

SRHR IN AFRICA: WINS AND WOUNDS IN 2024

Why SRHR Matters

The right to decide over your own body is as fundamental as breathing. Yet, for many African women, this right feels like an illusion—always in sight but out of reach. While some countries like Kenya are taking bold steps to reduce maternal mortality, others are held back by restrictive laws and cultural norms. The solution? Real action, real funding, and challenging outdated beliefs. The future of SRHR in Africa depends on all of us.

Sexual and Reproductive Health and Rights (SRHR) refer to the fundamental rights of individuals to make informed choices about their sexual and reproductive health without facing discrimination, coercion or violence. This includes the right to access accurate information, quality healthcare, family planning services, safe abortion where legal and protection from harmful services such as forced marriage and gender based violence.

Imagine standing in a desert, thirsty and lost, but every direction you turn is blocked by invisible walls. You know water exists, you've heard of it, seen others have it, but you're denied access simply because someone else decides you don't deserve it. That is what life feels like without SRHR: knowing autonomy and control over your own life is possible, yet being trapped by systems, stigmas and barriers that strip away your ability to choose and thrive.

SRHR are enshrined in international treaties such as the Universal Declaration on Human Rights (UDHR), Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), and the Maputo Protocol. The Maputo protocol explicitly guarantees women's rights to health, including sexual and reproductive health, and authorizes medical abortion in specific circumstances such as rape, incest, and when continued pregnancy endangers the mental and physical health of the mother and or foetus. Article 12 of the CEDAW guarantees women the right to access healthcare services, and emphasizes eliminating discrimination in healthcare access, especially in rural areas. The UN 2030 Agenda for Sustainable Development, under SDG 3 (Good Health and Wellbeing) and SDG 4 (Gender Equality) highlights universal access to sexual and reproductive health services and reproductive rights.

Domestically, countries like South Africa have progressive legislation, such as the choice on termination of pregnancy act 1996, which ensures safe and legal abortion. In contrast, restrictive laws persist in nations like Malawi and Nigeria where abortion is criminalized except to save the life of the mother, reflective significant disparities in SRHR legislation across the continent.

Wins in 2024

Despite persistent challenges, 2024 witnessed notable strides. For example, the reduction in maternal mortality in Kisumu County, Kenya, which is largely attributed to improvement in Emergency Obstetric and Neonatal Care (EmONC). According to Exemplars in Global Health, 2024, Kenya reported a 30% reduction in maternal mortality in said county, dropping from 495 to 345 deaths per 100,000 live births. By enhancing the availability of skilled birth attendants and lifesaving interventions, the region has seen a significant decline in preventable maternal deaths. This aligns with the Maputo protocol which guarantees access to quality reproductive

healthcare. This advancement is a reflection of why legal and policy frameworks are important in ensuring that women's SRHR are protected and fulfilled.

Additionally, the government of Sierra Leone enacted the **Safe Motherhood and Reproductive Health Act**, which was a major step forward in improving access to maternal healthcare services. This legislation expanded access to safe abortion services in cases of rape, incest, and threats to the mental and physical health of the mother and foetus, aligning with the provisions of the **Maputo Protocol**. The Act also aims to reduce maternal mortality by making maternal healthcare services more accessible especially in rural areas where the lack of infrastructure had previously contributed to high death rates.

Barriers to SRHR

While these considerable wins represent important steps forwards in the fight for SRHR, they are not without their challenges. There are still barriers that hinder full realization of SRHR across Africa. For example, funding gaps, cultural barriers, restrictive laws, just to mention a few.

Despite progress in SRHR, significant gaps remain especially in low income countries. According to the Guttmacher Institute (2024), unmet contraceptive needs affect millions of women, with 218 million women in said low income countries, including many in sub-Saharan Africa, lacking access to modern contraception. The financial constraints hinder the expansion of SRHR services, especially in rural areas where infrastructure is underdeveloped.

Furthermore, reliance on international donors for SRHR funding has proven unsustainable, leaving a vulnerability to global economic fluctuations. This causes governments to mostly allocate insufficient resources to maternal health, family planning and reproductive health services, exacerbating these gaps.

Additionally, traditional views on gender roles, sexuality and reproduction in conservative communities often result in the stigmatization of individuals who seek reproductive health services, particularly for unmarried women or adolescent girls. Religious opposition especially to issues like contraception, family planning and abortion adds another layer of complexity. In some religions, religious leaders wield significant influence over social norms and policies, promoting positions that restrict access to SRHR services. The influence of conservative religious groups tends to impede progress on comprehensive sex education and safe abortion laws, leading to high rates of unwanted pregnancies, unsafe abortions and maternal mortality.

The Way Forward

What role can you play in breaking these barriers? Advocate, support SRHR initiatives, or engage in conversations that challenge stigma.

To achieve universal SRHR in Africa, we strongly recommend that governments prioritize action over rhetoric. This includes strengthening healthcare systems, repealing restrictive laws and fostering partnerships to address funding deficits. Moreover, communities must challenge patriarchal norms that deny individuals the autonomy to make decisions over their bodies. African nations must move beyond ratification to enforcement.

SRHR are not just about rights; they are the foundations of a just and equitable society. Let us commit to a future where every African can live with dignity and the freedom to shape their destiny.

For further reading:

Guttmacher Institute, Adding It Up: Investing in Sexual and Reproductive Health (2024).

DHS Program, Rwanda DHS 2020 Final Report

Exemplars in Global Health, Kenya Case Study (2024).