

STATEMENT

FOR IMMEDIATE RELEASE

Friday, June 10th, 2022

In commemoration of the International Day of Action for Women's Health

KAMPALA. Today the Civil Society Organizations in Uganda led by CEHURD join the world to commemorate the International Day of Action for Women's Health, which is marked every May 28 to foster the Sexual and Reproductive Health and Rights of women around the world and draw attention to the deepest forms of disregard for autonomy: coercion, discrimination, and violence as it is experienced by many women and girls in our societies today. And remind key actors about the multiple health-related issues that affect women.

Earlier this week, we unveiled a campaign-themed **Women's Health Matters** through which we are leading a conversation on ways through which the existing gendered health inequities that women and girls experience in the country can be redressed. The realization of women's right to health is a driver of the Sustainable Development Goals. Women's Health is a critical pathway to realizing gender equality and empowerment.

Women and men have different healthcare needs, but equal rights to live healthily. Arguably, women need special attention when framing the agenda for health due to the fact that women are biologically different from men and therefore have unique needs throughout their lifespan. Gender discrimination systematically undermines access to health care for many women and girls, for reasons that include fewer financial resources and constraints on mobility.

This is compounded by additional burdens imposed by gender disparities which limit their ability to stay healthy. These include long hours spent on domestic work, unsafe work environments, and gender-based violence, with mechanisms for prevention and protection often inadequate. Pregnancy and childbirth pose particular risks. Health disparities are often rooted in racial discrimination and systemic disenfranchisement.

Continued failure to redress the existing health inequities experienced by women will increase their vulnerability within our society, while at the same time, limiting the positive contribution they will be able to make to the socio-economic wellbeing of Uganda as a whole. And creating solutions begins with recognizing that these challenges exist.

Maternal Mortality

Uganda's maternal mortality ratio (MMR) despite being on a reducing trend, it remains unacceptably high at 336 per 100,000 live births (According to UDHS 2016) - this translates into losing 16 women every day due to maternal health-related complications. Unsafe abortions significantly contribute to this morbidity and mortality. Other major causes include post-partum bleeding, obstructed labor, infection related to childbirth (sepsis), pregnancy-induced high blood pressure (Eclampsia or pre-eclampsia), and abortion-related complications.

Unfortunately, adolescent females account for a significant proportion of maternal deaths, which are largely due to preventable causes like malnutrition, infections, and hemorrhage coupled with inadequate health care and supportive services and information, particularly in rural areas.

Furthermore, Uganda retains a high burden of sexual and reproductive health risks among young people such as teenage pregnancy, Gender-based violence, STIs, child marriage, HIV and harmful practices like FGM. Nearly one-quarter of Uganda's population is between the ages of 10 and 19. Many of these young people are at risk or already struggling with the consequences of an unplanned pregnancy or a sexually transmitted infection (STI), including HIV/AIDS.

An estimated 67 new young Ugandans get infected with HIV every day. This represents 44.1% of all new infections in the country, the majority of which are sexually transmitted. Young women in particular are at significant risk for both unintended pregnancy and HIV infection. HIV prevalence among 15–24-year-olds is 4 times higher among women (3.3%) than men (0.8%), and 23.5% of young girls aged 15–19 years have given birth.

The onset of the COVID-19 pandemic, the number of GBV cases, rates of teenage pregnancy, rates of early marriage undeniably shot up. Women and young girls were confined to their homes during the lockdowns experiencing increases in violence.

The measures to respond to COVID-19 further exacerbated risk factors for vulnerable populations such as women as they were locked in homes with their abusers. Lockdowns isolated some girls in close proximity to perpetrators within homes and neighborhoods, and left them unable to access help.

At least 644,955 teenage pregnancies were recorded during the COVID-19 lockdown in Uganda, according to the United Nations Population Fund-UNFPA.

Since March 2020 when COVID-19 hit the world, an estimated 354,736 teenage pregnancies were reported following the closure of all schools in the country for at least eight months. An additional 290,219 pregnancies were reported between January and September 2021. The number of recorded pregnancies is five times higher than the number of cumulative COVID-19 positive cases that have been reported since 2020.

