SEXUAL AND REPRODUCTIVE HEALTH FACT SHEET

World Health Organization
REGIONAL OFFICE FOR Africa

WHO AFRICAN REGION

The WHO Reproductive Health Strategy, endorsed by the World Health Assembly in 2004 and guided by internationally agreed human rights principles (1), specifies five core aspects of sexual and reproductive health (SRH): "improving antenatal, perinatal, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promoting sexual health". Additionally, the strategy highlights the importance of preventing and responding to violence against women for improving reproductive health outcomes.

Achieving universal access to sexual and reproductive health and rights (SRHR) is a key component to achieving Sustainable Development Goals 3 and 5. Indicators to measure the progress towards this goal have shown that the African region, though progressing based on interventions across the different countries, still lags behind the rest of the world and more effort is needed to achieve the goal.

ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH

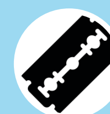
Sub-Saharan Africa has the highest proportion (32%) of young people aged 10 – 24 years (7). Policies which do not permit or expressly guarantee youths and adolescents access to sexual and reproductive health and rights can lead to unplanned pregnancies, increase in STIs and HIV, and unsafe abortions. At age 18, 78% of all females in Liberia and 77% of all females in Congo had had first sexual intercourse. Similarly, 68% and 66% of males in Congo and Angola respectively had had first sexual intercourse (Figure 1). About 31% of females between the ages of 20 and 24 in the African region were married prior to age 18 (Figure 2). The top 5 countries in the region for early marriage were Niger (76%), Central African Republic (68%), Chad (67%), Mali (54%), and South Sudan (52%). The African region has the highest number of births to women aged 15-19 per 1000 women in that age group (99 births/1000 adolescent females) in comparison to other regions worldwide. The global rate is 44 births per 1000 adolescent females (8). Central African Republic (229/1000) had the highest adolescent birth rate than elsewhere in the region while Algeria (9/1000) had the lowest (Figure 3). Females who start childbearing at an early age are at a higher risk of developing complications during pregnancy as well as infant mortality. This has a negative socio-economic impact on these females when compared to their peers who delay childbearing. With age of sexual debut, marriages, and childbearing starting quite early in the region, it is imperative to address adolescent sexual and reproductive health and rights to forestall critical gaps. Comprehensive sexuality education for youths and adolescents will promote positive sexual behavior and thus improve reproductive health.

KEY FACTS

Maternal mortality ratio (MMR) in the African Region has declined from an estimated 857 maternal deaths per 1000 live births in 2000 to 525 deaths per 1000 live births in 2017 (2). Despite this progress, this is still far from the global target of 140 maternal deaths per live births and progress remains unequal across countries. MMR ranges from 53 to 1,150 maternal deaths per 1000 live births in Seychelles and South Sudan respectively.

The contraceptive prevalence rate, modern methods, among married or in union women in Sub-Saharan Africa increased from 14.7% in 2000 to 27.9% in 2019. However, only 52% of women in this group have their need for family planning satisfied with modern methods (3).

Abortion can be provided legally upon request, with no justification requirement, up to a certain gestational limit in only 4 countries in the African region, Angola; Cabo Verde, Sao Tome & Principe and South Africa. Consequently, most of the abortions done in the countries where it is illegal are unsafe. It is estimated that 5.2% - 17.2% of maternal deaths annually in Sub-Saharan Africa are due to abortions (4).



FGM remains a problem in the African Region, particularly in the Western and Eastern sub-regions. Approximately 95% of females aged 15-49 years in Guinea had undergone female genital mutilation (FGM) in 2018 (5).

