

Maternal mortality lagging in sub-Saharan Africa

Rates of maternal mortality in sub-Saharan Africa have shown little improvement since 1990, with a ratio around 900 per 100 000 live births – more than double the global average of 400 per 100 000 live births, according to the World Health Organization's latest World Health Statistics 2009.

However, the rates also vary markedly across the region, from 15 in Mauritius to 1 800 in Niger and 2 100 in Sierra Leone, but in only 8 countries – South Africa among them on 400 – are the reported figures below or equal to the average.

Millennium Development Goal (MDG) 5 has the target to reduce the maternal mortality ratio in all countries to one-quarter of its 1990 level by 2015. The latest estimate, based on 2005 data, is that 536 000 women died as a result of complications of pregnancy and childbirth, with more than half of these deaths occurring in sub-Saharan Africa.

Progress in reducing maternal mortality and morbidity depends on better access to, and use of, good maternal and reproductive health services. Over the period 2000 - 2008, 65% of births globally were attended by skilled health personnel, 4% more than in 1990 - 1999. However, again sub-Saharan Africa lags, with an average 46% of births attended by skilled health personnel, and again there is a significant range, from over 90% in Mauritius, Algeria, Botswana and South Africa to less than 20% in Niger and Chad and just 6% in Ethiopia.

There is also a considerable unmet need for family planning, as reflected in the high rates of adolescent fertility. Globally the contraceptive prevalence rate increased from 59%

in 1990 - 1995 to 63% in 2000 - 2006, while sub-Saharan Africa's average was 24% (from 76% in Mauritius to 3% in Chad). And while globally there were 48 births for every 1 000 girls aged 15 - 19 years in 2006 (a slight decline from 51 per 1 000 in 2000), in sub-Saharan Africa the adolescent fertility rate was 117 per 1 000 girls aged 15 - 19 years (from a low of 4 per 1 000 in Algeria to 199 per 1 000 in Niger).

Source: www.who.int

The rape, HIV interface in South Africa

A study of more than 1 700 males aged 18 - 49 across all racial groups and a range of socio-economic backgrounds in the Eastern Cape and KwaZulu-Natal revealed that 27.6% of the men reported ever having raped a woman or girl and 4.6% had raped in the past year.

Because most men who raped reported multiple rapes, non-partner rape was overall more common than partner rape. In all, only 4.6% of the men reported they had raped a partner but not raped a woman who was not a partner, while 11.7% had raped an acquaintance or stranger and 9.7% had raped both. In addition 8.9% of the men said they had raped with one or more other perpetrators when a woman didn't consent to sex, was forced, or when too drunk to stop them. Further, attempted rape was reported by 16.8%, with 5.3% saying they had attempted rape in the previous 12 months.

The study 'Understanding men's health and use of violence: Interface of rape and HIV in South Africa', from the MRC's Gender and Health Research Unit, was aimed at investigating the prevalence of rape perpetration in community-based adult men and understanding the factors associated with rape perpetration, as well as describing intersections between rape, physical intimate partner violence and HIV.

Men aged 20 - 40 were more likely to have raped than younger or older men. Education was also associated, with men who had raped being significantly better educated. There were significant racial differences in rape reporting, mostly notably men who were coloured were over-represented among those who had raped. Men who had raped were significantly more likely to have earnings of over R500 per month.

Parental absence was significantly associated with raping, as was the quality of affective relationships with parents. Rape was associated with significantly greater degrees of exposure to trauma in childhood. Delinquent and criminal behaviour was more common among men who raped. They also were much more likely to have been involved with weapons, gangs and to have been arrested and imprisoned.

There was, however, no significant difference in the HIV prevalence among men who had raped (19.6%) and those who had not (18.1%).

Key recommendations from the report are:

- Rape prevention must focus centrally on changing social norms around masculinity and sexual entitlement, and addressing the structural underpinnings of rape.
- Post-exposure prophylaxis is a critical dimension of post-rape care, but it is just one dimension. A comprehensive care package needs to be delivered to all victims and should include support for the psychological responses to rape.
- HIV prevention must embrace and incorporate promoting more gender-equitable models of masculinity. Interventions that do this effectively must be promoted as part of HIV prevention.

Source: www.mrc.ac.za