



A different kind of family

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## CHAPTER 6

# Health

## Article 26



Reducing maternal mortality ratio by 75 % is one of the set targets of the SADC Gender Protocol. *Photo: Gender Links*

### KEY POINTS

- Zambia is only half way towards meeting the health targets set for 2015 in the SADC Gender Protocol as reflected by the SGDI score of 52%. The country ranks 12th out of the 15 countries in the SADC region.
- The overall citizen's rating of the sector, based on the CSC, has improved from 55% in 2011 to 62% this year.
- The 2007 ZDHS shows that close to half (47%) of all deliveries were assisted by a health provider. This probably accounts for the high maternal mortality rate of 630 per 100,000 live births.
- Only 40% of the sexually active population use contraception.
- Only 48% of the population have access to adequate sanitation facilities.

Table 6.1: SGDI and CSC scores on health

	SGDI	CSC
Scores	52%	64%
Ranks	12	4

Table 6.1 shows that the SGDI score is just over the halfway mark at 52%. Thus Zambia sits at number 12 out of the 15 SADC counties in the

region in terms of performance. This shows that the country will likely not meet the health targets in the SADC Gender Protocol to be achieved by 2015. The SGDI is based on the following indicators: women between the ages of 15-49 years reporting use of at least one form of modern contraceptive method, births attended by skilled personnel, and the maternal mortality rate (out of 100 000).



It is however encouraging that the overall citizen's rating of the sector, based on the CSC, has improved from 55% in 2011 to 64% this year.

## Background

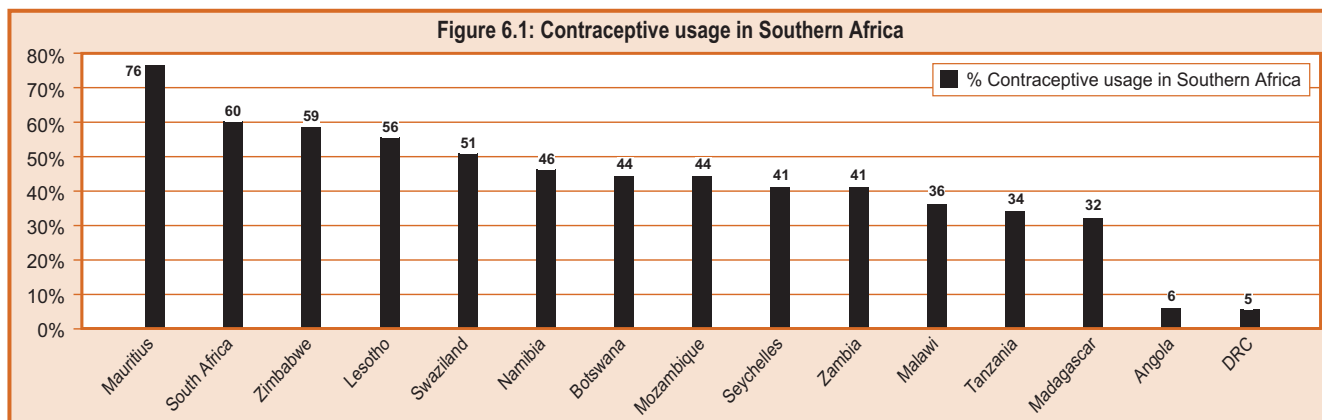


A woman reads the statistics of the female condom in SADC countries. Photo: Gender Links

The World Health Organisation (WHO) has defined sexual health as: "a state of physical, emotional, mental, and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained the sexual rights of all persons must be respected, protected and fulfilled."<sup>1</sup>

Zambia continues to fall short of the agreed Health sector financial allocation of 15% of the national budget set in the Abuja Declaration. In 2011, the budget allocated to the health sector was only 8.6% despite the sector being recognised as a priority area in 2011-2015 SNDP.

## Family planning/contraceptive usage



Source: 2012 SADC Gender Protocol Barometer, Gender Links.

<sup>1</sup> World Health Organisation (2002). The world health report 2002 Reducing risks, promoting healthy life, World Health Organisation.

The 2007 Demographic and Health Survey (DHS) shows that teenage pregnancy is common and that 28% of Zambian adolescents have had a child by their 19th birthday. Teenage pregnancy is higher in rural areas at 35% compared to 20% in urban areas.

Health services in rural communities are poor, especially access to emergency obstetric care. According to the 2008 Ministry of Health and National Aids Council Zambia Country Report, 52% of births occur at home while 43% occur in public facilities. The same report indicates that urban women are more likely to deliver in a health facility (79%) than women in rural areas (28%). In rural areas, many women live far from the nearest health facility and transport is a problem.