Uganda has ratified major international human rights instruments on health including Sexual Reproductive Health and Rights (SRHR) and women's health, giving the country an obligation to protect the rights that the various Treaties, Declarations, Covenants, and Protocols define and protect.

Our Asks

These steps should be taken to ensure that women in Uganda enjoy their right to healthfully.

- We want to see that concrete actions are taken to ensure that women and girls in all their diversity can enjoy the right to health. And this should be felt in our health programming and decision-making.
- We have to ensure that our health care system is meeting the needs of women as it should be. As a country, we have to aim higher and do better in ensuring that we don't lose any more women due to preventable causes.

Take action towards the fulfillment of Women's Right to Health

- Take a stand to improve the efficiency of health care delivery and access systems for all women and young girls and to take a gender-sensitive approach to address the medical, socio-cultural, and economic factors that have the potential to adversely affect women's health and limit their lifespans.
- Invest and Create ways to Improve Women's Health. The government should prioritize and provide sufficient funds in the national budget for maternal health care.

Heeding the orders in CEHURD's cases on SRHR

- Government must heed the orders in CEHURD's cases on SRHR like the petition 16 case and the CSE case. The constitution guarantees the women of Uganda opportunities and rights to perform their natural maternal function. And the petition 16 Judgement entrenches these rights by prioritizing the health of women during planning.
- The petition 16 judgment recognizes that the government's omission to adequately provide basic maternal health care services in public health facilities violates the right to health and the right to life. And task them to take the necessary measures to improve maternal health and adequately provide emergency obstetric care in public health facilities.

- First, implementation of the ruling should be first tracked. Especially the orders on injecting more funds into maternal health will help save women's lives. The government's commitment to ending mortality should be felt in its decisions, operations and budget.

Heed the CSE Case Ruling

- After a five years litigation battle, CEHURD secured a positive judgment in the CSE Case that sought to compel the government to lift the ban on Comprehensive #SexualityEducation (CSE) in Uganda. In one of the orders, the Judge asked the Government of Uganda to develop a Sexuality Education Policy within two years and address all the relevant issues competently. Sexuality Education is a priority as we work to improve the SRHR outcomes among young people. Evidence shows that increasing young people's knowledge on SRH helps to enhance their capacity to make healthy sexual choices or handle the challenges that they face.
- The contestation of sexuality education in Uganda has left many young people without essential SRHR information, that would help them deal with their SRHR issues. Leaving many to be exposed to teenage pregnancy, many losing their life through unsafe abortion. The ban on CSE sparked years of uncertainty over how and if education about sexuality as well as HIV prevention and family planning are illegal. Since then, Schools and Aid groups have scrambled to reconfigure their programming, often working under threats.
- Another point of contention in the case was the use of the term 'comprehensive'. To this, the Judge stated that "The inclusion or exclusion of the term 'comprehensive' is a simple matter of form that should never derail the substance of this process. We need to fast-track the development and implementation of the National Sexuality Education Framework which answers the orders made by the judge, as a way of implementing the CSE Case Ruling.

To end GBV

- Let's work to create a Safe Listening Space for Women, Support initiatives that target to eliminate the gender-based violence scourge in our communities, openly condemn harmful practices and negative social norms, Scale-up evidence-based community violence prevention approaches to address GBV and violence against women and girls, Scaling up prevention efforts that address unequal gender power relations as a root cause of gender-based violence, Focus prevention efforts on changing social norms that underpin violence against women, Strengthen and enhance multisectoral services, Developing support programs for professionals experiencing secondhand trauma, Bolster the case management capacity of GBV and child protection actors through systematic training and mentorship; improve facilities and logistical resources; and strengthen coordination and referral mechanisms, including local leaders and

refugee welfare committees, Establish community-based protection structures that work as information conduits.

Use my tax to fund the health sector

- Gender equality must be at the core of national budget appropriation towards health. Government must ensure that key parts of the health service are meeting women's needs as they should be. We want this to be felt in programming and decisions regarding health

Women and SRHR information

There is a need for a comprehensive approach to the education of girls and women on their Sexual Reproductive Health Rights. We must do better in creating an enabling for them to enjoy their health rights.

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