Approximately 25.7 million people are living with HIV in the African region and 1.1 million new infections were recorded in 2018. About 79% of pregnant women living with HIV received antiretrovirals for prevention of mother to child transmission of HIV in 2018 (6)

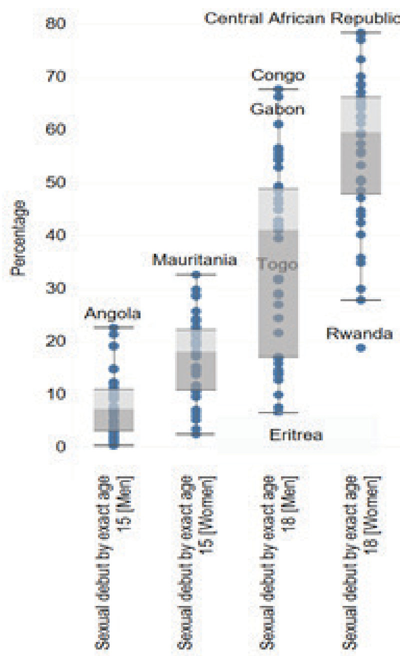


Figure 1: First sexual intercourse by ages 15 and 18 among individuals 25 - 49 years in the African region, 1994 – 2018
Data sources: Demographic and Health surveys (DHS)

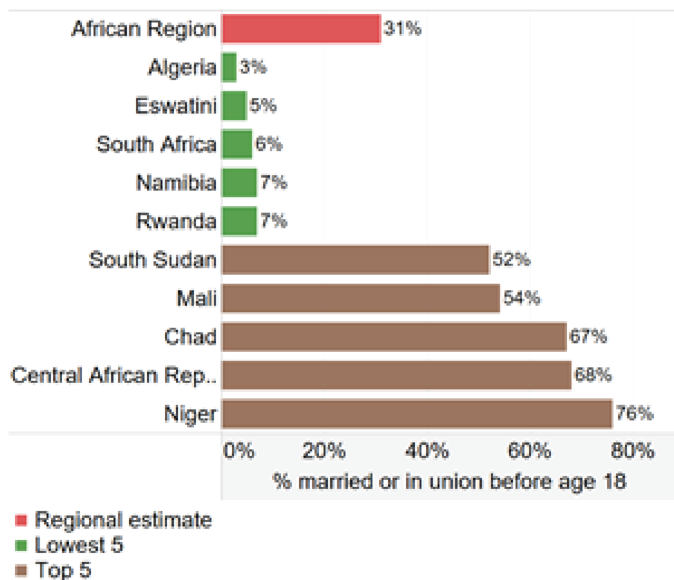


Figure 2: Percentage of women aged 20-24 married before age 18, African region, 2010-2019
Data sources: DHS, MICS, and other nationally representative surveys

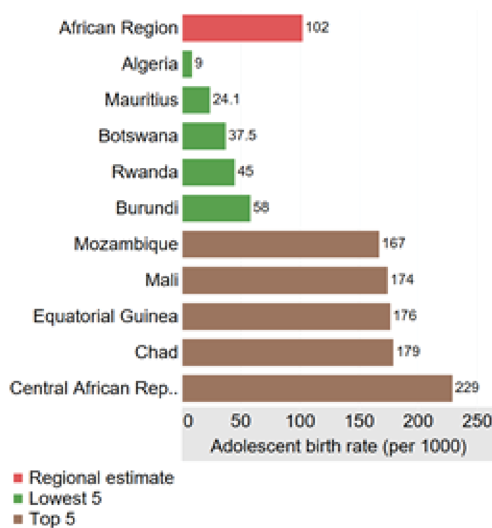


Figure 3: Adolescent birth rate by country, African region, 2007 – 2018
Data sources: DHS, MICS, and other nationally representative surveys;

FAMILY PLANNING

To prevent unwanted pregnancies and empower women and adolescents in the region, women should be able access to family planning services. Family planning services include counselling and provision of contraceptive methods. Modern methods of contraception include oral contraceptives, implants, injectable contraceptives, intrauterine devices (IUDs), condoms (male and female), emergency contraceptive pills, lactational amenorrhea method, basal body temperature method among others.

Approximately 17% of all women in Sub-Saharan Africa and 23% of married or in union women have an unmet need for family planning (3). These women would like to stop or delay childbearing but are not using any form of contraception and thus are more likely to have unplanned pregnancies or closely spaced childbirth. Only about 28% of married or in union women (15 – 19yrs) in the region are using modern methods of family planning and 52% have their demand for family planning satisfied by modern methods (Figure 4).

