REPRODUCTIVE AUTONOMY IN SUB-SAHARAN AFRICA

SRHR
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The right to bodily autonomy is a human right that remains out of reach for many people – especially women. It is a precondition for sexual and reproductive health and rights (SRHR) and for achieving gender equality. As a cornerstone of a person's freedom and dignity, the right to bodily autonomy is critical so that every person can make decisions about their body, sexuality, and reproduction without fear of coercion, violence, or discrimination. This right continues to be restricted in many countries around the globe, including countries in Sub-Saharan Africa, given that it challenges deeply rooted patriarchal structures. This fact sheet highlights the state of reproductive autonomy in Sub-Saharan Africa, with a closer look at East Africa in particular.

WHAT IS SEXUAL AND REPRODUCTIVE AUTONOMY?

Sexual and reproductive autonomy is a prerequisite for every person to be able to live a self-determined life. A person's sexual and reproductive health relies on the realization of their sexual and reproductive rights.

The Guttmacher-Lancet Commission defines sexual and reproductive health as follows:

> *Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.* [1]

Sexual and reproductive autonomy includes the right to freely decide whether and when to be sexually active; whether, when and who to marry; and whether, when and how to have a child or children. It also includes a person's ability to freely define their own sexuality, sexual orientation, and gender identity and expression.

Reproductive autonomy is a cornerstone of gender equality

To be able to make informed decisions about if, when and how many children to have, all people – but especially women and girls – need to receive comprehensive sexuality education (CSE), including accurate information about modern contraception, and high-quality contraceptive services. Next to inadequate CSE or health services, harmful practices like child marriage, which remain common in many places, can lead to high rates of adolescent pregnancy. In countries with no or limited social protection systems, having children is also considered important to have a caretaker in old age. As a result, women often have limited life choices available to them. In addition, women and girls bear the health risks that result from early and too closely spaced pregnancies.

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Youth club meeting at a school in Busia, Uganda

1 Guttmacher Institute (2018). Accelerate Progress: Sexual and Reproductive Health and Rights for All – Executive Summary

