



Gender Health

Kouassi Yeboua and Jakkie Cilliers

Last updated 05 February 2025 using IFs 7.96

Health

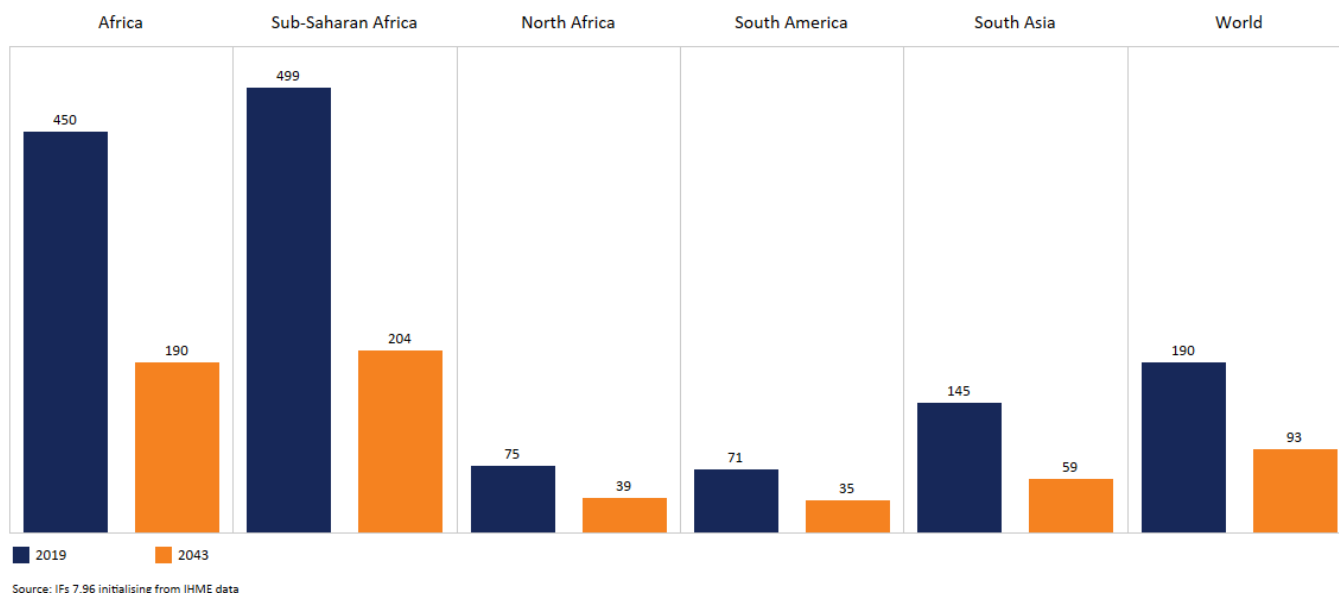
Separate themes on [health](#) and [demographics](#) examine associated aspects, and we model the impact of an ambitious Health and Demographics scenario separately and as part of the Combined Agenda 2063 scenario. The focus of this theme is the extent to which gender inequality impacts health.

African women are more likely to die from communicable diseases, such as HIV, tuberculosis and malaria, and nutritional deficiencies than men. Sub-Saharan Africa is the region with the most prominent HIV/AIDS epidemic globally, with women disproportionately affected by this infectious disease. For example, in 2018, women accounted for about 59% of new HIV infections of individuals aged 15 and older.[1]

Lack of access to sexual and reproductive health and rights jeopardises the lives of many girls and women in Africa. An estimated 250 million women and girls in developing countries who want to avoid pregnancy are not using contraceptives due to the lack of access or support.[2] In sub-Saharan Africa, about 25% of women of reproductive age have an unmet need for contraception—the highest proportion globally.[3] Equality in reproductive health includes access, without discrimination, to affordable and quality contraception.[4] Also, many women in Africa die from preventable causes related to pregnancy and childbirth. The high maternal mortality on the continent has been linked to gender bias in the distribution of healthcare.[5]

Even though there has been an improvement in maternal healthcare in Africa in the last two decades, sub-Saharan Africa accounts for around 70% of the global maternal deaths.[6] In 2019 (pre-pandemic level), there were 450 maternal deaths per 100 000 live births in Africa, compared to the global average of 190. On the Current Path, the average maternal deaths in Africa are projected to decline to 340 deaths by 2030 and to 190 by 2043 (Chart 11), very different from the SDG target of 70 deaths per 100 000 live births. This is mainly due to the high number of maternal deaths in sub-Saharan Africa, as North Africa has almost achieved the SDG target related to this indicator (Chart 11).

