

RMH Team



Sexual and reproductive health in the African Region in 2024: a summary

Rationale

The WHO Reproductive Health Strategy, adopted by the World Health Assembly in 2004 and guided by global human rights standards, outlines five main aspects of sexual and reproductive health (SRH): “enhancing antenatal, perinatal, postpartum and newborn care; delivering high-quality services for family planning, including infertility services; preventing unsafe abortion; addressing sexually transmitted infections including HIV, reproductive tract infections, cervical cancer, and other gynecological conditions; and fostering sexual health”. Moreover, the strategy emphasizes the need to prevent and respond to violence against women to improve reproductive health outcomes. Universal access to sexual and reproductive health and rights (SRHR) is essential for achieving Sustainable Development Goals 3 and 5. Indicators to track the progress towards this goal have revealed that the African region, although improving based on actions across the different countries, still falls behind the rest of the world, and more effort is required to reach the goal. This factsheet presents key information on sexual and reproductive health in the African Region.

Key messages

- In 2020, nearly 800 women died every day from avoidable pregnancy and childbirth complications around the world, and 540 of these deaths happened in the African region, which made up about two-thirds (69%) of global maternal deaths.
- Among married or union women in Sub-Saharan Africa, the use of modern methods of contraception went up from 29% in 2015 to 34% in 2023. However, less than three out of five women in this group have their family planning needs met with modern methods.
- In the region, around 41% of adolescent girls aged 15–19 who want to use family planning are using modern methods as of 2022.
- Out of 47 countries in the region, only four (Cabo Verde, Mozambique, Sao Tome and Principe, and South Africa) allow abortion by the woman's choice. These four countries also have other conditions for safe abortion access, such as clinical and service delivery aspects of abortion care and a legal framework and gestational limit.
- Female genital mutilation (FGM) is still an issue in the African Region, especially in the Western and Eastern sub-regions. Guinea (95%), Mali (89%), Sierra Leone (83%), and Eritrea (83%) had the most female genital mutilation (FGM) cases among females aged 15-49 years in 2021.
- The African region bears the global brunt of HIV, with 25 million people (all ages) out of 39 million worldwide and 660 thousand new infections in 2022.
- About 84% of HIV-positive pregnant women in the African region in 2022 got ARV in 2022 to lower the chance of passing HIV to their children (PMTCT). Among adolescents aged 10-19 years who have HIV in the region, the ART coverage is 60% in 2022.

Adolescent and youth sexual and reproductive health

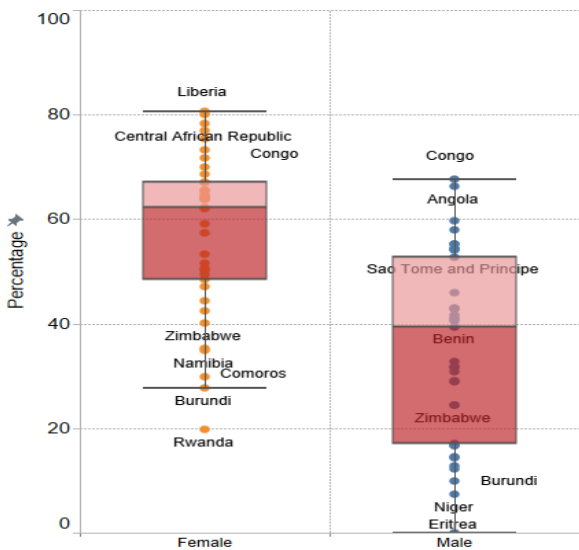


Figure 1: Percentage of women and men who had first sexual intercourse by exact age 18 in the African Region, in 2023 (Source: Stat Compiler)

Today's world has the biggest generation of young people, aged 10-24 years, ever. Most regions have a lower share of young people in the global population (28%) compared to the African region, which will stay above 30% until 2035. Policies that block or do not ensure access to sexual and reproductive health and rights for youths and adolescents can cause unintended pregnancies, more Sexually transmitted infections (STIs) and HIV, and unsafe abortions. Moreover, the WHO looks forward to developing and expanding the partnership to support the implementation of the AA-HA guidance in countries and ensure that adolescent health and development remain at the center of national, regional, and global health agendas.

At age 18, 71% of all females in Mozambique, 80% of all females in Liberia and 78% of all females in Central African Republic had had first sexual intercourse. Similarly, 68%, 66% and 60% of males in Congo, Angola, and Gabon, respectively, had had first sexual intercourse (Figure 1).

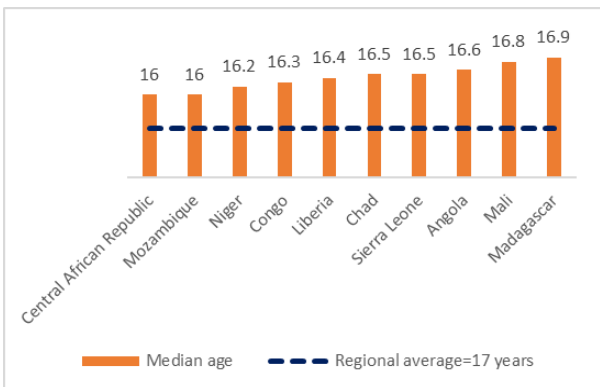


Figure 1: Countries with the median age at first sexual intercourse among young women aged 20-24 below the regional average of 17 years in the African Region, in 2000-2023 (Sources: DHS, MICS, AIS)

The median age at first sexual intercourse among women aged 20 to 24 in the region is estimated to be 17 years. However, it is important to note that there is significant variation among the countries in this region. In fact, in 10 out of 47 countries in the region, the median age at first sexual intercourse is below this average of 17 years. The countries in question are: Central African Republic, Mozambique, Niger, Congo, Liberia, Chad, Sierra Leone, Angola, Mali, and Madagascar (Figure 2).

