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GENDER AND HEALTH STRATEGIES FOR THE DEVELOPMENT OF NATIONAL GOVERNMENTS AND MULTILATERAL ACTORS IN THE CONTEXT OF AFRICAN COUNTRIES OF PORTUGUESE OFFICIAL LANGUAGE (PALOP)

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Abstract

This research aims to carry out an analysis of the framework described in gender and health strategies for the development undertaken by National Governments and multilateral actors in the context of PALOP, in the last ten years, through the technique of systematizing information from concept maps. In this regard, on the one hand, there has been repeated consideration of women as a vulnerable group in relation to HIV/AIDS in the strategies and, on the other hand, it has been found that can coexist simultaneously the following three development approaches in the strategies analyzed: Welfare Approach linked to the Paradigm of Vulnerability; Women in Development Approach linked to the Women's Health Approach; and Gender in Development Approach linked to Public Health Approach based on Gender.

Keywords: Governance, gender, health, development and PALOP

Introduction

African Countries of Portuguese Official Language (PALOP) have adopted, with influential multilateral actors, some health and gender strategies for the development after the imposition of *mainstreaming the gender perspective* by the United Nations Economic and Social Council (ECOSOC) in 1997. These strategies have been assumed as routing framework for the international development cooperation in the area of health and these strategies reflect different governmental positions regarding the trinomial “gender, health and development”.

The main objective of this research is to understand the theoretical conception of gender and health strategies for the development undertaken by National Governments and multilateral actors in the context of PALOP to over the last ten years. By the definition of the main objective it has been taken into account the following initial research questions: What approaches, about gender and development, reflect the health strategies for the development defined by national governments and multilateral actors in the context of PALOP?; and What relationship is manifested in this strategies regarding the concepts “gender, health and development”?

Also, the research is parting of the following concepts: (1) **gender** “*refers to the social differences, as opposed to the biological ones, between women and men, that have been learned, are changeable over time and have wide variations both within and between cultures*” (EC, 2004: 10); (2) **health** “*is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*” (WHO, 1948: 1); (3) **human development** “*is a process of enlarging people's choices. The most critical ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living. Additional choices include political freedom, guaranteed human rights and self-respect*” (UNDP, 1990:

10); (4) **governance** is “*the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences*” (UNDP, 1997: 8); and (5) PALOP is a group of six Portuguese-speaking African countries: Angola, Cape Verde, Guinea Bissau, Equatorial Guinea, Mozambique and Sao Tomé and Príncipe¹.

This article is organized in the following sections: (1) Theoretical Framework; (2) Methodology and Tools for collecting and analyzing information; (3) Procedure and Results; and (4) Conclusions.

Theoretical Framework

The emerged theoretical approaches from 1970 in regards to the gender, health and development can be summarized in three fundamental approaches described below. On the one hand, the *Welfare Approach* (1950-1970) presents a conception of health related to sexual and reproductive rights focused in the maternal and child health; in the family planning targets only women; in the women considering as passive agents in relation to the development; and in the consideration of women as deserving welfare assistance from their reproductive role that determines them as vulnerable, mothers and caregivers (Buvinic, 1983). On the other hand, the *Women in Development Approach* (from 1970) presents a conception of health related to sexual and reproductive rights focused in sexual and reproductive health aimed in the specific needs of women (Moser, 1993). Finally, the *Gender in Development Approach* (from 1980) presents a conception of health related to sexual and reproductive

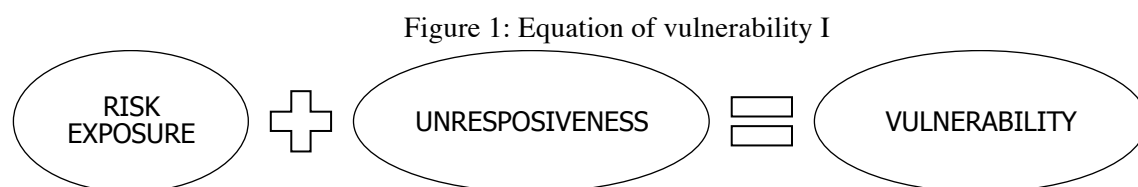
¹ Information taken from the site: http://www.eurocid.pt/pls/wsd/wsdwcot0.detalhe?p_cot_id=4766. It has ruled out the inclusion of Equatorial Guinea to study because the research covers the last decade and Equatorial Guinea has recently joined the group of [PALOP](#).

rights focused, on the one hand, in the analysis of the relation between the sexual and reproductive health and the gender inequalities and, on the other hand, in the consideration of sexual and reproductive rights of men and women (WHO, 2002; WHO, 2011).

Governments have adopted these theoretical positions to legislate about the public health of the citizens. It has been hypothesized that these three approaches for development are linked to three theoretical positions respectively: (1) Vulnerability Paradigm (linked to Welfare Approach); (2) Women's Health Approach (linked to Women in Development Approach); and (3) Public Health based on Gender Approach (linked to Gender in Development Approach).

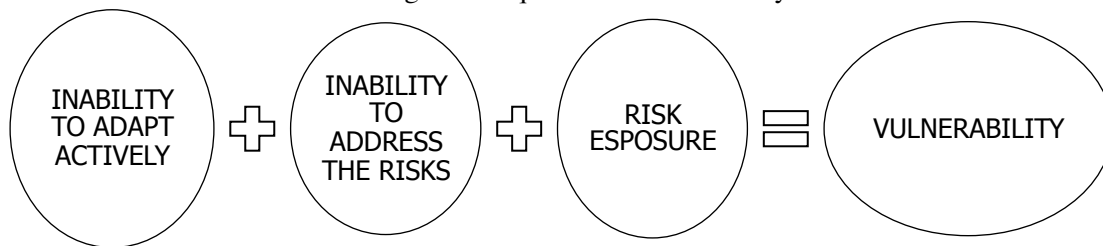
On the one hand, Governments that have adapted a Welfare Approach to legislate about the public health of the citizens have adopted, at the same time, the *Paradigm of Vulnerability*. This paradigm has been aimed at the visibility of women in a position of vulnerability compared with men in relation to aspects of general health (and in particularity to HIV/AIDS and other sexually transmitted diseases) and it has been considered social and biological vulnerability factors (Dworkin, Higgins & Hoffman, 2010).

