

June 2021

## Global Actors' Effort towards Gender Equality in Women's Health in East and Southern Africa

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### Recommended Citation

Putri, Alvela Salsabilah; Choirunissa, Puti Jasmine; and Salma, Riana (2021) "Global Actors' Effort towards Gender Equality in Women's Health in East and Southern Africa," *Global: Jurnal Politik Internasional: Vol. 23 : No. 1* , Article 5.

DOI: 10.7454/global.v23i1.580

Available at: <https://scholarhub.ui.ac.id/global/vol23/iss1/5>

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## GLOBAL ACTORS' EFFORT TOWARDS GENDER EQUALITY IN WOMEN'S HEALTH IN EAST AND SOUTHERN AFRICA

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Submitted: 9 March 2021; accepted: 4 May 2021

### Abstrak

Menurut data UNAIDS tahun 2020, kurang lebih terdapat 20.700.000 orang yang terinfeksi HIV, dengan 12.900.000 yang terinfeksi adalah perempuan di Afrika Timur dan Selatan. Kondisi ini disebabkan oleh minimnya hak kesehatan bagi perempuan yang juga dilandasi oleh terbatasnya hak perempuan atas hal-hal seperti pendidikan, pekerjaan, dan finansial. Penelitian ini bertujuan untuk melihat peran tata kelola global dalam mewadahi aktor-aktor global untuk mengatasi isu kesetaraan gender dalam kesehatan perempuan di kawasan Afrika Timur dan Selatan. Penelitian ini dibangun berdasarkan konsep tata kelola global dan feminisme. Metode penelitian yang digunakan yaitu metode penelitian kualitatif dengan menggunakan studi kasus. Tulisan ini berkesimpulan bahwa aktor-aktor global (pemerintah dan nonpemerintah) melakukan kontribusi penting melalui kerja sama internasional dan menghasilkan berbagai program pemberdayaan perempuan dan bantuan kesehatan. Program-program dan bantuan ini menghasilkan perubahan yang perlahan namun pasti bagi kesetaraan gender dan kesejahteraan perempuan di kawasan Afrika Timur dan Selatan. Karena melalui berbagai program dan bantuan kesehatan tersebut, perempuan di kawasan Afrika Timur dan Selatan dapat mengoptimalkan haknya sebagai perempuan dan juga manusia.

### Kata kunci:

Afrika, kesetaraan gender, kesehatan perempuan, tata kelola global, perempuan

### Abstract

According to 2020 UNAIDS data, there are approximately 20,700,000 people infected with HIV, with 12,900,000 infected are women in Eastern & Southern Africa. This condition is caused by the lack of health rights for women which is also based on the limited rights of women to matters such as education, employment and finance. This study aims to examine the role of global government in accommodating global actors to address issues of gender equality in women's health in Eastern and Southern Africa. This research is built on the concept of global governance theory and feminism. The research method used is qualitative research methods using case studies. This paper concludes that global actors (governmental and non-governmental) make important contributions through international cooperation and produce various programmes for women's empowerment and health assistance. These programmes and assistance are producing slow but steady changes to gender equality and the well-being of women in the Eastern and Southern Africa region. Because through these various health programmes and assistance, women in the Eastern and Southern Africa region can optimise their rights as women as well as human beings.

### Keywords:

Africa, gender equality, global governance, women, women's health

## **INTRODUCTION**

The health of women in Africa is still a topic of concern. The diseases most commonly found in African women are human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and tuberculosis, and most of the people with tuberculosis and cervical cancer are also patients with HIV/AIDS. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2020), in the East and Southern Africa region, there are 300,000 deaths due to AIDS and 150,000 of them are women. If the mortality data is compared with data on individuals infected with HIV, the results are not that far off the percentage of women as the population who are more infected with HIV. Data in East and Southern Africa shows that out of a total of 20,700,000 people infected with HIV, 12,900,000 of them are women (UNAIDS, 2020). Thus, if the ratio is converted to percentages, 62.31% of the total number of people infected with HIV are women. As for tuberculosis, UNAIDS (2020) notes that there are 110,000 people who have both tuberculosis and HIV in East and Southern Africa.

One of the biggest factors which contributes to the high number of health issues among women in the East and Southern Africa region is the lack of women's access to Sexual and Reproductive Health (SRH) rights due to gender inequality. It is recorded in the data on the Gender Inequality Index (GII) by UNDP that countries in the East and Southern Africa region still have high GII values; meanwhile, the lowest GII value in the East and Southern Africa region is valued at 0.402 in Rwanda which is ranked 92 out of 162 in the world (not including countries that have not registered their GIIs) (UNDP, 2020). Meanwhile, other countries in the region have a much higher GII values and achieve lower ranks. The high number of GII values of a country shows that there is an inequality between women and men; being positioned at the 92<sup>nd</sup> rank and below, it can be said that the East and Southern Africa region still has a low level of gender equality.

