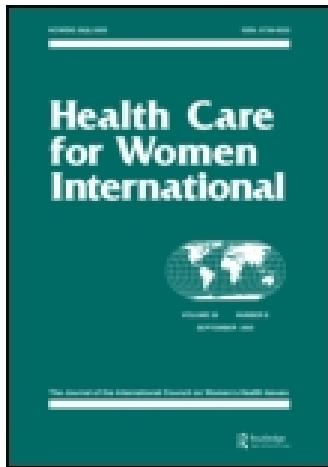


This article was downloaded by: [University of Gothenburg]

On: 01 September 2014, At: 21:54

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Health Care for Women International

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/uhcw20>

## Research on Women's Health in Africa: Issues, Challenges, and Opportunities

Chimaraoke O. Izugbara<sup>abcd</sup> & Eleanor Krassen covan<sup>e</sup>

<sup>a</sup> African Population and Health Research Center, Nairobi, Kenya

<sup>b</sup> Department of Social Work, University of Gothenburg, Gothenburg, Sweden

<sup>c</sup> School of Public Health, University of Witwatersrand, Johannesburg, South Africa

<sup>d</sup> Department of Sociology & Anthropology, University of Uyo, Uyo, Nigeria

<sup>e</sup> School of Health and Applied Human Sciences, University of North Carolina, Wilmington, North Carolina, USA

Published online: 31 Aug 2014.

To cite this article: Chimaraoke O. Izugbara & Eleanor Krassen covan (2014) Research on Women's Health in Africa: Issues, Challenges, and Opportunities, *Health Care for Women International*, 35:7-9, 697-702, DOI: [10.1080/07399332.2014.955762](https://doi.org/10.1080/07399332.2014.955762)

To link to this article: <http://dx.doi.org/10.1080/07399332.2014.955762>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

## Editorial

# Research on Women's Health in Africa: Issues, Challenges, and Opportunities

CHIMARAOKE O. IZUGBARA

*African Population and Health Research Center, Nairobi, Kenya; Department of Social Work, University of Gothenburg, Gothenburg, Sweden; School of Public Health, University of Witwatersrand, Johannesburg, South Africa; and Department of Sociology & Anthropology, University of Uyo, Uyo, Nigeria*

ELEANOR KRASSEN COVAN

*School of Health and Applied Human Sciences, University of North Carolina, Wilmington, North Carolina, USA*

As we approach 2015—the target year for achieving the Millennium Development Goals (MDGs)—several facets of women's health remain insufficiently tackled. Urgent and concerted attention to these facets is crucial for several reasons. Advances in the health care of women and girls are powerfully central to the overall wellbeing of households, communities, and societies. Women's health status is a foremost barometer of development levels in a society (World Health Organization, 2012). Transformations in the health status of women often mirror deeper systematic impacts of development processes in the everyday lives of people and communities. Poor health among women has the potential to upset societal progress and eclipse development and wellbeing. Investing intentionally and purposefully in protecting and safeguarding women's health will secure current levels of progress and guarantee future potentials for societal growth and advancement.

In more recent decades, women's health has become a global priority, enjoying both worldwide attention and massive political support (Institute for Women's Health, 2013). While the international prioritization of women's health has delivered far-reaching benefits for women, and indeed society at large, significant gaps remain in our knowledge of the drivers and dynamics of several of the health issues that face women; the interventions for addressing these issues; pathways for consolidating the gains of existing health

---

Address correspondence to Chimaraoke O. Izugbara, African Population and Health Research Center, Box 10787-00100, Nairobi, Kenya. E-mail: coizugbara@yahoo.com or cizugbara@aphrc.org

actions; and strategies for forestalling the emergence of new diseases and the resurgence of old ones. In many instances, these gaps continue to trigger massive reversals in gains made in women's health in several parts of the world, extending health inequalities in and among societies and impeding health development (Chen et al., 2004).

