerged.

Theme	Sub-theme
Social Norms	<ul style="list-style-type: none"> •Alcohol use.
	<ul style="list-style-type: none"> •Masculinity vs Femininity.
	<ul style="list-style-type: none"> •Reproductive health issues.
	<ul style="list-style-type: none"> •Culture and religious pressure.
	<ul style="list-style-type: none"> •Love and belonging.
Mental state and agency	<ul style="list-style-type: none"> •Psychological trauma.
This is it! This theme relates to reasons women gave for eventually getting what they want.	<ul style="list-style-type: none"> •"I am a mother, I am a daughter" •"I didn't tell him"

Speaker Biography

Sumaya Joseph Nurse (general, psychiatric & community) and midwife-Coronation Nursing College. Advanced midwifery and neonatal nursing science-University of Johannesburg. Nursing administration, Nursing education-BCur UNISA-clinical nursing science, Health assessment, treatment and care-Stellenbosch University. MNur-Stellenbosch University. She is a nurse/midwife for over 20 years. She is currently, employed by the department of health in the Western Cape, as an Operational manager of a maternal child health unit in Khayelitsha. She has studied at Rand Afrikaans University, University of South Africa and recently completed a Master's degree in Nursing at Stellenbosch University. In 2015 she was identified as an expert in midwifery by the provincial nursing department and was invited to join the team of obstetricians from South Africa, at the RCOG (Royal College of Obstetrics and Gynaecology) to give input on post-partum contraceptive training manuals. She continues to advocate for women's reproductive rights.

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