Chart 11: Maternal mortality ratio (deaths per 100 000 live births) in Africa and other regions: 2019 and Current Path forecast in 2043



A study conducted in East African countries shows that only 42.9% of women have access to healthcare in the region.[7] Another study also reveals that women in South Africa are more likely to suffer from poor health than men.[8] However, a report by the United Nations Economic Commission for Africa (UNECA) indicates that male children under five years of age are more likely to become stunted than their female counterparts, suggesting that health investments are more

favourable for girls than boys in the same age group.[9] Similarly, evidence shows men are more affected by tuberculosis and parasitic diseases in sub-Saharan Africa.[10] Furthermore, like elsewhere, women in Africa, on average, live longer than men, although the gap narrows at higher levels of income and education, suggesting that broadening access to quality healthcare, diet and other advantages can help men achieve a level of longevity closer to that of women.[11]

There are several reasons for the difference in life expectancy between men and women, particularly in lifestyle. Men are more likely to smoke than women and are also more likely to engage in risky behaviour, making them more susceptible to life-threatening injuries. Biological differences also help to explain women's higher longevity. For example, oestrogen in women combats conditions such as heart disease by helping reduce circulatory levels of harmful cholesterol. Women are also thought to have stronger immune systems than men.[12]

Poverty among women, weak economic capacity, sexual and gender-based violence, such as female genital mutilation (FGM), and a lack of female agency in decisions on health are major obstacles to improving women's health in Africa.[13] In many African communities, men are more likely to have decision-making authority over their healthcare than their female counterparts. Available data suggest that men's control over women's access to healthcare is widespread even though they may not have adequate knowledge about the female body.[14] Often, men can refuse their wife's access to healthcare and treatment if they disagree with certain practices derived from discriminatory social norms, including medical examinations or treatment by male medical doctors. Also, according to a 2020 study, about 44% of African women experience gender-based violence compared to the global average of about 30%.[15] Gender-based violence is particularly pervasive in Southern African countries such as Botswana, Lesotho and South Africa, the three countries with the highest 2023 rape rates globally.[16] Also, the rate at which women are killed by intimate partners in South Africa is five times higher than the global average.[17]

To ensure that women and men have equal access to the necessary opportunities to achieve their full health potential and health equity, the health sector and the community need to recognise that women and men differ. Because of social (gender) and biological (sex) differences, women and men experience different health risks, health-seeking behaviour, health outcomes and responses from health systems. The Maputo Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa recognises the importance of guaranteeing women's health and access to sexual and reproductive health services.[18]