In Africa, women's health indicators are vastly deplorable. Progress towards the attainment of the MDGs that directly concern women's health and wellbeing has been slowest in Africa. The region hosts only 12% of the world's population but currently contributes 50% of all global maternal deaths (Africa Progress Panel, 2010). It is also in Africa that the modest gains realized in women's health in recent decades are witnessing the briskest reversals. Health services that are basic and essential for women in other parts of the world remain unavailable to millions of women in Africa. Globally, Africa governments continue to rank among the sloppiest in the formulation and execution of policies and programs to deliver quality health services to women. It is clearly against this backdrop that Africa has also become the world's current largest laboratory for trying out policies and interventions to advance women's health. Curiously, while only a small minority of these interventions is driven by rigorous scientific evidence, they continue to attract massive funding support from several donors. The scope and focus of these interventions are also particularly interesting; they range from small-scale programs that "bribe" in-school young girls to postpone their sexual debuts; national programs that teach women to use female condoms and challenge community norms that affect their health and welfare; interventions that use religious leaders and ministers to promote women's use of family planning services; and schemes that teach older women to fight off rapists—to projects seeking to boost female sex workers' capacity to navigate client violence and hostile prostitution laws.

Critical social, cultural, political, economic and environmental issues drive Africa's tragic women's health profile (Izugbara & Afangideh, 2005). The bulk of people who live below the poverty line in Africa are women. Most of these women lack access to basic health essentials and services, which exposes them to poor sexual and reproductive health outcomes including unsafe abortion and maternal morbidity and mortality (African Population and Health Research Center, Ministry of Health [Kenya], Ipas, & Guttmacher Institute, 2013). Worsening livelihoods have increased women's susceptibility to violence (Izugbara & Ngilangwa, 2010). There is also rising evidence that African men who are unable to attain popular manhood markers due to growing marginalization are increasingly resorting to heightened sexism, sadism, and sexual aggression towards women to assert themselves (Izugbara, 2011; I zugbara, Tikkannen, & Barron, 2014; Silberschmidt, 1999, 2001). Pervasive poverty and feelings of alienation and exclusion have also cultivated religious and other forms of fundamentalism hinged on practices that degrade women's health. Historic power imbalances between Africa

and high-income countries continue to promote local policies that have little bearing on domestic realities, expand the imperial interests of developed countries, advance women's oppression, and weaken health systems.

Intractable wars, terrorism, and political instability continue to devastate the health and safety of women and girls in Africa, as most recently demonstrated by the abduction of school girls in Northern Nigeria by the extremist group, Boko Haram. Corruption and weak local and global accountability arrangements are responsible for much of the inefficiency that diverts scarce resources meant to improve public health in Africa. The unceasing incapacity of most African political leaders to realistically contradistinguish between their personal, political goals and the everyday realities of citizens' lives has frustrated actions targeting crucial areas of women's health. For instance, despite the rising incidence of cancer among women in Africa, specialized oncology care has yet to be prioritized by many African governments. Most women cancer patients in Africa are thus currently diagnosed very late, resulting in acute sufferings and mortalities (Pezzatini, Marino, Conte, & Catracchia, 2007).

Climate change and environmental depletion have increased poverty, food shortages, and livelihood insecurity for women. Famines, conflicts over land, crop failures, and droughts have forced young vulnerable African women to migrate into cities where they are exposed to poor health (Izugbara, 2012). Given the deplorable economic fortunes of and poor governance arrangements in these cities, the bulk of these migrant women end in congested informal urban settlements, commonly called slums (Izugbara, Kabiru, & Zulu, 2009; Kimani-Murage & Ngindu, 2007; Parks, 2014). For instance, in Nairobi, Kenya, about 60% of the residents (mainly women and girls) live in slums characterized by substandard social services, insecurity, unhealthy environments, and poor housing as well as deplorable social and other outcomes. These conditions fuel infections and diseases among women, aggravate national indicators and delay progress towards the Millennium Development Goals (Izugbara, Ezeh, & Fotso, 2009). Widespread illiteracy, high dependence on men, limited access to education and poor employment and economic opportunities among women in Africa are key drivers of large family sizes, poor reproductive health, and unsafe abortion in Africa (Izugbara & Ezeh, 2010). Currently, several women in Africa survive through livelihood activities and relationships that render them vulnerable to unwanted pregnancies, HIV and poor health outcomes (Izugbara & Egesa, 2014; Izugbara, Ochako, & Izugbara, 2011). Due to weak social protection and insurance systems, the bulk of the region's women also continue to pay out-of-pocket for essential medical services, further intensifying household poverty and straining family incomes. There is also globalization which, among other things, has unleashed far-reaching lifestyle changes that have exposed women and girls to new health issues, including cardiovascular diseases (CVDs), cancers, and early sexual activity etc.