The issue of gender equality in women's health requires a solution beyond efforts by domestic governments. In this era, cooperation initiatives within the international realm do not only occur between countries, but also between countries, international government organisations (IGOs), international non-governmental organisations (INGOs), and economic actors—such as multinational corporations (MNCs). With harmonious cooperation assisted by increasingly sophisticated technological developments, under the right circumstances, gender equality is something that could already be in hand. Yet until now, gender equality in the East and Southern Africa region is still far from regions that have high scores in human development indexes and GII,

such as Western Europe, where Belgium and France are ranked 4<sup>th</sup> and 8<sup>th</sup>, or East Asia with Japan at 24<sup>th</sup> and South Korea at 11<sup>th</sup> (UNDP, 2020). This low level of gender equality also affects the health sector for women in Africa because they do not have optimal access to finances, as one of the keys to fulfil SHR rights. Thus, in this study we would like to scrutinise the role of global governance through cooperation between domestic governments and various global actors to address gender equality in the East and Southern Africa region and what changes occur through this collaboration. This research departs from several research questions. What is the health condition of women in East and Southern Africa? Why does the current health condition of women in East and Southern Africa persist? Who are the actors who participate in offering assistance to address issues on gender equality in women's health in the East and Southern Africa region? What are the cooperation models formed with these actors? Are there any changes visible after the establishment of this collaboration for women in the East and Southern Africa region?

There are several quantitative and qualitative studies on women's health issues in Africa, including quantitative research using logistic regression, written by Kavita Singh, Shelah Bloom, and Paul Brodish (2015), which explains how gender equality barometers—which use factors such as gender equality, how households make decisions, and gender-based violence activities—may prevent potential maternal and child health deaths in Africa.

Another research, a qualitative one by Olena Ivanova, Masna Rai, and Elizabeth Kemigisha (2018), examines how SRH among girls and young women refugees in Africa is often overlooked. This study looks at the limited education obtained by adolescent girls and young women regarding contraceptive procedures and HIV/AIDS. Teenage girls and young women in Africa often face violence and sexual harassment. In addition, this study looks at how the lack of services to fulfil SRH is very inadequate due to factors such as non-strategic location, stigma, and expensive service prices.

Another study by Eleanor E. MacPherson, et al. (2014) shows that health is largely determined by gender equality. The study discusses how the liability faced by residents, especially women, in the East and Southern Africa region to diseases such as HIV does not only depend on biological conditions but is also influenced by social factors, such as gender equality. MacPherson, et al. (2014), examines how gender inequality, that resulted in poor health in the East and Southern Africa region, leads to gender inequality in SHR rights. This results in an unbalanced health structure between women and men.

Previous writings on women's health issues in Africa and the East and Southern Africa region have focused on how gender equality affects women's health. Yet, no research has focused on approaches to addressing gender equality in women's health with the help of global actors in shaping cooperation through global governance. Thus, this study is formed based on questions about the role of global governance by its actors in addressing gender equality in health, especially for women in East and Southern Africa. To answer this argument, this article will begin with a description of the health conditions of women in the East and Southern Africa region which will then be followed by an explanation of how gender inequality affects women's health conditions. After that, the discussion will continue to find out which actors are participating in efforts to overcome the lack of gender equality in women's health in the East and Southern Africa region and what models of cooperation have been established. Through knowledge of who contributed and what has been worked on, the discussion will be closed by an analysis on the changes that have taken place after the aforementioned efforts have been made. Thus, this paper aims to determine the role of global government through its actors in addressing the issue of gender equality in terms of women's health in the East and Southern Africa region.

### ***ANALYTICAL FRAMEWORK***

#### **Global Governance**

Murphy (2014, p. 23) argues that the concept of global governance has been brought in by European kingdoms long before the First World War began, wherein many public and private international organisations connected core countries, most of which are industrial countries. Although these organisations provided only few services, they had a major impact on the European imperial economy, especially in the development of trade and industry during the Second Industrial Revolution by providing services in various forms, ranging from electrical power to the production of other new products for consumers. Today, perhaps we recognise the United Nations (UN) as the main player of the new world system among other public and private organisations. UN was formed after the League of Nations was deemed to have failed in carrying out its objectives. Even after the formation of the UN, the phrase “global governance” had not emerged and used in general terms.

The starting point for global governance to become a phrase that is known and used by the international community today occurred in the 1990s when global trade,

transportation, and communications were at the peak of the revolution. Some countries that had been in the socialist bloc—especially China—felt that the international economy was too dominated by the West and they asked to be more incorporated into the global economy (Murphy, 2014, p. 23). International organisations were considered to be developing and introducing transformations to the international economy, but they also had difficulty in controlling it. As the international economy became hard to control, various things that could not be addressed by international regulations arose. Global governance emerged in the discipline of International Relations after it was seen as an invisible link that needed to be clarified, in the sense that global governance had always existed but had no name, and the system of global governance itself needed to be reformed to take care of things that could not be controlled by international regulations. A renewal to the concept of global governance was required and needed a lot of attention like when the world formed the United Nations so that the global governance system could be stable and strong.

Global governance consists of actors of international institutions: governments (IGOs) and non-governmental actors (NGOs) as well as economic actors, such as MNCs. One of the IGOs that have been previously mentioned and is deemed to be central among IGOs is the United Nations. Specialised United Nations agencies have been formed after the main systems of the organisation were drawn up by the UN Charter (Schild, 1995). Some of the UN specialist agencies are the World Health Organisation (WHO), the Food and Agriculture Organisation (FAO), the International Labour Organisation (ILO), the International Monetary Fund (IMF), etc. UN also maintains regular relations with the members of the governments that are concerned with matters in accordance with the specialisation of each agency (Gordenker, 2014, p. 215). For example, WHO will have regular contact with the health ministers of UN member states.

