Masiphephe Network

THEMATIC PAPER

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AND GENDER-BASED VIOLENCE

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Sexual and Reproductive Health and Rights SRHR), a critical dimension of the international development agenda and health and well-being of individuals.

SRHR DEFINITION- According to the Guttmacher Institute, Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.[1]

Key Facts

- High levels of gender-based, and intimate partner violence affects South Africa, denying many women, including adolescents, the full enjoyment and attainment of SRHR services.
- Adolescent girls and young women (AGYW) exhibit a high incidence of HIV and high levels of unmet need for contraception (around 30%).
- Globally, some 4.3 billion people of reproductive age will lack at least one essential sexual or reproductive health service throughout their reproductive life.
- Women who are not in a formal union such as unmarried or widowed women, often face stigma when accessing sexual health services.
- In sub-Saharan Africa, two-thirds of illnesses that women of reproductive age experience are caused by sexual and reproductive health problems.
- In developing countries, more than 200 million women want to avoid pregnancy but do not have access to modern contraception.

Synopsis

South Africa has made strides toward strengthening sexual and reproductive health and rights. However, despite this progress, Gender-Based Violence (GBV), still remains unacceptably high in the country and it is a barrier to the full enjoyment of human rights. Sexual and reproductive health and rights (SRHR) are integral for all people to realise their full human rights and health.

Sexually transmitted diseases, gender-based violence, including sexual violence, unintended pregnancies and childbearing can profoundly alter a person's life, their health care needs, educational outcomes, economic opportunities and participation in society. Sexual and other forms of intimate partner violence are still deeply impacting the well-being of women in all their diversities in the country. Therefore, it is necessary to work towards enabling all people to exercise their SRHR through access to information, services and justice. Furthermore, laws, policies and strategic plans should guide towards achieving SRHR for all.

Violence against women in South Africa contributes to the ill-health of women, especially to their sexual and reproductive health. Such violence is an abuse of human rights and is both a consequence and a cause of gender inequality. Individual choice about sexual and

[1] GUTTMACHER INSTITUTE. (2018) SRHR Access for Youth and Adolescents.

reproductive health issues is constrained by and exercised through a range of sociocultural, religious, legal, political and economic factors. In order to suppress women's rights to sexual freedom, violence has been used as a means of coercion or punishment as well as a means of sexual surveillance. Sexual violence, such as coerced or forced sexual encounters, increases the occurrence of adverse reproductive health outcomes such as unplanned pregnancy, and risk of HIV and other sexually transmitted diseases. Non-consensual sex is linked to genital trauma and coital injury which facilitate HIV transmission. Sexual violence in both childhood and adolescents is associated with increased risky sexual behaviour that leads to poor sexual and reproductive health outcomes. These risky behaviours include early sexual debut, multiple concurrent partnerships, and unprotected sex.

This thematic paper is a basis and part of the efforts to prevent GBV and strengthen access to SRHR. The paper is targeted at different actors, including the government, civil society, policy makers, the private sector, as well as community members. This paper examines SRHR and GBV, and zones into HIV in South Africa. The paper identifies various laws and policies that promote SRHR in the country and the role of CSOs in strengthening access to SRHR. The paper also highlights SRHR among adolescents in South Africa and notes challenges and gaps in access to SRHR and curbing GBV and provides recommendations.

Background

The multiple components of Sexual and Reproductive Health and Rights (SRHR), promote women's well-being and rights to a life free from discrimination and violence. Gender-based violence (GBV) is a matter closely related to SRHR and affects women globally on a daily basis. South Africa has made significant progress in sexual and reproductive health outcomes among adolescents and young women over the past years. The vision to improve all people's SRHR has been set as a priority in the eastern and southern African (ESA) region and in South Africa. The sustainable development goals prioritise both health (including sexual and reproductive health (SDG 3)) and gender equality (SDG 5) with the elimination of GBV. The ESA Ministerial Commitment identified the need to empower young persons and to provide access to their SRHR including comprehensive sexuality education (CSE) as a priority. Furthermore, South Africa lays out its commitment and strategies to improve SRHR in several documents.

