iAHO Integrated African Health Observatory

World Health Organization African Region

Analytical Fact Sheet

March 2023

Women's health in the African Region

Rationale

Gender inequity, poverty among women, weak economic capacity, sexual and gender-based violence including female genital mutilation (FGM) are major impediments to the amelioration of women's health in the African Region. 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 recognize that women and men differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men experience different health risks, health-seeking behavior, health outcomes and responses from health systems. As of today, and in view of the available data, what assessment can we make of the situation of women's health in the African Region?

Key messages

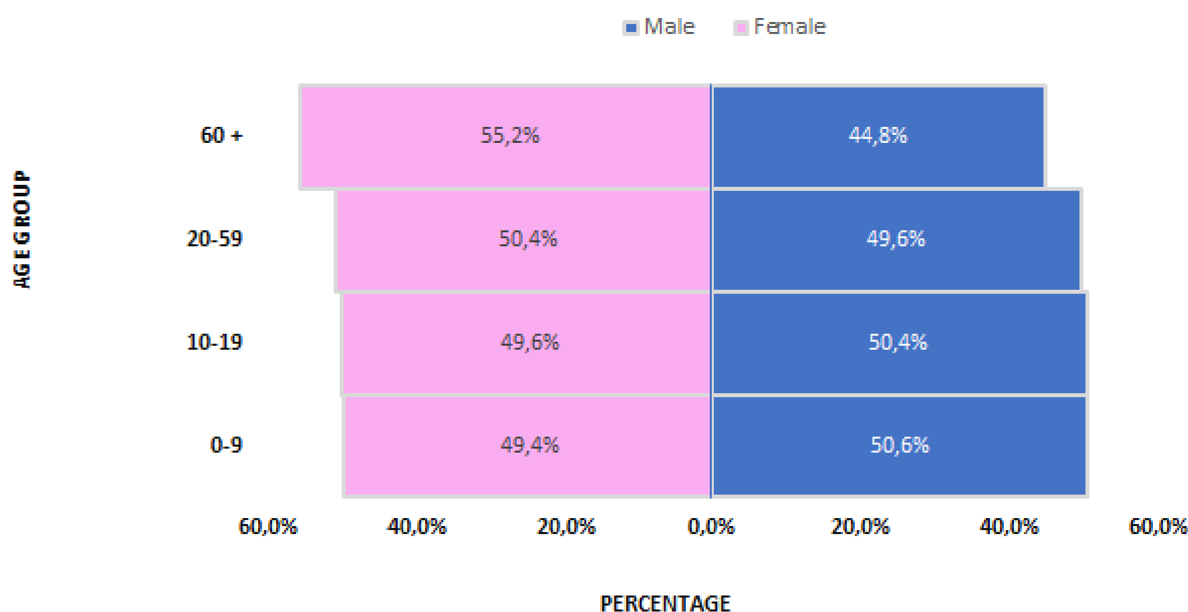
- The female population represented 50.14% of the Region's total population in 2021.
- In the African Region, women live an average four years longer than men.
- In 2019, women's life expectancy at birth was only 62,37 years in the WHO African Region (globally, women can expect to live about 75.87 years in 2019).
- In the region, as many as 38% of murders of women are committed by an intimate partner.
- In 2021, the number of women aged 15 and above living with HIV accounted for 64.1% of total population living with HIV
- Girls are far more likely than boys to suffer sexual abuse.
- In 2021, 94 200 women died due to road crashes in the region. One woman is killed every three days in a traffic accident.
- Despite the increase in contraceptive use over the past 30 years, many women (43.7%) in the region still do not have access to modern contraceptive methods.
- In 2020, approximately 198 000 women died due to complications in pregnancy and childbirth.
- Cardiovascular diseases account for 46% of deaths in older women in the Region, while a further 14% of deaths are caused by cancers – mainly cancers of the lung, breast, colon, and stomach.
- In 2019, 7.4 million women in the Region were living with drug use disorders.

General Background

Population

According to the World Population Prospects 2022, there were an estimated 583.2 million women living in the African Region in 2021, an increase of 73% compared to 336.6 million in 2000 (annual growth of about 3.4%). The female population represented 50.14% of the Region's total population in 2021. The ratio of males to females in the Region was about 99.4 to 100 (compared to 101 to 100 in the world). Nigeria (105.5 million), followed by Ethiopia (59.8 million), Democratic Republic of Congo (48.3 million), United Republic of Tanzania (32.1 million), South Africa (30.4 million) and Kenya (26.7 million) accounted for more than 50% of the total female population in the African Region. In 2021, Equatorial Guinea had the highest male to female ratio in the region (111.9 to 100), followed by Seychelles (111.3 to 100) and Gabon (103.7 to 100). The countries with the lowest ratios were Zimbabwe (89.2 to 100), Namibia (93.3 to 100) and Malawi (94.6 to 100).

Figure 1: Distribution of population by age group and sex (%) in the WHO African Region, 2021
(source: World Population Prospects 2022)



