

[Home](#) / [Perspectives](#)

Giving girls and women the power to decide

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Access to information and services for contraception and birth spacing are critical to maternal and child health programming. It is no surprise then, that IDRC is supporting research in sub-Saharan Africa to investigate emerging questions and to propose ways to improve the reproductive health of women and adolescents.

Across Africa, there is a significant unmet need for family planning. According to a report by Family Planning 2020 — a global partnership supporting the rights of women and girls to decide — the percentage of women of reproductive age who use a modern contraceptive method in [Nigeria](#) and [Tanzania](#), for example, are 14.7% and 29.2% respectively.

The problem is particularly severe among adolescents, especially in Africa where half of the continent's population — some 550 million people — are under 20 years of age. Most have limited access to sexual and reproductive health information and services, preventing them from leading safe, healthy, and dignified lives.

Taking on new challenges

These facts have led IDRC to intensify efforts regarding sexual and reproductive and adolescent health. We have done so notably through the [Innovating for Maternal and Child Health in Africa \(IMCHA\)](#) program, a seven-year, CA\$36 million initiative

jointly funded by the Canadian Institutes of Health Research, Global Affairs Canada, and IDRC.

IMCHA's attention to sexual and reproductive health echoes calls for action by many international organizations and national governments, including Canada's. As its 19 research projects reached their halfway mark, the initiative allocated \$4.5 million to respond to these emerging priorities. These additional grants will expand the current scope of the work by building on progress already achieved, while maintaining IMCHA's focus on innovation through a gender and equity lens.

The examples that follow demonstrate how the research reflects new priorities to ensure no one is left behind.

Bringing family planning to the doorstep

Nigeria has the second highest rate of maternal deaths in the world: one Nigerian woman dies every 13 minutes from preventable causes related to pregnancy and childbirth. Pregnancies spaced too closely together are risky for both mothers and babies. In Bauchi state, this phenomenon, known as *kunika*, is recognized by health authorities as posing a serious risk to the health of mothers and children. Back-to-back pregnancies put mothers at high risk for pre-eclampsia, high blood pressure, and they can also lead to low birth weight and preterm birth.

The Federation of Muslim Women's Association of Nigeria and McGill University in Montreal, Canada, are undertaking participatory research on what local populations and other stakeholders think causes *kunika*. The information gathered will be used to educate some 9,000 households, including approximately 2,500 pregnant women and their spouses in the Toro Local Government Area of Bauchi State. By promoting culturally-appropriate information about birth spacing, women will be educated about choices and available services.

Expanding the reach of family planning services

In Tanzania, where 18% of adolescents are married, the birth rate among 15-19 year-olds is close to 12% — twice the world average. Fewer than 15% in this group are using contraceptives.

An IMCHA grant supports training for community health workers to educate adolescents and women about family planning options, including safe sexual behaviours. It builds on an existing South-South and North-South research collaboration between The Catholic University of Health and Allied Sciences in Tanzania; Mbarara University of Science and Technology in Uganda; and the University of Calgary in Canada. The aim is to enhance capacity in qualitative research and to generate knowledge to feed into the design of critical programs addressing issues of sexual and reproductive health.

Leaving no mothers or children behind

IMCHA-supported research in Burkina Faso focuses on the country's national policy, established in 2016, to provide universal and free healthcare to pregnant women, new mothers, and children under five: a first in Africa. Researchers from *Société d'étude et de recherche en santé publique* in Burkina Faso and *Université Laval* in Canada are now examining the policy's efficacy on access to services and family planning.

One of the project goals is to assess how this policy affects women's ability to make decisions about their sexual and reproductive health, including when to conceive a child. The information gained will help Burkinabé decision-makers at national and

local levels ensure that mothers and children reap the greatest benefits.

Health as a stepping stone

Ultimately, improving women's and girls' health is a first step to providing them with equal opportunities to lead a more successful life. The projects described here just a few examples of how IMCHA is contributing to a body of knowledge for decision-makers in Africa, in part by building a cadre of researchers in Africa who are able to tackle sexual and reproductive health issues. These grants also show how flexible programming, additional funding, and solid implementation research can contribute to better health for women, adolescents, and children.

Montasser Kamal is the Program Leader of IDRC's Maternal and Child Health program.

Read more

- [Nine new grants to improve access to sexual and reproductive health services in Africa](#)
- [Canada's New Feminist International Assistance Policy](#)
- [The Innovating for Maternal and Child Health in Africa initiative](#)

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