Adolescent pregnancy rates remain high in Sub-Saharan Africa

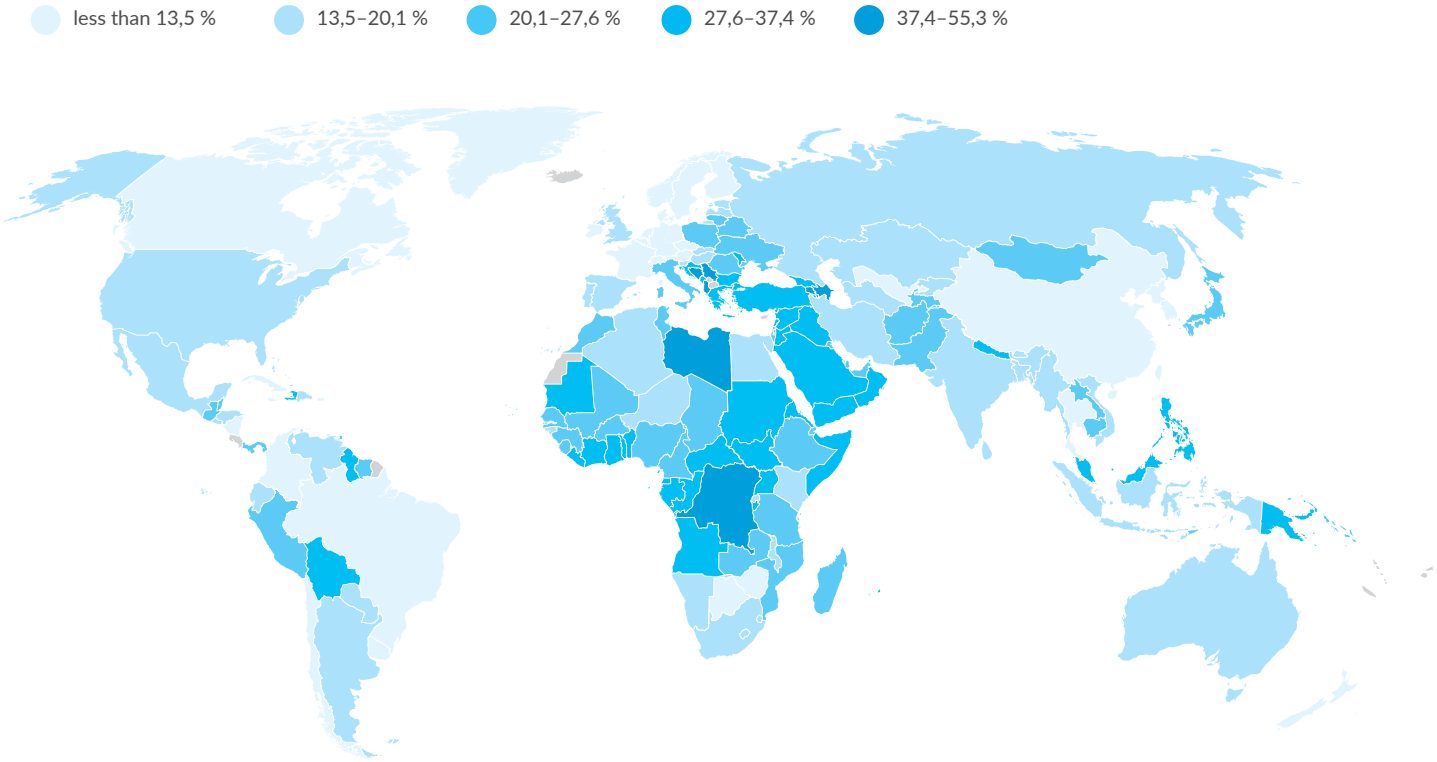
In Sub-Saharan Africa, where about forty percent of the population is under the age of 15, the need for CSE, secondary education, modern contraception and youth-friendly health services is particularly high. On average, one in ten adolescent women between the ages of 15 and 19 gives birth to a child. Overall, women in the region have an average of 4.5 children, which is about double the global average of 2.3 children per woman. No birthrate is inherently too low or too high, but we need to work towards a world where every pregnancy is wanted and where everybody can realize their SRHR.

Adolescent girls who become pregnant are routinely forced to drop out of school and as a result lose the opportunity to complete their education and seek employment. Instead, they become dependent on their husband and family, robbing them of a self-determined life. Education – especially secondary education – is key to gender equality. Girls who have the opportunity to complete secondary education generally not only begin having children later, but, as studies show, they also have fewer children than girls who have to leave school earlier. In addition, when more women participate in the labour force, this improves the economic performance of the entire country. In this way, greater gender equality also contributes to sustainable development and improved living conditions for all.

About 7 million adolescent African women aged 15–19 and 51 million women aged 20–49 have an unmet need for modern contraception. This means that they want to avoid a pregnancy but are either not using a modern contraceptive method (such as an implant, condom, or contraceptive pill) or are relying on a less effective traditional method. There are many reasons for unmet need, but among the most common are: concerns about side effects or presumed health risks, infrequent sex, and/or opposition towards contraception – including by a woman's partner. There are often also barriers related to inadequate contraceptive services and cost. This can include when public health care clinics have insufficient modern contraceptive supplies or contraceptive methods are only available for purchase and thus out of reach to those who cannot afford them.

Finally, policy barriers can also contribute to unmet need. For example, since late 2022, adolescents in Kenya need parental consent to receive contraception from public health clinics. At the same time, many in-school sexuality education programmes emphasize abstinence as the only method to avoid pregnancy.