This difference can be attributed to various cultural, socio-economic, and educational factors specific to each country.

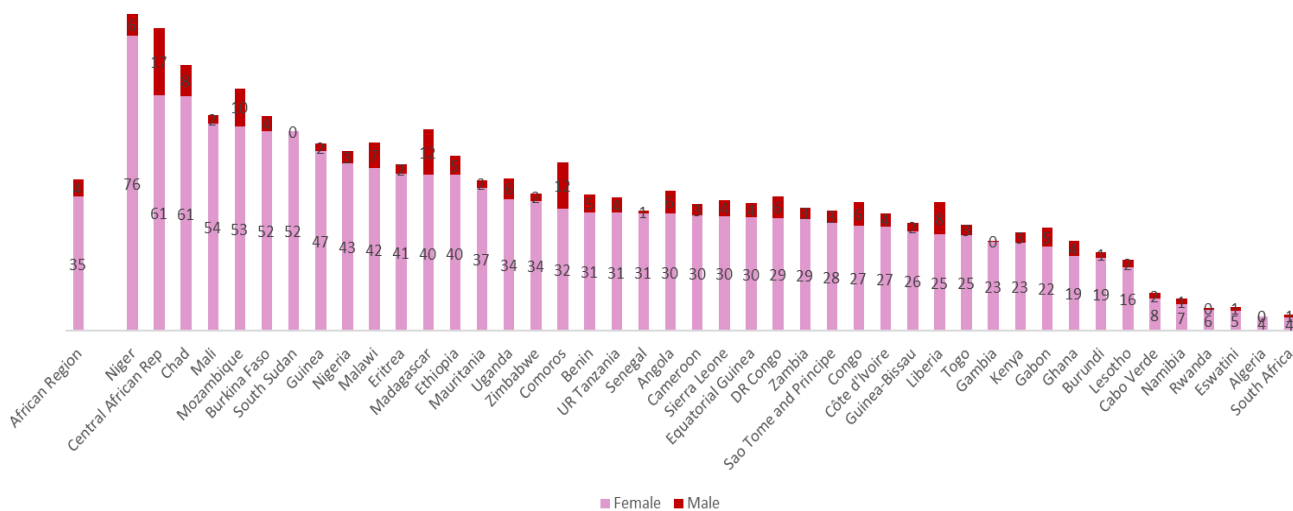


Figure 2: Percentage of young aged 20-24 who were married or in a union before age 18, in the African Region, in 2000-2021 (Source: DHS, MICS, AIS)

In 2021, about 35% of females in the African region who were aged 20 to 24 got married before they turned 18 (Figure 4). The countries with the highest rates of early marriage in the region were Niger (76%), Central African Republic (61%), Chad (61%), Mali (54%), and Mozambique (53%).

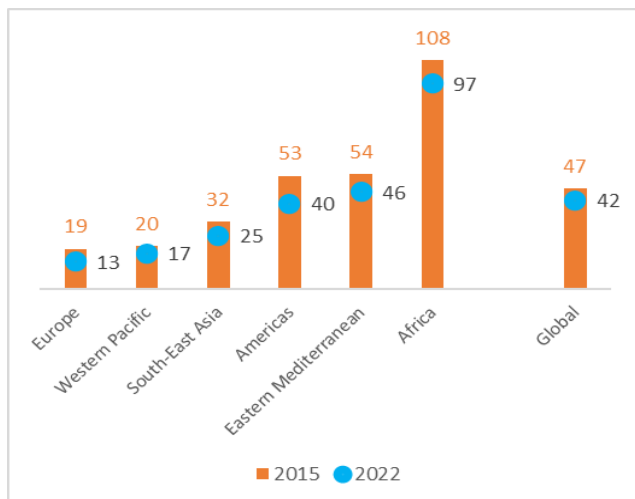


Figure 3: Adolescent birth rate (per 1000 females aged 15-19 years) by WHO regions, in 2015 and 2022 (source: WHO)

- In 2021 the African Region has the highest number of births to women aged 15–19 per 1000 women in that age group (97 births/1000 adolescent females) compared to other regions worldwide.
- Since 2015, the African Region has maintained the highest adolescent fertility rate globally, with 108/1000 births per 1,000 girls aged 15 to 19, compared to other regions of the world (Figure 4). Globally, there were 42 births per 1000 to girls aged 15–19 years in 2021 (3)

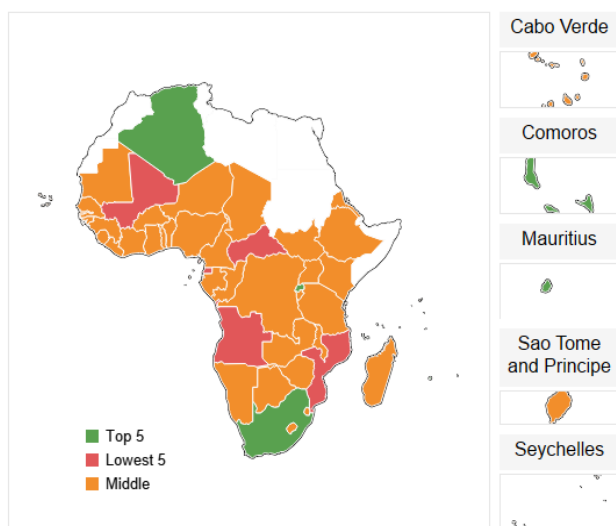


Figure 4: Adolescent birth rate (per 1000 females aged 15-19 years) in the African Region, in 2022 (source: WHO)

- The highest adolescent birth rate in the region was in the Central African Republic (184/1000), and the lowest was in Algeria (12/1000) (Figure 5).
- Young females who become mothers face higher risks of complications during pregnancy and infant death.
- This also limits their socio-economic opportunities compared to their peers who delay childbearing.
- Since sexual initiation, marriages, and pregnancies are early in the region, it is vital to address adolescent sexual and reproductive health and rights to avoid serious disparities.
- Comprehensive sex education for youths and adolescents will promote positive sexual behavior and thus enhance reproductive health.