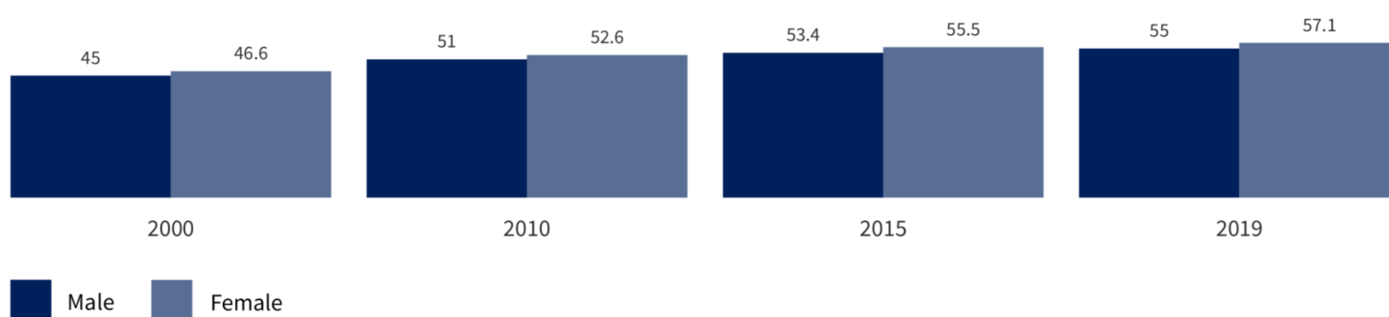
Education

Globally, when governments and international organizations invest in girls' secondary education, their lifetime earnings increase dramatically, national growth rates increase, child marriage rates decrease, child mortality rates decrease, maternal mortality rates decrease, and child stunting decreases. According to UNESCO estimates, around the world, 129 million girls are out of school, including 32 million of primary school age, and 97 million of secondary school age. In the countries of the African Region, secondary enrolment rates range from 4.5% to 87% for girls and from 6.5% to 81% for boys over the period 2010-2021. In many countries, these rates are approaching parity for girls and boys (57.7% for both in Ghana, 48.9% for both in Zimbabwe and 41% for both in Sierra Leone). However, while enrolment rates are similar in other countries, primary completion rates for girls are lower in countries such as Angola (59% for boys and 19.2% for girls), Central African Republic (64.5% for boys and 44.7% for girls) and South Sudan (35.4% for boys and 19.2% for girls). The lowest secondary enrolment rate for girls was in South Sudan (4.5%), followed by the Central African Republic (9.7%) and Angola (10%), while the lowest primary completion rate for girls was also in South Sudan (19.2%), followed by Angola (33.5%) and Chad (38%).

Life expectancy and healthy life expectancy

The average life expectancy at birth for women in the African Region increased by 12.5 years between 2000 and 2019, from 54.31 years to 62.37 years (globally, women could expect to live about 75.87 years in 2019). In 2019, in the African Region, women lived on average four years longer. On the other hand, life expectancy at age 60 for women in the Region was only 18.95 years in 2019, an increase of about 2 years from 16.77 years in 2000 (globally, women were expected to live an average of 22.67 years at age 60 in 2019). In addition, **in terms of quality of life, women in the African Region lived two years longer in good health than men**. Healthy life expectancy for women in the Region increased by about 10.5 years between 2000 and 2019, from 46.62 years to 57.09 years (globally, healthy life expectancy for women is 64.9 years). Lesotho had the lowest life expectancy for women in the Region (54.24 years), followed by Central African Republic (56.26 years) and Chad (61.34 years) while Algeria has the highest (78.12 years), followed by Cabo Verde (77.94 years) and Seychelles (77.15 years) in 2019.

Figure 2: Healthy life expectancy at birth in the WHO African Region, 2000–2019 *(source: WHO)*



Social, political and economic determinants

Globally, over 2.7 billion women were legally restricted from having the same choice of jobs as men. In 2017, global unemployment rates for men and women stood at 5.5 per cent and 6.2 per cent respectively. This was projected to remain relatively unchanged going into 2018 and through 2021. Gender inequalities in employment and job quality result in gender gaps in access to social protection, such as pensions, unemployment benefits or maternity protection, acquired through employment. Globally, an estimated 40% of women in wage employment do not have access to social protection (UN WOMEN https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures#notes). Poverty perpetuates ill-health through undernourishment, lack of clean water, poor sanitation and lack of access to basic and advanced health care services. These factors constitute immediate health risk factors for health and have been reported as major causes of illness and mortality among poor people in Africa. In fact, inclusive education, occupation, and wealth also have a key role to play in influencing a women's health choices.

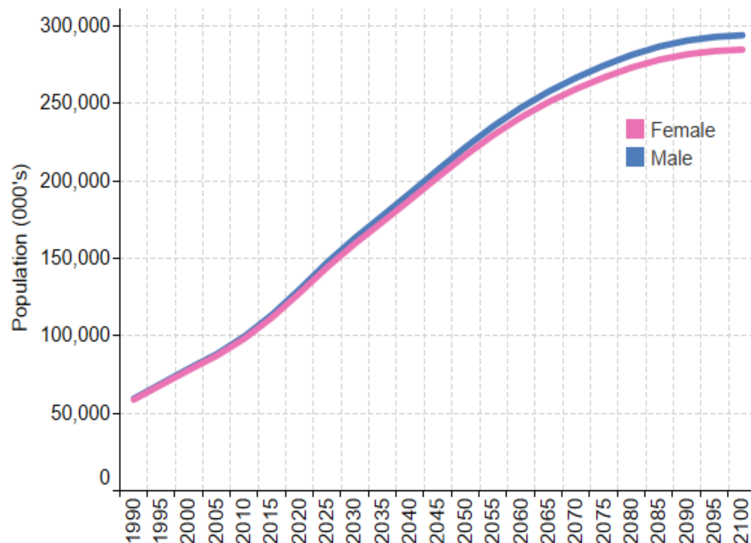
1. Infancy and childhood (0–9 years)

Both death rates and the causes of death are similar for boys and girls during infancy and childhood. Prematurity, birth asphyxia and infections are the main causes of death during the first month of life, which is the time of life when the risk of death is the highest. Pneumonia, prematurity, birth asphyxia and diarrhoea are the main causes of death during the first five years of life. Malnutrition is a major contributing factor in 45% of deaths in children aged less than five years. In 2021, about 168.2 million girls aged 0–9 lived in the African Region, accounting for 29% of the total female population in the Region.

