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Key Note Address

By

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*Unsafe Abortion: A clear obstacle to social justice and
development*

Keeping Our Promise: Addressing unsafe abortion in Africa

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Dr. Koma Jehu-Appiah, Country Director, Ipas Ghana,
His Excellency Dr. Richard B. Turkson, Ghana High Commissioner to Canada,
Ambassador Dr. Eunice Brookman-Amisshah, Ipas Vice President for Africa,
Ms. Elizabeth Maguire, Ipas President,
Dr. Charles Fleischer-Djoleto, World Health Organisation, Ghana,
Honorable Benjamin Koubour, Minister of Health, Ghana,
His Excellency John Atta Mills, President of Ghana, [His Excellency Vice President
John Dramani Mahama is likely to present instead of the Prez]
Honorable Ministers, distinguished colleagues, Ladies and Gentlemen:

I thank Ipas and the other co-sponsors for inviting me to give the keynote address before this audience of committed experts.

I believe you all will agree with me that African women are the backbone of families, communities and nations – indeed of the entire continent. As a foundation for all of our work, we must establish the principle that gender equity is a cornerstone of development. Gender equality and women’s empowerment are development goals in themselves and par key to sustainable development, particularly in Africa. Societies can flourish only if women’s rights to resources, to education, employment and health are assured.

However, African countries are facing difficulties in the full realization of women’s rights. Despite many years of public education, African countries continue to be beset by a range of harmful traditional practices that include early/forced marriage, child betrothal and female genital mutilation (FGM). The continued presence of strong cultural and traditional practices, together with the lack of ratification of instruments and enforcement of laws that promote gender equality, ineffective institutional and policy implementation mechanisms, and the lack of adequate resources, severely limit the progress towards achieving gender equality in Africa and African societies as a whole suffer because of this.

Gender inequality is one of the social deterrents at the heart of inequality in health. Indeed, maternal health is often determined by the position of women in society and their status in their households, with the most excluded and vulnerable suffering most. Disturbingly, recent reviews of the Millennium Development Goals, the implementation of the Dakar-Ngor Declaration and Programme of Action of the International Conference on Population and Development (ICPD+15), and the Beijing Platform for Action (BPA +15) done by UNECA, the African Union Commission and UNFPA, found that maternal death rates in Africa continue to be highest in the whole world, and that contraceptive use is still low in many African countries, even as the number of unwanted pregnancies and deaths from deliveries and clandestine abortions skyrocket, reflecting the restrictive atmosphere of sexual and reproductive health on the Continent.



Indeed, unsafe abortion is frequently the only recourse young, poor, uneducated and rural women have to avoid unwanted pregnancies. They take place in situations characterized by inadequate provider skills, the use of hazardous techniques and in unsanitary facilities, and endanger the lives of thousands of African women.

Approximately 67,000 women die annually as a result of complications of unsafe abortion; additionally between two million and seven million women each year survive unsafe abortions but sustain long-term damage or disease. More than half of the deaths from unsafe abortion—an estimated 36,000—occur in Africa. The World Health Organization estimates that in Africa, one in seven maternal deaths result from unsafe abortion.

That so many African women resort to unsafe abortion reveals how women on our continent do not enjoy the basic freedoms and rights to which all human beings are entitled, thus limiting their full potential for development.

Your Excellencies, Honorable Ministers, distinguished colleagues, Ladies and Gentlemen:

Each year an estimated 14 million women in Africa experience unintended pregnancy.¹ In large part, this reflects the persistent, unacceptably high unmet need for contraception. As many as a quarter of all African women who want to practice family planning lack the information or effective contraceptive methods they need to do so. Although there has been progress in addressing this gap in recent years and decades – more in some countries than in others – by and large, the unmet need for contraception remains a gross injustice for women in this region.

A main challenge to women's maternal health arises from inequitable distribution of health care services, particularly in rural areas. Service delivery in Africa is characterized by many challenges, not limited to the lack of availability of emergency obstetric care. Furthermore, the lack of health facilities that can care for women who have experienced an unsafe abortion, and these women's own barriers to accessing health services when complications due to unsafe abortion arise, are a major contributing factor to maternal mortality.

Sexual violence is also a factor. The recent mass rapes in the Democratic Republic of the Congo are an extreme, but sadly not an isolated example of the prevalence of sexual violence in our societies. Sexual violence is a critical problem that manifests itself in various forms across the continent within families and communities. Research in South Africa and Tanzania suggests that nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced. The social phenomenon of

¹ http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T5P-4SH7F0D-2&_user=6520255&_coverDate=07%2F31%2F2008&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&_view=c&_searchStrId=1493831425&_rerunOrigin=google&_acct=C000067274&_version=1&_urlVersion=0&_userid=6520255&md5=be549d1d3bb0bab3d1fc1f4af4223b32&searchtype=a



older men sexually preying on young girls, and molesting them in their homes, in schools and colleges and outside the home, exposes them to multiple dangers.