Endnotes

1. UNAIDS, [We've got the power: Women, adolescent girls and the HIV response](#), 2020.
2. The World Bank, [Deliver the future: Catalyzing opportunities for women, children and adolescents](#), July 2023.
3. BO Ahinkorah, EK Ameyaw and AA Seidu, [Socio-economic and demographic predictors of unmet need for contraception among young women in sub-Saharan Africa: Evidence from cross-sectional surveys](#), *Reproductive Health*, 17, 2020, 163.
4. The World Bank, [Deliver the future: Catalyzing opportunities for women, children and adolescents](#), July 2023.
5. F Chirowa, S Atwood and M Van der Putten, [Gender inequality, health expenditure and maternal mortality in Sub-Saharan Africa: A secondary data analysis](#), *African Journal of Primary Health Care & Family Medicine*, 5:1, 2013, 471.
6. World Health Organization, [Maternal mortality](#)
7. A Minyihun and ZT Tessema, [Determinants of access to health care among women in East African Countries: A Multilevel Analysis of Recent Demographic and Health Surveys from 2008 to 2017](#), *Risk Management and Healthcare Policy*, 13, 2020, 1803–813.
8. M Ntuli et al, [Gender inequalities in morbidity: A South African investigation](#), *Studies in Economics and Econometrics*, 40:3, 2016, 39–63.
9. UNECA, [African Gender and Development Index Regional Synthesis Report: Measuring Gender Equality and Women's Empowerment in Africa](#), 2017.
10. NM Ratan, [Sex differences in infectious diseases](#), News-Medical.Net.
11. Population Reference Bureau, [Around the globe, women outlive men](#), 1 September 2001.
12. Population Reference Bureau, [Around the globe, women outlive men](#), 1 September 2001.
13. World Health Organization, [Women's health](#).
14. OECD, [Man enough? Measuring masculine norms to promote women's empowerment](#), *Social Institutions and Gender Index*, Paris: OECD Publishing, 2021.
15. MD Muluneh et al, [Gender based violence against women in sub-Saharan Africa: A systematic review and meta-analysis of cross-sectional studies](#), *International Journal of Environmental Research and Public Health*, 17:3, 2020.
16. World Population Review, [Rape statistics by country 2023](#).
17. I Govender, [Gender-based violence – An increasing epidemic in South Africa](#), *South African Family Practice*, 65:1, 2023.
18. The Maputo Protocol to the African Charter on the Rights of Women in Africa was adopted by Heads of State and Government in Maputo, Mozambique on 11 July 2003. The Protocol guarantees extensive rights to African women and girls and includes progressive provisions on harmful traditional practices, e.g. child marriage and female genital mutilation (FGM), reproductive health and rights, roles in political processes, economic empowerment, and ending violence against women. Since the Maputo Protocol came into force in 2005, 49 out of the 55 African Union Member States have signed on, and 42 have ratified it.

Donors and sponsors



HUMANITY
UNITED



Sweden
Sverige



Hanns
Seidel
Foundation



AUDA-NEPAD
AFRICAN UNION DEVELOPMENT AGENCY

Reuse our work

- All visualizations, data, and text produced by African Futures are completely open access under the [Creative Commons BY license](#). You have the permission to use, distribute, and reproduce these in any medium, provided the source and authors are credited.
- The data produced by third parties and made available by African Futures is subject to the license terms from the original third-party authors. We will always indicate the original source of the data in our documentation, so you should always check the license of any such third-party data before use and redistribution.
- All of our charts [can be embedded](#) in any site.

Cite this research

Kouassi Yeboua and Jakkie Cilliers (2025) Gender. Published online at futures.issafrica.org. Retrieved from <https://futures.issafrica.org/thematic/16-gender/> [Online Resource] Updated 05 February 2025.

About the authors

Dr Kouassi Yeboua previously worked as a Senior Researcher at AFI, where he led significant ISS studies on the long-term development prospects of the Democratic Republic of Congo, the Horn of Africa, Nigeria, Malawi, and Mozambique. His research focuses on development economics, macroeconomics, gender, and economic modeling. He holds a PhD in Economics.

Dr Jakkie Cilliers is the ISS's founder and former executive director. He currently serves as chair of the ISS Board of Trustees, head of the African Futures and Innovation (AFI) programme at the Pretoria office of the Institute, and is an extraordinary professor at the University of Pretoria. His 2017 best-seller *Fate of the Nation* addresses South Africa's futures from political, economic and social perspectives. His three most recent books, *Africa First! Igniting a Growth Revolution* (March 2020), *The Future of Africa: Challenges and Opportunities* (April 2021), and *Africa Tomorrow: Pathways to Prosperity* (June 2022) take a rigorous look at the continent as a whole.

About African Futures & Innovation

Scenarios and forecasting can help Africa identify and respond to opportunities and threats. The work of the African Futures & Innovation (AFI) program at the Institute for Security Studies aims to understand and address a widening gap between indices of wellbeing in Africa and elsewhere in the world. The AFI helps stakeholders understand likely future developments. Research findings and their policy implications are widely disseminated, often in collaboration with in-country partners. Forecasting tools inspire debate and provide insights into possible trajectories that inform planning, prioritisation and effective resource allocation. Africa's future depends on today's choices and actions by governments and their non-governmental and international partners. The AFI provides empirical data that informs short- and medium-term decisions with long-term implications. The AFI enhances Africa's capacity to prepare for and respond to future challenges. The program is headed by Dr Jakkie Cilliers.