Family planning

One way to reduce unintended and unwanted pregnancies and support women and adolescents in the region is to ensure they can access family planning services. These services include advice and provision of contraception methods. There are various modern methods of contraception, such as oral contraceptives, implants, injectable contraceptives, contraceptive patch, intrauterine devices (IUDs), condoms (male and female), Vaginal rings, sterilization (male and female), emergency contraceptive pills, fertility awareness-based and lactational amenorrhea method (see WHO-JHU-FPH handbook).

The percentage of adolescent girls aged 15–19 who want family planning and use modern methods in the African Region is around 41% as of 2022 (figure 7). This statistic shows the continued need for better access and education on family planning methods for adolescents around the world to address their reproductive health needs effectively. It should be noted that this indicator differs from country to country. The top 5 countries for this indicator are Rwanda (87%), Zimbabwe (77%), Ethiopia (75%), Kenya (75%), and Malawi (69%).

Among women (15 – 49yrs) who are married or in union and use modern family planning methods in the region, 58% have their family planning demand met (Figure 6). This statistic is the lowest among all regions of the world. Globally, 87% of women aged 15-49 are married or in a union and have their family planning demands satisfied with modern methods. The top 5 countries for this indicator are Zimbabwe (85%), Eswatini (83%), Lesotho (83%), Namibia (80%), and South Africa (80%).

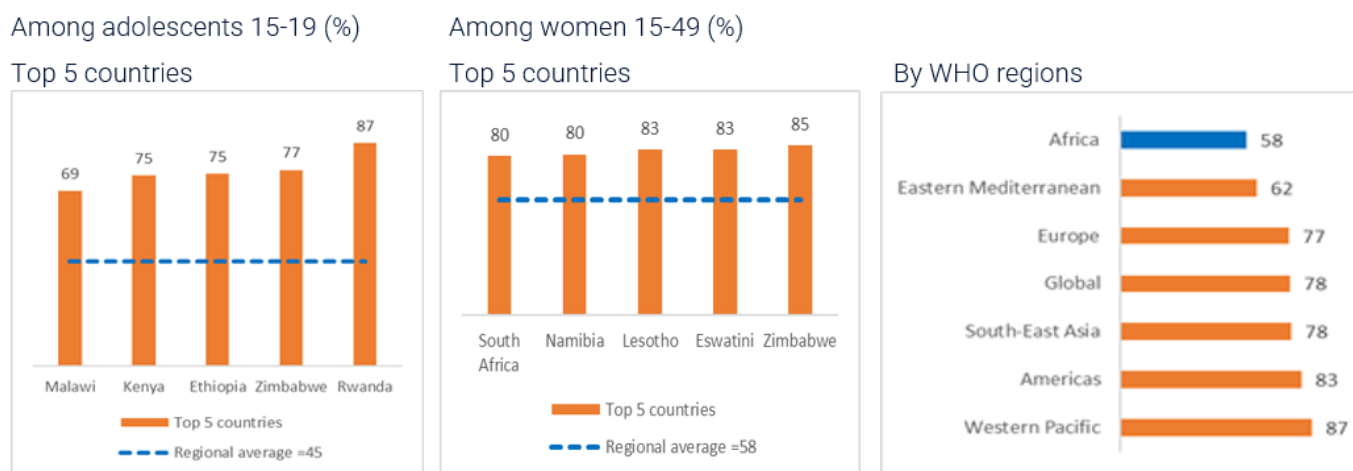


Figure 6: Demand for family planning satisfied with modern methods (%) in the African Region, in 2022 (Source; WHO)

- The global contraceptive prevalence rate for any modern method among women aged 15-49 years was approximately 58.7% in 2022.
- This rate reflects the proportion of women who use modern contraceptive methods, such as birth control pills, IUDs, injectables, implants, and condoms (5).
- There is a gradual increase in the use of modern contraceptive methods among women in the region (figure 7), showing progress in access to and utilization of reproductive health services over the years.
- From 2015 to 2022, the contraceptive percentage of women aged 15–49 years, married or in-union, who are currently using or whose sexual partner is using at least one modern method of contraception increased by 35%.
- The projected increase to 35 by 2024 and then 39% by 2030 suggests continued efforts and improvements in family planning initiatives in the region.
- Comprehensive regional data are limited for women using self-injectable contraceptives, specifically DMPA-SC (subcutaneous depot medroxyprogesterone acetate) in the WHO African region.
- Still, we have some statistics from specific countries in 2020: Uganda (8.8%), Burkina Faso (9.7%), Kenya (14.2%), Democratic Republic of the Congo (29.3%), Nigeria (29.3%) that can provide some insight (Country FP2020 Core Indicator Summary Sheets).
- Ensuring access for all people to their preferred contraceptive methods advances several human rights, including the right to life and liberty, freedom of opinion and expression, and the right to work and education. It also brings significant health and other benefits.

