
CONFRONTING THE CHALLENGE
OF REPRODUCTIVE HEALTH
IN AFRICA

CONFRONTING THE CHALLENGE OF
REPRODUCTIVE HEALTH IN AFRICA:
A TEXTBOOK FOR STUDENTS AND
DEVELOPMENT PRACTITIONERS

Edited By

Friday E. Okonofua



WOMEN'S HEALTH AND ACTION RESEARCH CENTRE (WHARC)

*Confronting the Challenge of Reproductive Health in Africa:
A Textbook for Students and Development Practitioners*

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This book is dedicated to the memory of late Madam Agnes Abhaigbe Okonofua (nee Ofino) who laboured tirelessly to educate her children to the highest level possible despite her limited resources, and to all women everywhere working under similar circumstances.

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Foreword

Sexual and reproductive health was re-defined as a new scientific discipline after the International Conference on Population and Development (ICPD), which took place in Cairo, Egypt, in 1994. Governments affirmed at ICPD that couples should experience sexuality in an informed and rights-based manner and that they should be able to mitigate some of the most challenging and adverse consequences of sexuality and reproduction without coercion or repression. As a continent, Africa has experienced some of the most harmful outcomes of sexuality and reproduction. It was expected that the beneficial efforts to improve sexual and reproductive health would therefore have greater impact in Africa than in other parts of the world. Unfortunately, this has not been the case. Despite years of investment in reproductive health programming in Africa, the continent is still characterised by high population growth rates, and some of the highest rates of HIV/AIDS, maternal mortality, unsafe abortion and infertility in the world. These conditions are due in part to the prevalence of harmful traditional and cultural beliefs and practices and the high rates of illiteracy and poverty on the continent.

More importantly, poor sexual and reproductive health outcomes in Africa can be attributed to the lack of integration of the principles of ICPD into indigenous development planning on the continent. Support and funding for sexual and reproductive health in Africa has come mainly from international development partners, and practitioners have largely been international academics or advocates with interest in Africa. There has been limited indigenous funding for reproductive health everywhere in Africa, and indigenous practitioners continue to remain in short supply.

These omissions pose considerable challenges, but they must be rectified in any efforts aimed at sustaining the promotion of sexual and reproductive health in Africa after 2015. Going forward, the development of local capacity for implementing policies and programmes in sexual and reproductive health should be a major agenda item in development planning on the African continent. Specifically, the integration of the principles and science of sexual and reproductive health into undergraduate and post-graduate curricular in African educational systems would be one way to deepen the effectiveness and sustained impact of development planning on the African continent. This should either be through the development of new undergraduate and post-graduate courses in sexual and reproductive health or through the strategic integration of its principles into existing courses. Courses such as sociology, anthropology, demography, social statistics, economics, medical geography, the health sciences and law would benefit from the integration of the principles and science of sexual and reproductive health and rights.

To date, only a few universities in Africa offer specific courses in sexual and reproductive health and only very few have reviewed their training curricular to include the principles and science of sexual and reproductive health. Additionally, apart from journal articles, there are few purposely designed textbooks geared towards enabling and facilitating the teaching of sexual and reproductive health within Africa's educational systems. Additionally, a sampling of existing indigenous practitioners of sexual and reproductive health on the continent indicate that many do not have specific background training in the discipline, while a large proportion report that the lack of relevant textbooks limits their ability to implement effective policies and programmes.

This textbook was written to fill this gap, with the sole purpose to provide an easy-to-read and scientific resource to assist practitioners and students engaged in the discipline, in Africa and beyond. The 19 chapters in the book are written by individuals with long years of research and programmatic experience in sexual and reproductive health in Africa. Each writer chose topics for which they have personal experience in research and programming in Africa. Consequently, they were able to identify what is known about effective interventions in the relevant issues as well as, perhaps, what is yet unknown. Thus, each topic identifies possible areas for further research, policy development and interventions for promoting sexual and reproductive health on the African continent. The book is, therefore, meant for practitioners and students of today as well as for those who would enlist in the discipline in future.

It begins with a chapter that reviews the definition of sexual and reproductive health, a chapter that is an essential foundation for beginners and new entrants into the discipline. Thereafter, topics on evidence-based decision-making, research methods and the social context of sexual and reproductive health are presented to underscore the scientific principles and methods as well as the multi-disciplinary nature of the subject matter. Furthermore, essential and dominant topics in sexual and reproductive health in Africa were described in sufficient detail to leave the reader with a superb understanding of the emerging issues relating to policies and programming within the context of Africa. Topics covered include: maternal mortality, unsafe abortion, female genital mutilation, infertility, adolescent reproductive health, family planning, gender-based violence, comprehensive sexuality education, the reproductive health consequences of malaria in pregnancy, sexually transmitted infections, HIV/AIDS, the prevention of mother-to-child transmission of HIV/AIDS, reproductive tract cancers and the prevention of child marriage. The book ends with a chapter on Monitoring and Evaluation to emphasize the importance of measurement and results-reporting as an integral part of any efforts to promote sexual and reproductive health in Africa.

