

CENTER FOR REPRODUCTIVE RIGHTS STATEMENT TO THE AFRICAN COMMISSION ON HUMAN AND PEOPLES' RIGHTS DURING THE 56TH ORDINARY SESSION IN BANJUL, THE GAMBIA

April 22, 2015

Distinguished Commission Members, thank you for the opportunity to make this statement on behalf of the Center for Reproductive Rights. This oral submission focuses on lack of access to family planning information and services, unsafe abortion, and high levels of preventable maternal mortality and morbidity in Malawi, Uganda, and Nigeria—three of the countries that will be reviewed at this session. However, these issues are not unique to these countries and indeed affect the lives of women and their families across the continent.

MALAWI

Inadequate access to comprehensive family planning services and information in Malawi

While the failure to guarantee access to contraception affects both men and women, biologically, women must physically bear the burden of an unplanned pregnancy. Additionally, due to women's socialized role as the primary caregiver, an unplanned pregnancy disproportionately affects their lives in terms of both the time spent caregiving and in the resulting limitations to seeking education and employment and to enter public and political life.

With an average of 6 children per woman, Malawi has one of the highest fertility rates in Africa. Approximately 26 percent of women have an unmet need for family planning. Only 1 out of 3 aged 15-49 use any modern method of contraception. Multiple barriers to access, including frequent stock-outs; the failure of religious-affiliated facilities, which account for at least one quarter of all medical facilities in Malawi, to provide contraceptives; and misinformation and misperceptions about contraceptive use, contribute to the low level of usage and the high unmet need.

One out of every four adolescents aged 15-19 in Malawi has given birth and over 50% of girls are married before they are 18. Yet, adolescents rarely receive any sexuality education in school. Further, although emergency contraception is a critical component of care for survivors of sexual violence, and a method that could reduce the number of unsafe abortions, the second leading cause of maternal mortality in Malawi, there is not much information about it and less than 1 percent of women have ever used it.

UGANDA:

Prevalence of unsafe abortion and inadequate post-abortion care in Uganda

At least 1 out of every 4 maternal deaths in Uganda is as a result of unsafe abortion. Although the government has repeatedly recognized unsafe abortion as a leading cause of maternal mortality and morbidity, the ambiguity and misinformation surrounding the legal framework of abortion continue to significantly contribute to preventable deaths. Most doctors and other trained providers mistakenly believe that abortion is completely prohibited and are reluctant to provide the service even in instances where the law permits for fear of being subjected to criminal liability.

Yet, this widespread misconception does not diminish the number of abortions sought in Uganda; rather, as evidence shows, it causes more women to seek unsafe, clandestine services with grave risk to their life and health. Approximately 362,000 induced abortions are performed in Uganda every year. Among

these, about 150,000 suffer complications as a result of unsafe abortion, approximately 85,000 undergo treatment for their complications, and 65,000 experience complications but do not seek or receive treatment.

The most vulnerable, such as low income women, those living in rural areas, and adolescent girls, bear a disproportionate burden as they have limited access to trained providers and are more likely to rely on unsafe services. They make up most of the estimated 1,200 who die each year.

NIGERIA

High levels of maternal mortality and inadequate access to maternal health care services in Nigeria

The African Commission, expressed concern regarding maternal mortality in Nigeria during the country's last two review sessions in 2008 and 2011, however, Nigeria remains one of the countries with the highest incidence of maternal mortality in the world—with the World Health Organization's 2014 report showing that it accounts for 14 percent of all maternal deaths. The government's report to the Commission enumerates some measures it is undertaking to improve maternal health but these efforts have been far from adequate, and women continue to face significant barriers.

These barriers include the wide spread practice of mandatory spousal blood donation as a precondition for receiving antenatal care services in public hospitals. Women who are unable to meet this requirement are denied antenatal care. While some health facilities may sometimes allow women to opt out of the blood donation requirement by paying a fee, this option is not always made known and still has a discriminatory impact on women who have no husbands or low income women who cannot afford the fee.

Those who do access maternity-related healthcare also face the risk of being detained along with their newborns if they are unable to pay the full medical bill. In some instances, women have been detained for several months or have died while being detained.

The Center for Reproductive Rights respectfully urges the Commission to make strong recommendations to the governments regarding these concerns.

Detailed information on the impact of these issues, and additional issues of concern, along with recommendations to governments, can be found in our shadow letter submission on Malawi; our joint submission on Uganda with the Centre for Health, Human Rights and Development (CEHURD), a Ugandan NGO; and our joint submission on Nigeria with Women Advocates Research and Documentation Centre (WARDC), an NGO based in Nigeria.

Thank you.