Policy Brief

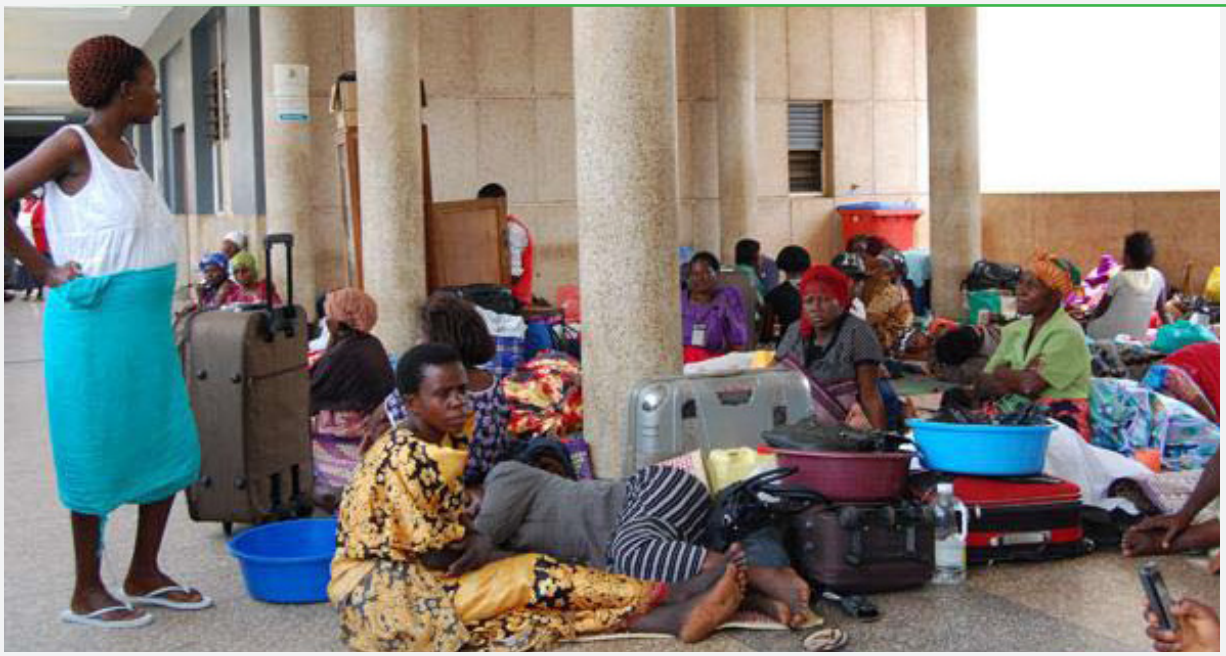
08 June 2016

20 Years of Advocating for Women's Rights in Eastern Africa

EASSI

The Eastern African Sub-regional Support Initiative for the Advancement of Women (EASSI)

Women & Health



Introduction

Equal access to health care is one of the most popular equity objectives. Women do not have access to health care facilities and services at the same level with men are largely due to the fact that: they are less able to meet the cost of health services; there are power relations affecting women's decision making abilities; they have limited access to information and limited mobility which directly impacts their poverty status. Article 121 of the EAC Treaty recognizes the fact that women make a significant contribution towards the processes of socio-economic transformation and sustainable growth, and must therefore be full participants in the socio-economic development of the Partner States. The Beijing Platform for Action (BPA) provides for women's right to the enjoyment of the highest attainable standard of physical and mental health.

Women & Health Strategic Objectives-BPA)

SO 1- Focuses on increasing women's access to appropriate, affordable and quality health care, information and related services

SO 2- Strengthen preventive programmes that promote women's health

SO 3- Undertake gender sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual & reproductive health issues

SO 4- Promote research and dissemination information on women's health

SO 5- Increase resources and monitor follow up for women's health

In the East African community some progress has been made at regional and national levels towards improving women's health. However, big gaps still exist around some key health indicators that directly affect women's health. These if not fully addressed will affect women's participation and contribution to the socio-economic development of their respective national states and the EAC region.

Issues of concern

High Maternal Mortality Rate- Although the EAC countries continue to prioritize health and progress has been made in the area of Reproductive Health, none of the partner states have met the target of reducing maternal mortality to 130. Maternal mortality for the region as of 2013 stood at 469/100000 live births, it was highest in Burundi at 500[1] and lowest in Kenya at 362. Rwanda on the other hand was at 476, Tanzania at 454, and Uganda at 438 at the time of their respective recent National Demographic and Health Surveys.