However, it is necessary to note that the vulnerability is identified, to a greater extent, with social variables as, for example, risk, fragility, helplessness or damage (CEPAL, 2002). Indeed, social vulnerability may be defined by the following two equations shown in Figure 1 and in Figure 2, respectively:



Source: developed by de author according to the information obtained from CEPAL, 2002: 3. Castilian original text translated by the author

Figure 2: Equation of vulnerability II



Source: developed by de author according to the information obtained from CEPAL, 2002: 3. Castilian original text translated by the author

According to the previous figures, and taking into account the point of view of other authors also, It is considered that social vulnerability is composed of three main types of risk: (1) The risk of exposure to a particular negative situation; (2) The risk of a lack of capacity to deal with the consequences of this exposure; and (3) The risk of serious consequences resulting to this exposure (Bolhe & Watts, 1993). In any case, social vulnerability has three dimensions: (1) The social trajectory of the personal development; (2) The interaction with others people; and (3) The social context where the person is developed (Delor & Hubert, 2000).

Often, the paradigm of vulnerability has considered women as biologically vulnerable in relation to sexually transmitted diseases considering, for example, that young women and girls are more vulnerable to HIV/AIDS infection than men, during sexual intercourse, because the immature genital tract of girls has more likely to sustain tears during sexual activity (Tüsmen, 2003). However, it is demonstrated that uncircumcised men are biologically more vulnerable than men circumcised in relation to exposure to HIV/AIDS during sexual activity (Dworkin, Higgins & Hoffman, 2010).

Furthermore, the consideration of the concept of vulnerability from the biological point of view has a great drawback, if it is tied exclusively to women, because it is related to "negative and deterministic words" related to "helplessness and immutability". That is to say, the consideration of women as vulnerable biologically subjects places women in a position of "resignation faced to the impossibility to change biological aspects". However, the

consideration of vulnerability from the sociocultural perspective provides an overview of the position of women determined by "the possibility of change face to sociocultural variables that are potentially changeable". Therefore, it might be appropriated to speak of *social vulnerability* versus *biological susceptibility* (Dworkin, Higgins & Hoffman, 2010). It has been hypothesized that the strategy analyzed does not account the difference between social vulnerability and biological susceptibility.

On the other hand, Governments that have adapted a Women in Development Approach to legislate about the public health of the citizens have adopted, at the same time, the *Women's Health Approach* considering that women and girls have specific needs related to health, from the biological point of view and from the social point of view, and specific measures should be taken to meet those needs from public health systems (WHO, 2009; Bustreo & Hunt, 2013).

Finally, Governments that have adapted a Gender in Development Approach to legislate on the public health of the citizens have adopted, at the same time, the ***Public Health based on Gender Approach*** based in the recognition of differences in the health of men and women and considering social, cultural and biological factors. This recognition of the differences in health between men and women can, on one hand, to determine how the results differ, experiences and health risks in men and women (or boys and girls) and, on the other hand, act accordingly (Nakray, 2013).

The Public Health based on Gender Approach is incorporated to a greater extent after definition of the *mainstreaming the gender perspective*, by the United Nations Economic and Social Council (ECOSOC), as "*the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels*" (ECOSOC, 1997: 2).

It has been found that the health areas with the most gender inequality are the areas related to sexual and reproductive rights (UNFPA, 2005; Bernstein & Hansen, 2006). Therefore, the strategies adopted by national governments and multilateral actors in the context of PALOP have emphasized the need to intervene in these areas to achieve equal rights and opportunities between men and women in the health area. In the following Table 1, some health and sociocultural indicators that show the inequalities between men and women in the context of PALOP can be seen:

Table 1: health and sociocultural indicators in PALOP

	Maternal mortality ratio	Adolescent fertility rate	HIV prevalence youth		Gender Inequality Index²	Population with at least secondary education		Labour force participation rate	
	(deaths per 100,000 live births) 2010	(births per 1,000 women ages 15–19) 2012	Female	Male	Value 2012	Female	Male	Female	Male
			(% ages 15–24) 2009			(% ages 25 and older) 2006-2010		(% ages 15 and older) 2011	
Angola	450	148.1	1.6	0.6	...	...	...	62.9	77.1
Cape Verde	79	69.2	...	...	...	...	...	50.8	83.3
Guine Bissau	790	96.2	2.0	0.8	...	...	...	68.0	78.2
Mozambique	490	124.4	8.6	3.1	0.582	1.5	6.0	86.0	82.9
Sao Tome and Principe	70	55.4	...	...	...	...	...	62.9	77.1
Sub-Saharan Africa	475	105.2	...	...	0.577	23.7	35.1	64.7	76.2
World	145	51.2	...	...	0.463	52.3	62.9	51.3	77.2

Source: UNDP, 2013

² Gender Inequality Index is an indicator developed by UNDP that aims to measure inequalities between men and women through five indicators: maternal mortality, adolescent fertility, seats in parliament, level of education and participation in the force work [<http://hdr.undp.org>].

Methodology and Tools for collecting and analyzing information

For the realization of this research it has been taken into account the fundamentals of Qualitative Paradigm. First, it was used the method of analysis of information through documents to describe the framework of gender and health strategies for the development undertaken by national governments and multilateral actors in the context of PALOP. For this purpose, it was used the following Analysis Scheme I to guide the collect interesting information.

Analysis Scheme I: interesting information

Editor agency of the strategy
Title of strategy
Effective period of the strategy or year of publication of the strategy
Relationship between gender, health and development
Conception related to health sexual and reproductive rights
Development Approach

Source: developed by the author

Finally, the processing the data obtained through the analysis of the strategies has been done through *Xmind* (software application) for building conceptual maps³.

Procedure and Results

It is shown below, the analysis procedure carried out in relation to the different gender and health strategies for the development implemented by Governments and multilateral actors, in the context of PALOP, and the corresponding results obtained in relation to this analysis through concept maps. The results obtained are going to be presented through discrete points.

1. About Angola, it has been taken as reference the *Plano Estratégico Nacional Para o Controlo das Infecções de Transmissão Sexual, VIH e SIDA*, in effect since 2007 until 2010, published by the *Instituto Nacional de Luta Contra a Sida* (INLS) of Angola. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map I:

³Concept maps are a visual representation of the hierarchy and relationships between concepts. For the present investigation were taken into account the hierarchy and the relationships between the following concepts embedded in the strategies analyzed: gender, women, health and development

Concept Map I: conception about the relation between the concepts gender, health and development in the *Plano Estratégico Nacional Para o Controlo das Infeções de Transmissão Sexual, VIH e SIDA* (2007-2010) of Angola