2. Adolescent girls (10–19 years)

The main women's health issues among adolescents are mental health and injuries, HIV/AIDS, adolescent pregnancy, substance use and nutrition. In 2021, about 132 million adolescent girls aged 10–19 lived in the African Region, and making 22% of the total female population in the Region.

Figure 3: Trend in adolescent population (in thousand), by sex, in the African Region, 1990–2030 *(source: WHO)*



The male to female adolescent ratio in the population has remained similar over time with steady growth. It is estimated that from 2050, the male adolescent population will surpass the female adolescent population.

2.1 Mental health and injuries

Nearly 37 million adolescents (aged 10–19) live with a mental disorder in Africa of which 46% are young teenage girls. Suicide is the ninth most common cause of death among adolescents of which 29% are young girls aged 10–19 years. Among adolescent girls, anxiety and depression accounts for more than 60% of mental disorders. Depressive disorders and – in adolescents aged 15–19 years, schizophrenia – are leading causes of ill health. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems. Building life skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health. Programmes to help strengthen the ties between adolescents and their families are also important. If problems arise, they should be detected and managed by competent and caring health workers.

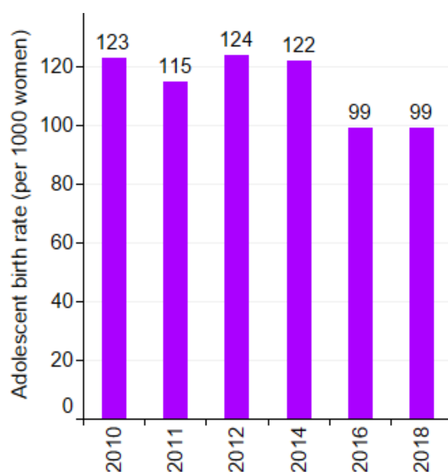
2.2 HIV/AIDS

HIV/AIDS is the leading cause of death among adolescents in the African Region followed by road injury, meningitis, diarrhoeal diseases, and lower respiratory infections. In 2018, in the Region, had more female adolescents aged 10–19 living with HIV than male adolescents. The proportion of new HIV cases per 1000 uninfected population in adolescentse was also significantly higher among females (2.3) than males (0.5). Eswatini had a higher proportion of new HIV cases per 1000 uninfected population among female adolescents, while Mozambique had a higher proportion among male adolescents than elsewhere in the African Region. Approximately 15% of female adolescents (15-19 years) were tested and received results in 2018 compared to 10% of male adolescents in the African Region. Only two countries, Algeria and Namibia, exceeded the target of 90% for ART coverage among adolescents in the African region at 96% each in 2018. The countries that reported below 80% ART coverage among adolescents are Botswana, Cameroon, Mauritania, Niger, Nigeria and United Republic of Tanzania. Data were not available for the remaining 37 countries in the African Region.

2.3 Adolescent pregnancy

Globally, pregnant adolescents are more likely than adults to have unsafe abortions. An estimated three million unsafe abortions occur globally every year among girls aged 15-19 years. Unsafe abortions contribute substantially to lasting health problems and maternal deaths. Complications from pregnancy and childbirth are an important cause of death among girls aged 15–19 in low- and middle-income countries. The leading cause of death for 15–19-year-old girls globally is complications from pregnancy and childbirth. Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age. Laws that specify a minimum age of marriage at 18 and which are enforced can help. Girls who do become pregnant need access to quality antenatal care. Where permitted by law, adolescents who opt to terminate their pregnancies should have access to safe abortion.

Figure 4: Trend in adolescent birth rate, in the African Region, 2010–2018 *(source: WHO)*



The adolescent birth rate remained steady in the African Region at 99 births per 1000 adolescent girls from 2016 to 2018. Although this is a decrease from the rate in 2010, the adolescent birth rate in the African Region (99 per 1000 adolescent girls) is the highest in the world. Central African Republic (229), Niger (206), and Chad (203) had the highest adolescent birth rates in the region while Algeria (12), Mauritius (29), and Botswana (39) had the lowest.

2.4 Substance use

Harmful drinking among adolescents is a major concern in many countries. It reduces self-control and increases risky behaviours, such as unsafe sex or dangerous driving. It is a primary cause of injuries (including those due to road traffic accidents), violence (especially by a partner) and premature deaths. It can also lead to health problems in later life and affect life expectancy. Setting a minimum age for buying and consuming alcohol and regulating how alcoholic drinks are targeted at younger people are among the strategies for reducing harmful drinking. Drug control may focus on reducing drug demand, drug supply, or both, and successful programmes usually include structural, community, and individual-level interventions.

Most people using tobacco today began doing so when they were adolescents. Prohibiting the sale of tobacco products to minors and increasing the price of tobacco products through higher taxes, banning tobacco advertising and ensuring smoke-free environments are crucial. The prevalence of current alcohol drinking among adolescents in the African Region was 21% (28% among male adolescents and 12% among female adolescents) in 2016. From available data, the prevalence of students who ever used marijuana among adolescents in the African region in 2017 was higher in Seychelles, South Africa, and Mauritius. South Africa had the highest prevalence for female students (12%), followed by Seychelles and Mauritius (9%).

2.5 Nutrition

Anaemia, increases the risk of haemorrhage and sepsis during childbirth. It causes cognitive and physical defects in young children and reduces productivity in adults. Women and girls are most vulnerable to anaemia due to insufficient iron in their diets, menstrual blood loss and periods of rapid growth. Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. At the other end of the spectrum, the number of adolescents who are overweight or obese is increasing in low, middle and high-income countries. Iron deficiency anaemia was the leading cause of years lost to death and disability in 2015. First born children of adolescent girls in sub-Saharan Africa were 33% more likely to be stunted than babies born to mothers who are older than 19 years of age (Source: Fink et al 2014, WHO 2014, Brown et al 2015). Adolescents are highly susceptible to malnutrition and nutrient deficiencies, particularly iron deficiency anaemia, due to increased energy and protein needs to support rapid growth.

