



Gender Health

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Last updated 04 June 2024 using IFs 7.96

Health

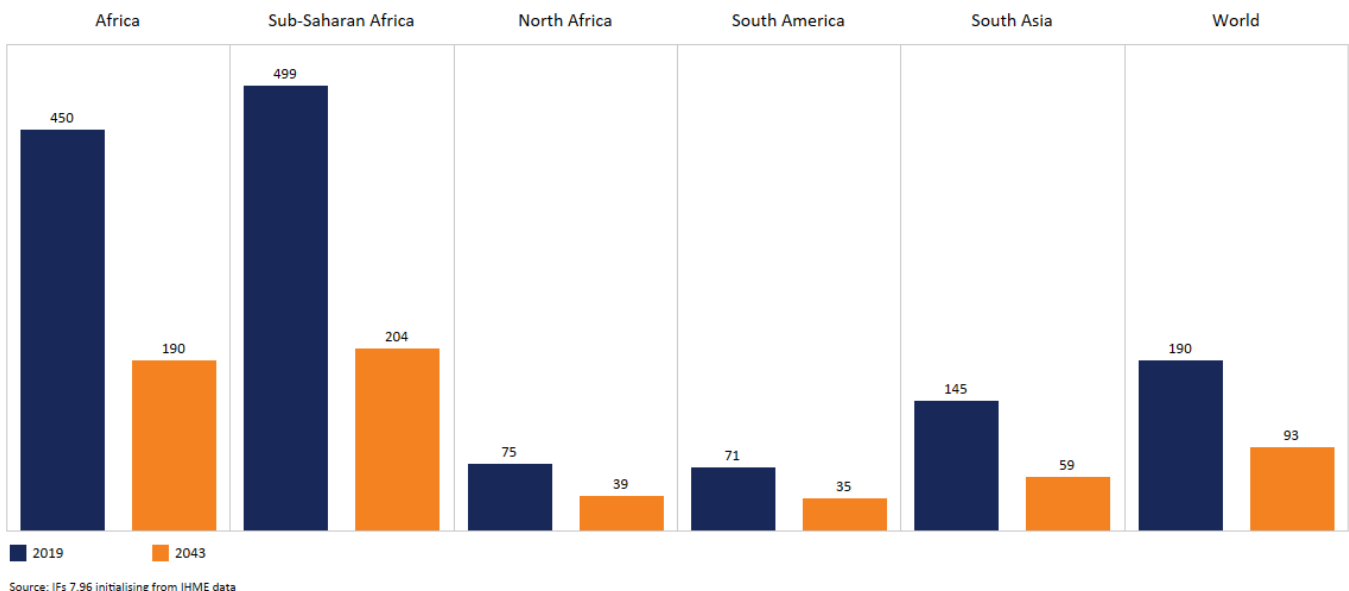
Separate themes on [health](#) and [demographics](#) examine associated aspects, and we model the impact of an ambitious Health and Demographics scenario separately and as part of the Combined Agenda 2063 scenario. The focus of this theme is the extent to which gender inequality impacts health.

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

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Cite this research

Kouassi Yeboua and Jakkie Cilliers (2024) Gender. Published online at futures.issafrica.org. Retrieved from <https://futures.issafrica.org/thematic/16-gender/> [Online Resource] Updated 04 June 2024.

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Dr Kouassi Yeboua is a senior researcher in African Futures and Innovation programme in Pretoria. He recently served as lead author on ISS studies on the long-term development prospects of the DR Congo, the Horn of Africa, Nigeria and Malawi. Kouassi has published on various issues relating to foreign direct investment in Africa and is interested in development economics, macroeconomics, international economics, and economic modelling. He has a PhD in Economics.

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