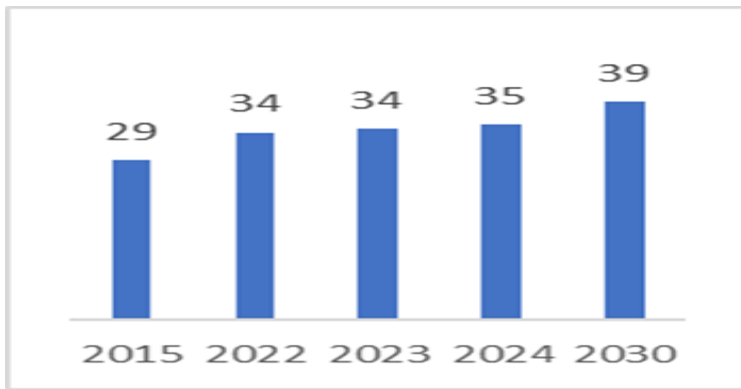


Figure 7: Contraceptive prevalence - any modern method (among women aged 15-49 years) in the African Region, in 2015-2030 (Source: Stat Compiler)

In 2020, about 301216 women died from causes that could have been avoided if they were not pregnant or giving birth. Most of these deaths (69%) happened in Africa, where 207490 women died daily (figure 9). The region's maternal death rate also dropped by only 1.4% from 2015 to 2020, while the world's rate fell by 6.5%.

Human Immunodeficiency Virus (HIV) and sexually transmitted infections are infections (STIs)

Number of maternal deaths and reduction by region, 2015-2020

| | 2015 | % of Regional deaths in Global deaths (2020) | 2020 | % of Regional deaths in Global deaths (2021) | % Reduction (2015-2020) |
|-----------------------|--------|--|--------|--|-------------------------|
| Africa | 210373 | 65.3% | 207490 | 68.9% | 1.4% |
| Americas | 8722 | 2.7% | 9436 | 3.1% | -8.2% |
| Eastern Mediterranean | 37342 | 11.6% | 33633 | 11.2% | 9.9% |
| Europe | 1443 | 0.4% | 1372 | 0.5% | 4.9% |
| South-East Asia | 52695 | 16.4% | 39209 | 13.0% | 25.6% |
| Western Pacific | 10322 | 3.2% | 8462 | 2.8% | 18.0% |
| Global | 322102 | 100.0% | 301216 | 100.0% | 6.5% |

Maternal deaths occurred in 2020 by region.

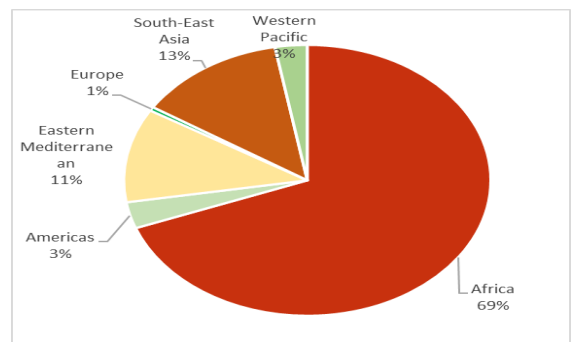


Figure 8: Number of maternal deaths by region in 2020, Reduction of maternal deaths between 2015 and 2020 (Source: WHO)

Globally, there were about 223 maternal deaths for every 100,000 births in 2020, and the African region had the highest MMR of about 531 deaths for every 100,000 births. From 2010 to 2017, MMR fell by 2% on average each year. To reach 70 by 2030, the African region would need to lower MMR by 20% each year (Figure 9).

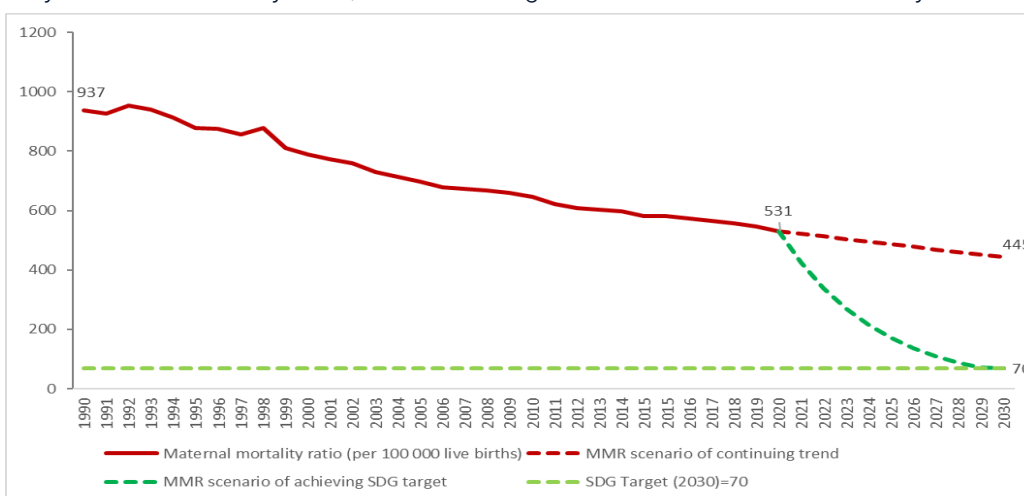


Figure 9: Maternal mortality ratio (maternal deaths per 100 000 live births) in the African region, in 2015-2020 and projected estimates to 2030 (Source: UN MMEIG)

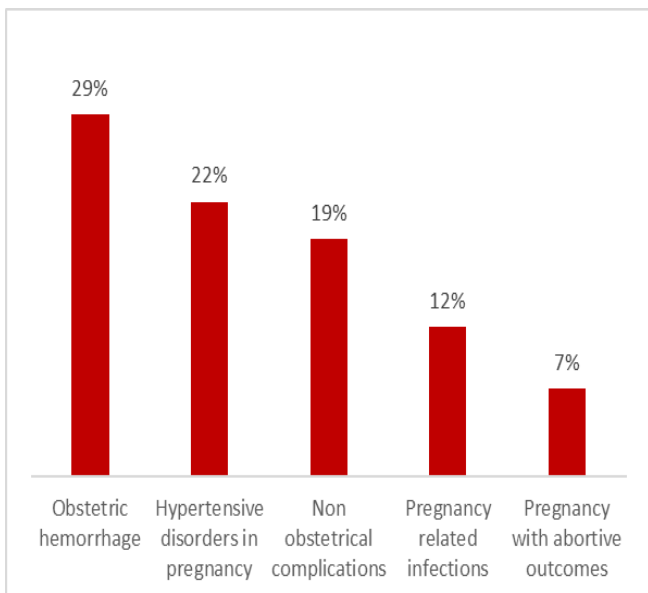


Figure 10: Top 5 drivers of maternal deaths in the African Region, in 2021 (Source: WHO)

Some of the main reasons why mothers die in Sub-Saharan Africa are bleeding during childbirth, high blood pressure during pregnancy, complications not related to pregnancy, infections that affect pregnancy, and pregnancy that ends in abortion. It is estimated that 7% of mothers who die every year in Sub-Saharan Africa have had abortions.