This book is intended for use by undergraduate and post-graduate students as well as development practitioners and those interested in understanding the domains and determinants of sexual and reproductive health in Africa. Its goal is to contribute to a more nuanced understanding and greater integration of sexual and reproductive health into educational and development frameworks on the continent.

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The Concept of Sexual and Reproductive Health

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The second half of the twentieth century witnessed a vast expansion of health technologies and of health care services related to reproduction and sexual health. These services were, however, fragmented and not oriented to respond to the need of women and men in a holistic fashion. This fragmentation of services and their lack of orientation resulted in the recent emergence of the concept of Sexual and Reproductive Health that offers a comprehensive and integrated approach to health needs related to reproduction and sexual health. The concept puts women at the centre of the process and recognizes, respects and responds to the needs of women and not only to those of mothers.

The concept of reproductive health received great attention in the United Nations International Conference on Population and Development (ICPD), held in Cairo in 1994¹. It was endorsed as showing the way forward, as a preferable alternative to narrowly focused family planning programmes.

■ WHAT IS REPRODUCTIVE HEALTH?

Reproductive health, according to the consensus definition agreed on at the ICPD in 1994, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This definition was made within the context of the positive definition of health in the constitution of the World Health Organization (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”².

■ SEXUAL HEALTH

The ICPD in Cairo also expanded the definition of reproductive health to include “a satisfying and safe sex life”, a theme that was further elaborated at the 1995 World Conference on Women in Beijing³. The ICPD Programme of action stated that “reproductive health implies that people are able to have a satisfying and safe sex life and that their capacity to reproduce

and the freedom to decide if, when and how often to do so"¹. Reproductive and Sexual health, therefore, encompasses freedom from fear of unwanted pregnancy, disease and abuse, and from the shame and guilt that surround sexuality in many cultures⁴.

Sexual Health is, therefore, part of reproductive health and includes healthy sexual development; equitable and responsible relationships and sexual fulfilment; and freedom from illness, disease, disability, violence, and other harmful practices related to sexuality⁵.

Sexual and Reproductive health also implies that people have the ability to reproduce, to regulate their fertility, and to practice and enjoy sexual relationships. It further implies that reproduction is carried to a successful outcome through infant and child survival, growth and healthy development. It finally implies that women can go safely through pregnancy and childbirth, that fertility regulation can be achieved without health hazards, and that people are safe in having sex^{2,5}.

■ COMPONENTS OF SEXUAL AND REPRODUCTIVE HEALTH

The following constitute the basic components of sexual and reproductive health:

- Fertility Regulation
- Infertility: Prevention and treatment
- Safe Motherhood
- Infant and child survival, growth and development
- Sexually Transmitted Disease including HIV/AIDS
- Unsafe Abortion: Prevention and management
- Reproductive system cancers

To these should be added the following other important considerations:

- Gender equity
- Sexual behaviour
- Adolescent reproductive health and sexuality
- Harmful traditional practices and violence against women
- Reproductive tract malignancies
- Reproductive health of older women and men

■ WHAT IS NEW ABOUT THE CONCEPT OF SEXUAL AND REPRODUCTIVE HEALTH?

The comprehensive approach to sexual and reproductive health described in the ICPD Programme of Action seeks to build upon the strengths of existing service delivery systems and the gains that have been made in providing family planning, maternal and child health (MCH), and other vertical (stand-alone) programmes.

At the same time, the ICPD approach aims to improve service quality and broaden existing programmes to offer clients a full range of sexual and reproductive health services, through integration of services or strong links between components of care. Such an approach recognizes that providing care for one aspect of sexual and reproductive health (e.g., prevention of STDs) can have a positive impact on other aspects (e.g., healthy pregnancy and delivery, as well as the prevention of infertility) and help prevent future ill health. In addition to improving health status, this integrated approach to service provision can also reduce duplication of efforts, promote the efficient use of existing human resources, and improve client satisfaction and the use of available services.

Sexual and reproductive health, therefore, does not start out from a list of diseases or problems—such as sexually transmitted diseases, maternal mortality—or from a list of programmes—such as maternal and child health, safe motherhood, family planning etc. Instead, reproductive health must be understood in the context of relationship: such as fulfilment and risk; and the opportunity to have a desired child or alternatively to avoid unwanted pregnancy. Reproductive health contributes enormously to physical and physiological comfort and closeness, and to personal and social maturation—poor reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy and even death.

Programmes dealing with various components of reproductive health exist in some form almost everywhere. But they have been delivered in disparate and separate ways, unconnected to programmes dealing with closely interdependent topics. For example, the objectives, design and evaluation of family planning programmes were largely driven by demographic imperatives, without due consideration to related health issues such as a maternal health or STD prevention and management. Evaluation was largely in terms of quantity rather than quality—such as numbers of contraceptive acceptors, as opposed to the ability and opportunity to make informed decisions about health issues. In general, such programmes exclusively targeted women, taking little account of the social, cultural and intimate realities of their reproductive lives and decision-making powers. They tended to serve only married people, excluding, in particular, young people. Services were rarely designed to serve men even though they have reproductive health concerns of their own. Moreover, the involvement of men in reproductive health is important because they have a role to play as family decision-makers with regard to family size, family planning and the use of health services.