3. Reproductive age (15–44 years) and adult women (20–59 years)

The main health issues among women of reproductive age and adult are HIV/AIDS, maternal health, tuberculosis, injuries, cervical cancer, violence, depression and suicide, disabilities and chronic obstructive pulmonary disease (COPD).

3.1 HIV/AIDS

In 2021, the number of women aged 15 and above living with HIV was estimated at 15.6 million (64.1% of total population living with HIV) compared to 12.4 million in 2005. This reflects continued transmission of HIV despite reductions in incidence (37% reduction in the number of women newly infected between 2005 and 2021), and the benefits of significantly expanded access to antiretroviral drugs (62.3% in 2021 compared to 4% in 2005), which have helped to reduce the number of people dying from HIV-related causes, especially since 2005 when mortality peaked. By year end 2021, a total of 192 000 women had died due from HIV.

3.2 Maternal health

Maternal deaths are the second high killer of women of reproductive age. In 2020, approximately 198 000 women died due to complications in pregnancy and childbirth. Despite the increase in contraceptive use over the past 30 years, many women (43.7%) in the Region still do not have access to modern contraceptive methods. Pregnant women and women of reproductive age also are vulnerable to undernourishment leading to iron deficiency and anaemia. The prevalence of anaemia among pregnant women and women of reproductive age is particularly high in the WHO African Region at 39.6%, with more than half of the countries having an anaemia prevalence above 40%. In 2021, it is estimated that while 83.3% of the pregnant women in the African Region made their first antenatal care visit (ANC 1), but only 56.3% received the full life-saving potential of at least four ANC visits (ANC 4). Sixty-five per cent of births attended were provided in the presence of a skilled health professional during delivery to reduce maternal and new-born deaths. More than 200 million girls and women alive today have undergone female genital mutilation (FGM) in countries where the practice is still rife. Thus, during the period 2012-2020, about 35% of girls and women (aged 15–49) had undergone FGM in the African Region.

Figure 5: Maternal mortality ratio per 100 000 live births in the African Region, 2020

(source: UN MMEIG, WHO, UNICEF, UNFPA, World Bank and UN DESA)

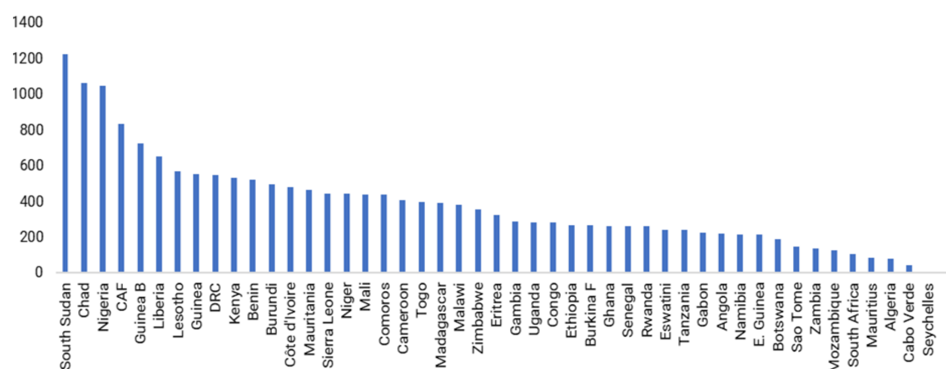
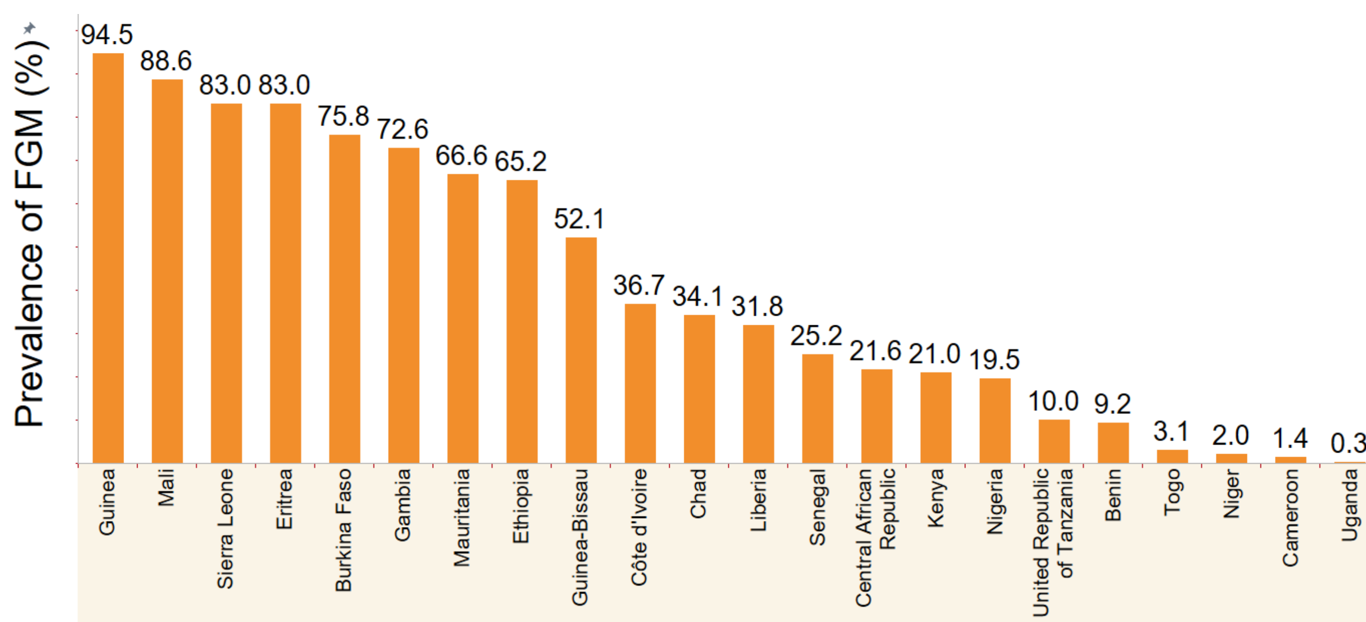