Mainly, the laws in the African region limit a woman's right to abortion, and this leads to unsafe abortions that can cause women to die. It is completely banned in Senegal, Mauritania, Madagascar, Guinea Bissau, Gabon, and Congo.

A big problem for knowing how serious abortion and the care after abortion are in the African region is the lack of trustworthy data because of the shame and fear that come with abortion in places where it is illegal. Only four (4) countries in the region (Cabo Verde, Mozambique, Sao Tome and Principe, and South Africa) out of 47 in the region, which is 9% of them, allow abortion at the woman's request, with more requirements for getting safe abortion, the clinical and service aspects of abortion care and a legal basis and time limit (8).

STIs are infections that are primarily transmissible by sexual contact, which includes vaginal, oral, and anal sex ("Sexually transmitted infections (STIs)." WHO, 2020. [Link to source](#)). 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, and infertility, among others. Many STIs have effective treatment and can be cured. Prevention of STIs is through comprehensive sexuality education, behavioral change, delayed sexual debut, promotion of safer sex, interventions targeting key populations such as sex workers, and STI and HIV pre-and post-test counselling.

The African region faces the most severe HIV challenge in the world in 2022. Of 39 million people (of all ages) globally, 25 million are in Africa, and 660 thousand more were infected in 2018 (10). HIV is also one of the main reasons for mortality in the region.

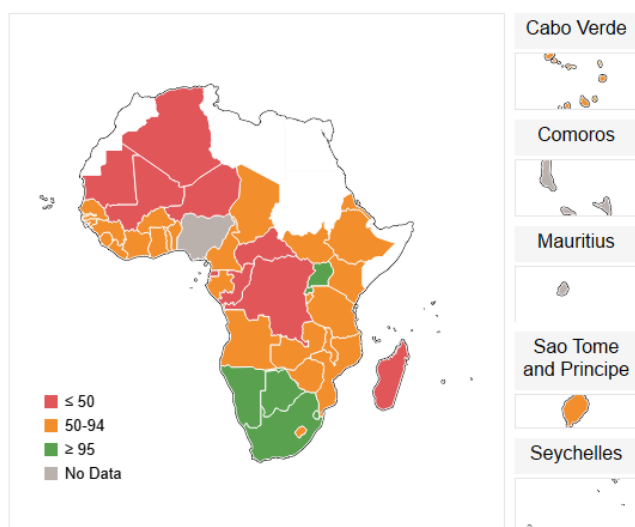
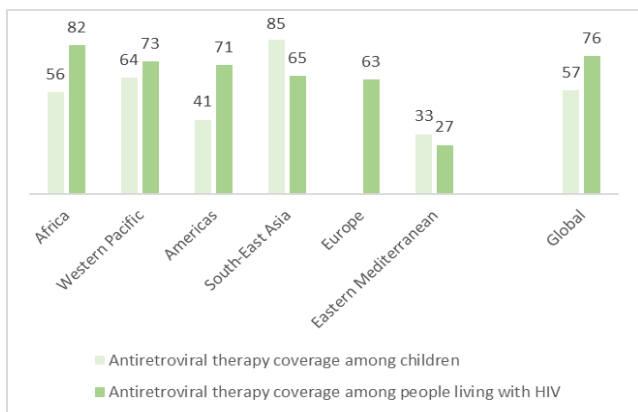


Figure 11: Coverage of pregnant women who received ARV for PMTCT in the African Region, in 2022 (source: UNAIDS)

Some ways to prevent and control the disease are HIV testing and counselling, promoting condom use, giving antiretroviral medicine (ARV), and stopping mother-to-child transmission of HIV (EMTCT). About 84% of pregnant women with HIV in the African region in 2022 got ARV in 2022 to lower the chance of passing HIV to their children (Figure 12). The East and Southern African subregions had higher coverage than the West and Central African subregions, where less than 50% of pregnant women with HIV got ARV (Figure 11). Six countries (South Africa, Uganda, Botswana, Eswatini, Namibia, and Rwanda) met this indicator's coverage target of over 95%.

In 2022, the antenatal care attendees who positive for syphilis who received treatment in the region was 83.9%, which means that out of all pregnant women who tested positive for syphilis during antenatal care visits in that region in 2022, 83.9% of them received the necessary treatment for syphilis. This percentage suggests the region has better access to healthcare services and adherence to treatment protocols, which are essential for maternal and child health outcomes in relation to syphilis infection during pregnancy.



The region's ART coverage for adults is 82% in 2022, which is high and shows good progress in HIV treatment access. However, children have lower ART coverage of 56%, which means more work is needed to improve HIV testing, treatment, and healthcare for them (figure 12). Africa does better than other regions in ARV coverage. Still, it needs to keep up the high ART coverage for adults and fix the problems in pediatric HIV care so that everyone can get fair access to treatment and achieve universal health coverage for HIV/AIDS.