PERCENTAGE OF WOMEN (MARRIED OR IN A UNION) AGED 15–49 WITH AN UNMET NEED FOR A MODERN METHOD OF FAMILY PLANNING, 2022



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022)

In Africa, unsafe abortions are fatal for many women

Eighty percent of unintended pregnancies in the African Union (AU) result from unmet need for modern contraception according to estimates by the Guttmacher Institute. In turn, forty percent of unintended pregnancies end in an abortion. This translates to about 11 million abortions per year. Of these procedures, three in four are unsafe, meaning they are not performed in accordance with medical guidelines. The high incidence of unsafe abortion in the African Union is due to the criminalisation of abortion in many countries and/or a lack of safe abortion services. While more than 5 million women annually need post-abortion care following an unsafe procedure, almost half of them are unable to receive the care they need. As a result, each year 15,000 African women die following an unsafe abortion. For adolescent women aged 15–19, complications during pregnancy or childbirth are the most common cause of death, often due to an unsafe abortion.

Two decades ago, in 2003, the AU held in the Maputo Protocol (officially the "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa"), that member states must permit abortion in certain instances: if necessary to protect the life, physical or mental health of the pregnant woman, if the pregnancy resulted from rape or incest, and in cases of certain foetal diagnoses. As of 2023, 44 out of the 55 member states of the AU have ratified the Maputo Protocol. However, out of the countries that have ratified the protocol, only 23 have implemented its abortion provisions – at least at a policy level.

Currently, nine out of ten women of reproductive age in Sub-Saharan Africa live in a country where abortion is prohibited entirely or only permitted when the pregnant woman's life or health is at risk. Yet the legal status of abortion does not impact the abortion rate. Globally, in countries where abortion is prohibited entirely, the abortion rate is 39 per 1,000 women aged 15–49, compared to a rate of 41 per 1,000 women in countries where abortion is broadly legal.

REPRODUCTIVE RIGHTS REMAIN POLITICALLY CONTENTIOUS AROUND THE GLOBE

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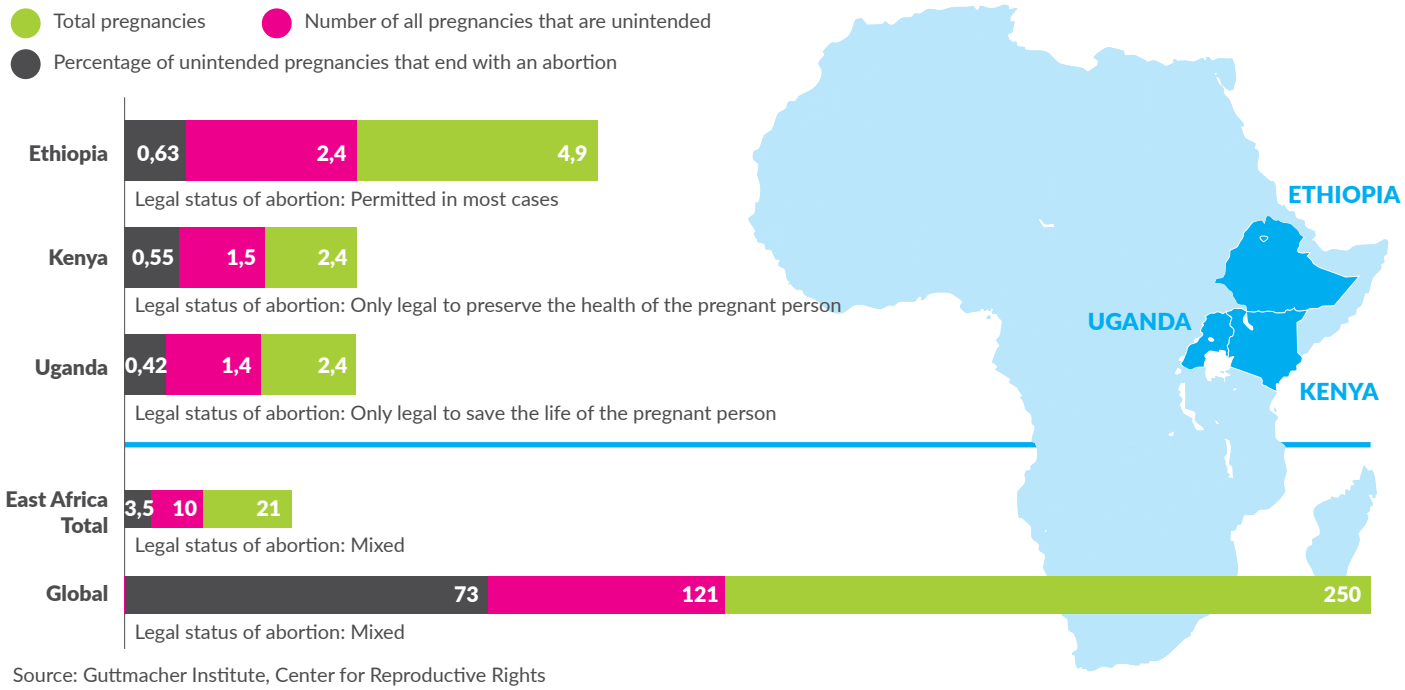
The right to have an abortion is a core element of reproductive autonomy. Worldwide, one in two pregnancies is unintended. Yet the rights to prevent or end a pregnancy are once again contested in many parts of the world. Countries in the Global North, too, are seeing growing conservative – and often religious – movements against bodily autonomy, and reproductive rights. A particularly prominent example is the United States of America. In 2022, the US Supreme Court overturned the 1973 Supreme Court decision in Roe v. Wade, which had granted women the right to have an abortion. Since then, numerous states across the country have criminalised abortion again, including 14 states that have banned the procedure completely. Abortion is also contested and/or restricted in some European countries, like Poland, Malta and Hungary. The ability to use modern contraception is also not guaranteed: Contraceptive methods are covered by health insurance in fewer than half of Europe's 46 countries.