Overall, global governance is a concept in which there are institutions with representatives of members from various countries in the world to bridge representatives from various countries in the world in the matters of economy, politics, socio-culture, etc., under international regulations that must be obeyed by all members. Global governance is also supported by non-governmental actors who work more deeply and often collaborate with national governments and IGOs, especially UN, in taking action against a situation that occurs in a particular country or region that will have a global impact. Thus, global governance itself is a concept used to reflect on how actors of NGOs and IGOs, consisting of various countries, regulate and work within the government

systems on a global scale that affect not only one particular region but also the whole world.

### **Feminism**

Since centuries ago, women have often been associated with 'feminine' behaviours, in which women only have one obligation and one goal, namely taking care of the household (Walters, 2005, p. 41). Taking care of the household also means prioritising her husband and children. However, albeit women are responsible of the household, in reality, there is no ownership under the rights of women. Reid (1843) explains how women do not have the right to whatever they produce, whether from the results of their own work or their own children. Everything that a woman has—especially a married woman—is her husband's property. Women are taught that nothing is more important than their appearance and how they will find a man who can protect and provide for them through marriage, so men's opinions of women are considered more important than other things, such as their intelligence (Mangan, 2019, p. 40; Wollstonecraft, 1891). Unfortunately, these stereotypes have also been around and have remained strong over the centuries due to the concept of “heredity,” as mothers emphasise the stereotypes to their daughters, as well as from their daughters to their daughters’ children, and so on.

Chimamanda Ngozi Adichie (2014, p. 20), a feminist and writer from Nigeria, says in her book titled *We All Should Be Feminist* that:

“And then we do a much greater disservice to girls, because we raise them to cater to the fragile egos of males. We teach girls to shrink themselves, to make themselves smaller. We say to girls, ‘You can have ambition, but not too much. You should aim to be successful but not too successful, otherwise you will threaten the man. If you are the breadwinner in your relationship with a man, pretend that you are not, especially in public, otherwise you will emasculate him.’”

The excerpt from Adichie relates to the stereotype described by Wollstonecraft (1891) which in practice has developed among women and created a belief that women are basically inferior to men.

Europe and North America underwent great changes caused by the Enlightenment in the 18th century which was a movement of scholars who argued on the topic of equality and freedom (Mangan, 2019, p. 31). However, Mangan explains how in the

Enlightenment, many scholars argued over who equality and free speech was for. They thought about whether it was only for men or for both women and men. Mangan (2019, p. 31) explains that this happened because of the division of two camps, namely those who feel that women are indeed inherently weaker, so they are less likely to be more rational than men, and the faction that supports gender equality because of their intellectual abilities that has been tested and said to be worthy. One of the most prominent figures who opposed women's equality in the Enlightenment was Jean-Jacques Rousseau, while one of the figures in the supporting camp was the philosopher Denis Diderot.

According to Hoffman (2001, p. 4), human rights discussions include various justice and equality issues, including feminism. The theory of feminism has a major concern regarding equality and justice for women's rights. This concern emerges from the discrepancy within the concept of "human rights"; if women still face injustices and fail to have their rights fulfilled, do human rights can only be satisfied for men? Whitworth (1994, p. 2) explains that modern feminists are very passionate about creating women's liberation movements, which are actualised in the forms of protests against the hierarchy of power that is embedded in men and women using the socially accepted norms and values. Meanwhile, according to Weedon (1987, p. 1), feminism in practice is a demonstration against political hierarchy that is carried out to recast the hierarchy between men and women that has been embedded for centuries.

### **RESEARCH METHOD**

This study uses qualitative research with the case study method. Qualitative research is an approach that is wholly carried out to the research subjects within a particular phenomenon. In qualitative research, the researcher plays as the key instrument and the results of the approach are described in written words (Taylor & Bogdan, 1990). In this case, the researcher will conduct a careful analysis to the various factors associated with the case, so it will produce accurate conclusions. In this research, the authors also use secondary data obtained from documents published by various international organisations, as well as reports and news available on the internet. Secondary data itself is data obtained from secondary sources of the required data. In this case, we use secondary data in the form of literature that supports this research.



## ***DISCUSSION***

During the globalisation era, women's health is a constantly discussed issue. At the global level, approximately 468 million women aged 15 to 49 (30% out of all women population) are calculated to suffer from anaemia, in which at least half are inflicted by iron deficiency, and most of these populations are from Africa (48-57%). Women in the African continent are more likely to pass away from infectious diseases (such as HIV/AIDS, tuberculosis, and other diseases) (WHO Africa, 2012a). Moreover, in reference to data by the United Nations (UN), half of all cases of maternal mortality are recorded in Africa, which rate was calculated to amount to 620 out of 100,000 births ("Afrika Berdayakan Perempuan", 2012). The level of women's health in Africa may be deemed as very low, or even unsatisfactory, which serves as an enormous challenge for the African society, especially for its women population.

### **The Condition of Women's Health in East and Southern Africa**

The United Nations Children's Fund (UNICEF) (UNICEF, 2017) found that high fertility rates and the increasing number of productive-age women were two main issues which contributed to the African continent's high birth rate. Moreover, UNICEF predicted that in 2050, the world's population would reach 9.77 billion people, 26% of which would come from Africa (Roser, 2019). The African continent's high pregnancy rate was a consequence of several causes, such as early marriage, peer pressure, and attempts at gaining attention from spouses. However, these causes were accompanied by a lack of sexual education and use of contraception.