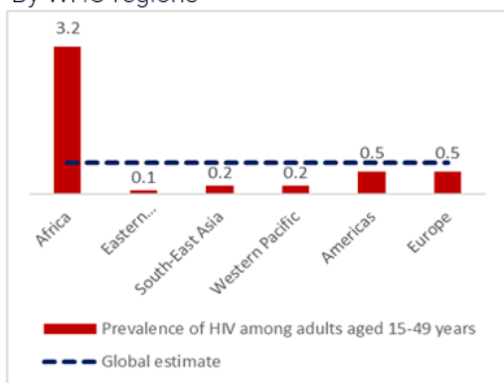
Among adolescents aged 10-19 years living with HIV in the region, the ART coverage is 60% in 2022.

Figure 12: ART coverage among people living with HIV, ART coverage among children, in the African Region, in 2022 (Source: UNAIDS)

There is a significant gender gap in the estimated rate of new HIV infections among teenagers aged 10-19 years in Sub-Saharan Africa: for every 1,000 girls who are not infected, about 1.62 get HIV, while for every 1,000 boys who are not infected, about 0.27 get HIV. The huge difference in infection rates between girls and boys shows a critical gender inequality in HIV risk among teenagers in Sub-Saharan Africa. Girls are more than five times as likely to get HIV as boys.

The larger number of deaths from AIDS among teenage girls (860,000) than teenage boys (610,000) shows that girls in Sub-Saharan Africa are unfairly affected by the HIV/AIDS epidemic (UNICEF Database).

By WHO regions



Top 10 high HIV prevalence (prevalence)

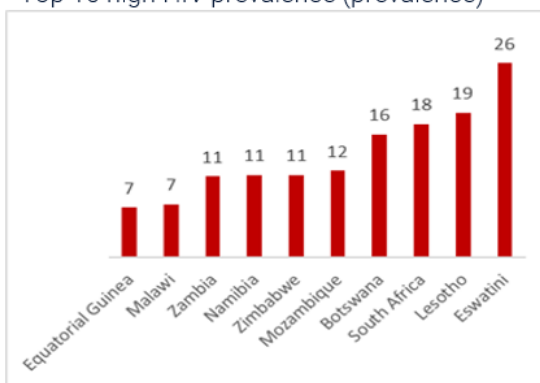


Figure 13: Prevalence of HIV among adults aged 15-49 years in the African Region, in 2022 (Source: WHO)

Cervical cancer

Cervical cancer is caused by the Human Papillomavirus (HPV) and is the second most common cancer among women living in undeveloped regions (11). 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 HPV types 16 and 18, responsible for about 70% of cervical cancer cases worldwide.

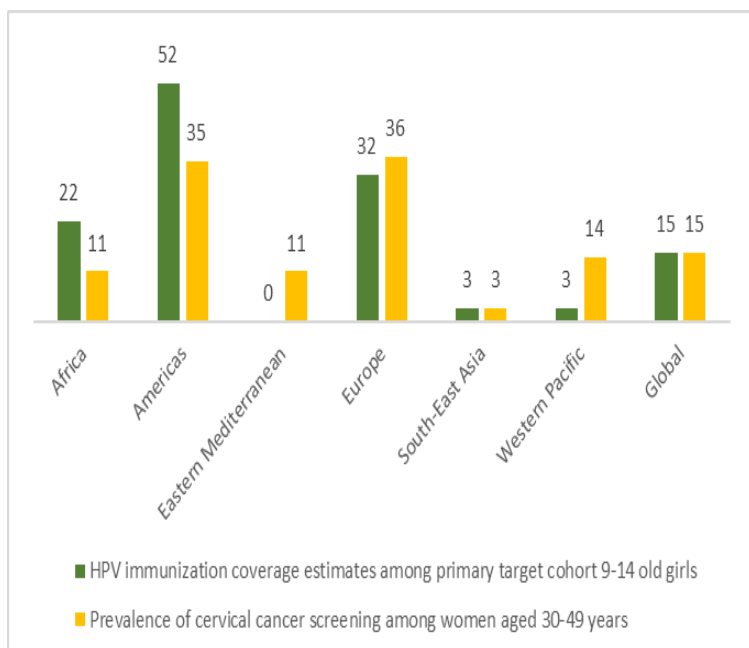


Figure 14: Cervix uteri screening coverage among women aged 30-49 years, HPV vaccine coverage among girls aged 9-14 years by WHO regions, in 2022 (Source: WHO)

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 (12). As of today, 22 countries in the African region have instituted HPV vaccination as part of the routine immunization system (Botswana, Burkina Faso, Cabo Verde, Cameroon, Côte d'Ivoire, Ethiopia, Gambia, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, Seychelles, South Africa, Uganda, Tanzania, Zambia and Zimbabwe).

In 2022, the African region had the largest HPV immunization coverage estimates among the primary target cohort of 9-14-year-old girls (22%) after the Americas (52%) and Europe (32%) (figure 15). The region also has a low proportion of cervical cancer screening among women aged 30-49 (11%). Only one country in the region, Cabo Verde, had HPV vaccination coverage above the target set of 90% in 2022.

