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Lifesaving or Life Threatening: Perceptions and Experiences of Bribery among Women Giving Birth at Bwera and Kilembe Mines Hospitals in Kasese District, Western Uganda

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Abstract:

Background: Bribery for health service delivery remain a major challenge in many healthcare systems especially in developing countries. Paying bribes can have negative effects on health care access, equity and health status as they lead health consumers to forgo or delay seeking care, or to sell assets to pay for care. In Uganda, despite of the anecdotal evidence that women across the country pay bribes and gifts to health workers in order to access childbirth services, no studies have been conducted to explore their experiences and perceptions in regard to giving and receiving bribes and gifts during childbirth in Kasese District. There is thus limited qualitative understanding of whether and how gifts and bribes for care during childbirth occur in both public and private not for profit (PNFP) hospitals.

Methods: Focus Group Discussions (FGDs) among mothers who had delivered from Bwera Government Hospital and Kilembe Mines PNFP Hospital as well as among health care providers who worked in maternity wards and surgical theatres were conducted. In-depth interviews (IDIs) were also conducted among the hospital managers and administrators. Data analysis was done using a thematic approach.

Findings: A total of 8 FGDs among mothers, 2 FGDs among health care providers and 10 IDIs among hospital managers and administrators were conducted. Mothers expressed varied personal and other women's experiences that confirmed existence of bribery for childbirth services in both the Public (Government) and PNFP hospitals. They were mainly demanded directly by the health workers; and cases of neglect and abandonment when a mother failed to pay the bribe were reportedly frequent. While both mothers and health workers believed that bribes were detrimental to utilization of maternal and newborn services, they were willing to pay and receive them respectively. Bribes were being 'normalized' by misguided beliefs that they are a necessary means to show gratitude to a health worker for aiding delivery of a live baby.

Conclusion: Mothers delivering from both public and private not for profit hospitals in Kasese district paid bribes and they are increasingly becoming a significant type of private health expenditure for childbirth services. A multidisciplinary approach will be necessary to curb down the incidence of bribes for childbirth services.

Keywords: Childbirth, bribery, informal payments, under-the-table payments, gifts, maternal and newborn health, Uganda

1. Introduction

Bribery and offering gifts for health service delivery remains one of the main challenges in many healthcare systems around the world; and the distinction between both is often quite narrow (Slot et al., 2017; Moldovan & Van de Walle, 2013; Werner, 2002). Collectively referred to as informal payments or under-the-table payments, bribes and gifts form a significant part of the private health expenditure in most developing countries (Cherecheş et al. 2011; Lewis, 2007; Gaal et al., 2006). They are used to secure access to health services, to increase the quality of services received, or to speed up service, and are paid for a service that is normally free of charge. In some cases, they can mean the difference between life and death if they're used to exclude patients from accessing critical care (Transparency International 2019; Balabanova and McKee, 2003). They have therefore become the subject of various studies looking especially into the scale, nature, and determinants of these transactions (Moldovan and Van de Walle 2013).

In Uganda, studies about informal payments during childbirth are limited. Anecdotal evidence however, suggests that women across the country pay bribes and gifts to health workers in order to access childbirth services (The Observer, 5 August 2012; Daily Monitor, July 14, 2014). This could affect the utilization of skilled birth attendance and childbirth in health facilities thus increasing the risk of maternal and newborn deaths (Kuruvilla et al., 2014). Despite this, there has been no research conducted to-date to explore the experiences and perceptions of mothers and health workers in regard to giving and receiving bribes and gifts during childbirth in Kasese District. Also, there is limited qualitative understanding of whether and how gifts and bribes for care during childbirth occur in both public and private not for profit (PNFP) hospitals; and their comparison in the two settings. This limits strategies designed to reduce informal payments for maternity services.

The aim of this paper, as part of the broader study (Baluku and Seruwagi, 2019) thus is to explore mothers' perceptions and experiences on paying bribes for childbirth services in both Public and PNFP Hospitals in Kasese District. Specifically, it (1) elaborates on the dynamics of bribes and gifts as part of the Private Health Expenditure for childbirth services; (2) uncovers the range of influences that give rise to the nature and amount of bribe offered, and (3) describes the processes and strategies that can reduce bribery for maternity services.

