

CSMMUA

COALITION TO STOP MATERNAL MORTALITY DUE TO UNSAFE ABORTION

UNCOVER THE FACTS DEMYSTIFYING MISCONCEPTIONS ON THE EAST AFRICA COMMUNITY SEXUAL AND REPRODUCTIVE HEALTH BILL, 2021

The East African Community Sexual and Reproductive Health and Rights (EAC SRH) Bill seeks to protect and facilitate the attainment of life course sexual and reproductive health of all persons in the East African Community. The Bill also aims at providing progressive realisation of integrated SRH information and services as part of Universal Health Coverage, prohibiting harmful practices and other related matters. Whereas the Bill has noble objectives, the Bill continues to come under attack from some sections based on myths, ignorance and outright propagation of falsehoods. With a lot of misinformation being propagated about the EAC SRH Bill, it is important to put out the correct information for the benefit of the EAC.



MISCONCEPTION: The Bill seeks to introduce abortion in the community

FACT: The Bill provides for the termination of pregnancy if, “in the opinion of a health worker where there is need for emergency treatment, where the pregnancy endangers the mental and physical health or the life of a woman as may be permitted by the law of partner states”. The Bill makes clear reference to partner States’ legal framework. In both Kenya and Uganda for example, restricted abortion is provided for in the respective Constitutions and their penal laws.

The provision in the EAC SRH Bill was carefully crafted to ensure the current positions in national legislation are not altered by the Bill. It is important

to note that because of the difference in legislation across the East African Community, the drafters opted not to have the Bill that seeks to harmonise positions on abortion but maintain the legal position as it currently stands in various partner states. It is therefore a misconception that the Bill introduces abortion.



MISCONCEPTION: The Bill seeks to sexualise children by teaching them that it is okay for them to have sex.

Misconception: “The Bill advocates for comprehensive sexuality education for adolescents and youth; CSE is a contributor to high teenage pregnancy rates and abortions. It presents abortion as the safest way or positive option while omitting data on possible physical and mental health consequences. CSE seeks to lead children to focus on unhealthy sexual behaviour at the expense of education and life goals.”

FACT: The Bill provides for age and culturally-appropriate sexuality education for in-school and out-of-school young people within the religious and cultural contexts of each of the partner states. Sexuality education envisaged under the Bill provides age- and developmentally-appropriate information and skills to help young people delay sexual initiation and to protect themselves when they do become sexually active. Sexuality

education is designed to be age, gender, culturally and developmentally appropriate. Topics covered are designed to vary by grade and are planned and sequential to build young people's knowledge and skills as they mature. Sexuality education provided for in the Bill is not narrowly focused on how to have sex as is propagated by some sections of the population. Rather, it includes a focus on values, decision making, biology, emotions and sexual feelings. It also presents delaying first sex, limiting the number of partners and safer sex.

Numerous studies and peer-reviewed literature, including a study by the World Health Organization, have demonstrated that sexuality education programmes do not increase sexual activity nor lead youth to engage in sex at an earlier age. In fact, rigorous evaluations of sexuality education programmes have shown that these programmes can help young people to delay sexual initiation. For those who have already had sex, these programmes have been shown to be effective in reducing the frequency of sexual intercourse and the number of sexual partners. The Uganda Demographic and Health Survey UDHS statistics indicate that since 2006, teenage pregnancies have remained at 25 per cent, 18 per cent of annual births in Uganda are as a result of teenage pregnancies and 28 per cent of maternal death result from teenage pregnancy. According to UDHS, 2016, the median age of sexual debut is 16 years, which is the highest in the EAC. The EAC SRHR Bill provides an opportunity to mitigate this

“Every parent, guardian or person with parental responsibility over an adolescent or young person has a duty to provide age and culturally appropriate sexual and reproductive health information to an adolescent or young person under their care”.

The above provision rhymes with partner State provisions on parental responsibilities. For example, the Uganda National Parenting Guidelines of 2018 require a parent to provide reliable, timely, accurate and age-appropriate information on personal hygiene, sex and sexuality.



MISCONCEPTION: The Bill introduces homosexuality

FACT: The Bill in its entirety does not make any reference to homosexuality or same-sex relationships. The Bill recognises the fundamental human rights-based approach principle of non-discrimination in Clause 4. However, this reference does not in any way provide leeway for the “importation” of homosexuality. The said Clause 4 further provides that the principle of non-discrimination is based on, “...status recognised by the Constitution of a Partner State or the Community”. The clear implication of this provision, therefore is that the drafters of the Bill did not intend to import into the bill same-sex relationships.



MISCONCEPTION: Women will refuse to conceive and have children naturally and opt for artificial reproduction due to surrogacy. Couples should only have children through the natural way and if they are unable to, they should adopt children. Surrogacy removes the creation of a new life from the natural reality of a man and woman's union, children become more of a commodity and it takes away the responsibility of God to create life

FACT: The inability of any couple to have children in Africa comes with a lot of humiliation and stigma. Surrogacy is aimed at providing a solution to couples that are unable to have children naturally due to health-related complications. Additionally, in many partner States including Uganda, there is no law or regulation on artificial reproductive centres which continuously exposes women and couples to exploitation and extortion of large sums of money to be able to have a baby. The intention of the Bill is to provide a legal framework that protects both the surrogate mother and the couples seeking to have a baby from any form of exploitation. Surrogacy doesn't in any way replace God's power of creation; the scientists are using God-given knowledge and wisdom to solve the worldly reality of infertility. We still believe that God still enables the embryo to grow into a baby even if fertilisation takes place outside the womb. It gives the surrogate mother an opportunity to do the ministry of carrying the embryo on behalf of the couple that is unable for one reason or another.