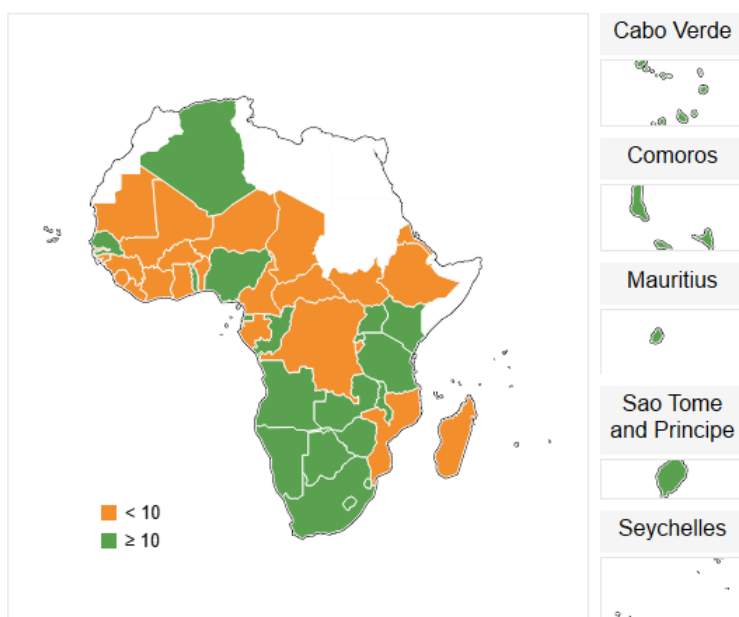
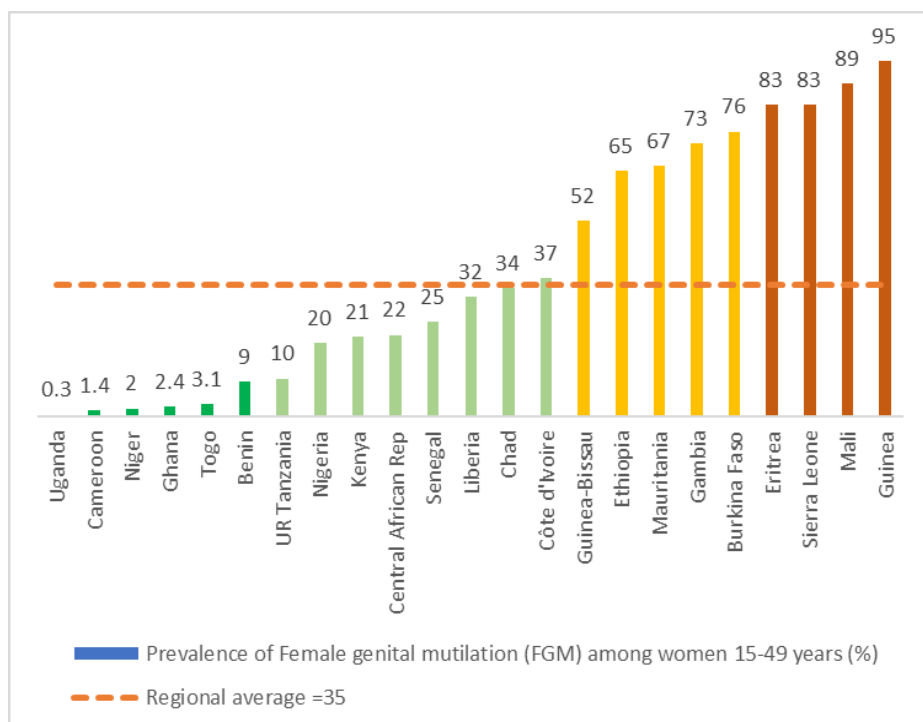


Figure 15: Proportion of women screened for cervical cancer (countries with cervix uteri screened ≥ 10) in the African Region, in 2022 (Source: WHO)

WHO recommends that women 30 years and above undergo screening for abnormal cervical cells and pre-cancerous lesions. 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. Only 14 countries in the region have a cervix uteri screening coverage above the regional average estimated at 11% (Equatorial Guinea, Eswatini, Kenya, Namibia, Seychelles, Zambia, Zimbabwe, Congo, Sao Tome and Principe, Angola, Malawi, Cabo Verde, Botswana, and South Africa) (figure 15).

Infertility

Understanding the magnitude of infertility is critical for developing appropriate interventions, monitoring access to quality fertility care, and mitigating risk factors for and consequences of infertility. According to the WHO Infertility prevalence estimates (see [Infertility prevalence estimates-WHO](#)), the estimated period prevalence of infertility in 2021 is highest in the WHO African Region (16.4%) compared to the global average out of 12.6%. The estimated lifetime infertility prevalence in the region is 13.1%, which means that approximately one in eight people in the region have experienced infertility at some stage in their lives.



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). Anyone can be a victim of SGBV; however, the risk is higher in vulnerable populations, which include girls,

adolescents, women, children, elderly people, and persons with disability. SGBV includes rape, domestic violence, sexual exploitation, trafficking, and female genital mutilation. As a complex problem, SGBV prevention and control requires a multi-sectoral approach from the health, education, protection, and psychosocial support sectors. It also requires community engagement and support for victims.

Figure 15: Prevalence of FGM among women aged 15-49 years in selected African countries, in 2021 (Source: WHO)

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 nonmedical 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 subregions. With a regional average of 35% for the countries concerned, Guinea (95%), Mali (89%), Sierra Leone (83%), and Eritrea (83%) have the highest prevalence rates in the region (figure 16).

Sexual and gender-based violence

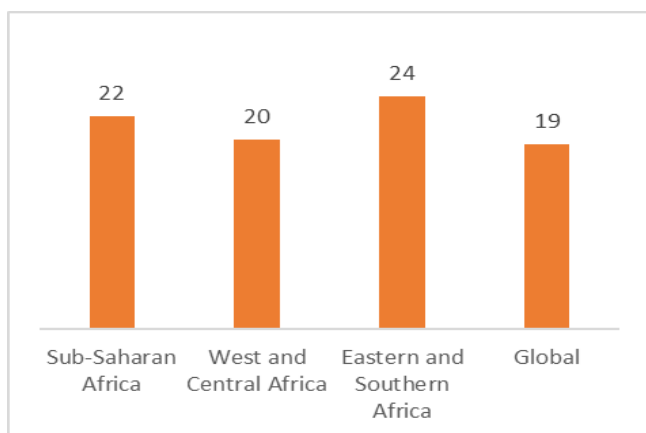


Figure 16: Intimate partner violence (IPV) prevalence among ever-partnered women in the previous 12 months (%) in the African Region, in 2022 (sources: DHS, MICS)