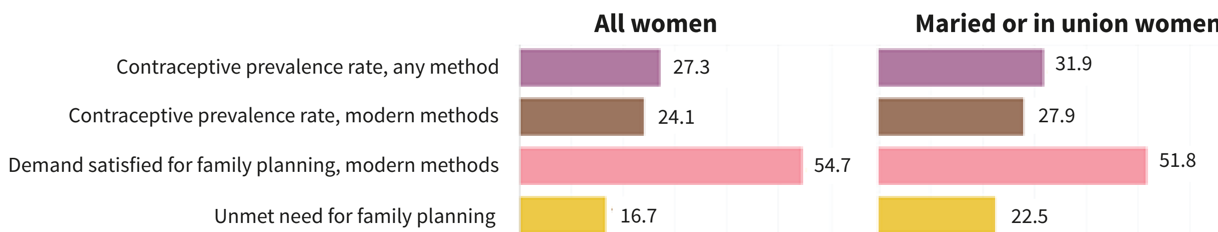


Figure 4: Family planning indicators in the Sub-Saharan Africa, 2019 estimates
Data source: United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.

PREVENTING UNSAFE ABORTION/POST-ABORTION CARE

In 2017, there were an estimated 211 maternal deaths per 100,000 live births globally, with the African region having the highest maternal mortality ratio (MMR) estimated at 525 maternal deaths per 100,000 live births (2). Between 2010 and 2017, the Average Annual Rate of Reduction (AARR) of MMR was 2.3%. To reach the target of 70 by 2030, the African region would need an AARR of 10.9% (Figure 5).

The major causes of maternal deaths are severe bleeding (mostly after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), infections (usually after childbirth), complications from delivery, and unsafe abortion (4). It is estimated that 5.2% - 17.2% of maternal deaths annually in Sub-Saharan Africa are due to abortions (4). The laws concerning a woman's right to abortion are mostly restrictive in the African region and this promotes unsafe abortions which can result in maternal mortality. Safe abortions can be provided legally upon request, with no justification requirement, up to a certain gestational limit in Angola, Cabo Verde, Sao Tome & Principe, South Africa. It is entirely prohibited in Senegal, Mauritania, Madagascar, Guinea Bissau, Gabon, and Congo (Figure 6). In the remaining 40 countries in the region, abortion is restricted with legal permission only under certain circumstances. A major challenge to understanding the severity of abortion and post-abortion care in the African region is the dearth of reliable data due to the stigma and fear attached to abortion in countries where it is unlawful.

Post-abortion care is the management of complications resulting from incomplete abortions or miscarriages. Health facilities (public or private) that provide primary health care services and higher levels are expected to have capacity for post-abortion care. A study which looked at the capacity of national health systems to provide post-abortion care in 7 African countries using signal functions revealed that less than 10% of primary-level facilities had capability to provide basic post-abortion care in 5 (71%) of those countries (9). In addition, less than 50% of referral facilities had capability to provide comprehensive post-abortion care.

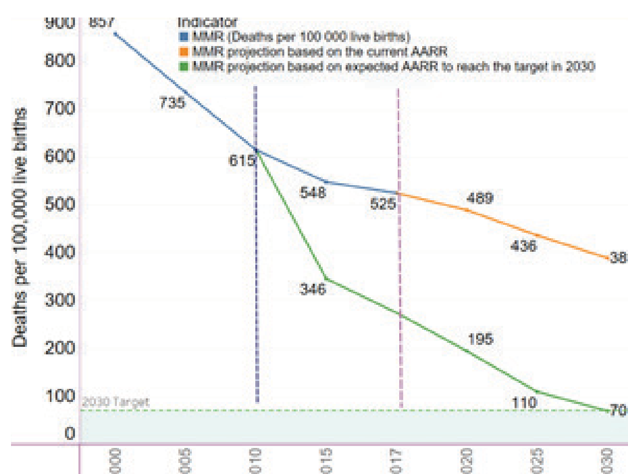


Figure 5: Maternal mortality ratio (maternal deaths per 100 000 live births) in the African region 2000 – 2017 and projected estimates to 2030
Data sources: UN Maternal Mortality Estimation Inter-Agency Group