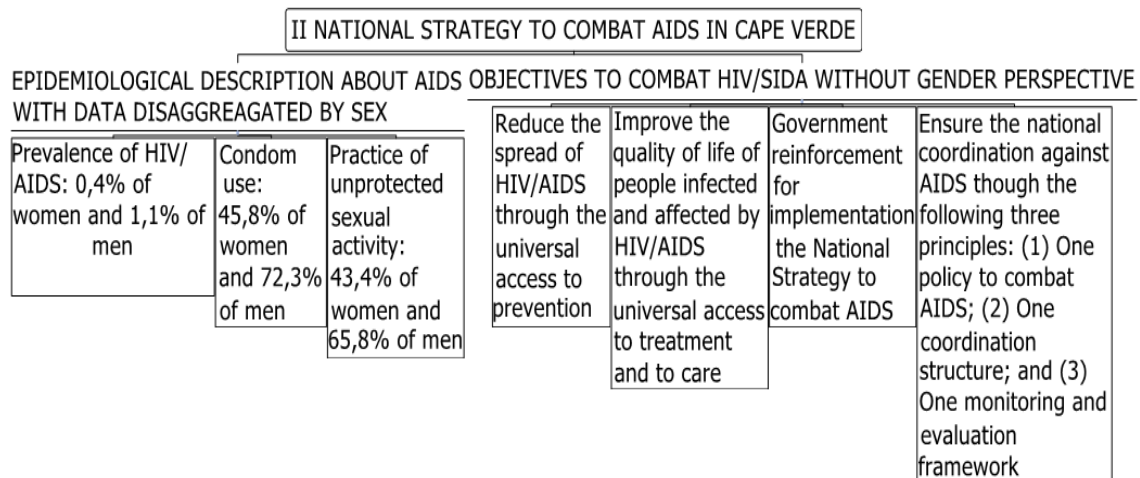
Source: developed by the author according to the information obtained from INLS (2007)

So, the conception that this strategy presents about health related to sexual and reproductive rights is limited to the prevention and the control of HIV/AIDS, and other sexually transmitted diseases, taking into account the vulnerability of "women" with a clear Welfare Approach and a clear proximate position to Paradigm of Vulnerability.

2. With regard to Cape Verde, it has been taken as reference, on the one hand, the *II Plano Estratégico Nacional de Luta contra a SIDA*, in effect since 2006 until 2010, published by the *Comité de Coordenação do Combate á SIDA* (CCCA) of Cape Verde.

This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map II:

Concept Map II: conception about the relation between the concepts gender, health and development in the *II Plano Estratégico Nacional de Luta contra a SIDA* (2006-2010) of Cape Verde

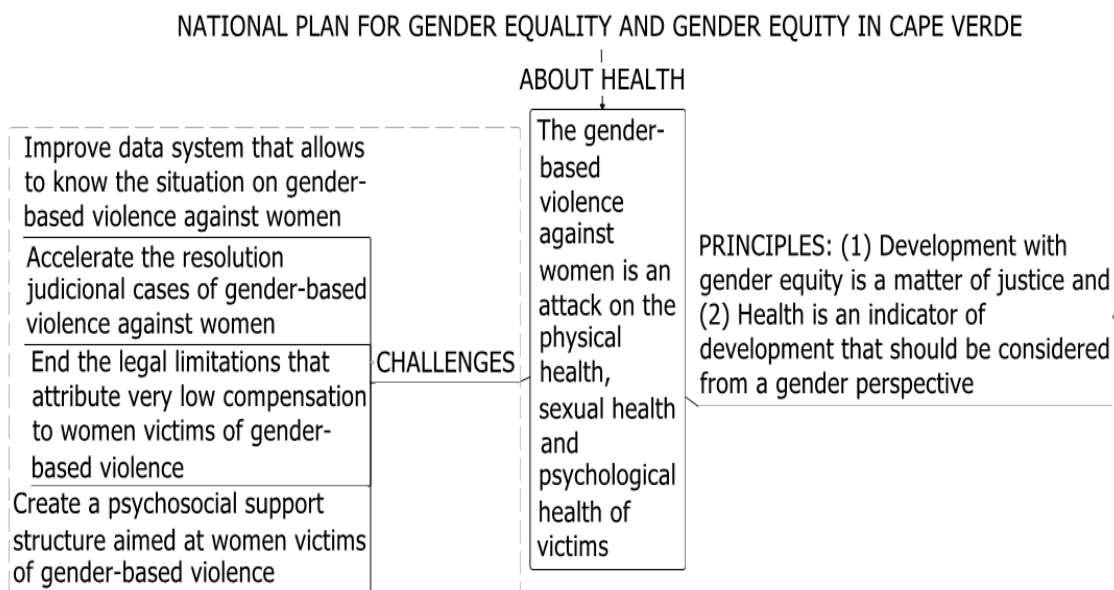


Source: developed by the author according to the information obtained from CCCA (2006)

Therefore, the conception that this strategy presents about health related to sexual and reproductive rights is limited to an intervention about HIV/AIDS without gender perspective despite displaying epidemiological data disaggregated by sex that demonstrate gender inequalities.

On the other hand, also in relation to Cape Verde, it has been selected for the present investigation the *Plano Nacional para a Igualdade e a Equidade de Género*, in effect since 2005 until 2009, published by the *Instituto da Condição Femenina* (ICF) of Cape Verde. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map III:

Concept Map III: conception about the relation between the concepts gender, health and development in the *Plano Nacional para a Igualdade e a Equidade de Género* (2005-2009) of Cape Verde

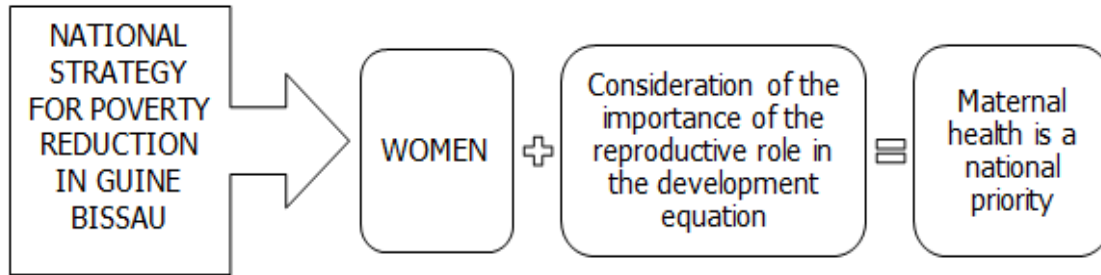


Source: developed by the author according to the information obtained from ICF (2005)

According to the previous Concept Map, the conception that this strategy presents about health related to sexual and reproductive rights is related with the gender-based violence against women and the implications of this violence for physical, sexual and psychological women's health. This strategy is located in Women in Development Approach because it considers the gender-based violence as a health problem for women but it does not consider the need for a change in the power relations between men and women to solve the problem at its source.