The prevalence of teenage pregnancies in South Africa has also been of concern and as further indication of the inability of women to access contraceptives of their choice, thus infringing their right to sexual and reproductive health care. The inability of women and girls to access safe sexual and reproductive health care has resulted in many experiencing violence and discrimination in the healthcare system. In 2017, StatsSA reported that the age fertility rate for teenagers was 71 per 1 000 women aged 15 – 19, indicating minimal change from 1998. While 58.3 per cent of women use some form of contraceptive, 18 per cent of women continue to have an unmet family planning need.[2] It has also been reported that despite the

[2] STATSSA. (15 May 2017) "South Africa Demographic and Health Survey". http://www.statssa.gov.za/?p=9836 [Accessed March 28 2023]

Termination of Pregnancy Act 92 OF 1996, which legalises abortions in South Africa, illegal abortions are still widespread because of the social stigma associated therewith, resulting in healthcare workers refusing to perform abortions on the basis of their conscience. Consequently, an estimated 26 per cent of maternal deaths in the country are the result of botched abortions.[3]

The country is overwhelmed with HIV infections and remains the global epicenter of the HIV pandemic. Moreover, the 2016 South Africa Demographic and Health Survey (SADHS) revealed that most women aged <22 years had unwanted pregnancies, with a prevalence of unintended pregnancies in South Africa at 63%. This shows the heterogeneity in SRHR outcomes among young women in South Africa.

Components of SRHR

Sexual health encompasses aspects of reproductive health, such as contraception, fertility, and choice on termination of pregnancy, and includes many aspects of sexual health — including reproductive tract infections, sexual pleasure or dysfunction, and the health consequences of violence — which may not be directly associated with reproduction.

SRHR Thematic Focus Areas

[3] DAILY MAVERICK. (13 August 2017) Health-e: Health workers are undermining women's right to abortion. (https://www.dailymaverick.co.za/article/2017-08-13-health-e-health-workers-are-undermining-womens-right-to-abortion/ [Accessed March 28 2023]

SRHR and HIV In Mpumalanga Province of South Africa

HIV is the most lethal sexually transmitted infection, therefore, a lack of access to basic SRHR increases a person's risk of contracting HIV.

South Africa has one of the highest rates of HIV worldwide with a population of 7·2 million individuals being HIV positive. The latest antenatal HIV prevalence survey by the South African Department of Health shows that 29.6 per cent of pregnant women who attend antenatal services are HIV positive. UNAIDS estimates that 17.3 per cent of the South African adult population (between 15 and 49 years of age) are living with HIV. Of these, almost three million are women.[4]

Mpumalanga province is the second hotspot and has a high prevalence for HIV, after KZN. "According to the Thembisa 4.4 Estimate model, Mpumalanga recorded 746 915 total number of people living with HIV in 2020.[5] A total of 18 473 new HIV infections were recorded in the same year. Most of these infections relate to adolescent girls and young women, aged 15 to 24 years. Seventy six thousand new infections were recorded last year."

SRHR and GBV among adolescents in South Africa

Poverty and unemployment rates are high in South Africa. In the first quarter of 2021, 32.4% of 10.2 million young people (aged 15–24) were not in employment, education or training.[6] Consequently, young people may be motivated to engage in transactional relationships with older partners for financial or material gain.[7] known as the "sugar daddy" or "sugar mommy" phenomenon, and as "blessers" and "blessees" in Mpumalanga Province of South Africa. Due to the inequitable power dynamics in these relationships, many young women may be subjected to GBV and may not be able to negotiate condom use, putting them at increased risk of unintended pregnancies, STIs and HIV acquisition.[8]

Teenage motherhood is very high in South Africa, with 55 per 1,000 black and 88 per 1,000 coloured South African girls aged between 15 and 19 becoming mothers.[9] Adolescents in Mpumalanga, are at increased risk of acquiring STIs (including HIV infection), having unintended pregnancies, and other SRHR challenges, due to an early age of sexual debut,

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4 UNAIDS. (7 November 2018) UNAIDS Programme Coordinating Board sees South Africa's AIDS response first-hand. https://www.unaids.org/en/resources/presscentre/featurestories/2018/november/pcb-field-visit-south-africa [Accessed on 22 March 2023]

5 MPUMULANGA GOVERNMENT. (30 July 2021) Mpumalanga Provincial Government intensifies measures to fight Hiv/Aids pandemic. Available on: **http://www.mpumalanga.gov.za/media/statements/otp_/2021/30072021.htm** [Accessed March 28 2023]

6 STATSSA. (2021) "StatsSA: Quarterly labour force survey, Quarter 1: 2021." Republic of South Africa: Stats SA.

7 TOSKA, E., CLUVER, L.D., BOYES, M., ET AL. (2015) "From 'sugar daddies' to 'sugar babies': exploring a pathway among age-disparate sexual relationships, condom use and adolescent pregnancy in South Africa", *Sex Health*, **12**(1) 59–66. Available at https://www.researchgate.net/publication/272751461_From_'sugar_daddies'_to_'sugar_babies'_Exploring_a_pathway_among_age-disparate_sexual_relationships_condom_use_and_adolescent_pregnancy_in_South_Africa [Accessed March 28 2023]

8 MAMPANE, J.N. (2018) "Exploring the "Blesser and Blessee" Phenomenon: Young Women, Transactional Sex and HIV in Rural South Africa". SAGE Open. https://doi.org/10.1177/2158244018806343

