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
<table>
<thead>
<tr>
<th>HIV Status Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children living with HIV</td>
</tr>
<tr>
<td>Adults newly infected</td>
</tr>
<tr>
<td>Adults</td>
</tr>
<tr>
<td>Adult prevalence</td>
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<tr>
<td>Adult prevalence</td>
</tr>
</tbody>
</table>

- 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 counterparts
- Women aged 20-24 are 5.5 times likely to be living with HIV than the men of their cohort (Kenya 2009)
- Married women/divorced/separated most at risk
Maternal health

<table>
<thead>
<tr>
<th>Maternal Deaths</th>
<th>1990</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS Africa</td>
<td>920</td>
<td>900</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>620</td>
<td>490</td>
</tr>
<tr>
<td>S E Asia</td>
<td>450</td>
<td>430</td>
</tr>
<tr>
<td>North Africa</td>
<td>250</td>
<td>160</td>
</tr>
<tr>
<td>Developed countries</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

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

- Haemorrhage
- Sepsis
- Unsafe Abortion
- Hypertensive Disorders
- Obstructed Labour
- Other Causes
- HIV/AIDS
- Malaria
- Anaemia
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

<table>
<thead>
<tr>
<th>Region</th>
<th>ANC(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA</td>
<td>36</td>
</tr>
<tr>
<td>North Africa</td>
<td>56</td>
</tr>
<tr>
<td>Latin America</td>
<td>83</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>74</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Use of contraceptive any method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
</tr>
<tr>
<td>SSA</td>
<td>12</td>
</tr>
<tr>
<td>North Africa</td>
<td>44</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>39</td>
</tr>
</tbody>
</table>
Africa Why?

- 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
- 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 to and control of resources
- Limited access to education
- Lack of decision-making power
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

2nd Delay
Delay in Accessing the Health Facility

3rd 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 healthcare
- 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, dignity 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
• Male involvement and participation in Reproductive Health issues and services key.
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 benefits (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.
WOMEN HAVE A RIGHT TO SURVIVE