

**COMMITTEE ON THE
ELIMINATION OF DISCRIMINATION
AGAINST WOMEN
Fifty-Second Session
9-27 July 2012**

**FALSE CORRELATIONS BETWEEN
LIBERALIZED ABORTION LAWS
AND MATERNAL MORTALITY REDUCTION:
OBSERVATIONS ON THE COMBINED
SEVENTH AND EIGHT
PERIODIC REPORT OF MEXICO**

Jointly Submitted

By

ALIANZA LATINA AMERICA PARA LA FAMILIA

ALLIANCE DEFENSE FUND

-An ECOSOC-accredited organization-

**CONSTRUYE, OBSERVATORIO PARA LA MUJER DE AMERICA LATINA Y EL CARIBE
A.C**

ELPIS CENTRE

MISION MUJER

-An ECOSOC-accredited organization-

MUJER PARA LA MUJER

-An ECOSOC-accredited organization-

VIFAC

-An ECOSOC-accredited organization-

OVC RED FAMILIA

June 25, 2012

1. The undersigned civil society organizations submit this Observation with respect to the Combined Seventh and Eighth Periodic Report of Mexico to the Committee on the Elimination of Discrimination Against Women (“Committee”), the committee tasked with receiving the reports of states parties under the Convention on the Elimination of All Forms of Discrimination Against Women (“CEDAW”).

2. The undersigned (1) object to certain assumptions implicit in the Committee’s questioning of Mexico on the issue of abortion; (2) note that the assumption that liberalized abortion laws are necessary to reduce maternal mortality is empirically false; (3) and (4) urge Mexico to reduce maternal mortality using demonstrably effective methods while ensuring healthy outcomes for both mother and child.

Committee’s Latent Assumptions Concerning Abortion

3. Paragraph 18 of the Committee’s “List of Issues and Questions with Regard to the Consideration of Periodic Reports: Mexico” requests the following:

In the light of constitutional changes in a number of states to protect life from the moment of conception, please indicate which type of measures have been taken to effectively protect the sexual and reproductive rights of women and on accessibility of therapeutic abortion in the concerned states. Please indicate measures taken to address clandestine abortions. Please also provide information on measures taken or envisaged to guarantee that women are not prosecuted and sentenced for having undergone an abortion.

4. The undersigned question the foundation for such a question posed by the Committee, with the implicit assumption that there exist “sexual and reproductive rights” which include a “right” to “therapeutic” abortion. However, no such exists in international law, nor can such a right be found in CEDAW.¹

5. Furthermore, insofar as the question concerns “accessibility therapeutic abortion” – a nebulous, undefined term – “in the concerned states,” the Committee implicitly pits constitutional amendments protecting the unborn against the health of the mother (*i.e.*, abortion as being necessary for “therapeutic” reasons).

¹ CEDAW nowhere mentions abortion and its presumptions are pro-natalist. *See, e.g.*, General Assembly, Thirty-fourth Session, CEDAW art. 12, Dec. 18, 1979 (A/RES/34/180) (referencing “postnatal periods” and “lactation”). For further analysis, see briefing by former member of the Committee, Krisztina Morvai, “Respecting National Sovereignty and Restoring International Law: The Need to Reform UN Treaty Monitoring Committees, delivered on September 6, 2006. (A copy of this briefing is available upon request.)

6. Such an assumption has no empirical warrant.

Laws Protecting Unborn Life are Consistent with Maternal Mortality Reduction

7. The undersigned NGOs wish to call the Committees attention to a recent peer-reviewed study of maternal mortality reduction in Chile, which protects unborn life in its laws and constitution, conducted by Dr. Elard Koch and a team of researchers.² The research concludes that reduction in maternal mortality is not related to the legal status of abortion, but is attributable to increasing access to education of women as well as access to basic maternal health facilities and services. What drives maternal mortality rates is the absence of skilled birth attendants and emergency obstetric care, as well as the absence of things taken for granted in the developed world, such as clean water and penicillin.

8. This is consistent with global data which shows that maternal mortality reduction is attributable to factors unrelated to abortion.³

9. Thus the interests of women in the developing world are best served by increasing access to such health facilities and services, not by promoting abortion.

10. Indeed, it should be noted that the countries which have the one of the lowest maternal mortality rates in the world is Ireland, Malta and Poland, and these countries protect unborn life in their laws.⁴

² Elard S. Koch *et al.*, “Women’s Education Level, Maternal Health Facilities, Abortion Legalization and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007, *PloS One* (May 2012), available at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0036613>. The Koch study was criticized in an advisory comment by the Alan Guttmacher Institute, Planned Parenthood’s research arm, available here: <http://www.guttmacher.org/media/evidencecheck/2012/05/23/Guttmacher-Advisory.2012.05.23.pdf>. The response of Koch et al. is found here:

<http://www.scribd.com/doc/94847841/Response-to-Guttmacher-Institute-criticisms-by-Koch-et-al-on-the-Impact-of-Abortion-Restrictions-on-Maternal-Mortality-in-Chile>. The reader is invited to consider both arguments and appraise which side has the stronger, more methodologically sound argument.

³ Irvine Loudon, Maternal Mortality in the Past and Its Relevance to Developing Countries Today, 72 *Amer. J. Clinical Nutrition* 241s (July 2000), available at <http://www.ajcn.org/cgi/content/full/72/1/241S> (“The sudden and dramatic decline in maternal mortality rates, which occurred after 1937, took place in all developed countries and eliminated the previously wide country-level differences in national mortality rates. The main factors that led to this decline seem to have been successive improvements in maternal care rather than higher standards of living.”)