3. Regarding Guine Bissau, it has been taken as reference the *II Documento de Estratégia Nacional de Redução da Pobreza da Guiné-Bissau* (DENARP II), published in 2011 by the International Monetary Fund (IMF) in collaboration with the *Ministério da Economia, do Plano e Integração Regional* (MEPIR) of the Republic of Guine Bissau. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map IV:

Concept Map IV: conception about the relation between the concepts gender, health and development in the *II Documento de Estratégia Nacional de Redução da Pobreza da Guiné-Bissau* (2011)

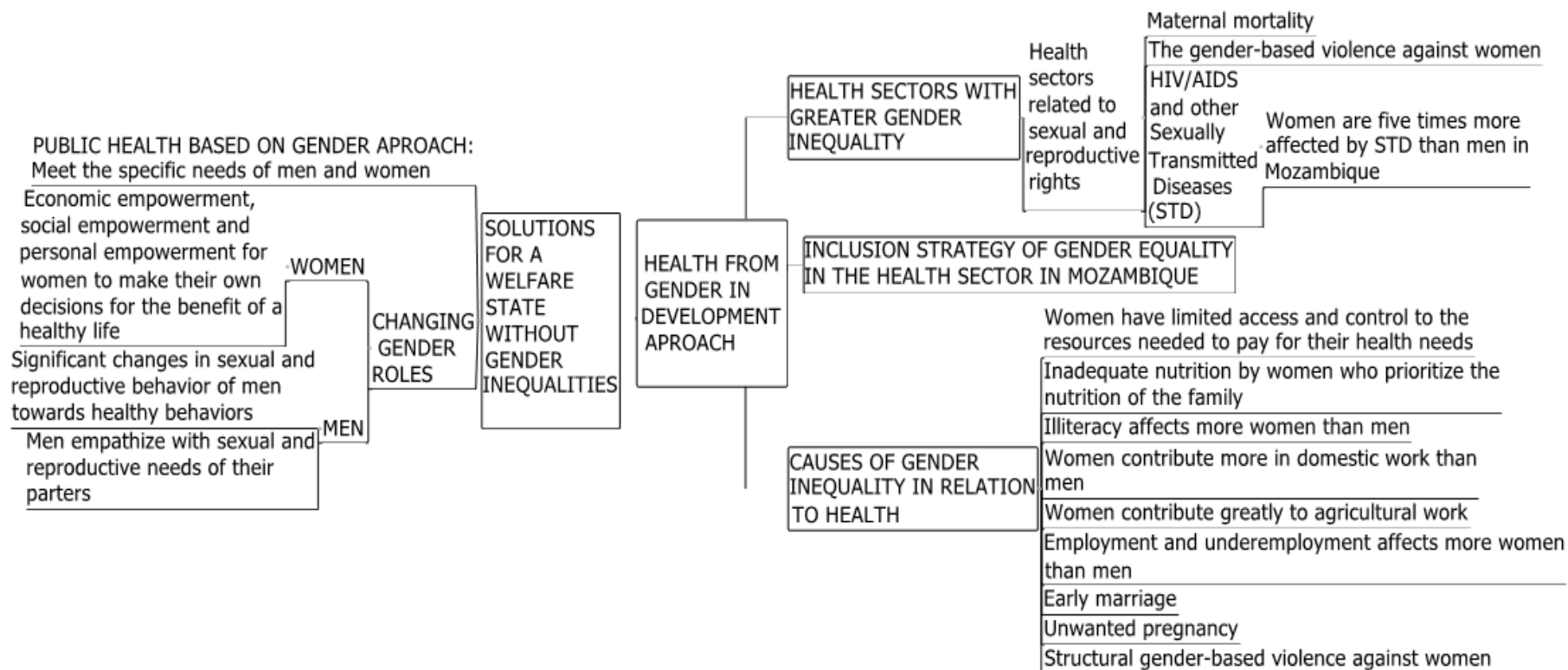


Source: developed by the author according to the information obtained from FMI (2011)

So, the conception that this strategy presents about health related to sexual and reproductive rights is related to the consideration of maternal and child health with a clear Welfare Approach because it considers the role of women in development exclusively from the importance of their reproductive role for the increase of the population.

4. In relation to Mozambique, it has been chosen firstly, on the one hand, the *Estratégia de Inclusão da Igualdade de Género no Sector da Saúde* published in 2009 by the *Ministério da Saúde* (MS) of Mozambique. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map V:

Concept Map V: conception about the relation between the concepts gender, health and development in the *Estratégia de Inclusão da Igualdade de Género no Sector da Saúde* (2009) of Mozambique

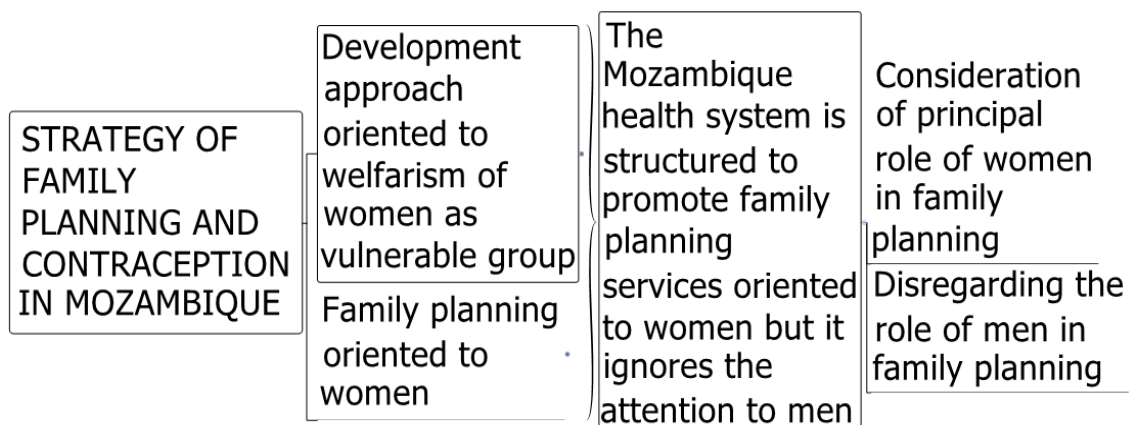


Source: developed by the author according to the information obtained from MS (2009a)

Considering the above Figure, it can be said that this strategy presents a conception about health related to sexual and reproductive rights with a clear Gender in Development Approach because it shows an analysis about the causes and the consequences of gender inequalities established between men and women in relation general health and in relation to sexual and reproductive health in particularity. Moreover, this strategy considers some solutions needed to combat gender discrimination suffered by women in the context of the health related to sexual and reproductive rights. These solutions involve changing gender roles, and therefore power relations, socially established for the benefit of men and to the detriment of women. By the description given on this strategy, it could be considered a Public Health based on Gender Approach.

