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**General debate on national experience in population matters:
“Strengthening the demographic evidence base for the post-2015
Development agenda”**

Statement submitted by the Minnesota Citizens Concerned for Life Inc. Education Fund, a non-governmental organization in special consultative status with the Economic and Social Council²

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.

¹ E/CN.9/2016/1.

² The present statement is issued without formal editing.



Statement

Demographic data, maternal mortality, and the right to life

Accurate population data is essential in order to understand demographic trends and challenges and effectively pursue development goals. Yet too often and in too much of the world the data is unreliable or incomplete. Consequently, countries must take positive steps to improve their data collection, especially in the developing world, and they should use this information for the purpose of protecting and improving human life. The Minnesota Citizens Concerned for Life Education Fund, a non-governmental organization dedicated to the protection of innocent human life worldwide, urges Member States to meet demographic challenges and pursue development goals while also ensuring the right to life of human beings at all stages of development and in all conditions.

The need for accurate data

“Valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and programme development, implementation, monitoring and evaluation,” noted the Programme of Action of the International Conference on Population on Development. “While there have been marked improvements ... many gaps remain with regard to the quality and coverage of baseline information, including vital data on births and deaths, as well as the continuity of data sets over time” (paragraph 12.1).

There is no doubt that, more than two decades later, this remains a very serious problem. Data collection must be substantially improved in large parts of the world. The Sustainable Development Goals call for “increas[ing] significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts” (17.18). Accurate data is necessary to understand problems, determine how to solve them, and analyse progress.

Data and maternal health

Accurately measuring the incidence of maternal mortality continues to be extremely difficult. Many measurements have proven to be mistaken in the past. Using the best information available, the World Health Organization currently estimates that the global maternal mortality ratio (MMR; maternal deaths per 100,000 live births) fell almost 44 per cent over the last 25 years. Nevertheless, approximately 303,000 maternal deaths occurred in 2015. About 99 percent of them took place in developing regions, with 66 percent occurring in sub-Saharan Africa. The MMRs were highest in sub-Saharan Africa, Oceania, and Southern Asia.

The Sustainable Development Goals now aim to reduce the global MMR to 70 by 2030 (Goal 3.1). Quality data is crucial to correctly understand and combat maternal mortality and to accurately assess progress. In addition to improving data collection, however, the international community must better prioritize the measures proven to save women’s lives.

Maternal health depends on the quality of medical care (and related factors). It does not depend on the legal status or availability of abortion. Chile, Ireland, Kuwait, Libya, Malta, Poland and the United Arab Emirates ban most or all

abortions and have very low MMRs. After Chile prohibited abortion in 1989, for example, its maternal mortality ratio continued to decline significantly and at about the same rate, dropping 69.2 percent over the next 14 years, according to a 2012 study published in PLOS ONE. 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 percent after abortion was made illegal. Legalizing abortion, the study's authors conclude, is unnecessary to improve maternal health. Instead, women's lives can be saved by providing adequate nutrition, prenatal care, skilled birth attendants, emergency obstetric care, clean water, and sanitation. Improvements in women's education and the overall health care infrastructure are also tied to substantial reductions in maternal mortality. These measures (and others) empower women and contribute greatly to sustainable development.

Improved data is also necessary to better understand the health effects of abortion. For example, a wealth of worldwide evidence has established that induced abortion substantially increases the risk of preterm birth in subsequent pregnancies; preterm birth is the leading cause of new-born mortality. 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 2013 meta-analysis of 36 different Chinese studies published in *Cancer Causes and Control* determined that abortion increased the risk of breast cancer by 44 percent. The medical risks of abortion are only exacerbated in countries where basic health care is lacking. More accurate and comprehensive population data is necessary to further study these risks.

Demographic challenges and the right to life

Accurate and comprehensive population data help reveal the challenges that the world faces as it pursues the Sustainable Development Goals. These challenges include growing populations in sub-Saharan Africa and rapidly ageing populations in much of the developed world. Countries must take these trends into account while working to combat poverty, provide health care and education, and promote prosperity for all people.

Some regions of the world have utilized abortion as a means of population control. But 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 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.

Member States should pursue development goals without encouraging or legalizing abortion. No right to abortion has ever been established in international law. No United Nations treaty or customary international law can accurately be interpreted as creating such a right. 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).

Indeed, various international human rights instruments — such as the 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 equal protection of human beings at all developmental stages and in all conditions, which should include human beings in utero. The International Covenant on Civil and Political Rights states, “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life” (Article 6.1). The Declaration of the Rights of the Child affirms that “the child ... needs special safeguards and care, including appropriate legal protection, before as well as after birth.”

Nor should Member States respond to economic and demographic changes by legalizing or promoting euthanasia or assisted suicide. No right to euthanasia or “right to die” has ever been created in international law. On the contrary, the right to life protects not only the young, healthy, and able-bodied, but also the elderly, sick, and disabled. The Convention on the Rights of Persons with Disabilities specifically prohibits the denial of the right to life of disabled persons: “States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others” (Article 10). The Convention also prohibits “discriminatory denial of health care or health services or food and fluids on the basis of disability” (Article 25).

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 should remain at the centre as the international community addresses population issues in the post-2015 agenda. Demographic data must be used to protect and foster human life and flourishing. It should not be used for any other agenda.