⁴ Statistics on global maternal mortality rates are available from the World Health Organization and are analyzed in Margaret C. Hogan *et al.*, “Maternal Mortality for 181 Countries, 1980-2008: A Systemic Analysis of Progress Towards Millennium Development Goal 5,” *The Lancet* (May 2010), available at <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2960518-1/abstract>.

11. Mauritius, whose laws until very recently were extremely protective of the unborn, has the lowest maternal mortality in Africa.⁵ In Ethiopia, where abortion was legalized, maternal mortality is 48 times higher than in Mauritius. In South America, maternal mortality is 30 times lower in Chile than in Guyana, where there are no limits to abortion; indeed, Guyana liberalized its laws on the advice of foreign experts who claimed that it would lead to a reduction in maternal mortality rates, which nevertheless remain consistently high.

12. Liberalized access to abortion does not mean lower maternal mortality rates. A review of maternal statistics from Austria – which has perhaps some of the most accessible statistics on the topic – shows that immediately after the World War II, maternal mortality rates were extremely high, at 327.9 maternal deaths per 100,000 live births (“Lebend-geborene”). They were driven down rapidly by attending to the basic needs outlined above, falling to 251.3 deaths per 100,000 in 1947 and reaching under 100 deaths per 100,000 by 1957, never again rising into triple digits. By 1975, the number stood at 17.1 per 100,000, but following liberalization of Austria’s abortion law that year, there was an uptick in maternal mortality the following year, to 21.7 per 100,000 – not an upsurge, but nevertheless an uptick.⁶

13. Canada, the United States, Norway and South Africa have experienced increased maternal mortality, even though they have the most permissive abortion laws. Countries in the developing world with high maternal mortality rates that have become more protective of unborn life, such as Nicaragua and El Salvador, appear to have lowered maternal mortality.⁷

14. The experience of South Africa indicates that an increase in maternal mortality rates may indeed accompany abortion liberalization in developing world nation. According to the World Health Organization and other UN agencies, in 1990, there were 121 maternal deaths per 100,000 live births while in 2008, there were 237.⁸ Conversely, the experience of Poland shows a dramatic decrease in maternal mortality after restricting abortion in 1993. In 1991 there were 80

⁵ Mauritius earlier this year succumbed to outside pressure and liberalized its abortion laws.

⁶ See Müttersterblichkeit in Österreich seit 1946 nach Todesursachen und Alter (ICD-9, Pos.Nrn. 630-676) available at http://www.statistik.at/web_de/Redirect/index.htm?dDocName=021991.

⁷ According to Nicaragua’s Ministry of Health, between 2006 and 2011, the maternal mortality rate has been reduced 35 per cent. “Nicaragua Reduce Tasa de Mortalidad Materna en un 35 Per Ciento,” La Estrella, Sept. 29, 2011, <http://www.laestrella.com.pa/online/al-minuto/2011/09/29/al-min-nicaragua-reduce-tasa-de-mortalidad-materna-en-un-35-por-ciento.asp> Ministry of Health statistics are available at the following website:

http://www.minsa.gob.ni/index.php?option=com_content&view=article&id=30&Itemid=39

⁸ See Trends in Maternal Mortality: 1990 to 2008: Estimates developed by the WHO, UNICEF, UNFPA and the World Bank, available at http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf

maternal death⁹. After abortion laws were restricted every year number of maternal deaths is decreasing (there were 29 deaths in 2000, 24 in 2004, and 19 in 2008)¹⁰.

Recommendations for Mexico

15. The undersigned organizations urge Mexico to defend its domestic legislation protective of unborn life as consistent for ensuring healthy outcomes for both mother and child, and to question both the source of authority and the factual basis for the Committee's request for clarification noted above.

16. Moreover and most importantly, the undersigned organizations urge Mexico to make greater efforts to reduce maternal mortality, including by increasing access among underserved populations to quality prenatal and postnatal care as well as to skilled birth attendants.

Submitted to the Committee on the Elimination of Discrimination against Women

June 25, 2012.

ALIANZA LATINA AMERICA PARA LA FAMILIA (Venezuela)
Apartado 1225, Carmelitas
Caracas1010, VENEZUELA

ALLIANCE DEFENSE FUND (USA)
211 East 43rd Street
New York, NY 10017

CONSTRUYE, OBSERVATORIO PARA LA MUJER DE AMERICA LATINA Y EL
CARIBE A.C (México)
Av. Vasco de Quiroga 2121 205. Sta. Fe Peña Blanca.
México, DF. 01210

ELPIS CENTRE (Trinidad & Tobago)
Lp 115 Chickland Main Road
Freeport, Trinidad
West Indies

⁹ Ministry of Health of the Republic of Poland report
http://www.mz.gov.pl/wwwfiles/ma_struktura/docs/15032007_raport.pdf

MISION MUJER A.C (México)
Calle 9 #504 Col. Jardines Seattle
Zapopan, Jalisco. 45150

MUJER PARA LA MUJER A.C (Mexico)
Paseo de los Parques 4191. Colonia Villa Universitaria
Guadalajara, Jalisco. 45100

VIFAC A.C (México)
Altamira 251. Col. Loma Blanca
Zapopan, Jalisco. 45160

OVC RED FAMILIA (Mexico)
Hipólito Taine Núm. 205-B. Col. Chapultepec Morales, Del. Hidalgo,
México. DF 11570

¹⁰ Ministry of Health of the Republic of Poland reports for 2000, 2004 and 2008.