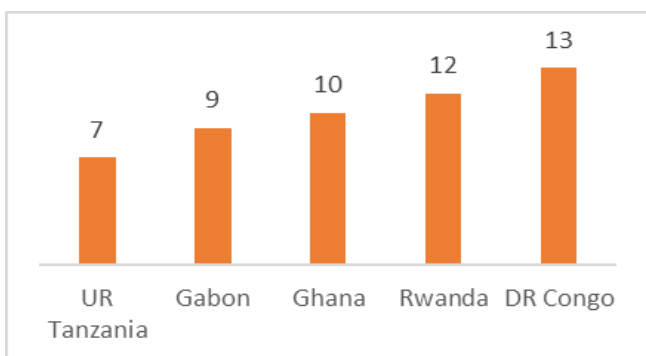


Figure 17: Sexual violence in childhood (Top 5 countries with high proportion of women 18–29 years old who experienced sexual violence by age 18) in selected African countries, in 2021 (Source: UNICEF)

About one in five ever-partnered women above the age of 15 in Sub-Saharan Africa had suffered physical and/or sexual violence from a current or former intimate partner at some point in their lives. This rate is higher than the global rate of 19% (figure 17).

Democratic Republic of the Congo (36%), Equatorial Guinea (29%), and Malawi (28%) had the most Intimate partner Violence in the African region.

In the region, five countries had a high proportion of women 18–29 years old who experienced sexual violence by age 18) in 2021. The DRC has the highest prevalence of sexual violence in childhood (figure 18).

In 2021, about 35% of females between the ages of 20 and 24 compared to 4% of males in the same age group in the African region were married before age 18 (Figure 20).

There are 14 countries in the region where the prevalence of early marriages among women aged 20–24 exceeds the estimated regional average.

Among these countries, 7 have an early marriage prevalence rate beyond 50% (South Sudan, Burkina Faso, Mozambique, Mali, Chad, Central African Republic, and Niger) (figure 19).

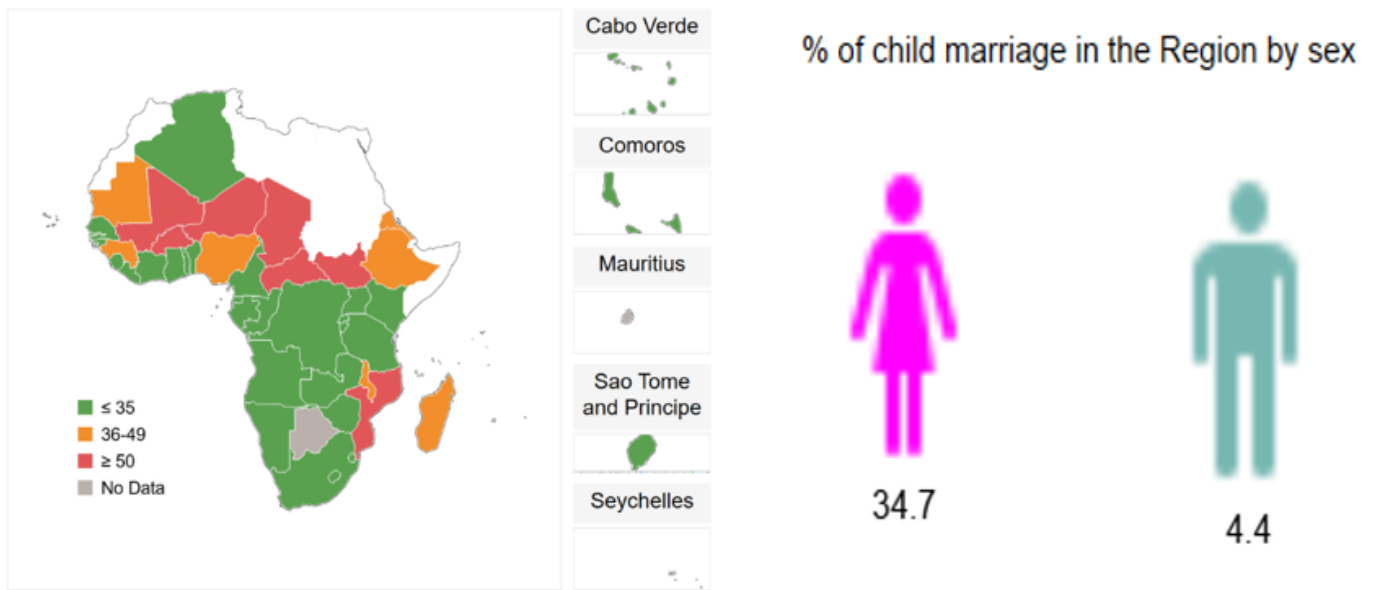


Figure 19: Percentage of young people 20–24 years old who were first married or in union before they were 18 years old in the African Region: 35% (Girls) versus 4% (Boys)

WHO emphasizes that there is a consensus that sexual health cannot be achieved and maintained without respect for and protection of some human rights. "Sexual rights are the application of existing human rights to sexuality and sexual health. They protect the right of all people to satisfy and express their sexuality and to enjoy sexual health, with due respect for the rights of others, within a framework of protection from discrimination ([WHO Sexual health and rights in the life course](#)).

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 and strengthening their capacity building to implement strategies to ensure universal coverage of SRHR. By enabling countries to implement strategies that promote universal access to SRHR services, WHO/AFRO contributes to improved health outcomes and overall well-being in the region. WHO contributes to reducing maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States in developing and implementing effective policies and programmes.

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Sources

Data are from WHO : [The Global Health Observatory](#) and [integrated African Health Observatory](#).
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