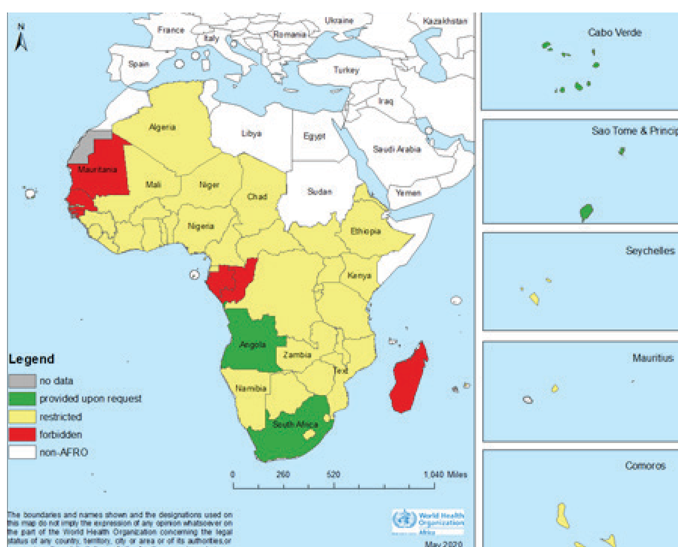


Figure 6: Legal status of abortion in the African region
Data Source: WHO Global Abortion Policies Database (https://abortion-policies.srhr.org/)

HIV AND STIs

Sexually transmitted infections are infections that are transmissible mostly by sexual contact which includes vaginal, oral, and anal sex. Transmission is also possible through blood products and tissue transfer. Some STIs like HIV and syphilis can be transmitted from mother to child during pregnancy and childbirth. STIs can lead to severe consequences such as fetal and neonatal death, cervical cancer, increased HIV risk, infertility among others. Many STIs have effective treatment and can be cured. The incurable STIs are caused by Human Immunodeficiency Virus (HIV), Human Papilloma virus (HPV), Herpes simplex virus (HSV), and Hepatitis B virus. Prevention of STIs is through comprehensive sexuality education, behavioral change, delayed sexual debut, promotion of safer sex, interventions targeting key population such as sex workers, STI and HIV pre- and post-test counselling (10).

The African region has the highest HIV burden globally with 25.7 million people living with HIV and 1.1 million new infections in 2018 (11). It is also one of the leading causes of death in the region (12). Efforts towards the prevention and control of spread of the disease include access to HIV testing and counselling, promotion of female and male condom use, use of antiretroviral medicine (ARV), and elimination of mother to child transmission of HIV (EMTCT). Approximately 79% of pregnant women living with HIV in the African region in 2018 received ARV in 2018 to reduce the risk of prevention mother to child transmission (PMTCT) of HIV (Figure 7). The coverage was higher in the East and Southern African sub-regions (92%) than in the West and Central African sub-regions (59%) (Figure 7). In addition, some countries have committed to eliminating mother to child transmission of syphilis as one of the key targets of the Global Health Sector Strategy on STIs (2016–2021) which is the reduction to ≤50 cases of congenital syphilis per 100 000 live births in 80% of countries. Syphilis in pregnancy can result in fetal and neonatal death. Syphilis can be detected using a rapid test kit and there is effective antibiotic treatment for it. The median reported treatment rate among antenatal care (ANC) attendees in the African region who tested positive for syphilis was >95% in 2018.