Likewise, in relation to Mozambique, it has been chosen secondly the *Estratégia de Planeamento Familiar e Contraceção*, relative to the period between 2011 and 2015 but extended until 2020, published by the *Ministério da Saúde* (MS) of Mozambique. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map VI:

Concept Map VI: conception about the relation between the concepts gender, health and development in the *Estratégia de Planeamento Familiar e Contraceção* (2011-2015) of Mozambique

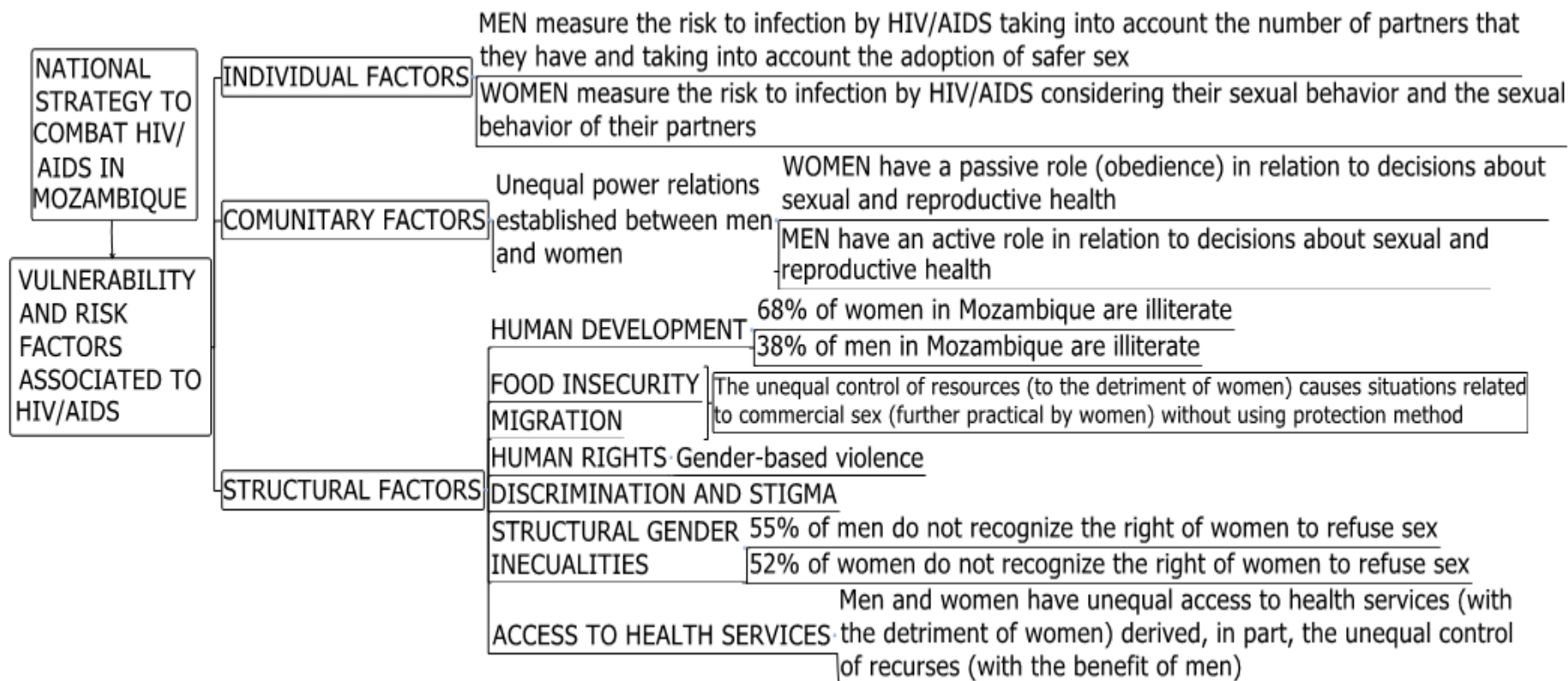


Source: developed by the author according to the information obtained from MS (2011)

According to the previous Concept Map, this strategy presents a conception about the health related to sexual and reproductive rights based in a position oriented to family planning as a principal component to maternal and child health. This strategy presents a development approach oriented to the consideration of women as a group vulnerable about aspects relative to sexual and reproductive health and this denotes a position near to the Vulnerability Paradigm and the Welfare Approach. A clear example of this consideration is the following: the family planning considered by this strategy places women as main actors (attended by the National Health System) and considers men as secondary actors (ignored by the National Health System).

To finish with Mozambique, it has been studied the *Plano Estratégico Nacional de Resposta ao HIV e SIDA*, in effect since 2010 until 2014, published by the *Ministério da Saúde* (MS) of Mozambique. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map VII:

Concept Map VII: conception about the relation between the concepts gender, health and development in the *Plano Estratégico Nacional de Resposta ao HIV e SIDA* (2010-2014) of Mozambique



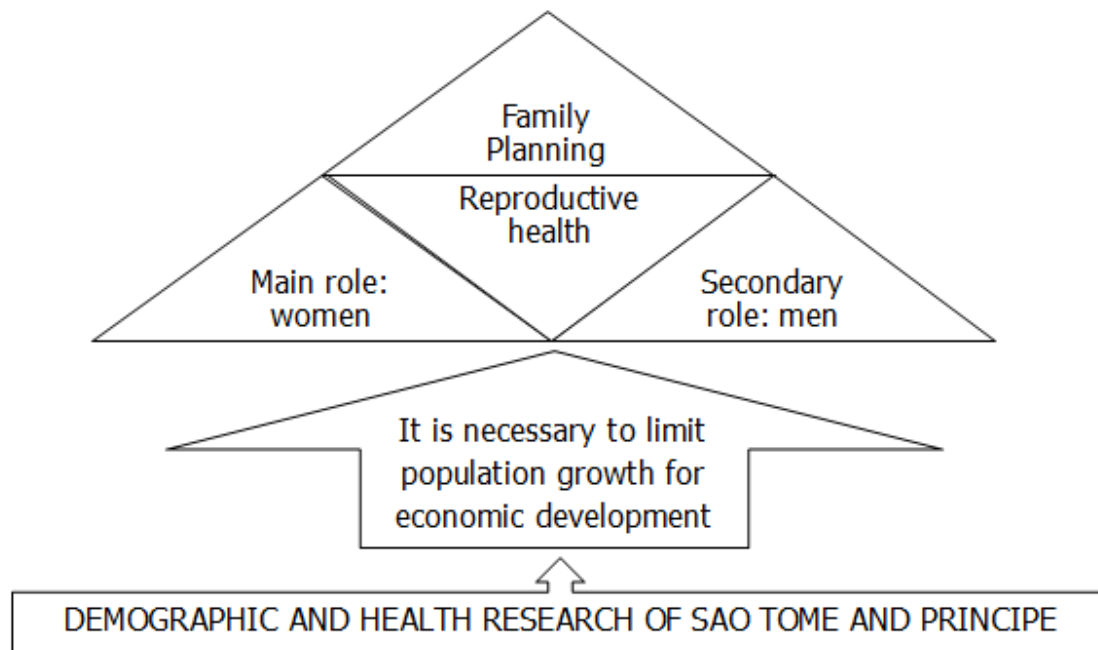
Source: developed by the author according to the information obtained from MS (2009b)

