Regional Conference

AMWHO

The University of Oklahoma

# SEXUAL & REPRODUCTIVE HEALTH CONFERENCE 2023

BREAKING STIGMAS, BUILDING FUTURES

*AFRO GUIDE*

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# the content

# Regional Introduction

## DEAR PROSPECTIVE DELEGATES AND ESTEEMED COLLEAGUES

The AFRO Region is one of six WHO regions and serves 47 Member States. The AFRO region also serves about 600 million women across the region. Women in AFRO region countries face a unique challenge due to gender inequality, gender-based sexual violence, poverty, and weak economic capacity. The life expectancy for women in the AFRO region is 58 years, and women in the AFRO region are more likely to die from infectious diseases, perinatal and maternal conditions, and nutrition deficiencies [2]. Increasing rates of NCDs among women in the AFRO region provide a new difficulty. The AFRO region of the WHO office recognizes the unique health problems women across the region face and is determined to rectify these issues and solve them. As a delegate of the World Health Organization, you are tasked to develop policies that will improve women's health throughout Africa.

https://data.worldbank.org/indicator/SP.POP.TOTL.FE.IN?locations=ZG
https://www.afro.who.int/health-topics/womens-health

# Sexual and Reproductive Health Education

The need for comprehensive sexuality education (CSE) in Sub-Saharan Africa (SSA) is reflected in high rates of HIV/AIDS in young people, child marriages, adolescent pregnancies, abortion, and violence against children. Adolescents (age 10–19) make up 23% of the SSA population with more than 80% of HIV-infected adolescents living in the region [3]. The adolescent pregnancy prevalence rate is estimated at 19.3%, the highest across the globe [3]. Child maltreatment is pervasive in SSA; the violence can be attributed to the generally low position of the child in African society, and cultural, social, and religious beliefs [3]. The main problems that face SSA's CSE are the limited curriculum and funding. Most sexuality education programs in SSA are school-based and emphasize abstinence as the main contraception method [3]. Other topics covered in the programs include STIs and unintended pregnancies and their prevention [3]. Issues on gender inequality, power dynamics, abortion, homosexuality, and masturbation are rarely discussed as they are in conflict with gender norms, and religious and cultural beliefs [3]. Government-level funding for CSE in most SSA governments is limited [3].

Case Study #1: Sexual and Reproductive Health Education in South Africa

In South Africa, Sexual and Reproductive Health Education (SRH) is inadequate and its results can be seen in student attrition. Studies have found that of the children who enroll in grade 1, only 50 percent make it to grade 12. And while attrition is a problem for both male and female students, the reasons for dropping out tend to be gendered, with poverty affecting both boys and girls, and unplanned pregnancies impacting girls only [4]. These unplanned pregnancies can be traced back to inadequate SRH. Educational institutions generally do a poor job of providing adequate knowledge about SRH and rights, as well as the skills and confidence needed to negotiate healthy relationships [4]. Teachers are simply not adequately trained, and in many South African schools, there is a habit of silence where particular issues are off-limits and many teachers concede that they find it difficult to tackle sexuality-related topics [4]. For adolescent girls, the consequences of this are unplanned pregnancies and STIs like HIV. Even though abortion is legal and available without parental consent from the age of 12, the methods and services are sometimes unsafe with dire consequences for maternal health [4]. There are policies designed to address these unplanned pregnancies as well but they are contradictory and ambiguous [4].

# Reproductive Rights

Access to abortions is still heavily restricted across the AFRO region. Ten countries in the AFRO region have total abortion bans and only four countries have legalized abortions. In addition to bans on abortion, contraceptive access is severely lacking across the region. An estimated 23% of women in the AFRO region use modern contraceptives [5]. Due to abortion bans and limited access to contraceptives and family planning, many women are forced to seek out unsafe abortions which can lead to health issues or even death. An estimated 5.2% to 17.2% of maternal deaths in AFRO are due to complications from abortions [5]. With all the components combined, women's reproductive rights in the AFRO region are a vulnerable and prioritized issue for public health policies. The AFRO region is committed to creating and implementing policies to improve sexual and reproductive rights and health in partner countries.