Poverty and lack of employment opportunities are among the reasons that girls submit to sexual exploitation, and that many women and girls who experience unintended pregnancies decide to end them, by whatever means it takes. Sometimes they know that they cannot afford to raise a child – often another child – properly; in others they know that pregnancy will cost them their education and thus their prospects for a bright future.

Most unsafe abortions occur where abortion is illegal. As such, restrictive policies and laws that discriminate against women are other major contributors to unsafe abortion. As I just suggested, despite policies on paper to the contrary, many schools shame and expel girls who become pregnant, perpetuating the cycle of poverty. And, as you well know, many African countries severely restrict access to abortion with laws that are the legacies of former colonizers as alluded to by Amb Dr. Brookman-Amissah earlier. Despite the fact that the Beijing Platform for Action called on countries as long ago as 1995 to review laws that discriminate against women—which restrictive abortion laws clearly do, since men cannot get pregnant—very little change has happened in this arena.

Finally, the role of the social status of women in African countries in contributing to the prevalence of unsafe abortion cannot be ignored. It is widely accepted that promoting gender equality, women’s empowerment and ending violence against women is essential to achieving human development, poverty eradication and economic growth on the African continent.

Each of these contributing factors and the high incidence of unsafe abortion itself represent a violation of women’s human rights and a clear social injustice.

Honorable and distinguished experts and guests:

As we continue our discussions this week, let us bear in mind that addressing unsafe abortion requires not only safe abortion care as an essential health intervention. We also must mount a multi-faceted social response to address its underlying causes, to end the mistreatment of women and to eliminate all forms of gender discrimination. The African Decade for Women, which was launched this past 15th of November, intends to reinvigorate commitment to accelerate implementation on agreed global and regional commitments focusing on various priorities, including women’s health.



The Continental Policy Framework on Sexual and Reproductive Health and Rights, which was endorsed by the AU Heads of States in 2006, stresses that African Countries are not likely to achieve the MDGs without significant improvements in the sexual and reproductive health of the people of Africa. The resulting Maputo Plan of Action on Sexual and Reproductive Health and Rights which include addressing unsafe abortion as one of its key strategies. Although the subsequent AU Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) omits a specific mention of unsafe abortion, it does aim broadly at accelerating the availability and use of universally accessible quality health services including those related to reproductive and sexual health which are critical for reducing maternal mortality. The endorsement by African heads of States and Governments of these bears testimony that Africa is including women's health in its development priorities, although high rates of maternal morbidity and mortality serve as a testament of the challenges that still remain.

These regional plans for action complement existing international agreements, including the International Conference on Population and Development Programme of Action, which gave unprecedented prominence to women's sexual and reproductive health and rights, emphasizing that they are central to human development, and the Millennium Development Goal 5 on improving maternal health through the reduction of maternal mortality and providing universal access to reproductive health.

The UN Economic Commission for Africa, through the work of the African Center for Gender and Social Development, remains committed to ensuring women's rights, promoting universal access to sexual and reproductive health and rights, improving maternal health, and protecting women against unsafe abortion.

Just as one example, the African Gender and Development Index designed by UNECA to facilitate the monitoring of Africa's progress in the implementation of global, regional and subregional commitments affecting women, includes various aspects of reproductive health, including maternal and child health. The latest results from the AGDI confirm what many of you already know—high rates of maternal mortality in many African countries call for emergency response in line with the Maputo Plan of Action, including compiling and disseminating data on the magnitude and consequences of unsafe abortions; enacting and disseminating policies and laws to protect women and adolescents; and providing clear instructions, guidelines and appropriate training to service providers in the provision of comprehensive abortion care services.

We look forward to the report of this conference so that it can inform our work on women's rights and sexual and reproductive health.

Let me end by congratulating Ipas and the co-sponsors of this conference, and acknowledging their leadership in ending preventable deaths and disabilities from unsafe abortion. I sincerely hope that



ECA can continue to partner with all of the committed experts here today to continue to support and champion the cause of women's human rights throughout the Continent.

The Millennium Development Goals will not be achieved without promoting gender equality, women's rights, and universal access to sexual and reproductive health, and without a specific focus on eliminating unsafe abortion from our continent. Maternal mortality and morbidity not only affects women, it affects their families, our communities and our countries. Yet the causes of maternal complications and deaths, including unsafe abortion, are preventable only if gender concerns are put at the front of the line. Combating discrimination against women and girls is therefore critical to eliminate preventable maternal morbidity and mortality.

African communities will not advance without strong and healthy families. And families cannot thrive if women are suffering.

On behalf of the Economic Commission for Africa, I applaud all of you for the work you are doing on behalf of the rights and health of African women, and I wish this conference the greatest success possible.