High Fertility Rates

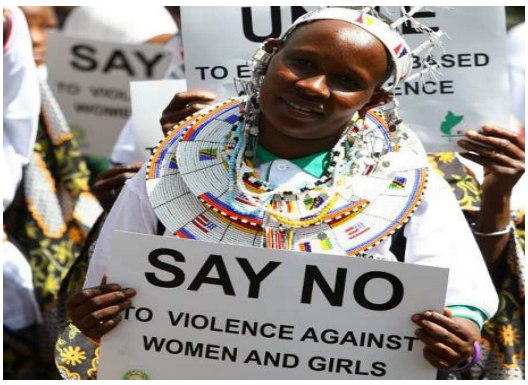
While there is almost universal knowledge of family planning and there is a registered decrease in total fertility rates in all partner states, current statistics show that total fertility rates are still high i.e. at regional level, Total Fertility Rate (TFR) is at 5.2 births per woman ; 5.5 for Burundi; 4.6 for Rwanda; 6.2 for Uganda. Only Kenya has managed to reduce TFR to 3.9 as of 2014[2]. The translation of knowledge of family planning into actual application remains a challenge. High fertility rates have been indicated to be a threat to women's health as well as a constraint to governments that must provide quality health care and other basic services to fast growing populations.

Deliveries assisted by non Professionals

A big percentage of women give birth without the support of qualified health providers. Only 58% deliveries were reported to have been conducted by a health professional in Uganda[3], 51% in Tanzania[4], 61% in Kenya[5], and 69% in Rwanda[6]. The rest of the mothers are delivered by traditional birth attendants or by ordinary persons in homes. Interviews held during the National Demographic and Health surveys in the partner states showed a similar pattern of responses i.e. t the major factors constraining access to health care include lack of money, limited or no education and long distances to health facilities in that order of importance.

GBV Prevalence

GBV affects the physical and psychological health of both women and men and its persistent prevalence has far reaching consequences on the victims of such violence. Effort made to remove all forms of discrimination and violence against women is yet to yield desired results. Both physical and sexual violence is still prevalent in the EAC partner states, yet this affects both women's and men's health as well as development in the region. The percentage of women who reported to have ever experienced physical violence since age 15 at the time of the



1 EAC 2015
2 KDHS 2015
3 UDHS 2011
4 TDHS 2010
5 KDHS 2015
6 RDHS 2010

demographic and health surveys in Kenya, Rwanda and Tanzania show that in Kenya prevalence is at 45% , Rwanda at 41% and Tanzania at 39%. Reports on sexual violence also showed that prevalence in Rwanda is at 22%, Tanzania at 20% and Kenya 14%. The figures show that elimination of gender based violence is still far from being attained. Other notable forms of violence in the region include early marriages, widow inheritance and female genital mutilation. Although FGM is low in Uganda (2%[7]), prevalence is still high in Kenya (21%)[8], Tanzania (15%)[9] Overall, culture and social norms play a key role in perpetuating the continuation of all forms of violence against women.

Policy recommendations

National States should institute an accountability mechanism for tracking progress of key health indicators especially those related to maternal health. Progress reports should be shared annually at EAC level and peer review made and fresh milestones set

Adopt an integrated planning model that allows the health sector to plan, track and report on social indicators that affect women's health. The health sectors should plan jointly with their counterparts in the ministries of gender, trade and education ministry to identify crosscutting areas that need their specialized attention, identify mutually reinforcing health indicators, track and report on their progress annually.

The ministries of Justice should utilize all relevant legal instruments (national constitutions, Penal codes, etc) and punish perpetrators of all forms of discrimination that have a direct effect on the health of women

Design a robust public private partnership strategy targeting the elimination of social-cultural issues that affect women's health. The private partnerships should include churches, mosques, and civil society organizations

Allocate more resources to areas especially those indicated as not doing well in specific national states.

7 UDHS 2011
8 KDHS 2014
9 TDHS 2010

References

EAC 2015- Situation Analysis of the EAC Partner States on Implementation of Gender Equality Commitments

Kenya Government 2015- Kenya Demographic and Health Survey 2014

Rwanda Government 2010- Rwanda Demographic and Health Survey 2010

Tanzania Government 2010- Tanzania Demographic and Health Survey 2010

Uganda Government 2011- Uganda Demographic and health Survey 2011

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