Contextually, documenting mothers' perspectives on bribery and other informal payments is clearly a necessary step to explore and understand what is happening to mothers during childbirth, work with the health service providers to change their behaviors, and to prevent bribery from occurring. It can also potentially inform the design of health financing mechanisms for maternal and newborn care services in Uganda.

2. Methods

2.1. Study Setting

This qualitative study was nested within a larger mixed-method study (Baluku and Seruwagi, 2019) on informal payments for care during childbirth conducted in Bwera and Kilembe Mines Hospitals in Kasese District, Western Uganda between July 2015 and April 2016. Bwera hospital is a government owned hospital. It offers free childbirth services. Kilembe Mines Hospital on the other hand is a PNFP hospital owned by the Catholic Diocese of Kasese and Kilembe Mines. Childbirth services are paid for at subsidized rates.

2.2. Study Participants

Focus Group Discussions (FGDs) were conducted among health workers who worked in maternity wards and mothers who had delivered in Bwera and Kilembe Mines Hospital, after they had formally been discharged, but before they left the hospital. The mothers were part of the 389 respondents that had been selected through systematic random sampling to participate in the quantitative survey (Baluku and Seruwagi, 2019). In-depth Interviews (IDIs) were conducted among 10 purposively selected health workers and hospital management/administrators. Participants were recruited until the desired sample size was reached and no new themes were emerging from the data (data saturation).

2.3. Data Collection and Management

This study used a qualitative approach to data collection, with pretested semi-structured IDI and FGD guides. Trained research assistants facilitated data collection using FGDs; and the researcher facilitated IDIs. The discussion covered these topics: (1) perceptions and experiences of childbirth occurring in the hospital; (2) elements and experiences of making official payments, unofficial payments (bribes) and gifts during childbirth; (3) perceived factors influencing if and how much bribe and gifts women paid during childbirth; (4) acceptability of making bribes and offering gifts during childbirth; and (5) what could be done to reduce demanding and offering of bribes and gifts.

All IDIs and FGDs were audio recorded, and transcribed verbatim from local language (Lhukonzo), then translated to English by the research team. While adopting a thematic analysis approach described by Braun and Clark (2016), the data was analyzed progressively as it was collected. It generally followed the steps outlined: organizing and ordering the raw data; coding the interviews; listing and sorting the data; categorizing and summarizing the data; interpreting the data; triangulating and validating; and drawing conclusions. The information was classified according to themes and domains and presented in form of taxonomies that reveal emerging patterns.

2.4. Ethical Considerations

The study protocol was reviewed and approved by the Ethics Review Committee of the School of Research and Postgraduate Studies, Uganda Christian University. All respondents participated voluntarily and informed consent was obtained. Data collection was conducted in confidential setting outside but near the respective hospitals. All tools were anonymous. Data collection was done after the mother is formally discharged in order not to interrupt the care being given, but also to ensure that the mother has 'complete experience' and is freer to disclose any sensitive information.

3. Results

3.1. Overview

A total of eight (8) FGDs were conducted with mothers, See table 1 for the characteristics of the respondents. Two (FGDs) were conducted among health service providers as described in table 2; and 10 IDIs were conducted with members of Management and Administration, See table 3. A total of 91 respondents participated.

Characteristic	Number	Percentage
Hospital		
Kilembe Mines Hospital	31	48%
Bwera Hospital	33	52%
Age groups of respondents		
15-19	12	19%
20-24	25	39%
25-29	14	22%
30-34	9	14%
35-39	4	6%
Marital status		
Single	8	13%
Married	48	75%
Separated	3	5%
Widowed	5	8%

Table 1: Characteristics of the FGD for Mothers N=64

Position	Number (Percentage)
Midwives	8 (47)
Doctors	4 (24)
Theatre staff	5 (29)
Total	17 (100)

Table 2: Characteristics of the FGDS for Health Workers N=17

Position	Number (Percentage)
Hospital Administrators/Medical Superintendents	4 (40)
Departmental Heads	4 (40)
Maternity Ward In-charges	2 (20)
Total	10 (100)

Table 3: Characteristics of the IDI Respondents N=10

Content analysis revealed key themes concerning mothers' perspectives and experiences in paying informal payments (bribery and gifts) during childbirth: (1) overall experience in using childbirth services; (2) perceptions on paying bribes and gifts; (3) the amount of bribe and gifts paid; and (4) opinions on what could be done to reduce occurrence of informal payments during childbirth.