East Africa: A closer look at three countries

Each year, 21 million pregnancies occur in East Africa[2], of which almost 10 million are unintended. A total of 3.5 million of these pregnancies end in abortions, many of which are unsafe.

PREGNANCY & ABORTION, PER YEAR IN MILLIONS



Source: Guttmacher Institute, Center for Reproductive Rights

Greater investments are needed so young people can thrive

In East Africa alone, increased investments in sexual and reproductive health (SRH) care services could prevent 8 million unintended pregnancies, 4.2 million unplanned births and 2.1 million unsafe abortions every year. But making reproductive autonomy for every person a reality is not just a matter of providing modern contraceptives. It requires that every person – and especially women and girls – receives medically accurate information about their SRH, and the corresponding health care services. The necessary investments must also cover maternal and newborn care, the treatment of sexually transmitted infections, and the provision of safe abortion care. The exact SRH needs of every individual depend on their age and particular life situation – and can differ widely from person to person. The development of improved modern contraceptive methods and their use and acceptance by different population groups, such as adolescent women, should also be prioritised in pharmaceutical research.

In addition, greater political and societal commitment to sexual and reproductive health and rights is urgently needed – especially in terms of protecting people's sexual and reproductive autonomy. Movements aiming to curtail sexual and reproductive rights are gaining strength in various African countries. Most prominently, in May 2023, Uganda enacted a law further criminalising consensual same-sex acts with punishments up to the death penalty.

The largest youth generation in history lives in Africa today. In the context of sustainable and rights-based development, this is an immense challenge for governments on the continent. Many states already struggle with providing adequate health services, education, and employment opportunities for their populations. But within the largest youth generation also lies immense potential if governments invest more in these key areas. Young people are innovative and a driving force for societal change – in Africa and globally. The key to empowering young people and unlocking their potential is to invest in their health and education, achieve gender equality and realize the fundamental human rights of all people.

2 As defined by UN DESA Population Division

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