Several East and Southern African states, such as Uganda, Nigeria, Senegal, and Kenya, reject the use of contraception as it is deemed to contradict moral and religious values. They argue that children are gifts from God. Henceforth, preventing pregnancy through contraception and abortion is viewed as a sin (Obasohan, 2015). Moreover, a lack of trust and fear towards consequences of contraception usage, as well as its rather expensive cost, contribute as another factor to the high rates of pregnancy in East and Southern Africa (Obasi, 2008). Minimum usage of contraception and a lack of education has led to frequent occurrences of abortion and maternal mortality during abortion. Aside from abortion, these shortcomings would facilitate the spread of HIV/AIDS.

East and Southern Africa is the most affected region by HIV in comparison to other regions. In 2019, as much as 19.6 million people from East and Southern Africa suffered from HIV, in which most of these cases were found in women aged 15 to 24 (12

million women and 7.6 million men) (“People Living with HIV”, 2021). HIV in East and Southern Africa is mainly transmitted through sexual intercourses, meaning that the disease affects the whole population. There are several groups within the population who are at high risk of being infected with HIV, such as young women, children, sex workers, gay men, injection drug users, inmates, and populations who identify as transgenders. However, far higher levels of HIV prevalence are found in some groups, such as sex workers and gay men.

Among sex workers in East and Southern Africa, 55% of them live with HIV. Approximately, 90% of sex workers in the region are women, although the occupation is also common among gay men and transgenders (UNAIDS, 2017a). The high number of customers who are infected by HIV brings substantial impact towards the development of the epidemic in the whole region. Therefore, it can be inferred that the prevalence among sex workers is very high. Most states in the region have noted the position of sex workers in their national HIV strategies. However, there are many sex workers who are hard to reach for prevention and recovery programmes due to minimal data.

Among men who have sex with men (MSM), most men who have sexual intercourses with men in the region also engage in sexual intercourses with other sexes, such as with their spouses or other women. Therefore, women are at risk of being infected with HIV as they are unaware of their partners’ sexual activities as MSM. Henceforth, HIV epidemic among gay men also pertains to its infection among the wider population (UNAIDS, 2013). However, people with HIV face negative stigma and discrimination, as well as legal limitations which hinder them from accessing healthcare for HIV. Thus, HIV remains a main concern in Africa which requires apt response, especially in East and Southern Africa.

Moreover, in East Africa, the prevalence of anaemia among childbearing-age women is higher, which ranges from 19.2% in Rwanda to 49% in Zambia (Teshale, et al., 2020). Several factors which contribute to such a phenomenon in the region include minimal awareness and knowledge on food fortification, along with the minimal availability of iron (in the forms of supplement, staple food, and fortified products). In fact, government-funded supplementation programmes often fail or oftentimes require citizens to pay most of the fees, rendering these programmes inaccessible to most citizens (Mwangi, 2017). The economic costs from cognitive deficiency and reduced productivity due to anaemia represent 4% out of the GDPs of low-income countries in Africa. Yet, anaemia has yet to receive focused responses as an important public health concern. The

health sector and the government place most of their focus towards contagious and other degenerative diseases.

Meanwhile, UNAIDS (2020) reported 110,000 cases of patients suffering from both tuberculosis and HIV in East and Southern Africa. Cases of tuberculosis among pregnant women are also prevalent. This is so because their immune system is more prone to infections during pregnancy. Yet, healthcare systems in East and Southern Africa are barred by limitations to their finances, facilities, human resources, availability of drugs, and laboratory facilities to sufficiently respond to and manage increases of tuberculosis cases. Although the United States (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to respond to HIV and tuberculosis have contributed substantial financial support to tackle health problems in Africa, most of these funds are allocated towards responses to HIV. Thus, tuberculosis is not among the main focuses of these programmes. Another important factor pertains to early diagnosis and treatment for tuberculosis, which is not sufficient to detect tuberculosis cases among patients infected with HIV. This has led to many patients getting sick and infected for a long time before the disease can be detected, as well as the death of thousands of people who never receive proper diagnosis for tuberculosis (Chaisson & Martinson, 2008).

### **Gender Inequality as a Factor Affecting Women's Health in East and Southern Africa**

Before learning about gender inequality in women's health, we must first scrutinise the inequality against women that occurs in the East and Southern Africa region in several fields such as finance, education, employment, and social norms. This is because inequality in these four fields is also one of the roots of the difficulties in accessing health rights for women. Margaret Kenyatta—the first lady of Kenya—explained in the 2019 Global Gender Summit (Egbetayo, 2019) about how difficult it would be to gain power over finance, such as minimal access to credit for women in Africa. Later, she said that this would have a major impact on women's right to have spending decisions that they could use to access education and health. Margaret Kenyatta's explanation referred to the statistic that, financially, 70% of women in Africa are still excluded and this creates a financial gap between women and men.