3.2. Mothers Experience in Using Childbirth Services

Due to limited documentation, we first sought how women were treated (or mistreated) during childbirth in the government and PNFP hospital. The majority of women reported positive childbirth experiences. They indicated that midwives were friendly and responded to their concerns in a timely manner.

"The midwife who worked on me was very amazing...she kept on checking on me all the time and assuring me that all will be well" A Para 2 Mother, Kilembe Mines Hospital

"What I can say is that I have received good care.... I am not complaining" Young Mother, Bwera Hospital

"I failed to get contractions on the last hour...the mid-wife was very supportive.... she put me on [intravenous fluids] fluids and the contractions started coming...yet she didn't ask me anything in return" FGD mother, Bwera Hospital

However, some women especially in Bwera Hospital also reported situations that made them feel uncomfortable or unhappy during childbirth. They reported personal experiences or what their fellow mothers experienced. The common mistreatment that made mothers uncomfortable was verbal abuse and neglect.

"There was a woman next to my bed who was abused by a mid-wife. She hadn't bought a certain drug that the doctor had written [prescribed]....so when the mid-wife came to inject her and she didn't have it, she started abusing her" Middle aged Mother, Bwera Hospital

"The mid-wife said I needed to be seen by a doctor, he took forever[longer than expected] to come to check on me...and even when he came, he wasn't as friendly...all he was doing was to order me around...I didn't like it" Prime Para Mother, Bwera Hospital.

"There is a mother who was neglected just because her husband did manage to pay some money for the doctor to operate on her...she was at the verge of dying by the time they transferred her to Kagando Hospital...the midwife was equally helpless" FGD participant, Bwera Hospital

3.3. Perceptions on Paying and Receiving Bribes and Gifts

The attitudes and acceptability of informal payments were elicited. Most of the respondents condemned the act of health workers demanding for money in order to offer childbirth services. Interestingly also, majority of the respondents including health workers believed paying or accepting bribes negatively affected health service delivery. Yet the same people also admitted to giving or taking bribes, and confessed that they would bribe or accept bribes when necessary, or if the opportunity occurred.

"Health workers demanding for money before working on a mother is bad...however, if its asked after she has delivered, it's okay" FGD mother, Kilembe Hospital

"I know this is bribery which is illegal on the part of both the one giving and receiving the bribe...but now we are talking about my life and that of my baby here.... I would rather lose the seventy thousand shillings and save my baby and myself" Interviewer: what about the illegality issue?Mother: there will be no complainant FGD mother Bwera Hospital

"I know that asking for money is wrong...but if a mother chooses to give me money, I would take it.... after all it will be out of her will" Theatre Staff, Kilembe Hospital Both health workers and mothers believed that the 'littlebribe' paid to health workers is still much cheaper than the its equivalent in the private practice. Mothers indicated that they come prepared to pay it for them to access timely care especially from doctors. Some mothers who paid bribes may also express satisfaction with their childbirth experience, particularly if they had a live baby, because they viewed a live baby as the most important outcome."I am okay with paying some money and deliver my baby alive" Para 4 mother, Bwera Hospital I think we should stop exaggerating simple things here.... the highest I have heard a doctor demanding to do cesarean section is eighty thousand shillings. How much do you pay for a C-section in Kagando Hospital [a neighboring private for-profit hospital] ...its over four times as high" Mid-wife, Bwera Hospital Now we know it...once you come here, you should be having 'doctors' airtime' [a name locally given to bribe for doctors] in your pocket or else you will overstay on the ward without being served. Para 2 mother, Bwera Hospital Some health workers and mothers indicated that there was nothing wrong in appreciating a health worker who helps bring life to earth, while others felt uncomfortable with it especially if the health workers asked for the 'thank-you-gift' themselves:

"...its part of our Kikonzo tradition to thank 'omukeyulhu' [Traditional Birth Attendant] who has helped you deliver. In fact, you're supposed to slaughter for her a goat. But since these days people deliver from hospital, and you can't take the mid-wife away to slaughter for her a goat, it's just good that you give her some money no matter how small[it might be]"FGD Mother, Kilembe Hospital

"...I gave her ten thousand[shillings].... I wouldn't mind giving her more if I had it.... she was too good to me" Para 2 Mother, Bwera Hospital