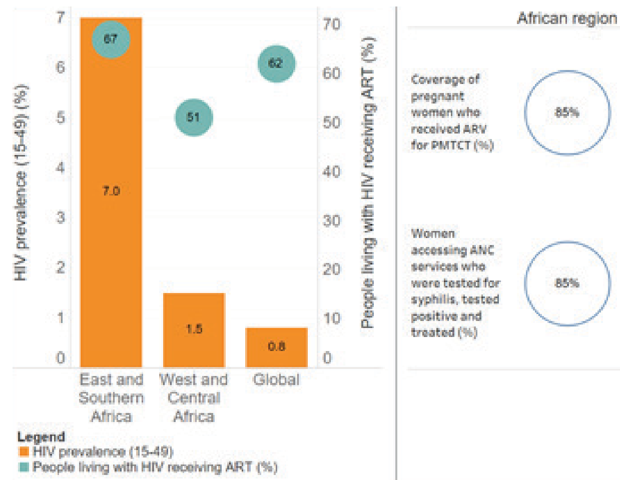


Figure 7: Global, and African sub-regional estimates of HIV prevalence and people living with HIV receiving ART in 2018; median regional estimates of PMTCT coverage among pregnant women for HIV and syphilis in 2018
Data source: UNAIDS, WHO 2018

CERVICAL CANCER

Cervical cancer is caused by the Human Papilloma virus (HPV) and is the second most common cancer among women living in the undeveloped regions (13). The risk of HPV infection leading to cervical cancer is higher among immunocompromised individuals.

HPV vaccines have been developed and approved for use in preventing infection from the HPV types 16 and 18 responsible for about 70% of cervical cancer cases worldwide. WHO recommends a 2-dose schedule of HPV vaccination targeting young adolescent girls, aged 9-14 years old. The recommendation is 3-doses for immunocompromised and/or HIV-infected girls (14). As of December 2019, only 15 countries[1] in the African region had instituted HPV vaccination as part of the routine immunization system.

United Republic of Tanzania, Zimbabwe, Liberia, Malawi, Zambia, Cote d'Ivoire Seychelles and Sao Tome & Principe had HPV vaccination coverage >90% in 2018 (Fig 8).

WHO recommends that women 30 years and above undergo screening for abnormal cervical cells and pre-cancerous lesions (15). This will aid early detection, when chances for cure are higher. The age requirement does not apply to HIV positive women who are encouraged to go for screening as soon as they know their status.

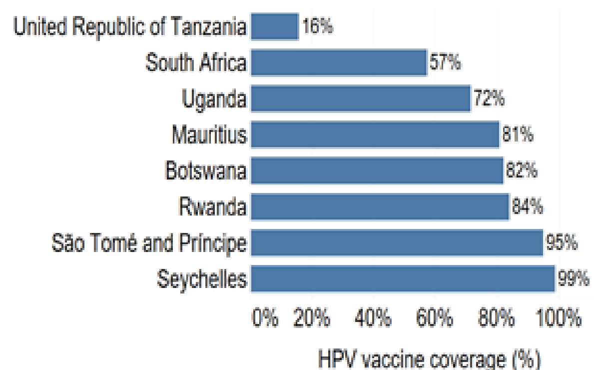


Figure 8: HPV vaccination coverage (recommended dose) in the African region 2018
Data source: WHO/UNICEF Joint Reporting form

1 Botswana, Ethiopia, Mauritius, Rwanda, Sao Tome & Principe, Senegal, Seychelles, South Africa, Uganda, United Republic of Tanzania, Zimbabwe, Liberia, Malawi, Zambia, Cote d'Ivoire

Table 1: Women screened for cervical cancer by country in the African region, 2017 (countries that screened 10% or more)
Data source: WHO

Countries	Women who were screened for cervical cancer (%)
Seychelles	70 or more
South Africa	more than 50 but less than 70
Zambia	more than 50 but less than 70
Algeria	10 to 50
Benin	10 to 50
Cabo Verde	10 to 50
Eswatini	10 to 50
Kenya	10 to 50
Lesotho	10 to 50
Malawi	10 to 50
Mauritius	10 to 50
Mozambique	10 to 50
Sao Tome and Principe	10 to 50
Uganda	10 to 50
Zimbabwe	10 to 50

SEXUAL AND GENDER-BASED VIOLENCE

Any harmful act, which includes physical, emotional or psychological and sexual violence, and denial of resources or access to services, that is perpetrated against one's will and is based on gender norms and unequal power relationships is described as an act of sexual and gender-based violence (SGBV) (16). Anyone can be a victim of SGBV, however, the risk is higher in vulnerable population which includes girls, adolescents, women, children, elderly people, and persons with disability. SGBV includes rape, domestic violence, sexual exploitation, trafficking, and female genital mutilation.