Figure 6: Prevalence of female genital mutilation (%) among girls and women (aged 15–49) in the African Region, 2012–2020 *(source: WHO)*



More than 200 million girls and women alive today have undergone female genital mutilation (FGM) in countries where the practice is concentrated. Thus, during the period 2012-2020, about 35% of girls and women (aged 15-49) had undergone FGM in the African Region.

3.3 Tuberculosis

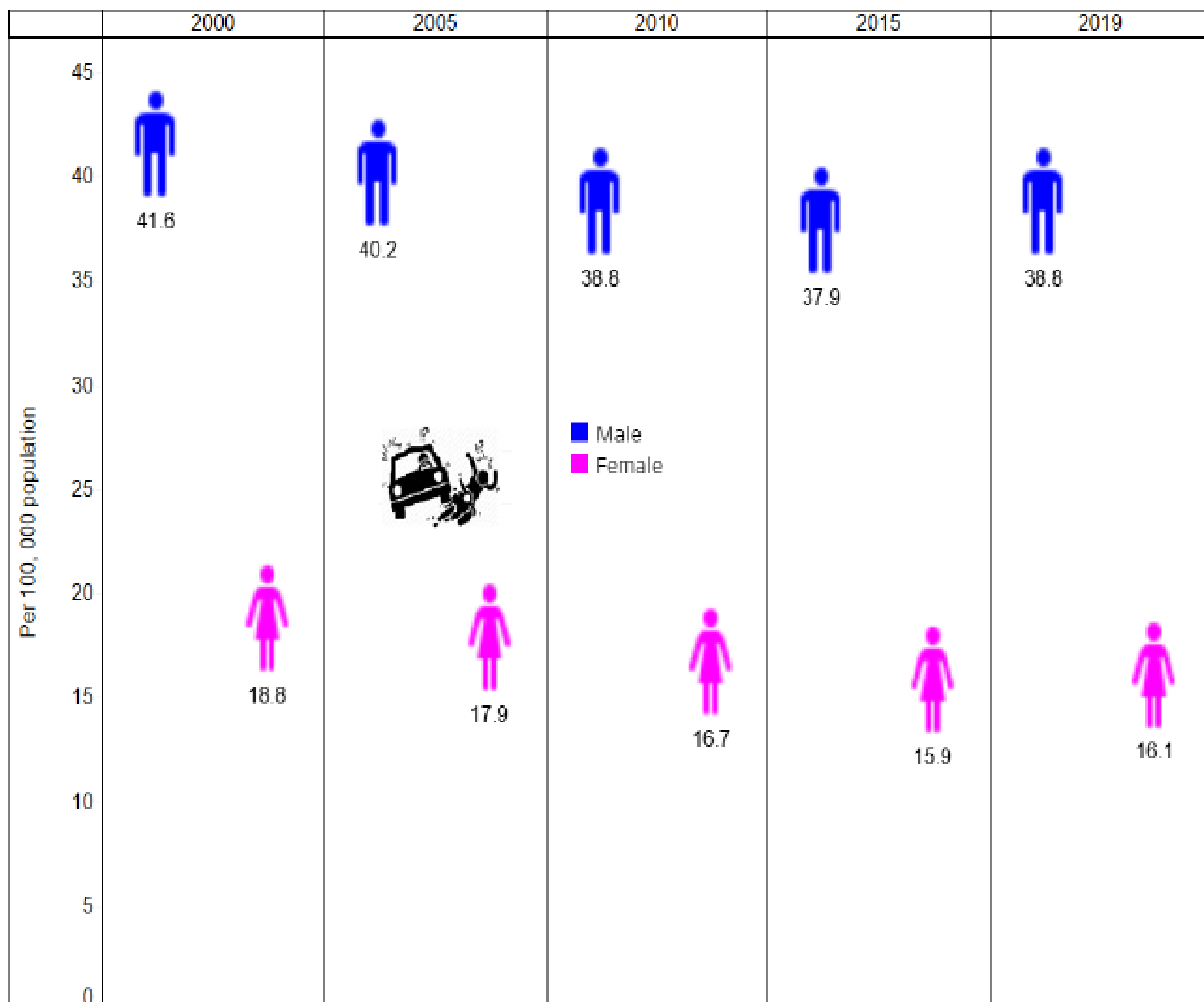
Tuberculosis is often linked to HIV infection and is among the five leading causes of death, in the region, among women of reproductive age and among adult women aged 20–59 years. In 2021, an estimated 543 200 women (aged ≥15 years) were notified (36%) including 533 000 new and relapse cases.

3.4 Injuries

Both self-inflicted injuries and road injuries figure among the top 10 causes of death among adult women (20-59 years) in the region. In 2021, a total 94 200 women died due to road crashes. One woman is killed every three days in a traffic accident.

Women suffer significantly more fire-related injuries and deaths than men, due to cooking accidents or as the result of intimate partner and family violence.