Case Study #2: Family Planning and Contraceptive Use in Kenya

Adequate and affordable family planning resources and contraceptive access are essential to ensuring reproductive and sexual health. Throughout the years, Kenya has been implementing policies that promote family planning and contraceptive use throughout the country through the National Council for Population and Development (NCAD). This office is committed to providing affordable and quality family planning. In 2021, the prevalence of modern-day contraceptive use in Kenya was 58%, about a 20% increase in contraceptive use since the last time the statistic was collected in 2014 [6]. In 2022, the estimated percentage of women meeting their family planning demands with modern-day contraceptives was 76.5% compared to 14% of women not meeting their family planning demands. Through the National Council for Population and Development policies and public health initiatives, Kenya has been able to increase contraceptive access across the country. This increase in access reduces the prevalence of unsafe abortions and death due to unsafe abortions. However, there are still many areas that need to be improved on. Younger individuals have the lowest percentage of having their family planning needs met. Many younger individuals in Kenya go to local pharmacies to access contraceptives, but a lot of these pharmacies are underfunded and not seen as viable sources of improving contraceptive access [8]. Focus needs to be shown on these areas to prevent disparities from developing.

# Domestic Violence and Sexual Assault

Gender-based violence (GBV) is a public health crisis that affects millions. The consequences of GBV are life-long and have multiple impacts on a victim for their life. A WHO study indicates that 1 in 3 (30%) of women experience gender-based violence from a partner or non-partner. Accurate data for gender-based violence in Africa is difficult to decipher, but the occurrence of intimate partner abuse is estimated to be between 10-40%. The prevalence of gender-based violence is due to gender roles and patriarchy. The AFRO region is committed to ending gender-based violence and ensuring safe spaces for women and girls.

Case Study #3: Senegalese Bajenu Gox Fight Against Gender-based Violence

In Senegal, community leaders called Bajenu Gox, women entrusted as confidants and advisors for women and girls, are at the front lines for handling domestic and sexual abuse. Bajenu Gox are community leaders who guide the community [11]. These women hear different stories from women in the community. For example, a Bajenu Gox said she sees about 100 cases of gender-based violence [11]. A Senegal health survey reported that 27% of women and girls aged 15 to 49 have experienced gender-based violence [11]. Due to these rates, the Senegalese government started community-based public health interventions [11]. The Senegalese government invited the World Health Organization to train Bajenu Goxes and other community leaders in three regions [11]. These trainings covered supporting victims of gender-based violence and case management [11]. The collaboration between government institutes and established community leaders has helped combat gender violence. This collaboration has helped train local leaders on how to handle gender-based violence and how to prevent it in communities.

In 2018, there were approximately 37.9 million people living with HIV and 25.7 million of those people were in the AFRO region [12]. Men who have sex with other men are disproportionately burdened with serious diseases including HIV [13]. Mental illnesses, such as anxiety, depression, and psychological trauma are often also more common in LGBTQ people than in the general African population [13]. The vulnerability of LGBTQ people in Africa is rooted in their pervasive social exclusion from, and the resulting inequities in access to, healthcare opportunities and services [14]. This is a consequence of the attitude held towards LGBTQ people in Africa. Most African countries criminalize same-sex relationships and most Africans hold generally negative attitudes towards LGBTQ people [13]. In contrast to the rest of Africa, South Africa is the only country in Africa to explicitly protect LGBTQ people in its constitution and one of only twelve countries in the world to do so [13]. On top of the general negative attitudes held towards LGBTQ people in Africa, the attitudes and knowledge gaps of healthcare workers also contribute to the health vulnerabilities of LGBTQ people in Africa.

Case Study #4: Interventions for improving the healthcare access of LGBTQ people in South Africa

A 2019 study of healthcare access of the LGBTQ population in South Africa revealed some areas for improvement. The study found that South African healthcare workers were inadequately equipped with the training to deal with LGBTQ health issues which resulted in homophobia towards LGBTQ populations that have led to inadequate LGBTQ care [16]. Therefore, one suggested intervention was that healthcare workers should be educated on LGBT care so they are prepared to treat patients with adequate knowledge and in a non-judgmental manner [16]. Another identified issue was the need to develop LGBTQ terminology relevant to the South African context because in South Africa, people who engage in same-sex relations do not necessarily identify as gay and they will still have heterosexual relations [16]. Developing appropriate terminology would facilitate proper history taking and allow development of relevant sexual health messaging [16]. The South African healthcare system has also not developed policies and practice guidelines to support LGBTQ people due to a lack of collected data [16]. Thus it was suggested that research needs to be done on LGBTQ health so supporting policies can be developed and implemented.

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