A reproductive health approach would differ from a narrow family planning approach in several ways. It would aim to build on what exists and at the same time to modify current narrow, vertical programmes to the ones in which every opportunity is taken to offer women and men a full range of reproductive health services in a linked way. The underlying assumption is that people in need in one particular area—say treatment of sexually transmitted diseases—also have needs in other areas—such as family planning or antenatal and postpartum care. Such programmes would recognise that dealing with one aspect of reproductive health could have synergistic effects in dealing with others. For example, management of infertility is difficult and expensive but it can be largely prevented through appropriate care during and after

delivery and prevention and management of STDs. Promotion of breast-feeding has an impact on reproductive health in many ways—it helps prevent certain postpartum problems, delays the return to fertility, may prevent ovarian and breast cancer, and improves neonatal health.

Another important difference between existing programmes and those developed to respond to the new concept of reproductive health is the way in which people—particularly women and young people who are the most affected by reproductive health concerns—are involved in programme development, implementation and evaluation. When women become more involved in programmes, it becomes clearer to them that they have concerns beyond motherhood. Also, dealing with reproductive health leads to a profound rethinking of the behavioural, social, gender and cultural dimension of decision-making that affect women's reproductive lives.

■ WHY IS SEXUAL AND REPRODUCTIVE HEALTH IMPORTANT?

Sexual and reproductive health, probably more than any other health field, has an impact that extends beyond the individual and family, to the society at large and even to the world as a whole. This impact involves crucial areas of global concern such as health, population development, status of women and the environment. Reproductive health is a crucial part of general health and a central feature of development. It is a reflection of health during childhood, and it is crucial during adolescence and adulthood. It sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and her access to health care.

Sexual and reproductive health is a universal concern, but it is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive health life events. Healthy sexual and reproductive behaviour sets the stage for good health before, during, and beyond the reproductive years for both women and men, and has a significant impact on the health of the next generation. While sexual and reproductive health is a universal need, it is of special importance to women, particularly during the reproductive years. Women bear by far the greatest burden of sexual and reproductive health problems, due to their physiology, their ability to give birth, and the limited power many women have over sexual decisions⁶. Women are at risk of complications from pregnancy and childbirth; suffer the complications of unsafe abortion; and bear most of the burden of using contraception.

The Role of Men in Sexual and Reproductive Health

Men, too, have reproductive health concerns and needs, though their general health is affected by reproductive health to a lesser extent than women. Not only do men have reproductive

health concerns of their own, but their health status and behaviours also affect women's reproductive health. Men's reproductive health needs include sexuality, protection against sexually transmitted diseases, infertility prevention and management, and fertility regulation. Protection against prostatic hypertrophy and prostatic cancer is another concern. Men can play a positive role in promoting women's reproductive health by sharing responsibility of family planning using a male method, by supporting their partners in using female contraception and deciding on appropriate family size, and by responsible sexual behaviour. Young men need to be educated to respect women and treat them as equals, to support efforts to enhance the status of women, and to prevent gender-based violence.

Because of men's central roles, it is imperative that men join women in sharing responsibility for sexual and reproductive health and achieving gender equity and equality.

At each stage of life, individual needs differ. However, there is a cumulative effect across the life course—events at each phase having important implication for future well-being. Failure to deal with problems at any stage in life sets the tune for later health and developmental problems.

Because reproductive health is such an important component of general health, it is a prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right for all; it is also a social and economic imperative because human energy and creativity are the driving force of development⁷.

■ THE CONCEPT OF SEXUAL AND REPRODUCTIVE HEALTH: A PARADIGM SHIFT IN POPULATION ACTIVITIES

The International Conference on Population and Development (ICPD) held in Cairo in 1994 represented a significant shift in the world's perception of population dynamics. For the first time, the conference not only focused on population but also on development. The ICPD represented a paradigm shift in population activities. Pre-Cairo, emphasis was on population size versus resources as well as population growth versus economic development. Post-Cairo, the emphasis shifted to human rights, reproductive health and individual choice. Pre-Cairo, the major players were economists and development planners whilst Post-Cairo the major players shifted to health professionals and human right activists.

The concept of sexual and reproductive health and rights was firmly put in place at the Cairo conference. Significantly, it also placed sexual and reproductive health at the centre of development efforts making it clear that the aim of interventions is to enhance reproductive health and promote reproductive rights rather than population policies and fertility control. This implies the empowerment of women (including through better access to education); the involvement of women and young people in the development and implementation of programmes and services; reaching out to the poor, the marginalized and the excluded; and assuming responsibility for reproductive health on the part of men.