This difficulty in accessing education was further elaborated in an international workshop in 2016 organised by Friedrich-Ebert-Stiftung (FES), the World March of Women, and Fórum Mulher with the theme Political Feminism in Africa explaining some

of the gaps between women and men in Africa in some areas, as well as the prospects for feminism in Africa. The workshop explained how the education gap between women and men still occurred in all sub-regions of Africa, where African women could access primary school, but the majority did not continue to secondary school. Using data in the United Nations Development Programme's (UNDP) Human Development Report (HDR) 2016, it is noted that the average level of education for women in Africa is only about 4 years. For the East and Southern Africa region, it was recorded that during 2005–2014, women took approximately 3.5 years of education on average in East Africa, while for the Southern African region women only took an average of 5 years of education (UNDP, 2016). Women in Africa (including the sub-regions of East and Southern Africa) tend to not continue to secondary school or higher education so that there is a significant gap in education between these two levels of education (FES Mozambique, 2017). We know how education is very important as a qualification to work in this modern era, whereas a low level of education will affect the level of opportunity for women in East and Southern Africa to get a job.

In Africa, including in East and Southern Africa, the reasons for many women drop out of school are poverty due to lack of financial access, early marriage, and early pregnancy. Women who are married or pregnant tend to get discriminatory attitudes which push them to drop out of school. One of the countries in the East African region where this discrimination practices are found is Tanzania (Human Rights Watch, 2017). Such practices contradict human rights, which serve as evidence to the theory of feminism by Hoffman (2001, 4) where he states that inequality is born from a distortion of human rights where “human” rights do not represent women because they still cannot fulfil their rights. In the theoretical framework, it is also stated that these limited rights are caused by a hierarchy that has been embedded for a long time and ends up becoming social norms and values that are considered “normal” by the society (Whitworth, 1994, p. 2). These social norms and values are other factors that lead to gender inequality in Africa in general, including in the East and Southern Africa region, where these social norms are formed by traditional law (FES Mozambique, 2017). This traditional legal system is the root that pushes women into some of the detrimental things that have been previously mentioned, such as early marriage. Early marriages then often lead to physical and sexual violence against women and maternal deaths discussed in the previous chapter. These adverse events have a profound effect on women's health in the East and Southern Africa region.

In addition, gender inequality in those general aspects also spread to issues on women's health in East and Southern Africa. One of these aspects is marriage with a big age gap. A study explains that young women who are married to partners who are 16 years of age or older are three times more likely to become infected with HIV than partners who are less than 15 years older than themselves. This is because older men often contract HIV from previous partners or other women (Schaefer R, 2017). The majority of young women in this region marry older men under the assumption that older men will be more caring, financially stable, and psychologically mature, as well as know how to handle women socially, psychologically, and emotionally. Unfortunately, these expectations are not fully met in the majority of marriages in East and Southern Africa. Women who marry young often experience physical and sexual violence. Furthermore, women diagnosed with HIV will be neglected or abandoned by their families and husbands, lose their identity, meet rejection, and face discrimination from several parties. As a result, many women and children are isolated and end up having antisocial behaviour, becoming street children, and even engaging in prostitution (Burkholder, 2019). Seeing that the majority of victims who are neglected are women, this is a reminiscent of a quote from Adichie related to the stereotype described by Wollstonecraft (1891) that women seem to be basically inferior to men.

Most of those who end up as sex workers often do not get their rights as women. Some of them have understood the functions and benefits of contraception so the majority of the female sex workers use condoms as a “means of self-protection” as it is their right and choice. However, in some cases, sex workers do not have access to use or obtain condoms, and often have difficulty negotiating their use with clients. In other cases, the police actively confiscated or destroyed condoms for sex workers. A 2012 study in Kenya, South Africa, and Zimbabwe found evidence of physical and sexual abuses and abuse against sex workers who carry condoms. The police also use threats of arrest on the grounds of possession of condoms to blackmail and exploit sex workers (Avert, 2020). This is of course very unfortunate considering that the police is a governmental institution, which should be able to provide justice and a sense of security for its citizens. Therefore, in this case, the main concern outlined in the theory of feminism, namely regarding equality and justice for women's rights, is evident in the African region, especially East and Southern Africa.

### **The Roles and Contributions of Global Actors in Gender Equality Issues Pertaining to Women's Health in East and Southern Africa**

Considering the inadequate condition of women's health in East and Southern Africa, various global actors with roles in global governance, such as IGOs, NGOs, governments, and communities, have addressed the need for stability in women's health in East and Southern Africa through cooperation in health and non-health programmes to improve women's rights for health in East and Southern Africa. Multiple actors have provided substantial contributions to improve gender equality and women's health. Referring to the concept of global governance, these responses serve as an arena for governmental and non-governmental actors to cooperate in response to situations existing in certain states or regions which might lead to consequences at the regional and global levels.

#### *United Nations (UN)*

To assist with countering the HIV/AIDS epidemic, the UN has enacted the 90-90-90 programme. In 2013, UNAIDS' Programme Coordinating Board appealed for support from UNAIDS in establishing a new target to improve HIV treatment after 2015, which sought to end the HIV/AIDS epidemic by 2030. In response, consultations among stakeholders on the establishment of a new target were held globally, including in East and Southern Africa. At the global level, stakeholders gathered in various thematic consultations which focused on civil society, medical laboratory, paediatric HIV treatment, youth, and other important issues. The 90-90-90 Programme, which came in practice worldwide, holds three points. First, by 2020, 90% HIV/AIDS patients would be aware of their conditions. Second, by 2020, 90% patients diagnosed with HIV would have accepted antiretroviral (ART) therapy. Third, by 2020, 90% out of all ART therapy participants would be declared free from the virus (UNAIDS, 2017b).