9 Teenage pregnancy in the UK in 2012 was 20 live births per 1,000, and in the EU it was 13 per 1,000 (Office for National Statistics 2014)

multiple and concurrent partners, intergenerational sexual relationships with older men, and inequitable gender dynamics that limit their capacity to negotiate safer sexual practices. Despite schools being an ideal venue for discussion of SRHR, young girls can also experience sexual harassment at school. School girls, across Mpumalanga Province, report being threatened with failing the school year if they do not agree to sex with their teachers. In addition, young girls are particularly vulnerable to sexual initiation, harassment and coercion.[10] It follows that adolescents and adult in their early to mid-twenties, experience more unwanted sexual attention, pregnancies, sexual diseases and HIV than others.[11] Yet, adolescent health is generally neglected.

Legal Framework

South Africa has progressive legislation that enables people to access various sexual- and reproductive-health services. **Internationally**, South Africa is a signatory to the Convention on the Elimination of Discrimination against Women (CEDAW), which provides for the elimination of discrimination against women in the field of health care and provides for access to health care services, including those related to family planning (Article 12 and 14).[12]

Continentally and Regionally, South Africa is part of the African Charter. Article 18 provides for the elimination of every form of discrimination against women and ensure the protection of the rights of women as stipulated in international declarations and conventions,[13] while Article 14 of the Maputo Protocol guarantees women the right to health, including obliging the State to ensure that the sexual and reproductive health rights of women are respected and protected. As per the Maputo Protocol, reproductive health rights include: the rights to control fertility; to decide whether to have children; to choose any method of contraception; to be informed of one's health status and that of one's partner; and to have family planning education.[14]

On a **national** level, SRHR is embedded in the South African Constitution. Section 27 guarantees everyone the right to access health care services, including reproductive health care, while section 12 of the Constitution states that everyone has the right to bodily and psychological integrity, including the right to make decisions concerning reproduction, and security in and control over their body.[15] These protections afforded to women in the Constitution are in line with CEDAW. The 2019 National Clinical Guideline for Contraception also provides that every person has access to modern methods of contraception.

[10] Persuasion through begging or pleading and accompanied by underlying threats of violence.

[11] Police statistics, which represent only a small fraction of women's actual experience of rape, show more than 44,000 rapes reported in 1996 in South Africa (Jewkes and Abrahams 2002: 1231); 40 per cent of these were among adolescents.

[12] CEDAW Committee General Recommendation No. 19 (1992).

[13] The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2013

[14] Maputo Protocol, Article 14(1) (a-g). Available on: https://www.sahrc.org.za/home/21/files/SAHRC%20GBV%20Research%20Brief%20Publication.pdf Check url – doesn't take me to the Maputo Protocol

[15] The Constitution of the Republic of South Africa, 1996, sections 9, 10, 11

However, despite the aforementioned protections afforded to women in the Constitution, and reinforced by the country's regional and international human rights obligations, many women in South Africa continue to be denied the right to control their bodies and to access sexual and reproductive health care, and experience various forms of physical and structural violence as a result.[16] Sex work remains criminalised in South Africa, and this exposes sex workers to a higher risk of violence; they also often confront discrimination from health care workers and this makes it difficult for them to access treatment for sexually transmitted diseases. They are also subjected to unfair labour practices if they are working for establishments such as brothels.[17]

Other Policies and Guidelines

1. National Guideline for Implementation of Choice on Termination of Pregnancy Act (2019) National Clinical Guideline for Safe Conception and Infertility (2019)
2. Sexually Transmitted Infections Management Guidelines (2015)
3. National Guideline on the Management of Post-Exposure Prophylaxis (PEP) in Occupational and Non-Occupational Exposures (2019)
4. The South African National LGBTI HIV Plan, 2017-2022
5. The South African National Sex Worker HIV Plan, 2016-2019
6. National Breast Cancer Prevention and Control Policy
7. The Global Family Planning 2020 framework
8. Minimum Standards for the Integration of HIV and Sexual and Reproductive Health in the SADC Region
9. SADC Protocol on Health, Article 16
10. Sexual and Reproductive Health Strategy for the SADC Region 2006-2015

The Role of Civil Society Organizations (CSOs) in strengthening access to SRHR

CSOs have an important role when it comes to translate universal transnational agreements into local reality. On account of on-going issues and incidents in their countries, CSOs take into consideration local communities and frame universal human rights around existing cultural realities.[18] There are many organisations in South Africa that seek to promote women's access to SRHR and curb GBV and these include: Sonke Gender Justice, an organisation that works to influence national gender equality policies for promotion of its work against GBV and access to SRHR for all.[19]

[16] THE SOUTH AFRICAN NATIONAL AIDS COUNCIL (SANAC). (2016) "South African National Sex Worker HIV plan, 2016 – 2019." Pretoria.
[17] Asijiki Coalition to decriminalise sex work in South Africa Sex work and human rights (2015).
[18] MERRY, S. E. (2006). "Human rights and gender violence: Translating international law into local justice." *Americal Journal of Sociology,* pp. 269.
[19] SONKE GENDER JUSTICE. (2020). Vision and mission. https://genderjustice.org.za/about-us/aboutsonke/ (Accessed 2023-03-20).

