# Gender and Sexual Reproductive Health and Rights: Key to Programs

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## Presentation outline

- Current status of SRH in selected
   African
- Factors responsible for the situation
- Gender parameters .... Key areas for programming
- Conclusion

#### HIV Status Sub-Saharan Africa

|                                     | 2001         | 2008         |
|-------------------------------------|--------------|--------------|
| Adults and children living with HIV | 19.7 Million | 22.4 Million |
| Adults<br>newly<br>infected         | 2.3million   | 1.9 million  |
| Adult prevalence                    | 5.2          | 5.8          |

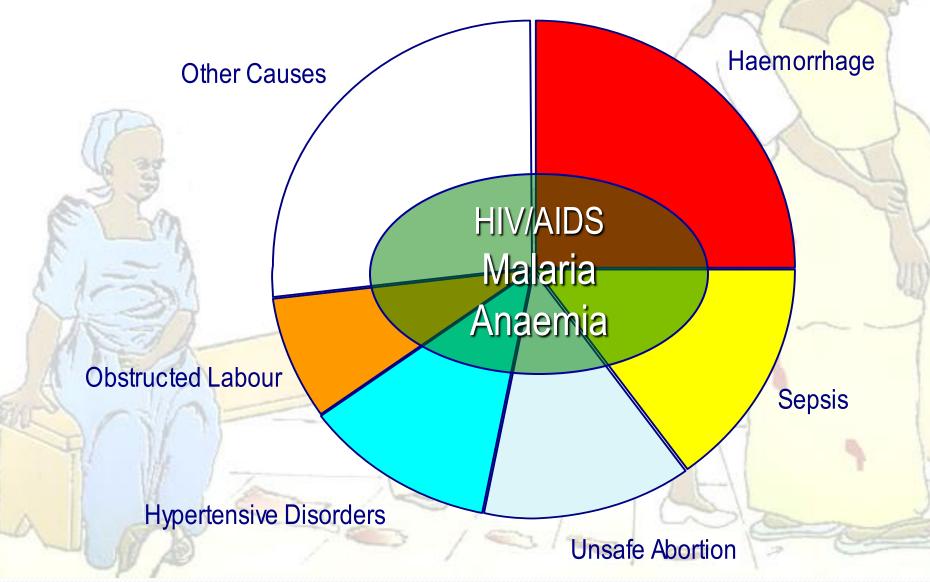
- Peak HIV prevalence for women 30-34 years
- Men late 30s –early 40s
- Young women between 15-19 are 3 times more likely to be infected than their male counter parts
- Women aged 2o-24 are 5.5 likely to be living with HV than the men of their cohort(Kenya 2009)
- Married women/divorced/separated most at risk

## Maternal health

| Maternal<br>Deaths  | 1990 | 2005 |
|---------------------|------|------|
| SS Africa           | 920  | 900  |
| Southern<br>Asia    | 620  | 490  |
| S E Asia            | 450  | 430  |
| North Africa        | 250  | 160  |
| Developed countries | 11   | 9    |

- The main MDG target that may not be met by most African countries is Goal 5 Improve maternal health: reduce by there quarters between 1990-2015 the maternal mortality ration
- Lifetime risk of maternal death is 1 in 22 in SS Africa
- 1 in 8000 in industrialized countries

## Major Causes of Maternal Mortality



## Maternal health

- Fewer than half of pregnant women in developing countries have the benefit of adequate prenatal care
- Access to
   contraception..expands but
   unmet needs remain high

| Region             | ANC(%) |
|--------------------|--------|
| SSA                | 36     |
| North africa       | 56     |
| Latin America      | 83     |
| South-Eastern Asia | 74     |

| Region           | Use of conceptive any method |      |
|------------------|------------------------------|------|
|                  | 1990                         | 2005 |
| SSA              | 12                           | 22   |
| North Africa     | 44                           | 60   |
| Southern<br>Asia | 39                           | 54   |



- .. Health Care Service delivery systems and plans
- ....Poverty
- Government priorities and budget allocation
- Gender inequalities and imbalances ... this will be the focus of the presentation..... how gender has impacted on SRH in Africa

Understanding Gender

Because of different roles –
men and women have
different needs;

 Due to the social construct of gender women and men have different access to and control over resources.



## Gender issues

- Gender based/inequalities
   ... Sexual violence ,
- Differential rights entitlements
- Religious restrictions
- Low levels of inter spousal communications
- Conflict situations..
   Violations of women's rights
- Poverty



# Women's Low Status



Lack of access toand control ofresources

- Limited access to education
- Lack of <u>decision</u>-<u>making power</u>

#### General Low Status of women in Africa

Cultural beliefs and practices ..mukazi twrwa ra!

Women's battle!! : olutalo lwakyala?

Social networks .. Grand mothers , mother in laws influence..

Women's value and identity .. Predominantly linked to mother hood...

Men's involvement..... points of engagement (
resources and decision making)... may be too late

#### Low Status of Women

- Early marriages ... as low as 13 years in some communities
- HIV..... girls more vulnerable than boys!



## Power relations ... maternal health The Three Delays

1st Delay
Delay in the Home





Delay in Accessing the Health Facility



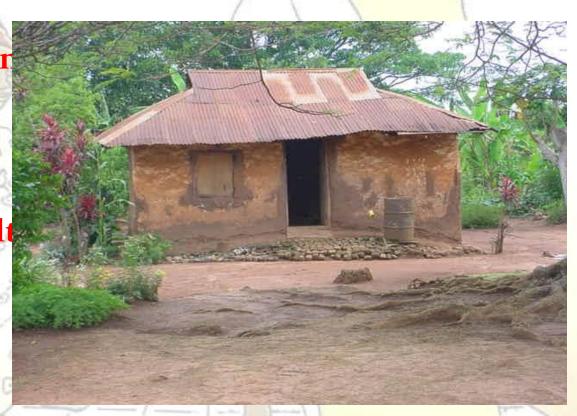


3<sup>rd</sup> Delay
Delay in receiving
care at the health
facility

# The First Delay

Delay in deciding to seek care at the household level due to:

- Lack of information and inadequate knowledge about danger signals during pregnancy and labour
- Cultural /traditional practices that restrict women from seeking healt care
- Lack of money



# The Second Delay

Delay in accessing health facilities due to:

- Distant health facilities
- Poor roads and communication network
- Poor community support mechanisms



# The Third Delay

#### Delay in receiving care at the health facility due to:

- Insensitivity to women's needs, privacy, diginity by health workers
- Inadequate skilled attendants
- Inadequate equipment, supplies and drugs
- Poorly motivated staff



#### Interventions

## ... improving women's status and position

.....Educating women and communities on danger signs, birth and emergency preparedness.

... Encouraging community responsibility for the transfer of pregnant women in emergencies

...... Providing functional transport and communication equipment

#### **Conditions Needed**

- Strong political commitment at all levels to maternal and newborn survival
- Strengthening the weak health system to respond to critical needs of pregnant women and newborns
- Community involvement and participation
- Resource mobilization and Partnership



## Conclusion

- "Investing in women is the right thing to do; it is also the smart thing" (Dr Jotham Musinguzi 2010)
- Improving sexual and reproductive health is among the most cost effective of all development investments reaping personal, social and economic befits (DFID 2009)

# Thank you

To guarantee the **RIGHT** of AFRICAN women and newborns to health and life, they must have access to quality reproductive health services, including skilled attendance at birth in an environment that promotes gender equality and justice