"I am among those who have ever received a 'tip' from a mother.... the husband gave it to me.... but it's him who opted for that..." Mid-wife, Kilembe Mines Hospital

The problem will arise if a mid-wife expects you to appreciate her and you don't have something, Young Mother, Bwera Hospital

We have zero tolerance to corruption here. If anyone is caught, he/she will face the due disciplinary action including legal action being taken against him/her...if however, a mother gives none-monetary gift to a mid-wife or doctor, I don't think that would be a problem as long as its value is acceptable, Member of Management, Kilembe Hospital

When asked what determines how much informal payment or value of the gift to give, it was common knowledge in Bwera Hospital, for example, the amount of bribe for a cesarean section was seventy thousand shillings. Other factors were the readiness and ability to pay for the money asked; the perceived 'magnitude' of your health condition, and the nature of the help service for which the bribe is being paid. They were experiences shared of mothers who had to sell personal effects to raise the bribes demanded; as well those where the mothers were neglected is, they lacked the money to pay the bribes.

3.4. Strategies to Reduce Informal Payment

When asked about how to address informal payments in health hospitals, the following themes emerged:

3.4.1. Make Soliciting For Informal Payments Riskier

It emerged that one of the factors that promote the practice of asking for bribes by health workers is the unlikelihood of being detected or caught; and the punishment it would attract once detected.

"...one of the greatest challenges is that doctors here [Bwera Hospital] know that they are 'untouchable'. They continue demanding money from us because they know nothing can happen to them even if you reported them" Mother, FGD, Bwera Hospital

"We managed to curb down the occurrence of health workers demanding for side money from patients because everyone now knows that once you are caught, there is no compromise...so they [health workers] are very careful" Head of Department, Kilembe Mines Hospital

3.4.2. Improve Systems for Collecting and Managing Official Payments

All categories of respondents indicated that health workers can use gaps within the systems of collecting and managing user fees to exploit unsuspecting mothers. Examples cited included cases where health workers pose as the right officials to collect official fees.

"...the cases that were rampant last year were for employees who deceived patients that they were collecting the money on behalf of the hospital [accounts department]" Staff in Accounts Section, Bwera Hospital

"...One of the health workers had forged receipts he would issue to patients" Member of Senior Management, Kilembe Mines Hospital

"We feel we don't benefit from the money they [administration] collect from the private wing, so health workers choose to get its equivalent directly from patients" Clinical Officer, Bwera Hospital

3.4.3. Improve Availability of Medicines and Doctors in Public Hospitals

It was reported that in Bwera Hospital the two avenues health workers used to solicit for bribes was 'providing medicine and calling for a doctor'.

".....people know that we don't have drugs all the time. So, health workers exploit that gap to tell patients that they had their own drugs which can only administered to the patient after she has paid" Member of Management, Bwera Hospital

"If you don't buy her[health worker's] drug, she will refuse to administer it---so you are better off just paying for it to be safe even when you know that its government drugs" Mother, Bwera Hospital

"I came with the money for the doctor. Now we all know for a fact that all operations in Bwera Hospitals are paid for to the doctor...when you say you don't have the money, they just refer you to Kagando hospital, where the cost is higher, and because he's the only one available what option do you have? A middle-aged mother, Bwera Hospital

3.4.4. Raise Awareness

The respondents indicated that health workers who demand for bribes take advantage of the ignorance of the patients thus a need to raise awareness.

"... I thought that all operations [cesarean section] here are paid, FGD Bwera Hospital

In my view, we need to continuously empower people to stand out to say no to informal payments.... we[hospital administration] cannot be everywhere monitoring what happens...but if the empower people, they can resist the acts on their own" Hospital Management Staff, Kilembe Mines Hospital

Issues of awareness arising could among others include processes of payment, costs of different services, how to report cases when health workers ask for money and dangers of informal payments. As a good practice, Kilembe Mines Hospital developed and publicized messages that forbids patients from paying to unauthorized individuals and to always demand for receipts for every transaction. They also conduct daily devotions where such messages are disseminated.

3.4.5. Remunerate Health Workers Properly

There was a common understanding among health workers and mothers that bribes might be driven by poor remuneration and motivation of health workers. It was suggested thus that improving of their remuneration could reduce informal payments.