Shown the content of the previous Figure, the conception that this strategy presents about health related to sexual and reproductive rights is based in the analysis of risk and vulnerability factors associated with HIV/AIDS from a gender perspective because it take into account the power relations established between men and women and the discriminatory situations suffered by women derived from these relations of power.

5. Regarding to Sao Tome and Principe, it has been selected for the present investigation, on the one hand, the *Inquérito Demográfico e Sanitário*, made over the period since 2010 until 2014, published by the Instituto Nacional de Estadística (INE) in collaboration with the *Ministério da Saúde* (MS) of Sao Tomé and Príncipe. This study is associated with a strategy government that presents a conception about the relation between the concepts gender, health and development, taking into account the Concept

Map VIII:

Concept Map VIII: conception about the relation between the concepts gender, health and development in the *Inquérito Demográfico e Sanitário* (2008-2010) of Sao Tome and Principe

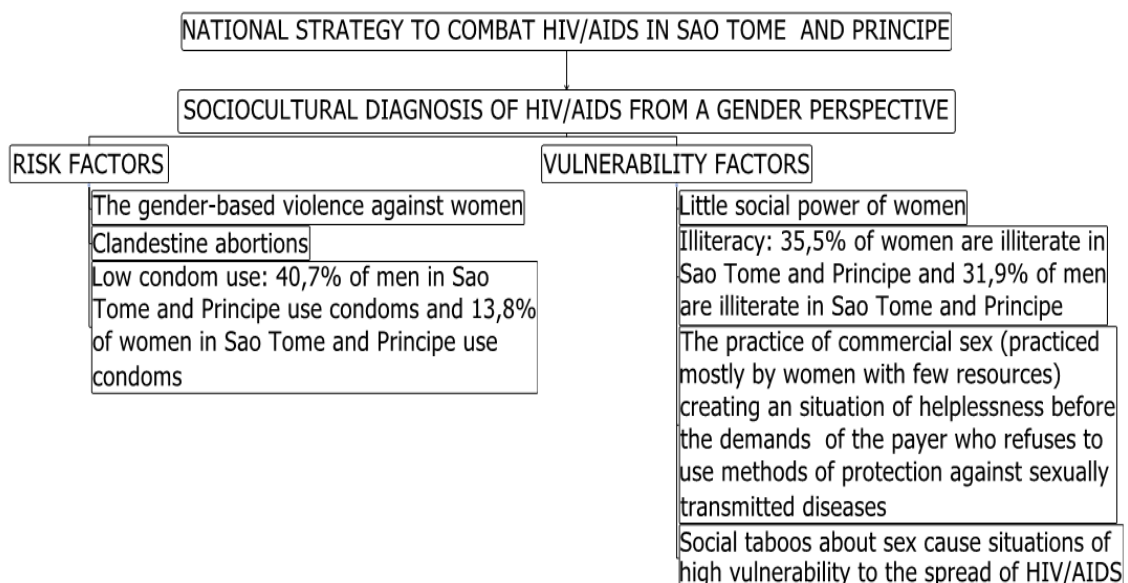


Source: developed by the author according to the information obtained from INE (2011)

Given the content of the previous figure, the conception that this strategy presents about health related to sexual and reproductive rights is based in a position oriented to family planning for, on the one hand, achieve a state of welfare in relation to reproductive health and for, on the other hand, achieve economic development through the reduction of population growth. In this equation about the development, it is taken as a main actor women and as secondary actor men. Accordingly, this strategy presents a clear Women in Development Approach because it caters exclusively to the needs of women in relation to family planning and it ignores the needs of men and the power relations between men and women about family planning.

Furthermore, also in relation to Sao Tome and Principe, it has been analyzed the *Plano Estratégico Nacional de Luta contra o VIH/SIDA*, in effect since 2004 until 2008, published by the Republic of Sao Tome and Principe Government. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map IX:

Concept Map IX: conception about the relation between the concepts gender, health and development in the *Plano Estratégico Nacional de Luta contra o VIH/SIDA* of Sao Tome and Principe