Research can unlock the drivers of health in Africa, support the design and delivery of effective interventions to address current health issues, and lay the foundation for preventing poor health in future generations of Africans. Our aim in preparing this special issue was to assemble original research articles that offer insights on, and strengthen our understanding of the dynamics of women's health in Africa. Grounding African policy and programmatic responses to women's health issues in robust research will improve health planning and save lives and resources. Through research, we can learn from past health interventions in Africa in order to strengthen current efforts and plan future programs. Research will not only illuminate the origins and enormity of women's health challenges in Africa, it will also unveil prospects for improving wellbeing sustainably. Without prioritizing research, the roots and triggers of ill-health among women in Africa will continue to be misinterpreted, the soundest interventions for addressing them will stay unarticulated, and the strategies for optimizing the effectiveness of health actions will remain elusive.

In this special issue of the *HCWI*, we bring together important new and policy-relevant research on a variety of women's health issues and from a number of African countries. The studies published here cover an assortment of critical topics that are explored by authors from different disciplinary traditions and who use a miscellany of research methodologies and data sources. The range of women's health issues covered in this volume is astoundingly outstanding, and includes traditional and longstanding women's health challenges such as the persistence of homebirths, policy frameworks for ensuring women's health, the HIV epidemic and its impacts, abortion, and sexual violence as well as emerging health concerns including CVDs and cancers. In reading these articles, it is obvious that while old health issues of women have persisted and assumed new dimensions, newer concerns have materialized and are gaining momentum. Weak health system capacity to tackle these myriad issues complicates matters in Africa and creates a sense of despondency and desperation that can only be successfully confronted through strong political will and strategic planning. The blend of authors in this collection is also striking: African scholars with in-depth knowledge of their home contexts and who can furnish nuanced interpretations of local health issues and trends; international investigators who bring vigorous comparative viewpoints; emerging scholars raring to add to scientific knowledge and build their profiles; and more established researchers with deep global knowledge of women's health issues.

At this decisive moment in human history, it is a pleasure to offer readers of *HCWI*, and indeed all those interested in women's health, this rich and stimulating menu of important research on women's health in Africa. It is also particularly exciting to see the work of these many African scholars on such an important issue as women's health in a truly international, widely-read and reputable scholarly health journal. Research by Africans on

Africa's development questions can support scientific and technological innovations that are sensitive to the cultures, aspirations, and levels of progress in the region (Fonn, 2006). However, weak local capacity for research has remained the bane of quality knowledge production on the continent. Unlike many other parts of the world, sub-Saharan Africa continues to experience massive deficits in highly-skilled scientists and researchers (Kabiru, Izugbara, Wairimu, Amendah, & Ezeh, 2014). In reviewing articles for this issue, we rejected several potentially important articles; some had relied on flawed methodologies, were poorly written, or did not show familiarity with the state of debate and knowledge in their research problems. Supporting health research capacity in Africa is key to filling the knowledge gaps on women's health in Africa. African and Africanist researchers as well as research and teaching institutions in the region need sustained support to deliver on their obligations to provide timely and robust evidence for policy formulation and program implementation. Policy-makers and program executors in the region also need to be appropriately armed with the tools and skills to enable them locate, understand, evaluate and deploy quality research evidence in their everyday work.

Taken together, the articles published in this collection hold forth a solid optimism for a healthier future for women and girls in Africa. Indeed, while the authors clearly recognize that Africa is disadvantaged in terms of women's health, they also unswervingly show that solutions are both possible and urgent. The ball, it appears, is now decisively in the court of all those truly committed to women's health in Africa and the expectation is that they will coordinate their efforts better and more purposefully.