Figure 7: Death rate due to road traffic injuries, by sex (per 100, 000 population), in the African Region, 2000–2019 *(source: WHO)*



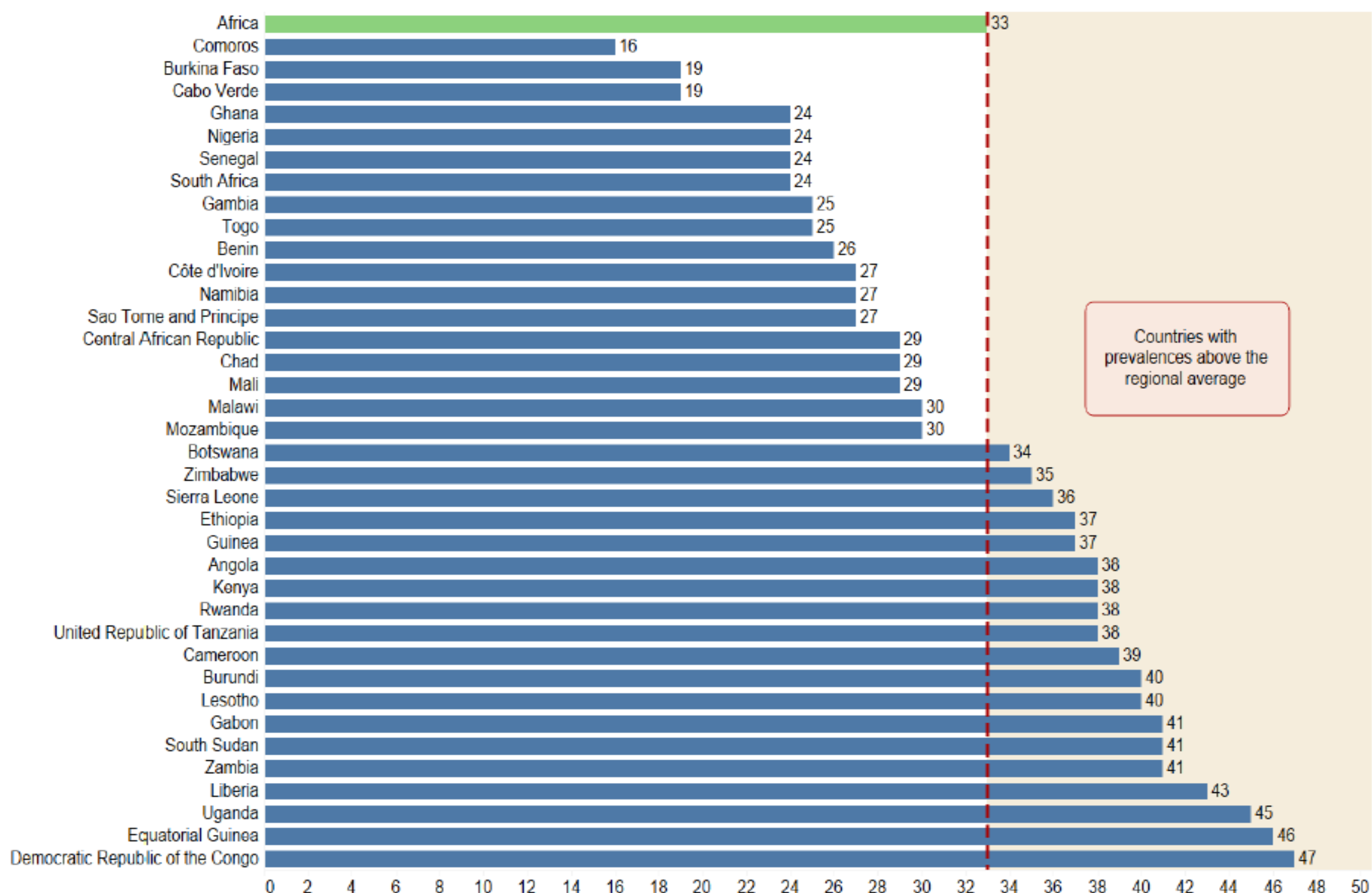
3.5 Cervical cancer

Cervical cancer is the second most common type of cancer in women in the Region, with all cases linked to a sexually transmitted genital infection with the human papillomavirus (HPV). In 2019, 76 636 women died due to cervical cancer. Poor access to screening (15.7% of women aged of 30–49 years ever screened and only 1 in 10 women screened for cervical cancer in the last five years) and treatment services contribute, to more than 90% of deaths from cervical cancer in women in the Region.

3.6 Violence

Violence against women is widespread around the Region. Recent figures indicate that 33% of women in the Region have experienced either intimate partner violence or non-partner sexual violence in their lifetime. On average, 20% of women who have been in a relationship experienced some form of physical or sexual violence by their partner.

Figure 8: Intimate partner violence among ever partnered women in their lifetime (%), in the African Region, 2020 *(source: WHO)*



In the Region, as many as 38% of murders of women are committed by an intimate partner. Women who have been physically or sexually abused have higher rates of mental ill-health, unintended pregnancies, abortions, and miscarriages than non-abused women. Women exposed to partner violence are twice as likely to be depressed, almost twice as likely to have alcohol use disorders, and 1.5 times more likely to have HIV or another sexually transmitted infection, with 42% of them experiencing injuries as a result. Increasingly, in many conflicts, sexual violence is also used as a tactic of war.

3.7 Depression and suicide

Women are more susceptible to depression and anxiety than men. Depression is the leading cause of disease burden for women in high-income and low- and middle-income countries in the Region. Depression following childbirth, affects 20% of mothers the region.

In 2019, a total of 17 775 (23.7% of the total suicide deaths) women died by suicide. This represented two deaths every hour. Attempted suicide, which exceeds suicide by up to 20 times, is generally more frequent among women than men and causes an unrecognized burden of disability. At the same time, attempted suicide is an important risk factor for death from suicide and shows the need for appropriate health services for this issue.