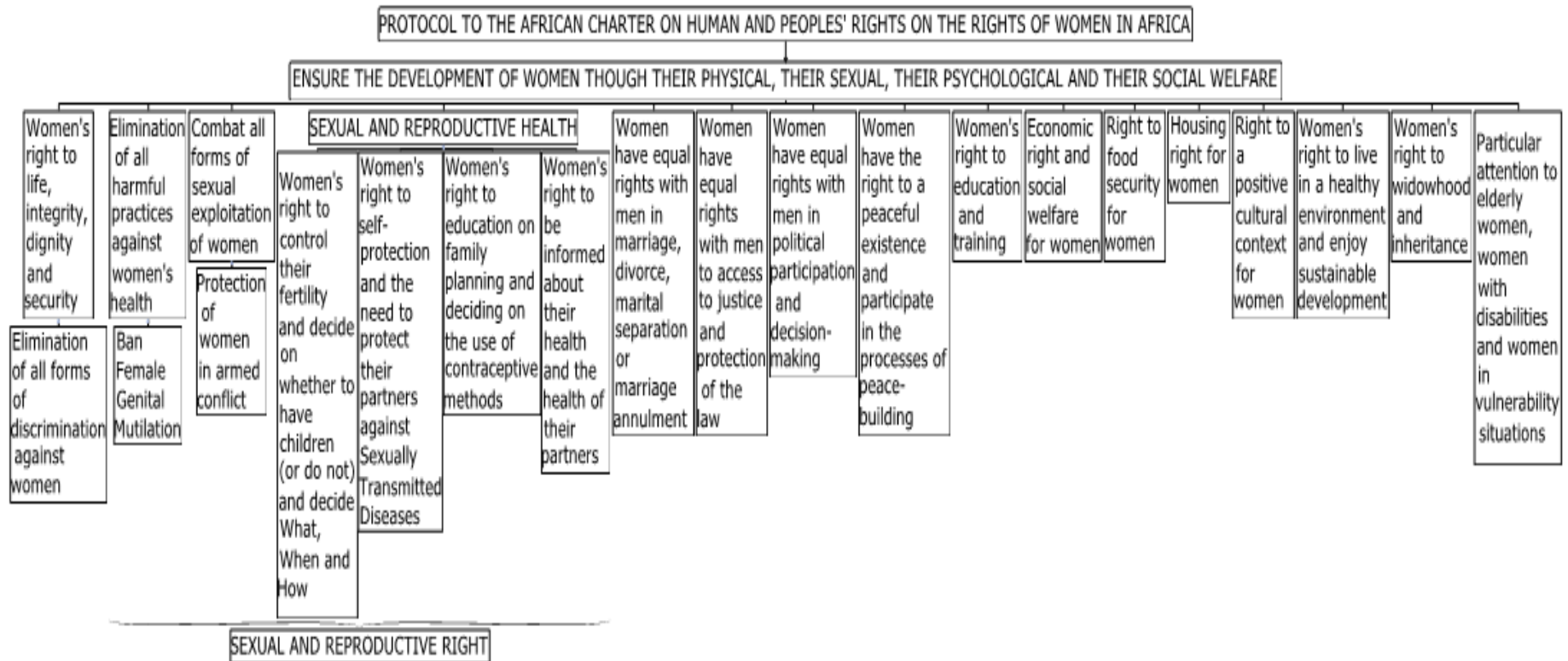


Source: developed by the author according to the information obtained from Republic of Sao Tomé and Príncipe Government (2004)

Considering the above figure, it can be seen that this strategy presents a conception about health related to sexual and reproductive rights based in a position oriented to sociocultural diagnostic of HIV/AIDS from a gender perspective.

6. In relation to African Union (AU), it has been taken as reference the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, proclaimed by the Assembly of the African Union in 2003. This protocol presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map X:

Concept Map X: conception about the relation between the concepts gender, health and development in the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (2003) of Unión African Union

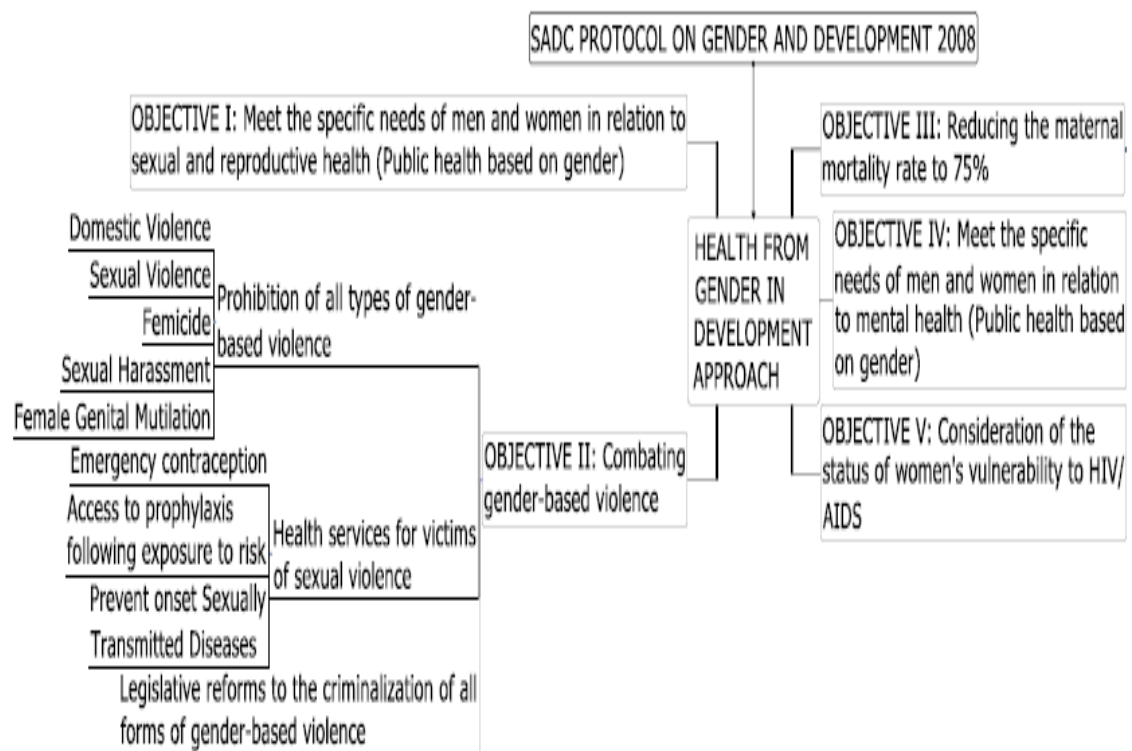


Source: developed by the author according to the information obtained from AU (2003)

As a result the above Figure, it can be seen that this strategy presents a conception about health related to sexual and reproductive rights linked to the Women in Development Approach because it is considered the specific need of women for guarantee their full development through their physical, sexual, psychological and social welfare.

7. With regard to the *Southern African Development Community (SADC)*, it has been chosen the *Protocolo da SADC sobre género e desenvolvimento* proclaimed by the representatives of the member states that make up the SADC in 2008. This protocol presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map XI:

Concept Map XI: conception about the relation between the concepts gender, health and development in the *Protocolo da SADC sobre género e desenvolvimento* (2008)