The 2007 ZDHS shows that close to half (47%) of all deliveries were assisted by a health provider. Women in urban areas are more likely to be assisted by a skilled provider (75%), while women in rural areas are likely to be attended to by either a traditional birth attendant (31%) or a relative and other (32%).

Although the percentage of deliveries assisted by skilled health personnel increased from 45% in 2009 to 48% in 2011, over 50% of women are still having potentially unsafe deliveries. The maternal mortality rate for Zambia is as high as 630 per 100,000 live births. This means that about eight women die each day due to complications arising from pregnancy and childbirth. (UNICEF)

In 2010, life expectancy at birth in 2010 was 49.9 years for women and 52.6 years for men.

The government has introduced mobile hospitals to increase access to health services especially for rural communities.

Zambia has a reproductive health policy.

Figure 6.1 shows that only 41% of the sexually active population in Zambia use contraception. In fact only five of the SADC countries (Mauritius, South Africa, Zimbabwe, Lesotho and Swaziland) now have contraceptive use rates of more than 50%.

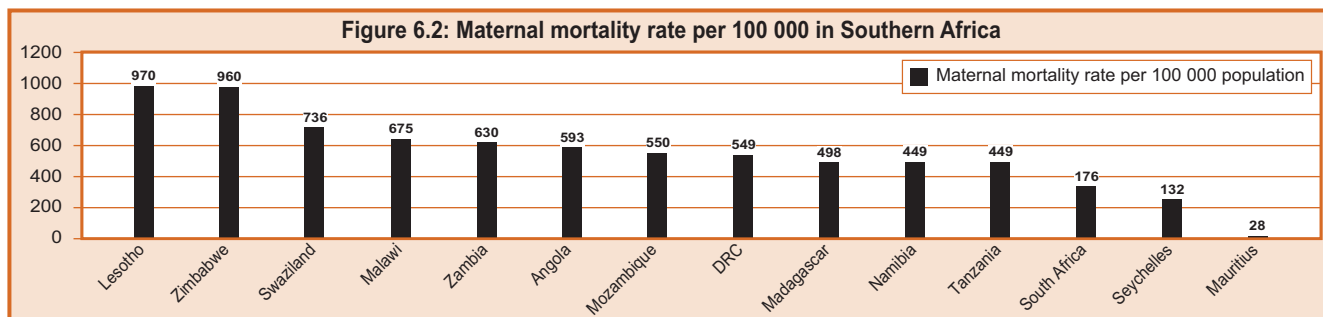
Zambia has a policy on family planning; both men and women are involved in the campaigns aiming to educate people about contraceptive use. Although the Ministry of Health and most civil society organisations promote family planning methods, some faith based organisations have not been keen on promoting condom use arguing that it promotes promiscuity.

Oral contraception has been used the most but in the wake of HIV and AIDS, condom use has increased significantly especially among youth.

The Ministry of Health, NAC, ZNAN and CSOs have been promoting the female condom.

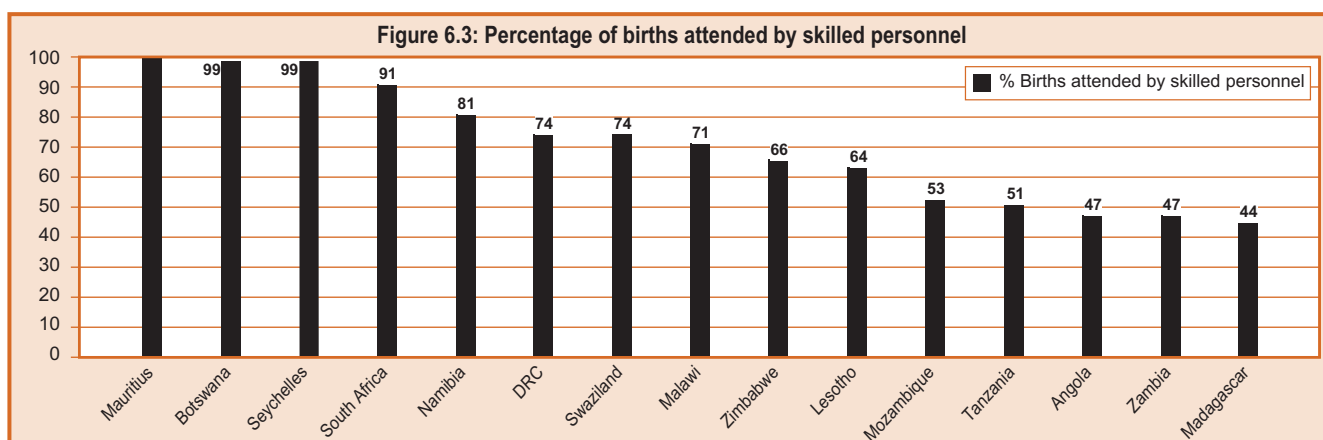
So far, educated women are more likely to use the female condom, although women interviewed commented that men did not like using them. This is a challenge because men still make most decisions relating to sexuality.