Another notable UN programme was the UN H6 Joint Programme on Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH). This programme contributed to a 30% increase in access to trained labour support for pregnant women and support extensive training and assistance for health workers in all targeted areas pertaining to reproduction, motherhood, new-borns, children, and teenagers. Moreover, the programme provided them with the necessary skills and knowledge to respond to emergency in primary health facilities, along with in diagnosing and referring patients appropriately. Through this programme, UN Women engaged with the United Nations Population Fund (UNFPA), UNICEF, WHO, UNAIDS, and the World Bank to

establish the H6 partnership, which was directly mandated with global leadership capacities in women, children, and teenagers' health (UN Women Africa, 2020).

With regards to gender equality, the UN Women Africa planned the Joint Programme for Gender Equality (JPGE) to support the Zimbabwean Government in its effort to achieve gender equality and women's empowerment, which encompassed four pillar programmes: 1) combatting all forms of gender-based violence; 2) women's political participation and influence; 3) empowerment in the economy and working conditions for women; 4) national accountability on gender equality and women's empowerment.

This programme was realised through strategic interventions at the policy-level and capacity enhancement to those who bear responsibilities and rights, in order to create an enabling environment to respond to gender inequality in Zimbabwe. This programme combined the works of three UN bodies: UN Women, UNDP, and ILO. These agencies were responsible of their respective fields of expertise and experience in commencing cooperation and partnership programmes with the Ministry of Women Affairs, Gender and Community Development, twelve ministries, and governmental agencies, as well as a number of civil society organisations (UN Women Africa, n.d.). In this regard, cooperation among international and non-international organisations, as well as the government, was parallel with the institutional and governmental roles explained by the concept of global governance. These actors assist with protecting human rights and ensuring equality and justice in a particular region or state, which, in this case is observed in women in East and Southern Africa.

#### *African Union*

African Union (AU) works under the framework of Gender Equality and Women's Empowerment (GEWE) strategy to achieve agendas catering to women in all parts of Africa. GEWE is comprised of six specific focuses under its purview, namely: 1) "Women's Economic Empowerment and Sustainable" to improve the wellbeing of African women; 2) "Social Justice" to fulfil women's social, political, and economic rights, 3) "Leadership & Governance" to achieve good governance which welcomes women's participation; 4) "Gender Management System" to provide access to support women; 5) "Women, Peace and Security" to ensure the inclusion of women's views in peace and protection efforts, and lastly; 6) "Media & ICTs" to ensure women's rights to vote and to access the media (African Union, n.d.).

Along with GEWE, AU also commences another programme titled “Women, Gender and Development” (WGDD), bestowed with the responsibility to lead AU’s efforts in achieving gender equality and developing women’s empowerment. AU and its member states, including those located in East and Southern Africa, seek to raise issues pertaining to poverty and women’s empowerment, women’s health, death from HIV and AIDS, education, science and technology, violence against women, and inclusion of women’s voices in decision-making (African Union, n.d.). If these initiatives are analysed through the four phases of the global governance system, which include agenda-setting, policymaking, implementation and enforcement, as well as evaluation and supervision, AU’s programmes have fulfilled the first two phases. Henceforth, if the last two phases are commenced accordingly, namely appropriate implementation and a consistent evaluation and supervision phase, AU’s initiatives might result in meaningful contributions towards women’s welfare in East and Southern Africa, especially with respect to its health aspect, as well as social, economic, political, and educational aspects.

#### *NGOs*

The Clinton Health Access Initiative, Inc. (CHAI), a health organisation based in the U.S., has also contributed substantially to efforts to curb HIV/AIDS in Africa. In 2017, CHAI acceded to an innovative agreement with multiple NGOs, IGOs, and national governments, which was intended to provide opportunities for HIV treatments worldwide. The agreement pertained to the price of a drug to treat HIV containing “dolutegravir (DTG)” a new remedy to HIV, which was agreed to be widely prescribed and sold at a cheaper price (US\$75/person) (WHO, 2019). Through CHAI’s support, DTG was included in medical guidelines in not only South Africa and Kenya, but also in another eighteen states, such as Uganda, Nigeria, Tanzania, and Malawi. South Africa’s Health Minister, Dr. Aaron Motsoaledi, stated that the agreement would assist South Africa in saving cost, amounting to up to US\$900 million, as well as improving the quality of its healthcare system and saving patients suffering from HIV/AIDS in Africa and other regions in the world (UNAIDS, 2017c).

Considering the high mortality rate among women suffering from cervical cancer in Africa, most of which were caused by late diagnosis which hamper effective treatment, the World Health Organisation African Region (WHO AFRO) and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) also came together to prevent cervical cancer in the African region. They undertook multiple activities to



prevent and control cases of cancer in four states with high numbers of cervical cancer patients, namely Cameroon, Uganda, Swaziland, and Zambia, in cooperation with their respective health ministries. Moreover, this partnership also pursued cooperation with healthcare service providers to improve their knowledge on screening strategy (IFPMA, 2016). Multiple programmes and assistance in East and Southern Africa are launched by multiple global actors who embark in fights to ensure women's health, which are aligned with the concept of global governance which states that global actors will cooperate with governments to support and accelerate multiple global-level programmes established and implemented for populations, especially women, in East and Southern Africa.