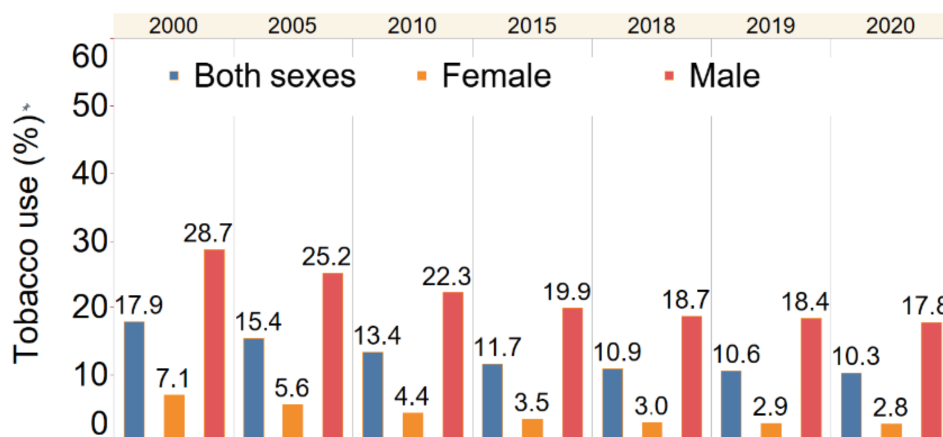
3.8 Disabilities

Disability – which affects 15% of the world's population – is more common among women than men. Women with disabilities have poorer health outcomes, lower education achievements, less economic participation, and higher rates of poverty than women without disabilities. Adult women with disabilities are at least 1.5 times more likely to be a victim of violence than those without a disability.

3.9 Chronic obstructive pulmonary disease (COPD)

Tobacco use (7.4 million women were living with drug use disorders in 2019) and the burning of solid fuels for cooking are the primary risk factors for chronic obstructive pulmonary disease – a life-threatening lung disease – in women. One third of all COPD deaths and disease burden in women is caused by exposure to indoor smoke from cooking with open fires or inefficient stoves.

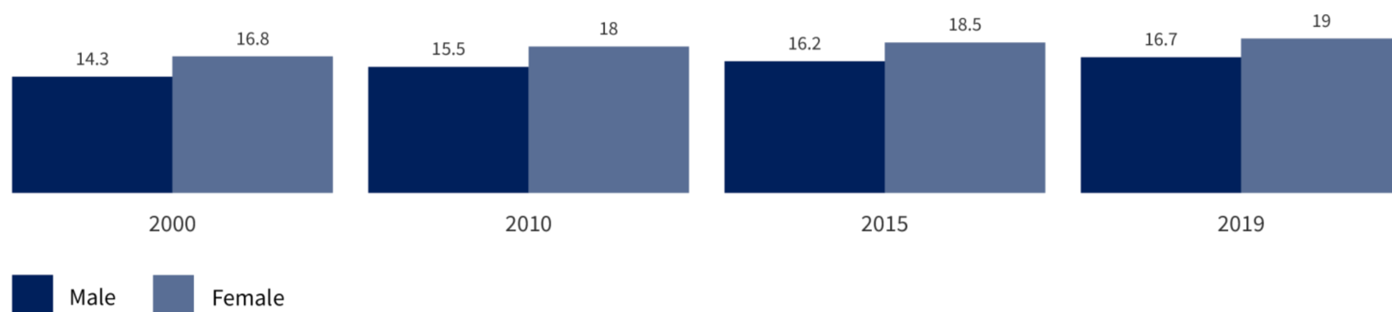
Figure 9: Estimates of current tobacco use prevalence (%) (age-standardized rate), in the WHO African Region, 2000–2020 *(source: WHO)*



4. Older women (60 years and over)

The main health issues among older women are noncommunicable diseases and disability. Globally, men slightly outnumber women but, as women tend to live longer than men, they represent a higher proportion of older adults: At the end of 2021, 31.5 million (55% of the total population aged 60 years and above) people aged 60 years and above were women (3% of the total population of the WHO African Region), a proportion that rises to almost 60% at age 75 and older, and to 70% at age 90 and older. In 2019, women aged 60 and above were expected to live an average 19 years (including five years in poor health) in the Region.

Figure 10: Life expectancy at age 60 in the WHO African Region, 2000-2019 *(source: WHO)*



4.1 Noncommunicable diseases

Noncommunicable diseases, particularly cardiovascular diseases, and cancers, are the biggest causes of death among older women, regardless of the level of economic development of the country in which they live. Cardiovascular diseases account for 46% of deaths in older women in the Region, while a further 14% of deaths are caused by cancers – mainly cancers of the lung, breast, colon, and stomach. Chronic respiratory conditions, mainly COPD, cause another 9% of deaths in older women.

Many of the health problems faced by women in older age are the result of exposure to risk factors, such as smoking, sedentary lifestyles and unhealthy diets, in adolescence and adulthood.

4.2 Disability

Other health problems experienced by older women that decrease physical and cognitive functioning include poor vision (including cataracts), hearing loss, arthritis, depression, and dementia. Although men also suffer from these conditions, in many countries women are less likely to receive treatment or supportive aids than men.

Older women experience more disability than men, reflecting broader determinants of health such as:

- inequities in norms and policies that disadvantage women.
- changing household structures.
- higher rates of unpaid or informal sector work.

These factors combine to increase vulnerabilities and reduce access to needed and effective health services.
Many of the health problems faced by women in older age are the result of exposure to risk factors, such as smoking, sedentary lifestyles and unhealthy diets, in adolescence and adulthood.