".....may be improving the wellbeing of staff could also contribute to the reduction of bribes ...because I know someone might be tempted to ask for money from a patient if he or she doesn't have money to take her back to his or her home, Ward in-charge

"... improve salaries for health workers, all these things of asking for money and selling drugs that are meant to be free will end" Health worker, Bwera Hospital

3.4.6. Implement Existing Policies

Both health workers, hospital administrators and the mothers believed there was laxity in implementing policies, regulations and codes of conducts that regulate behaviors of health workers.

"...I think asking gifts for a service, just like bribery is not only unethical but also criminal; but we all know that anticorruption laws are never implemented" Doctor, Kilembe Mines Hospital

"We have had several occasions when the statehouse guys [Medicines and Health Services Delivery Monitoring Unit] come here, I know they find a lot.... we don't see any actions being taken. What do you think will deter people from soliciting money from patients? Health worker FGD, Bwera Hospital

4. Discussion of Results

Our study provides evidence that informal payments including bribes and gifts are a reality in both public and PNFP hospitals in Kasese, Western Uganda and how women giving birth in these two peri-urban hospitals in perceive informal payments during childbirth. Mothers in this study shared their own experiences (lived experiences) or the experiences of other mothers they knew about (shared experiences) during childbirth. Most of the mothers' experiences were positive as they received care from friendly health workers in a respectable manner. Some however reported some mistreatment especially verbal abuse and neglect and abandonment during childbirth, similar to a study by Diouldé Balde et al (2017) in Guinea.

The findings also reveal that bribes are widespread though sometimes are disguised as gifts to sound more acceptable. In line with what Mæstad and Mwisongo (2007) found out, health workers in these hospitals are involved in rent seeking activities to extract extra money for patients and demanding for payments directly or claiming another senior staff such as doctors will need the money. Cases of neglect when a mother failed to raise the bribe were reportedly frequent including during obstetric emergencies that requires emergency cesarean section. While informal payments are used to secure access to health services, to increase the quality of services received, or to speed up service (Balabanova

and McKee, 2003), this study reveals that bribes can exclude especially the poor mothers from enjoying childbirth services; and are thus more life threatening than life saving for the poor mothers.

Interestingly, the act of paying bribes especially for cesarean sections was well established in Bwera Hospitals that mothers come prepared to pay them. The act is being 'normalized' since mothers feel favored to receive an operation on a rather lower (bribe) cost than it would be if it were procured from a private hospital; coupled with a local belief that one who helps bring life needs to be rewarded. However, some mothers expressed discontent with this 'normalization' of bribes as much as they still paid them. Similar to findings by Vian and Burak (2006), mothers felt compelled to make these bribes in order to obtain favor or even any service at all. Their console though was in the fact that they delivered a live baby after all—a result some viewed as a privilege than an entitlement.

Lastly, this study indicates that reducing bribes during childbirth can only take a multidisciplinary approach. Some of the strategies identified, like have been highlighted in previous frameworks (WHO, 2015), include making soliciting bribes a riskier and punishable practice; improving hospital systems for collection and management of user fees; improving the availability of medicines and doctors in public hospitals; raise awareness on available free services and process for making payments; proper remuneration of health workers and enforcing existing policies and laws against bribing and corruption. However, empowering the service users to demand for quality childbirth services will be very essential for curbing down informal payment in Bwera and Kilembe Mines Hospital.

5. Conclusions and Recommendations

This study shows that mothers delivering from both public and private not for profit hospitals in Kasese district offer bribes and they are increasingly becoming a significant type of private health expenditure for childbirth services. While some mothers can initiate giving the bribes, majority of them are demanded by the health workers. It seems to confirm that mothers pay these bribes out of fear of what might happen if they don't, or because they hope receiving better or faster treatment or even a service at all for example cesarean sections. Cases of neglect and abandonment when a mother failed to pay the bribe were reportedly frequent. This could undermine efforts to increase skilled birth attendance and affect maternal and newborn outcomes. The bribes are now being 'normalized' by misguided beliefs that they are necessary means to show gratitude to a health worker for aiding delivery of a live baby and lack of knowledge or information on rights along. A multidisciplinary approach will be necessary to curb down the incidence of bribes for childbirth including empowering service users to demand for maternal and newborn services; and making bribery easier to report, detect and a punishable act.

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