

Economic Development and Reproductive Health in Africa

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Reproductive health indicators have consistently shown that countries in sub-Saharan Africa are generally in a poorer state of reproductive health when compared to other parts of the world. To date, high rates of maternal mortality,¹ unsafe abortion,² sexually transmitted diseases including HIV,^{3,4} infertility,⁵ and female genital mutilation⁶ have been reported throughout most of Africa. A review of the published data suggests that the increased prevalence of various reproductive health problems in Africa is due in part to pervading illiteracy and the poor socio-economic and living conditions in the continent.⁷ Low educational and social status of women is a significant predisposing factor for many reproductive health problems.⁸ In addition, poverty at household and at national levels have featured in several multivariate analyses as leading proximate determinants of reproductive ill-health in various parts of Africa.

Several interventions have addressed the poor state of reproductive health in Africa. The international conference on women in Beijing, China made particular reference to the reproductive health problems of women in Africa and urged countries to take steps to ameliorate the situation. However, despite positive initiatives undertaken by several national and international non-governmental and bilateral organisations, very little impact has been made. Indeed, there is evidence from recent WHO/UNICEF statistics on maternal mortality that the problem of reproductive ill-

health may even be escalating in many parts of Africa.⁹

Why is Africa so resistant to change when other parts of the world are demonstrating significant improvements in reproductive health statistics? The most likely explanation is the pervading adverse macroeconomic situation in many sub-Saharan African countries. As the economic situation in many of these countries deteriorates, so does the state of reproductive health of their citizens. With few exceptions, there has been limited economic growth in many parts of Africa over the past decade. In addition, increasing militarism in places such as Sudan, Liberia, Sierra Leone, Rwanda, Democratic Republic of Congo, and more recently, the Congo have worsened economic conditions. This is true both among those involved directly in conflict as well as those bearing the burden of the attendant movements of refugees.

The numerous health interventions that address reproductive ill-health in Africa may themselves be faultless. However, it is becoming evident that it will be difficult to achieve further improvements in reproductive health without simultaneously attending to economic underdevelopment in Africa. Measures are needed to improve the national economies of many African countries as a pre-requisite for reductions in reproductive morbidity and mortality in the region. In Nigeria, maternal mortality increased from 800 to 1,050 per 100,000 births over three years, when

there was worsening of the national economy despite the existence of several safe motherhood intervention programmes in the country. In Uganda there is evidence that the HIV epidemic is being systematically curtailed, coincident with recent growth in the national economy. Nearby countries such as Kenya and Tanzania that continue to suffer significant economic recession have persisting high rates of HIV infection.

International efforts have been made to address the problem of economic underdevelopment in Africa. Yet, the introduction of structural adjustment programmes by the World Bank and International Monetary Fund have, in some countries, actually been linked to further declines in the living standards and health of a large segment of the population.¹⁰

It is likely that real economic development in Africa cannot proceed unless problems of democratisation and internal governance are also more adequately addressed. In particular, no real economic growth can take effect unless the present high rate of corruption pervading most parts of Africa is systematically eradicated. And yet, these domestic factors have not always been taken into consideration in measures designed to address economic underdevelopment in Africa. It is heart warming that recent international attention is being focused on democratisation in Africa, but much still has to be done in the area of discouraging official corruption in many parts of the continent.

More research is needed to identify the causal linkages between economic growth, democratisation, and reproductive health in Africa. A greater awareness of the explicit nature of these relationships could improve international efforts aimed at promoting reproductive health in the region. The major international health agencies such as the World Health Organization, UNICEF, and the World Bank can play pivotal roles in bringing these issues to international attention. Health leaders would do well to broaden their focus to include the enabling conditions necessary for health improvements—without such a shift, reproductive ill-health in Africa may persist, or even worsen.

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