### Maternal mortality



Source: 2012 SADC Gender Protocol Barometer, Gender Links.

Figure 6.2 reveals that Zambia has the fifth highest rate of maternal mortality rate with 630 maternal deaths per 100,000 live births. This is among other countries in the SADC regions that still have high levels of maternal mortality.



Source: 2012 SADC Gender Protocol Barometer.

At 47%, Figure 6.3 shows that Zambia is among five of the 15 SADC countries with less than 60% of births attended by a skilled medical professional. The country is second from last with Madagascar at the bottom of the list. Top performers are Mauritius, Botswana, Seychelles and South Africa.

### The right to choose

Zambia has one of the most liberal abortion laws in sub-Saharan Africa, allowing abortions to be carried out on broad health, as well as socio-economic grounds.

The Termination of Pregnancy Act of 1972 permits an abortion to be performed if three registered medical practitioners are of the opinion formed in good faith that (a) continuation of the pregnancy would involve risk to the life or of injury to the physical or mental health of the pregnant woman, or of injury to the physical or mental health of any existing children of the pregnant woman, greater than if the pregnancy were terminated; or (b) that there is substantial risk that if the child should be born, it would suffer from such physical or mental abnormalities as to be severely

handicapped. In determining whether (a) above exists, account may be taken of the pregnant woman's actual or reasonably foreseeable environment or age.<sup>2</sup>

A person who performs an abortion in violation of the provisions of the Act is subject to the punishments prescribed in the Penal Code of 1 November 1931 for the performance of an illegal abortion. The penalty is fourteen years' imprisonment for a person who, with intent to procure a miscarriage, unlawfully administers a noxious thing or uses any means. A woman who undertakes the same act with respect to herself or consents to such an act is subject to seven years' imprisonment.<sup>3</sup>

However, due to stigma, cultural attitudes, women's lack of decision-making power over reproduction and lack of knowledge about the availability of safe abortion, unsafe abortion is rife. Furthermore, although abortion

is legal, bureaucracy means it is extremely difficult to access the service. Women are supposed to consult with, and then get approval from, three physicians before they can go to one of the few facilities that perform safe abortions. Although national statistics on the prevalence of unsafe abortion in Zambia are not available, according to hospital-based records, unsafe abortions are estimated to be the cause of approximately 30% of maternal deaths and one of the top five causes of maternal mortality in the country.

Many women in Zambia are unaware of the law that allows for the termination of unwanted pregnancy. To address the problem, there have been campaigns and debates on the issue to create awareness among women and service providers, and calls have been made to amend the law and put in place standards and guidelines for reducing unsafe abortion.

## Sanitation



*The SADC Gender Protocol requires that by 2015 member states ensure the provision of hygiene and sanitary facilities and nutritional needs of women, including women in prison.*



Clean-up of market place under Big Tree in Kabwe - Zambia, March 2012.

Photo: Colleen Lowe Morna

The provision of sanitation and hygiene facilities is integral to improving women's health throughout the

region. Poor sanitation results in increased spread of communicable diseases such as TB and malaria which women are particularly vulnerable to. Furthermore, menstruation, pregnancy, and post-natal care become increasingly difficult for women without proper hygiene and sanitary facilities, as does caring for family and community members living with HIV. According to the World Health Organisation, almost one tenth of all global deaths can be avoided by providing clean drinking water, better sanitation and improving water resources management to reduce incidences of water-borne diseases and cases of accidental drowning.