#### *Civil Society Communities in Africa*

In addition to IGOs and NGOs, communities also play important roles in providing health assistance for women in Africa. One of such communities, which focuses on women issues, is the African Women Development Fund (AWDF). The community was established to positively promote psychological and financial support from women in the African region. AWDF was formed in 2000 by three women, namely Bisi Adeleye, Joana Foster, and Hilda Tadria, with the purpose of changing the quality of life for women in the region. The community also supports women's organisations in Africa to achieve gender equality and fulfil basic rights for women. One of AWDF's contributions for women in Africa includes becoming the main sponsor of a local organisation, the Safe Abortion Action Fund, in 2001. In 2000, AWDF was reported to provide donations amounting to approximately US\$41.7 to 1,300 women's organisations across the African region (African Women's Development Fund, n.d.).

Another community with a notable reach in the African region is the African Women Rising, which was established in 2006 in Uganda. African Women Rising has shown many contributions, especially towards women. Women and children's wellbeing are barred with limited resources and African Women Rising has been there to provide opportunities for women to pursue better lives through assistance by holding educational programmes for women (African Women Rising, n.d.). Poverty in Africa is a challenge for many families to provide the best education for children. Moreover, when girls begin puberty and menstruation, many of them drop out of school due to limited access to menstrual hygiene products. In response to these challenges, African Women Rising assisted Ugandan women and girls, who begin to experience puberty, by providing menstrual hygiene products and holding counselling (African Women Rising, n.d.). The

concept of global governance stipulates that activities by non-governmental actors tend to be more in-depth and are often accompanied with cooperation with national governments and IGOs in response to certain conditions in a particular state or region, whose impacts are extended worldwide. In this case, communities in Africa cooperate with governments in Africa, especially in East and Southern Africa, to ensure women's health in the region.

### **The Impact of Cooperation within Global Governance on Gender Equality on Women's Health in the East and Southern Africa Region**

The cooperation carried out by various IGOs, NGOs, and communities to provide programmes for women in the East and Southern Africa region have had significant impacts on gender equality in women's health. The existence of these cooperation initiatives and programmes has made many experts think that the focus of these programmes, especially in women's health, is the key in the development of a country. The investment will also provide opportunities for women to access education, productivity, and health for themselves, their families, and their communities (UNFPA, 2013). The cooperation and programmes carried out through global governance have had good impacts on women and mothers, especially in the East and Southern Africa region.

#### *The Development of Women's Health in the East and Southern Africa Region*

The development of health in the East and Southern Africa region has shown increasing results from year to year. The Addis Ababa Declaration is a commitment formed to achieve good quality health for women in Africa, especially mothers (Harmonization for Health in Africa, 2011). In addition, the state also has an important role in reducing the mortality rate for women in Africa by implementing interventions and involvement in providing care for new mothers, baby care, and creating adequate health facilities.

The women's mortality rate in Africa is relatively high. However, according to a WHO report in 2014, it fell by 41% from 1990–2010 due to the contribution of global governance actors. Another problem in the East and Southern Africa region is the high number of people with HIV/AIDS due to early marriage, sexual violence, and limitations in access to quality health (WHO Regional Office for Africa, 2014). However, there is an increase in the value of women's health development, especially for mothers in East and Southern Africa, caused by one of the programmes established by the UN, namely the RMNCAH, which has begun to be implemented in several regions in East and Southern

Africa gradually from 2017–2020 and collaboration, in particular with the Kenyan government (Joint Programme Convening Agency and Administrative Agent: United Nations Population Fund, 2017).

Meanwhile in Uganda, 7.6% of adult women suffer from HIV/AIDS, in which the number is bigger than the number of men who suffer from HIV/AIDS (UPHIA, 2017). Based on the WHO AFRO report, this would cause children born to women who suffer from HIV/AIDS to have a smaller chance of survival. Therefore, with the presence of women's health assistance in the East and Southern Africa region, it would provide welfare for women and benefits for families as they will not only be able to provide optimal breastfeeding, but also protect their children with their well-being (WHO Africa, 2012b).

Similar to the concept of global governance which refers to a group consisting of intergovernmental international institutional (IGOs) and non-governmental (NGOs) actors, as well as economic actors, such as MNCs, that have made a real contribution to women in the East and Southern Africa region, the existence of programmes implemented in the region has made significant progress for women's health in East and Southern Africa, with the education and care for women's health provided by several international institutions for women, has reduced the death rate caused by the poor health system in East and Southern Africa.

#### *The Development of Gender Equality in the East and Southern Africa Region*

Globalisation has provided opportunities for both men and women to improve the economy of their countries; however, there still seems to be pros and cons for some. Examples that are often encountered in the current era are marriage and sexual violence against underage women. These issues emerge due to the lack of security for women and the lack of empowerment and education for women in East and Southern Africa. Apart from that, strong culture is still a major factor in the existence of gender disparities in the region (Egbetayo, 2019). Unilever is one of the MNCs that supports gender equality in the African continent. As an MNC with almost 70% of its consumers are female, it commences initiatives for empowerment by providing training for small entrepreneurs who sell their products. In addition, there are fifty companies in Uganda and Rwanda that undertake similar programmes. With the effort to equalise the position of women and men in Africa, women should have easy access to health services in order to contribute to existing employment opportunities (Kabaya & Lusigi, 2018).