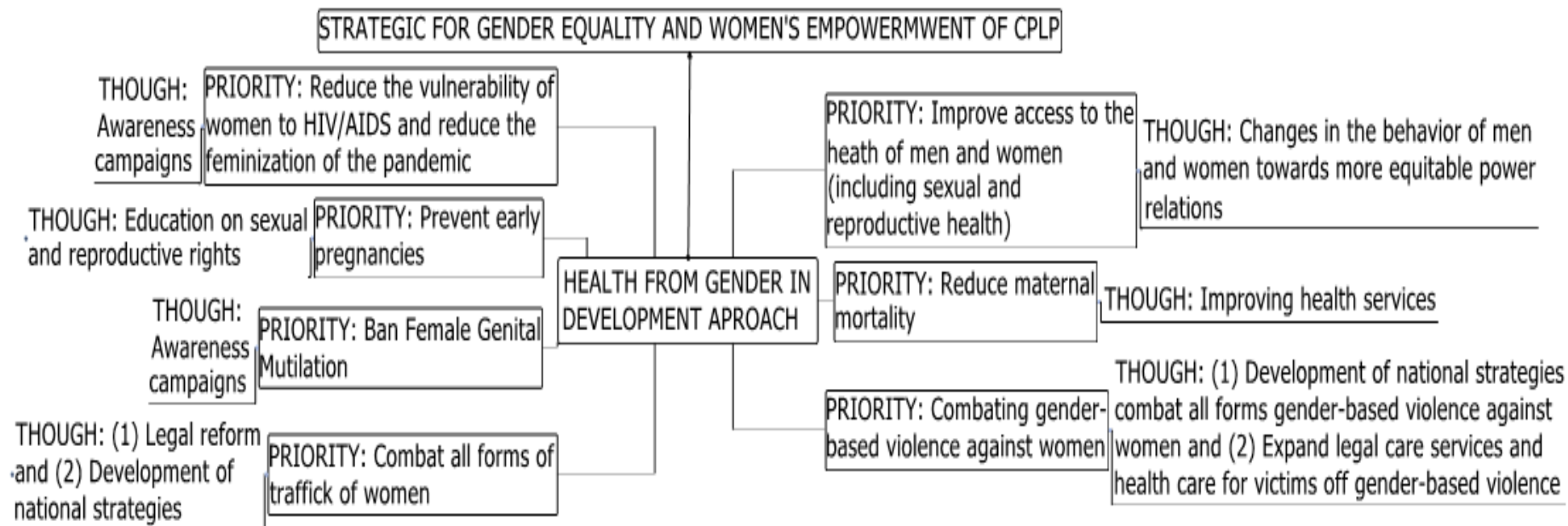


Source: developed by the author according to the information obtained from SADC (2008)

Shown the content of the previous Concept Map, it can be said that this strategy presents a conception about health related to sexual and reproductive rights based in the Welfare Approach, Women in Development Approach and Gender in Development Approach. It is considered that this strategy presents these three approaches to development because, on one hand, it reveals the need to take into account the specific needs of men and women in relation to sexual and reproductive health (with a clear Gender in Development Approach), on the other hand, it reveals the need to take into account the specific needs of women victims of gender-based violence (with a clear Women in Development Approach) and, finally, it shows the vulnerability status occupied by women in relation to HIV/AIDS (with a clear Welfare Approach).

8. Regarding to the *Comunidade dos Países de Língua Portuguesa* (CPLP) it has been analyzed the *Plano Estratégico Igualdade de Género e Empoderamento das Mulheres* proclaimed by the representatives of the member states that make up the CPLP in 2010. This strategy presents the following conception about the relation between the concepts gender, health and development, taking into account the Concept Map XII:

Concept Map XII: conception about the relation between the concepts gender, health and development in the *Plano Estratégico Igualdade de Género e Empoderamiento das Mulheres da CPLP* (2010)



Source: developed by the author according to the information obtained from CPLP (2010)

If we take into account the last Concept Map, it can be checked that this strategy presents a conception about health related to sexual and reproductive rights linked to the Welfare Approach (because it refers the need of attending the maternal health and the women vulnerability in relation to HIV/AIDS); the Women in Development Approach (because it considers the specific needs of women in relation to gender-based violence, the traffic of women for sexual exploitation and female genital mutilation); and the Gender in Development Approach (because it highlights the need of changing the behavior of men and women, in relation to sexual and reproductive health, towards more equitable and fair power relations).

Conclusions

In connection with the conclusions drawn from the research, it can be considered the following key points.

First, in connection with the strategy analyzed on combating sexually transmitted diseases, implemented by the Government of Angola, it can be highlighted the vulnerability position given to "women" as if "women" were a single "block homogeneous" free of risk and vulnerability multiple factors coexisting. In the analysis of the position of women in relation to HIV/AIDS is necessary to take into account other risk or vulnerability factors (besides gender relations), as age or socioeconomic status, before rushing to make the statement "women are vulnerable in relation to HIV/AIDS."

The question underlying this statement ("women are vulnerable in relation to HIV/AIDS") are the following: (1) All women are vulnerable in relation to HIV/AIDS in equal measure?; and (2) Women are born vulnerable in relation to HIV/AIDS? According to the theoretical framework of this article, all women are not socially vulnerable in the same measure

in relation to HIV/AIDS and women are not born biological vulnerable in relation to HIV/AIDS but they present biological susceptibility factors in relation to HIV/AIDS.

Secondly, given the strategies implemented by the Government of Cape Verde, there are, on the one hand, a strategy for the fight against HIV/AIDS without gender perspective and, on the other hand, a strategy for the promotion of equality gender with a focus in the specific needs of women in relation to gender-based violence. In the context of gender-based violence, it is essential to act with the same forcefulness in relation to psychosocial care of victims and in relation to aggressors behavior change because the only protection and psychosocial assistance for victims does not guarantee the resolution the problem at the source.

Third, about the strategy analyzed for poverty reduction in Guinea Bissau, it is considered the matrix of reference for the document are the Millennium Development Goals (UN, 2000) and, therefore, the development approach is aimed at maternal and child health.

Fourth, in connection with the strategies analyzed about Mozambique, it is faced two visions differences. On the one hand, there are a strategy to combat HIV/AIDS and a strategy for inclusion of gender equality in health (both strategies with a clear gender perspective that analyze in detail the consequences of socially constructed of power relations between genders). However, family planning strategy adopted by the Government of Mozambique reflects a clear Welfare Approach based in the consideration of “women” as a “vulnerable group”. It has been previously defined the concept of social vulnerability associated with risk factors but the concept of vulnerability that reflects this strategy is close to the concept of biological helplessness women.

Fifth, through the strategies analyzed of Sao Tome and Principe, it is faced two visions differences. On the one hand, in relation to demographic and health research presents an

approach oriented to family planning in response to the specific needs of women. On the other hand, in relation to the strategy to combat HIV/AIDS presents a Gender in Development Approach related with the analysis of risk and vulnerability factors.

Sixth, in connection with the protocol for the rights of women in Africa of AU, it can be seen a holistic health vision from the consideration of physical, sexual, psychological and social welfare of women. In relation to sexual and reproductive rights, the protocol is oriented to the specific needs of women.

Seventh, through the SADC protocol about gender and development, it can be established a "declaration of intent" and the protocol leaves the member states of SADC freedom to choose the strategies necessary to carry out this "declaration of intent". It would be, therefore, necessary to analyze all strategies adopted by these member states in relation to this protocol for perceive the conception that these strategies present about health related to sexual and reproductive rights.

Finally, in relation to the strategic about gender equality to CPLP, it can be proved that it is a document that reflects the three development approaches (Gender in Development Approach, Women in Development Approach and Welfare Approach) considered for this research.

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