



Economic and Social Council

Distr.: General
28 December 2014

Original: English

Commission on Population and Development

Forty-eighth session

13-17 April 2015

**General debate on national experience in population matters:
realizing the future we want — integrating population issues
into sustainable development, including in the post-2015
development agenda**

Statement submitted by Minnesota Citizens Concerned for Life Education Fund, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Maternal health, child health, and abortion in the post-2015 development agenda

Human beings are at the centre of sustainable development, according to the Programme of Action of the International Conference on Population and Development (chapter II, principle 2). Respect for human life must remain at the centre as the international community addresses population issues in the post-2015 agenda. The Minnesota Citizens Concerned for Life Education Fund, a non-governmental organization dedicated to the protection of innocent human life worldwide, calls on the Member States of the Commission on Population and Development to prioritize the improvement of maternal and child health care without advocating the legalization or expansion of abortion.

Maternal health

The World Health Organization estimates that maternal deaths worldwide declined 45 per cent from 1990 to 2013. It is clear, however, that many countries will not meet the fifth Millennium Development Goal target of a 75 per cent reduction in maternal mortality ratio (maternal deaths per 100,000 live births) by 2015. An estimated 289,000 maternal deaths took place in 2013, most of them in the developing world and especially in sub-Saharan Africa and Southern Asia. This is unacceptable. Most maternal deaths can be prevented with adequate nutrition, skilled birth attendants and basic care before, during and after childbirth. The effective provision of good maternal health care has saved lives in the developed world and in many developing nations, but it is still utterly lacking in major regions of the world. Only by vigorously focusing on maternal health care and wisely using limited resources can high mortality ratios be substantially reduced.

Child health

The first 1,000 days in the life of a human being — from conception to the second birthday — dramatically shape a child's prospects for survival and future well-being. Despite overall improvements in child health, an estimated 2.9 million children died within the first month of life in 2012, and most of those deaths were preventable. Undernutrition is estimated to cause 3.1 million child deaths each year; suboptimum breastfeeding leads to 800,000 deaths every year. Lives can be saved by improving the quality of care during labour, childbirth and the days following birth, including essential newborn care. Prenatal care and nutrition are also important to ensure healthy development and prevent foetal growth restriction and low birth weight. And adequate nutrition and optimum breastfeeding during early childhood help children develop into healthy and productive adults. Prioritizing this 1,000-day window of time will save lives, improve health and contribute substantially to sustainable development.

Abortion and maternal health

The effort to reduce maternal mortality and morbidity should not use limited resources to legalize, promote or expand access to abortion. Maternal health depends far more on the quality of medical care (and related factors) than on the legal status or availability of abortion. It is true that many countries that prohibit

non-therapeutic abortion have a high incidence of maternal mortality, while many of those that permit non-therapeutic abortion have a low incidence of maternal mortality. But correlation is not the same as causation. Most countries with high maternal mortality are developing countries with poor maternal health care, while those with low mortality are developed countries with superior resources and care. This is true irrespective of abortion policy.

Maternal mortality declined dramatically in the developed world as a result of advancements in modern medicine that took place before the widespread legalization of abortion. Today Ireland, Poland, Malta and Chile significantly restrict or prohibit abortion and yet have very low maternal mortality ratios. And many of the countries that achieved a 75 per cent reduction in their maternal mortality ratios (a target of Millennium Development Goal 5) by 2013 did so while generally prohibiting abortion. Moreover, after Chile banned abortion in 1989, its maternal mortality ratio continued to decline significantly and at about the same rate, dropping 69.2 per cent over the next 14 years, according to a 2012 study by Elard Koch, et al. Even maternal deaths due specifically to abortion declined — from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 per cent after abortion was made illegal. Legalizing abortion, the study's authors conclude, is demonstrably unnecessary for the improvement of maternal health and the saving of women's lives.

Nor is legalized abortion required by any right to health protected under international law. No United Nations treaty can fairly be construed as creating a right to abortion. On the contrary, various international instruments — such as Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the Convention on the Rights of the Child — provide support for the protection of human beings at all developmental stages and in all conditions, including human beings in utero. The Programme of Action of the International Conference on Population and Development states that abortion should never be promoted as a method of family planning (paragraph 7.24) and that changes to abortion policy should be made at the local or national level (paragraph 8.25). It also affirms the equal dignity and right to life of every human being (chapter II, principle 1).

Efforts to legalize or expand abortion can be detrimental to the health and safety of pregnant women. Abortion poses serious physical and psychological risks. A 2013 meta-analysis of 36 different Chinese studies published in the journal *Cancer Causes and Control* determined that abortion increased the risk of breast cancer by 44 per cent. In addition, a 2011 meta-analysis published in the *British Journal of Psychiatry* found an 81 percent increased risk of mental health problems among women who had undergone abortions. And a wealth of worldwide research has established that abortion increases the risk of subsequent preterm birth, which is the leading cause of newborn mortality. Moreover, the health risks of abortion are exacerbated in countries where basic health care is lacking. The legalization or expansion of abortion in such countries can increase the incidence of abortion, increasing the number of women subjected to the risks of abortion.

Coercive population policies

Rigid population control policies are responsible for tremendous abuses of human rights. Women have been coerced into choosing abortion; many have even

been violently and forcibly subjected to it. This is a blatant human rights violation and contradicts the Programme of Action of the International Conference on Population and Development (paragraphs 7.3, 7.12 and 7.15). Such policies also contribute to sex-selective abortion and infanticide in areas where culture and tradition favour boys over girls, creating a gender imbalance that has already produced devastating social and demographic consequences, including sex trafficking and further violence against women. The gravity and scale of these ongoing assaults on human dignity and women's rights demand far greater attention from the international community. The importance of safeguarding mothers from violence and coercion must be emphasized in the post-2015 development agenda.

Recommendations

We urge Member States to make every effort to improve maternal and child health care, especially during the first 1,000 days of life, and to prioritize these goals in the post-2015 sustainable development agenda. The agenda should not include any call to legalize or promote abortion. Changes in abortion policy must be determined at the local or national level.