UN as IGOs also has a programme to create equality in the East and Southern Africa region. One of UNDP's programmes to achieve gender equality is supporting the South African Chapter of the International Association of Women Judges (SA-IAWJ) in achieving gender equality and women's rights in 2017–2018 (UNDP, n.d.). Gender equality in the East and Southern Africa region is one of the decisions taken by women to continue their lives as the low level of health experienced by women in East and Southern Africa has resulted in the birth of this inequality.

Based on the meeting held by ministers of AU members who are directly responsible for gender equality, they adopted the Common African Position (CAP) to achieve gender equality and eliminate violence against women. By implementing CAP, gender equality for women in the East and Southern Africa region has experienced a significant increase. However, according to several institutions, gender equality in the East and Southern Africa region is still difficult to achieve, especially in terms of equality in the executive, judicial, and legislative sectors and in politics and various broader fields of work. In addition, the strong negative traditional norms and the lack of men's awareness on women's rights in Africa has exacerbated this condition so that the CAP targets the achievement of gender equality in the East and Southern Africa region until 2063 (African Union, 2021). With the existence of these stereotypes, it is very counterproductive for the fulfilment of women's rights that have not been fully achieved, as stated by Weedon (1987, p. 1) on the theory of feminism. In essence, the theory of feminism is a demonstration of political hierarchy that is used to remodel the gap between men and women which has been embedded since centuries ago, when the hierarchy could not be formed to achieve equality in the fulfilment of the rights of women and men. This theory contests the interpretation that "human rights" only account for the fulfilment of men's rights while women only submit to traditional values and societal views that have been formed since centuries ago. This kind of perspective found within the society will be changed, especially in the African region, with the existence of adequate education for people in the African region, especially East and Southern Africa, and the perspective will fuse over time.

## **CONCLUSION**

Women in the East and Southern Africa region still experience difficulties in achieving their human rights. They are still shackled by harmful laws, customs, and traditional social norms such as early marriage, prohibition of contraceptive use, discrimination

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against pregnant women, or the absence of any women ownership over money and land. In these areas, women have low education, work, and financial rights. On top of that, they have a high mortality rate. These stark inequalities raise persistent and often related issues of women's health, ranging from abortion and sexually transmitted disease, such as HIV/AIDS, to tuberculosis and anaemia. It is a tragedy that neither national governments nor international organisations can ignore.

Realising that this issue cannot be resolved by one party, various forms of cooperation have been established between state actors and non-state actors globally to fight the issue which can be said to be a tragedy against women. One of the cooperation initiatives between international governmental actors and domestic governments include the African UN Women in collaboration with the Zimbabwean government to run the Joint Program for Gender Equality (JPGE) or a collaboration under AU between sub-regions in Africa to run two programmes aimed at promoting gender equality, namely: Gender Equality and Women's Empowerment (GEWE) and Women and Gender and Development (WGDD). There also exists a collaboration between international non-governmental organisations and domestic governments, such as the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) and Clinton Health Access (CHAI) which provide prevention programmes against HIV/AIDS and cervical cancer in countries in East and Southern Africa. This does not only happen between global governments and domestic governments, but also between international governmental actors that are joining forces such as the UN H6 RMNCAH, where there are 6 international governmental organisations involved, namely UN Women, UNFPA, UNICEF, WHO, UNAIDS, and the World Bank.

All of these actors have a role in utilising global governance to distribute assistance in various forms, such as programmes to promote gender equality, health assistance to tackle diseases faced by women, and education to prevent and control the increase in dangerous diseases, such as HIV/AIDS, or early pregnancy. Although not instantaneous, the assistance provided by global actors is slowly showing positive results. For example, there is a decline in the mortality rate for women (especially mothers) in the African region by 41%. With the improvement of maternal health, the health of babies and children will be much more ensured than before. The health assistance provided also had a positive effect, such as the case of dolutegravir assistance by CHAI. It was able to save South Africa as much as 900 million USD, which the Government of South Africa could use to optimise its health sector in tackling HIV/AIDS.

With slow but steady results, success in addressing gender equality in women's health in the East and Southern Africa region is not merely a dream for global actors. Global governance as a forum for governmental and non-governmental actors is a very important order in dealing with issues in the world, as this issue cannot be resolved by the domestic parties themselves, but also requires the helping hand of various actors from all over the world. The most important thing that we can see is how women are able to break the hierarchy between women and men through actors that are formed and composed by women and aim to support other women such as UN Women, UN Women Africa, and African Women Rising. These organisations indirectly reflect a growing feminist movement.

However, the cooperation carried out by global actors is not perfect. Although it has had a slow but evident impact on the issue of gender equality in women's health in the East and Southern Africa region, it can still be seen that many programmes and assistance require a lot of innovation in their development. Therefore, we suggest that further research should focus on how global governance can accommodate the development of existing collaborations and programmes so that they can be more equitable. They should be equitable in the sense that they are evenly distributed to all countries in the East and Southern Africa region, whereas some current programmes and assistance are only available for certain countries and regions. Health assistance should also be equitable for all diseases, seeing how many programmes and health assistance concern themselves with HIV/AIDS. This could mean that other diseases have not received the same optimal attention.

### ***ACKNOWLEDGEMENTS***

We sincerely thank Universitas Padjadjaran for giving us the space and chance to write this research article.

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