Women's Legal Centre (WLC) is an organisation based in Cape Town and Johannesburg and works to address women's access to SRHR and combat GBV by providing free legal advice and services for women.[20]

Gender Links (GL) is a southern African Women's Rights organisation that is based in Johannesburg, South Africa. GL aims to promote gender equality through capacity building, developing policies and action plans to national institutions. GL also works with evidence-based research and advocates for change by using news and social media platforms.[21]

Soul City Institute (SCI) is an organisation that mobilises its service throughout South Africa's nine provinces. It fights for social justice, which specifically targets young women and girls with an aim to promote health and gender equality, by bringing awareness to SRHR.[22]

Recommendations

- Strengthen stakeholder engagement and partnerships to enforce and implement the SRHR Policy.
- Improve collaboration and cooperation between government, civil society, development partners, and the private sector.
- Provide oversight, platforms for collaboration, and institutional coordination frameworks that ensure programme delivery, transparency and accountability.
- Promote strong leadership and management to enforce and implement the SRHR Policy.
- Mobilise financial resources and maximise efficiencies to support implementation.
- Monitor and evaluate the implementation and outcomes of the SRHR Policy.
- Maximise the use of programmatic data and research to improve service provision and increase its impact.
- Ensure healthcare providers have the skills and knowledge to deliver integrated SRHR services.
- Provide quality SRHR services at primary health care level or the lowest level possible.

Conclusion

Realisation of SRHR requires provision of comprehensive, people-centred services, that address the different elements of SRHR, and which are supported by an enabling environment, quality health systems, and meaningful community engagement. Multiple, synergistic cross-linkages exist within and between the different SRHR elements, leading to sequential outcome benefits throughout the life course. Supportive laws and policies, and access to justice are essential to eliminate stigma, discrimination, violence, coercion and

[20] WOMEN'S LEGAL CENTRE. (2017) Written submission to the portfolio committee on justice and correctional services: Juridical matters Amendment Bill. https://wlce.co.za/submissions/ [ACCESSED 2023-03-20]

[21] GENDER LINKS. (2019) Voice and choice barometer: Gender-based violence. https://genderlinks.org.za/what-we-do/sadc-gender-protocol/voicechoice/ (Accessed 2023-03-20).

[22] SOUL CITY INSTITUTE. (2016) Annual report. https://www.soulcity.org.za/about-us/annual-reports/annual-report-2016-final.pdf (Accessed 2023-03-20).

exclusion from health care. Such laws and policies create a safe and supportive enabling environment that meets the SRHR needs of all people, especially key and vulnerable populations.

DISCLAIMER

This policy brief is for the "Strengthening Local Governance to Improve Gender Based Violence' Project also known as the "Masiphephe Network" ("Let's Be Safe"). The project is funded by the United States Agency for International Development (USAID), through its Democracy, Human Rights and Governance (DRG) unit, and led by the Centre for Communication Impact (CCI). The Masiphephe Network community-based gender-based violence (GBV) prevention and response partners across three provinces in South Africa, believe that GBV is the grave consequence of complex social and structural problems. Our programme encourages inclusive GBV interventions through strategic policy advocacy, community-led collaborative supportive multi-sectoral partnerships, building awareness and promoting behaviour change to shift GBV social norms. Our views are informed by community engagements and recommendations. The contents of this policy brief are the responsibility of CCI and do not necessarily reflect the views of USAID.

BREAK THE SILENCE, CALL 0800 428 428 (GBV COMMAND CENTRE) TO REPORT AND GET GBV SUPPORT.

Masiphephe Network Implementing Partners

ORGANISATION	IMPLEMENTATION SITE/ LOCATION	CONTACT #
CCI	Pretoria, Gauteng	012 366 9300
GHJRU	University of Cape Town	021 406 6023
Agisanang Domestic Abuse Prevention and Training (ADAPT)	City of Johannesburg Region E, Gauteng	011 786 6608
Sonke Gender Justice (Sonke)	City of Johannesburg Region D, Gauteng	011 339 3589
Ethembeni Crisis Care Centre (ECCC)	eThekwini West, KwaZulu Natal	031 704 6860
Gugu Dlamini Foundation	eThekwini INK Area, KwaZulu Natal	031 292 2852
Project Support Association Southern Africa (PSASA)	Emalahleni Local Municipality and City of Mbombela	013 752 5624

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