Approximately 37% of ever-partnered women above the age of 15 in low and middle-income countries in the African region had experienced physical and/or sexual violence by a current or former intimate partner in their lifetime (17). This prevalence is higher than the global prevalence of 30% (17). Equatorial Guinea had the highest proportion of ever-partnered women (15-49years) in the African region (44%) that had been subjected to physical and/or sexual violence by a current or former intimate partner in the 12 months prior to the survey (Figure 9).

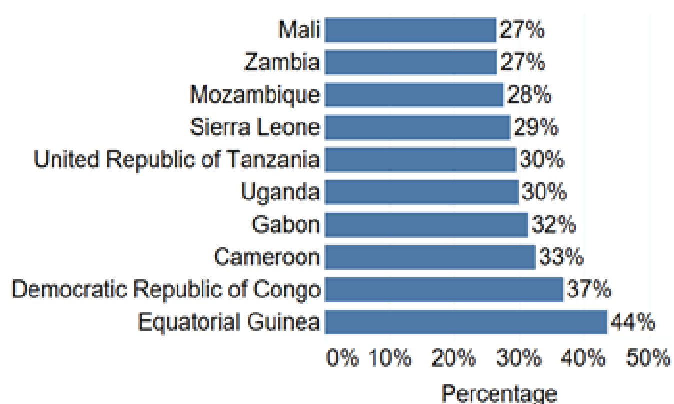


Figure 9: Percentage of ever partnered women (15-49 years) subjected to physical and/or sexual violence by a current or former intimate partner in the last 12 months in the African region (Top 10 countries), 2010-2019
Data source: DHS, MICS

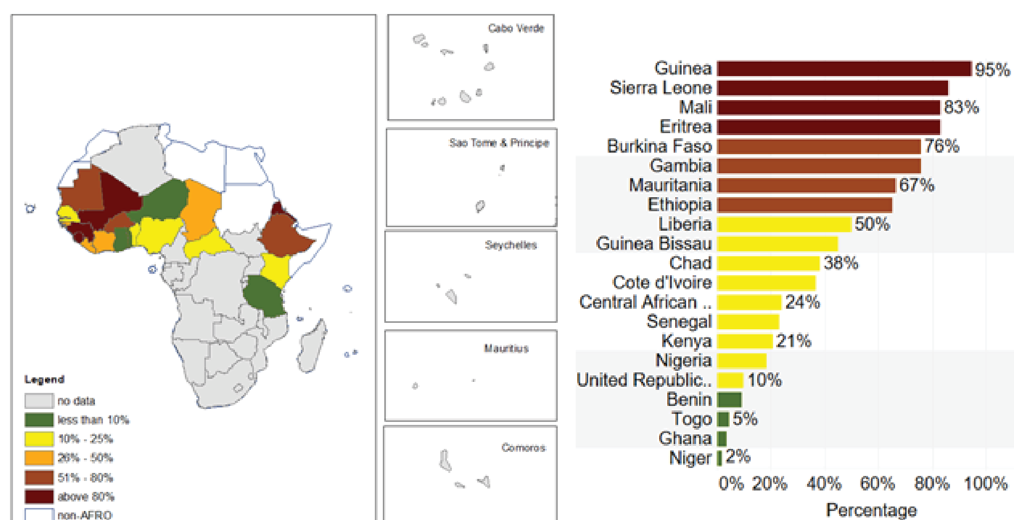


Figure 10: Prevalence of FGM in the African region among women aged 15-49, 2010-2018
Data Source: UNICEF data warehouse; DHS, MICS, and other nationally representative surveys

Female genital mutilation (FGM) is a harmful practice that involves partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no benefits but can lead to health risks and complications. FGM is linked to cultural and societal norms. FGM is still a problem in the West and East African sub-regions. About 95% of women and girls in Guinea had been subjected to genital mutilation and this is the highest in the region (Figure 10)

As a complex problem, SGBV prevention and control requires a multi-sectoral approach from sectors such as health, education, protection, and psychosocial support (16). It also requires community engagement and support for victims.