## REFERENCES

- African Population and Health Research Center, Ministry of Health [Kenya], Ipas, & Guttmacher Institute. (2013). *Incidence and complications of unsafe abortion in Kenya: Key findings of a national study*. Nairobi, Kenya: African Population and Health Research Center.
- Africa Progress Panel. (2010). *Maternal health: Investing in the lifeline of healthy societies and economies*. Geneva, Switzerland: Africa Progress Panel Secretariat. Retrieved from [http://www.who.int/pmnch/topics/maternal/app\\_maternal\\_health\\_english.pdf](http://www.who.int/pmnch/topics/maternal/app_maternal_health_english.pdf)
- Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M., ... Elzinga, G. (2004). Human resources for health: Overcoming the crisis. *The Lancet*, 364(9449), 1984–1990.
- Fonn, S. (2006). African PhD research capacity in public health: Raison d'être and how to build it. *Global Forum Update on Research for Health*, 3, 80–83.
- Institute for Women's Health. (2013). *Global women's health*. Retrieved from <http://www.womenshealth.vcu.edu/outreach/global/index.html>
- Izugbara, C. O. (2011). Poverty, masculine violence and the transformation of men: Ethnographic notes from Kenyan slums. In K. Pringle, E. Ruspini, J. Hearn &

- B. Pease (Eds.), *Men and masculinities around the world: Transforming men's practices* (pp. 236–246). New York, NY: Palgrave Macmillan.
- Izugbara, C. O. (2012). Client retention and health among sex workers in Nairobi, Kenya. *Archives of Sexual Behavior*, 41, 1345–1352.
- Izugbara, C. O., & Afangideh, A. I. (2005). Urban women's use of rural-based health care services: The case of Igbo women in Aba city, Nigeria. *Journal of Urban Health*, 82(1), 111–121. doi: 10.1093/jurban/jti013
- Izugbara, C. O., & Egesa, C. (2014). The management of unwanted pregnancy among women in Nairobi, Kenya. *International Journal of Sexual Health*, 26, 100–112.
- Izugbara, C. O., Ezeh, A., & Fotso, J.-C. (2009). The persistence and challenges of homebirths: Perspectives of traditional birth attendants in urban Kenya. *Health Policy and Planning*, 24(1), 36–45.
- Izugbara, C. O., & Ezeh, A. C. (2010). Women and high fertility in Islamic northern Nigeria. *Studies in Family Planning*, 41, 193–204.
- Izugbara, C. O., Kabiru, C. W., & Zulu, E. M. (2009). Urban poor Kenyan women and hospital-based delivery. *Public Health Reports*, 124, 585–587.
- Izugbara, C. O., & Ngilangwa, D. P. (2010). Women, poverty and adverse maternal outcomes in Nairobi, Kenya. *BMC Women's Health*, 10(1), 33.
- Izugbara, C. O., Ochako, R., & Izugbara, C. (2011). Gender scripts and unwanted pregnancy among urban Kenyan women. *Culture, Health & Sexuality*, 13, 1031–1045.
- Izugbara, C. O., Tikkannen, R., & Barron, K. (2014). Men, masculinity, and community development in Kenyan slums. *Community Development*, 45(1), 32–44.
- Kabiru, C. W., Izugbara, C. O., Wairimu, J., Amendah, D., & Ezeh, A. C. (2014). Strengthening local health research capacity in Africa: The African Doctoral Dissertation Research Fellowship Program. *The Pan African Medical Journal*, 17(Suppl. 1), 5–7.
- Kimani-Murage, E. W., & Ngindu, A. M. (2007). Quality of water the slum dwellers use: The case of a Kenyan slum. *Journal of Urban Health*, 84, 829–838.
- Parks, M. J. (2014). Urban poverty traps: Neighbourhoods and violent victimisation and offending in Nairobi, Kenya. *Urban Studies*, 51, 1812–1832. doi: 10.1177/0042098013504144
- Pezzatini, M., Marino, G., Conte, S., & Catracchia, V. (2007). Oncology: A forgotten territory in Africa. *Annals of Oncology*, 18, 2046–2047. doi: 10.1093/annonc/mdm523
- Silberschmidt, M. (1999). "Women forget that men are the masters": *Gender antagonism and socio-economic change in Kisii District, Kenya*. Stockholm, Sweden: Nordiska Afrikainstitutet.
- Silberschmidt, M. (2001). Disempowerment of men in rural and urban East Africa: Implications for male identity and sexual behavior. *World Development*, 29, 657–671.
- World Health Organization. (2012). *Addressing the challenge of women's health in Africa: Report of the Commission on Women's Health in the African Region*. Brazzavile, Republic of the Congo: WHO Regional Office for Africa.