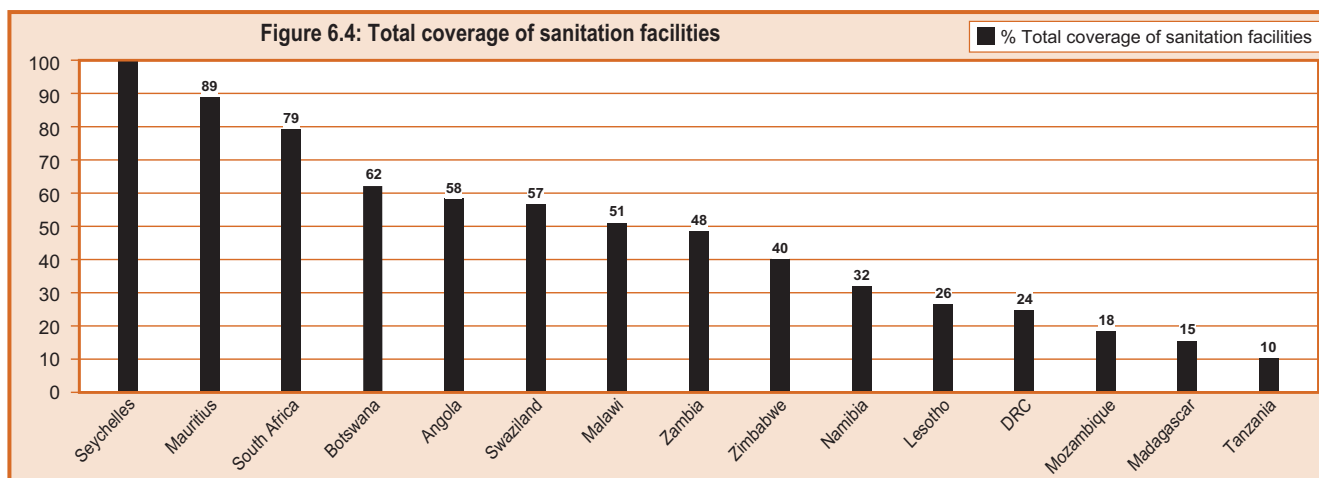
Household sanitation is everyone's responsibility, but the reality is that women, especially those in rural areas, bear a disproportionate burden of household responsibilities. Tasks such as cooking, cleaning, care giving and caring for children are easier when there is running water. Inadequate sanitation also impacts on women and girls' personal

<sup>2</sup> Source: Population Policy Data bank maintained by the population division Economic and Social Affairs of the United Nations Secretariat.

<sup>3</sup> Source: Population Policy Data bank maintained by the population division Economic and Social Affairs of the United Nations Secretariat.

safety. Women's risk of experiencing rape and sexual assault are reduced when toilets and water supplies are located close to home, and where they do not have to leave their homes at night to access these. Women thus have a vested interest in ensuring that there are develop-

ments in sanitation in the countries, and their energies should be harnessed to implement national and community projects to improve sanitation. Although providing hygiene and sanitation facilities are provisions of the protocol, the developments have been slow.



Source: 2012 SADC Gender Protocol Barometer, Gender Links.

## Health and financing

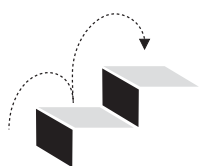
The Ministry of Health has an estimated ZMK 2.5 trillion or US\$ 467,065 000 allocated for 2012. The Ministry expected to recruit 686 health personnel to fill the vacant positions and to recruit 2,300 health personnel against ZMK 77 billion or US\$ 14,385 600 set aside for additional positions. The current head count for Ministry of Health staff is 32,935 out of the required 59,998 staff. The Government has abolished user fees.

Some ZMK 400 billion is for district grants and district hospitals while ZMK 23 billion is for medical equipment, K40 billion or US\$ 7 473 for infrastructure programmes and 17 billion or US \$ 3 176 for staff related debts such as gratuity for doctors and payment for settling allowances. Approximately ZMK 75 billion or US \$ 14 012 is for procurement of medicines and medical supplies. There are plans to construct 27 district hospitals and 125 health posts across the country.. Approximately US\$5 million is for essential drugs. The Ministry of Health has also received from USAID, Global Funds, DFID and UNDP an estimated total of US\$ 7 million.

The assumption is that most of these facilities and allocated resources benefit women more as they access health care more than men.

In 2010, GIDD undertook a gender audit to identify gender gaps within the sector and also to inform gender responsive budgeting supported by the UN Women in partnership with ZARD and NGOCC. During the audit,

participants were requested to identify the challenges facing the sector. They said long distances from the health service delivery points were one of the major challenges for both women and children. The second major challenge was lack of trained staff and poor infrastructure of the facilities.



## Next steps

There is need for more focused strategic interventions, increased allocation of resources through gender-responsive planning and budgeting.

The main priority should be:

- To enhance gender-sensitive, appropriate and affordable quality health care to reduce the maternal mortality ratio by 75%.
- To empower youth and women so that they have more control over their sexual reproductive health.
- To ensure the provision of hygiene and sanitary facilities.
- To keep sex disaggregated records of beneficiaries of services.
- Promote gender involvement of men in advancing sexual and reproductive rights.