WHO SUPPORT TO MEMBER STATES

WHO Regional Office for Africa (WHO/AFRO) develops guidelines, norms, and standards for sexual and reproductive health and rights in different contexts. WHO/AFRO also supports member states in adapting and developing national guidelines as well as strengthening their capacity building to implement strategies to ensure universal coverage of SRHR.

REFERENCES

1. **World Health Organization, Department of Reproductive Health and Research.** Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets.
   https://www.who.int/reproductivehealth/publications/general/RHR_04_8/en/. [Online]

2. **World Health Organization.** *Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.* Geneva : s.n., 2019. ISBN 978-92-4-151648-8.

3. **United Nations, Department of Economic and Social Affairs, Population Division**. *Estimates and Projections of Family Planning Indicators 2019.* New York : United Nations, 2019.

4. *Global causes of maternal death: a WHO systematic analysis.* **Lale Say, Doris Chou, Alison Gemmill, Özge Tunçalp, Ann-Beth Moller, Jane Daniels, A Metin Gülmezoglu, Marleen Temmerman, Leontine Alkema.** 6, 2014, Lancet Global Health, Vol. 2, pp. PE323-E333.

5. **Institut National de la Statistique (INS) et ICF.***Enquête Démographique et de Santé 2018. Conakry, Guinée,* et Rockville, Maryland, USA : s.n., 2018.

6. **Joint United Nations Programme on HIV and AIDS (UNAIDS).** *AidsInfo.* [Online] [Cited: April 15, 2020.] http://aidsinfo.unaids.org/.

7. **United Nations, Department of Economic and Social Affairs, Population Division (2019).** World Population Prospects 2019, custom data acquired via website. [Online] [Cited: April 17, 2020.] https://population.un.org/wpp/DataQuery/.

8. **United Nations, Department of Economic and Social Affairs, Population Division (2017).** World Population Prospects: The 2017 Revision. [Online] https://esa.un.org/unpd/wpp/Download/Standard/Fertility/.

9. *Health systems' capacity to provide post-abortion care: a multicountry analysis using signal functions.* **Onikepe O Owolabi, Ann Biddlecom, Hannah S Whitehead.** 1, 2019, The Lancet Global Health, Vol. 7, pp. PE110-E118.

10. **World Health Organization.** *Global Health Sector Strategy On Sexually Transmitted Infections,* 2016–2021. 2016.

11. **WHO Regional Office for Africa.** HIV/AIDS. [Online] [Cited: April 7, 2020.] https://www.afro.who.int/health-topics/hivaids.

12. **World HeOrganization.** Top 10 causes of death. [Online] [Cited: April 7, 2020.] https://www.who.int/gho/mortality_burden_disease/causes_death/top_10/en/.

13. **World Health Organization.** Human papillomavirus (HPV) and cervical cancer Fact sheet. [Online] January 24, 2019. [Cited: March 25, 2020.] https://www.who.int/en/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer.

14. **World Health Organization.** Human papillomavirus (HPV). [Online] March 2018. [Cited: March 25, 2020.] https://www.who.int/immunization/diseases/hpv/en/.

15. **World Health Organization.** *WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention.* Geneva : s.n., 2013. ISBN: 978 92 4 154869 4.

16. **United Nations High Commissioner for Refugees.** *Action against Sexual and Gender-Based Violence: An Updated Strategy.* 2011.

17. **World Health Organization.** *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence.* 2013.

18. **World Health Organization.** Preventing unsafe abortion - Fact sheet. [Online] June 26, 2019. [Cited: March 25, 2020.]https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion.