AMWHO 2019 International Conference

AFRO

African Region

Regional Guide

Break the Stigma:

Sexual and Reproductive Health

SUMMARY

The World Health Assembly's African region is facing arguably crippling wars, terrorism and poverty. However, countries in the region have shown initiative in building policy to improve sexual and reproductive health in the region. An increase in specialized training of healthcare providers and building healthcare networks in rural areas can improve healthcare access. Widespread awareness programs and empowerment of women through public policy concerning their education and employment could substantially improve current maternal health outcomes as well as adolescent health outcomes.

Maternal and Newborn Health

Between 1990 and 2010, Africa has reduced maternal deaths by 41 per cent. Over the same period, it has also reduced under-five mortality by 33 per cent. Despite progress, 57 per cent of all maternal deaths occur on the continent, giving Africa the highest maternal mortality ratio in the world [1]. With respect to newborn health, 1.12 million newborn deaths occur annually in the region. The main causes include prematurity (premature newborns are more susceptible to infections) and low-birth-weight, infections, lack of oxygen at birth, and birth trauma. Nearly half of all newborns in the region do not receive skilled care during and immediately after birth but having such systems in place could prevent up to two thirds of newborn deaths. Early initiation of breastfeeding—within one hour of birth—can also protect the newborn from acquiring infections and significantly reduces infant mortality [2]. Another factor that could improve neonatal outcomes, is allowing women to plan their pregnancies. This leads to healthier outcomes for children. A recent study showed that if all births were spaced at least two years apart, the number of deaths among children younger than five would decline by 13 per cent. The number would decline by 25 per cent if there were a three-year gap between births [3].

Case Study: Improvement of healthcare facilities in South Sudan [4]
South Sudan has one of the highest rates of maternal mortality globally, at a current estimate of 789 maternal deaths per 100, 000 live births. One reason for this is the very low rate – about 12% – of hospital births. Persuading women to deliver their babies in clean facilities under the care of trained staff is extremely important in reducing mortality rates. However, Wau Teaching Hospital in South Sudan, is a shining example of how maternal and newborn health is being improved in the world's youngest country. Obstructed labour is one of the top causes of maternal and child death, and a caesarean delivery can be a lifesaving procedure for mother and baby. This hospital has increased the number of caesarean delivery.

Ever since the hospital got its own operation theatre dedicated to the maternity ward and increased the number specialized OBGYNs (Obstetrician-gynecologists), there has not been a single maternal death in the ward. The complex also includes a maternal waiting home, and this is helping to save the lives of women usually living in remote villages. The WHO Regional Director for Africa, Dr Matshidiso Moeti said that "building the capacity of medical experts to specialize in obstetrics and gynaecology illustrates the productive efforts that the Government of South Sudan has made, starting virtually from scratch at independence, to increase the numbers and skills of nurses, midwives and doctors available in the country.

Adolescent Health

Adolescents in the region are prone to early unwanted pregnancies, septic abortions, sexual abuse, HIV (Human Immunodeficiency Virus), alcohol and substance use and abuse and vulnerability to risks associated with early sexual activity and child marriage, and limited access to family planning services [5]. 2.1 millions adolescents in the region live with HIV as of 2016 [6]. Another problem that the adolescent population faces is genital mutilation. Female genital mutilation (FGM) threatens the health of 3 million girls each year in Africa, and this procedure has been shown to cause complications in childbirth, tetanus, urinary inconsistencies and maternal death [7].

According to the Guttmacher brief, "Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World," only 21% of married adolescents in Sub Saharan Africa are using a modern contraceptive method and 67% of married adolescent women who want to avoid pregnancy for at least the next two years are not using any method of contraception. At the same time, a significant percentage, 68%, of sexually active unmarried adolescents have an unmet need for modern contraception [8].

To better address adolescent and youth health issues, several countries in the region are developing national standards aimed at providing youth-friendly quality healthcare services and laws that require males and females to be 18 years of age or older before marriage [5].

Case Study: Sexual and reproductive health services (SRHS) for adolescents in Enugu state, Nigeria [9]

Availability and accessibility of sexual and reproductive health services for adolescents are very crucial for prevention and control of sexual and reproductive health problems. These services also play vital roles in the promotion of adolescents' sexual and reproductive health generally. The main purpose of the study was to determine the availability and accessibility (geographical and financial) of sexual and reproductive health services (SRHS) among adolescents in Enugu State, Nigeria.The study indicated that majority of the adolescents reported availability of safe motherhood services, and 67.5% reported availability of services for prevention and management of STIs and HIV and AIDS. The majority reported that these services were geographically accessible but few were financially accessible to adolescents. However, qualitative data revealed that available services were not specifically provided for adolescents but for general use. Age, education and income were found to be significantly associated with access to SRHS.

Middle aged and Elder Health

According to UNAIDS 2015 data, out of 36.7 million people living with HIV worldwide, 5.8 million are aged 50 and older, with more than 2.7 million in Sub-Saharan Africa. Additionally, Nearly 120,000 people above the age of 50 are infected with HIV every year in low- and middle-income countries [10]. Despite these demographic trends, it has been seen that research on transmission of HIV in elderly people is scarce and discussion of sexual health of elderly people in this region is limited. While biological factors play an important role in the susceptibility to infection in this age group, particularly in women, a number of other socio-economic factors result in the underestimated risk of transmission of HIV and sexually transmitted infections (STIs), and late HIV diagnosis. Gender-based violence remains an unknown risk factor for older women, with sparse data on the extent and experience of violence in this group and its significance for their sexual and reproductive health. Additionally, when women hit menopause, their risk of chronic disease or breast cancer increases [11]. Health programs should make women aware of this and make sure that they get screened regularly.
The only study from a low-income setting (Uganda) reports a notable gender gap, while confirming that adults remain sexually active beyond the age of 50.

A markedly smaller proportion of women living with HIV (14%) reported being sexually active, than the corresponding male group (49%), and with only a fraction of older women (5%) considering sex as an important aspect compared to men of the same age (41%). Further research with respect to not only HIV but other STIs, as well as social acceptance of sexual and reproductive health in elderly or middle aged populations can improve the current state [12].

Reproductive Health and Rights

Reproductive health and rights in this region covers a broad range of topics including, transgender rights, rights of the woman to make decisions regarding pregnancy etc., sexual violence and child marriage.

As of 2016, only 14 countries in the region had legislation in place that specifically criminalized marital rape. While it is possible for women to file complaints in most of the countries that do not specifically criminalize rape, in eight states husbands are exempt from facing criminal penalties for forcing their wives to have sex with them [13].

With respect to LGBTI rights, Uganda and Nigeria outlaw being gay and in Uganda, people who are found to have had a same-sex relationship can be imprisoned for up to seven years. However, Mozambique recently removed the Portuguese colonial-era laws that criminalized homosexual behavior, even though it has a long way to go as far as LGBTI rights are concerned [14].

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women and can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.More than 200 million girls and women alive today have been affected in 30 countries in Africa, the Middle East and Asia where FGM is concentrated. It is mostly carried out on young girls between infancy and age 15 and is a violation of the human rights of girls and women [15]. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized [16].

Citations:

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