Figure 11: Number of complete hearing loss in older people (60-64 years) per 100, 000 older people, in the African Region, 2019

(source: WHO)

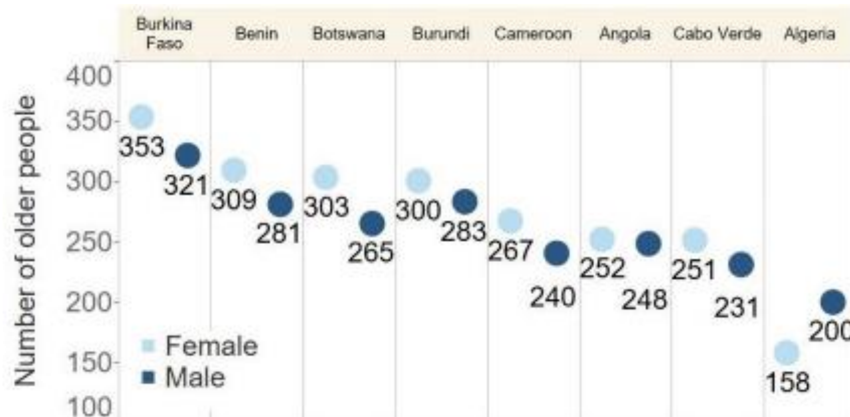


Figure 12: Top 6 countries with high blindness prevalence in older people (60-64 years), in the African Region, 2019

(source: WHO)

5. Priorities for women and health

Elevate the position of women in the health and care workforce

Women have been at the forefront of the pandemic response. In many countries women make up seven out of every 10 health and care workers, yet they occupy only an estimated 25% of global health leadership roles and often face high gender pay gaps.

Investing in equal pay – which includes recognizing unpaid health care work – is fair and urgent. It is also an important step in increasing the proportion of women in health and care leadership.

WHO has launched the Gender Equal Health and Care Workforce Initiative, to increase the participation of women health and care workers in leadership and decision-making roles. It supports equal pay and the recognition of unpaid care and aims to protect those who protect us by providing safe and decent working conditions, including access to personal protective equipment (PPE), COVID-19 vaccines, and protection against sexual harassment and violence at work.

Prevent and respond to violence against women

It took decades of struggle by the women's rights movement, with other partners, to move violence against women from a "private matter" to a global public health and human rights priority. The devastating reported rates of violence on the rising during COVID-19 pose a great threat to women, children and families.

Violence against women and girls starts early. In 2021, the biggest ever global study, conducted by WHO on the prevalence of violence against women found that nearly one in four adolescent girls who had an intimate relationship had been subjected to physical and/or sexual violence by an intimate partner by the time they reached their mid-twenties.

Health systems can help women survivors of violence, while new WHO resources inform, advocate and strengthen violence prevention and care services.

WHO, with UN Women, is also leading the Generation Equality Action Coalition on Gender-Based Violence. The goal of all action coalitions is to deliver concrete and transformative change for women and girls around the world in the coming five years as we head into the Decade of Action on Sustainable Development.

Ensure quality sexual and reproductive health for all

Sexual and reproductive health services are quickly disrupted when health systems are under pressure. This is disempowering and dangerous. WHO recommends that access to contraception, safe abortion to the full extent allowed by law, prevention and treatment for sexually transmitted infections (STIs), care and support for violence survivors, and self-care interventions are prioritized in countries' responses to COVID-19, including for adolescents, who face specific challenges to their sexual and reproductive health and rights.

Pregnancy and childbirth are not put on pause in a pandemic. All women have the right to a safe and positive pregnancy and childbirth experience, whatever the circumstances these occur in, and also need high quality, respectful maternity care. This includes having a chosen labour companion. Evidence of unnecessary separations of women from their newborn babies during the pandemic are also highly concerning, bringing significant risks to health and well-being.

This all underscores the importance of strengthening primary health care and advancing universal health coverage and gender equality, as the Generation Equality Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights makes clear.

Reduce noncommunicable diseases among women

Noncommunicable diseases (NCDs) have been a leading cause of death among women for decades, and are responsible for three in every four deaths among women each year. This burden is expected to increase substantially in the coming decades, especially in poorer countries.

Policies and programmes that prevent and respond to NCDs should consider the specific needs of women and girls. For instance, physical activity is a pivotal risk factor for NCD deaths worldwide, but women and girls are generally less active than men and boys as a result of harmful gender norms that limit both their mobility and equal participation in physical activities like sports.

Obesity in women, especially during pregnancy, contributes to the health risks of their children and amplifies health inequities across generations.

To overcome the challenge of NCDs, we also need greater attention and investment in the health issues that generally, though not exclusively, affect women.

In 2020, WHO launched the Global Strategy to Accelerate the Elimination of Cervical Cancer, a preventable and curable disease which disproportionately affects women in low- and middle-income countries. In 2021, a new WHO Global Breast Cancer Initiative aims to reduce global breast cancer mortality by 2.5% per year until 2040 – averting an estimated 2.5 million deaths.

Increase women's participation and leadership in science and public health

WHO believes in the power of science and innovation to improve global health in every country.

From critical contributions to COVID-19 vaccine development to groundbreaking work on our understanding of the SARS-CoV-2 virus, women in science are pushing the boundaries of knowledge and safeguarding public health.

At the same time, lack of gender equality in science – in positions of leadership and also in clinical trials – is persistent and troubling. Despite increasing evidence of the influence of sex and gender dimensions on pharmaceutical outcomes, women's inclusion remains low in clinical trials. Equitable authorship of scientific publications is also low, particularly in low- and middle-income countries.

WHO is committed to strengthening capacity for scientific research, and unpicking the barriers to women's full and meaningful participation and leadership in the scientific realm.

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Sources

Data: WHO – The Global Health Observatory and integrated African Health Observatory
Photography: WHO

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