

# Ethiopia: Women's Rights are Human Rights

UK All Party Parliamentary Group on Population, Development and Reproductive Health and Marie Stopes International study visit to look at contraception, abortion and maternal health

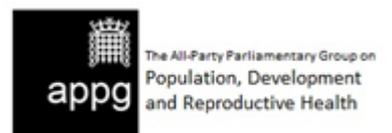
6th to 11th November 2017



**Rt Hon Harriet Harman QC MP**  
Member of Parliament for Camberwell and Peckham  
Mother of the House of Commons



House of Commons  
London SW1A 0AA  
Twitter @harrietharman  
[www.harrietharman.org.uk](http://www.harrietharman.org.uk)



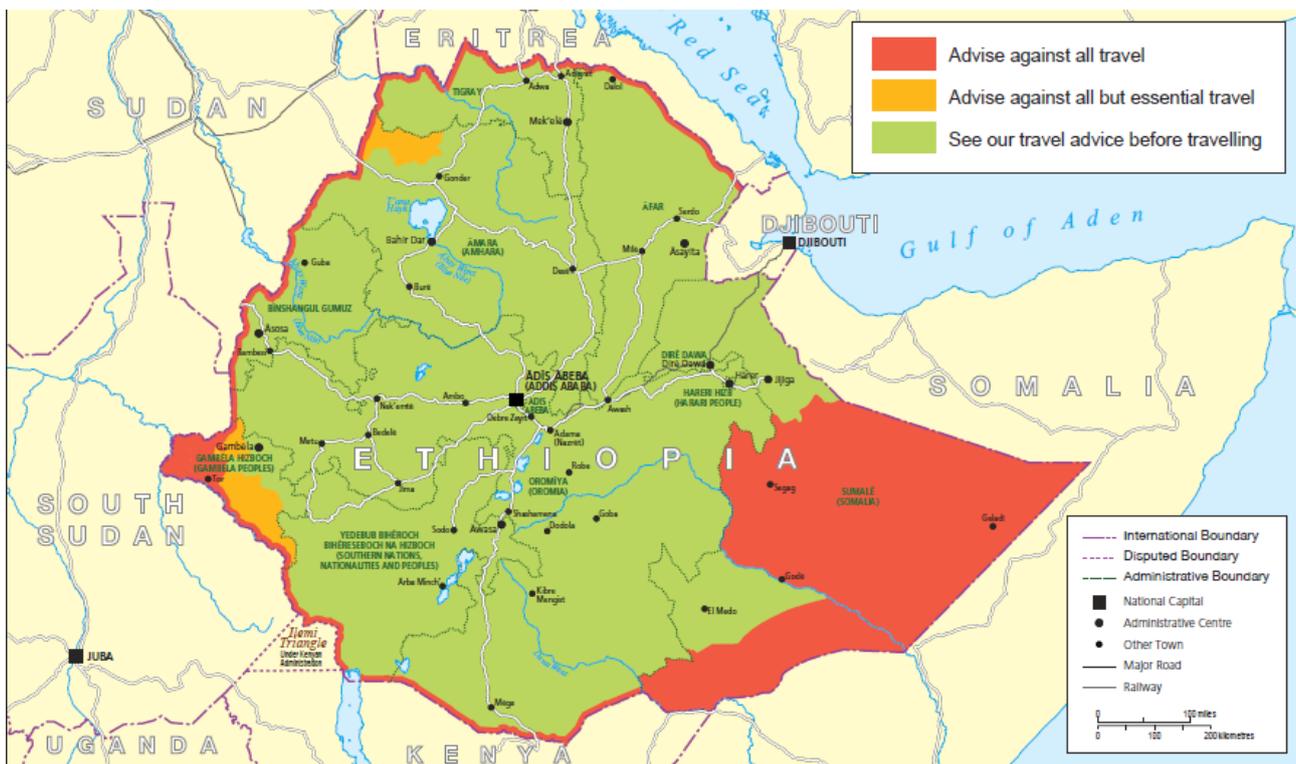
# Contents

<b>The reason for my visit to Ethiopia</b>	<b>3</b>
<b>The challenges for women in Ethiopia</b>	<b>3</b>
<b>The work of Marie Stopes International</b>	<b>4</b>
<b>Dynamic young Ethiopian women students organising to support other women</b>	<b>5</b>
<b>Refugees in Ethiopia</b>	<b>6</b>
<b>Tackling the misery of Fistula</b>	<b>8</b>
<b>US President, Donald Trump, undermines the work of Marie Stopes International and other NGOs in Ethiopia</b>	<b>9</b>
<b>Women in Ethiopia's Parliament</b>	<b>10</b>
<b>The MSI 2017 study tour to Ethiopia members</b>	<b>11</b>
<b>Study tour visits and meetings</b>	<b>11</b>
<b>Acknowledgements</b>	<b>12</b>

# The reason for my visit Ethiopia

I travelled to Ethiopia to look at contraception, abortion and maternal health

- because of my support for equality for women
- because of my support for development and
- because there is a diaspora community of Ethiopians (as well as Eritreans and Somalis) in my constituency of Camberwell and Peckham



## The challenges for women in Ethiopia include:

- The prevalence of child marriage. One in 10 girls will be married before they are 15. Young girls who are married do not get the opportunity to go to secondary school. They are more likely to have babies at a very young age and suffer birth complications. Girls under 15 are 5 times more likely to die of pregnancy related causes than adult women. And the neonatal death rate for children born to mothers under 20 is nearly 50% higher than that of infants born to mothers in their 20s.
- The large number of children each woman has which means their health suffers and they lack opportunities to study and work
- A patriarchal society which does not recognise the rights of women as equal to that of men
- Prevalence of Female Genital Mutilation of girl children. Despite FGM being criminalised over a decade ago, the WHO estimates that 65% of women aged 15-49 have been subjected to FGM. Despite it being against the law we heard of no

prosecutions for FGM, only programmes to educate and change attitudes.

- Violence against women. According to the Ethiopian Demographic Survey 68% of women and 45% of men believe that wife beating is justified in certain circumstances.
- The difficulty of reaching women in remote, nomadic, pastoral communities to ensure that they have access to contraception, safe abortion and safe maternity care.
- Prevalence of obstructed labour when the mother is not able to deliver her baby and unable to get a caesarian section and therefore will find herself with a stillborn baby, a fistula rendering her doubly incontinent and rejection by her husband and her own family and left to live outside the village without husband, child, family or her dignity.
- Unsafe abortion leaving women with infection and injury.
- Despite recent progress, 13,000 pregnant women and 200,000 children die each year in Ethiopia.

## **The work of Marie Stopes International in partnership with sexual and reproductive health Non-Governmental Organisations and the Department of Health**

MSI in Ethiopia works with the Ethiopian Health Department, DIFID and with partners in sexual and reproductive health such as the International Planned Parenthood Federation. The Ethiopian Health Strategy for its 100 million people, 80% of whom live in rural areas, operates across a vast country often with poor access and communications. It is delivered via a nationwide system of 48,000 Health Extension Workers, 3,500 local health centres, 30 general hospitals and 11 specialist hospitals. The Health Extension Workers, akin to our Health Visitors, work throughout the country, including in the villages and amongst nomadic pastoral communities, to advise on and dispense contraception, to identify pregnant women who are at risk of birth complications and refer them to clinics and to refer women for safe abortions. The Health Centres have rudimentary facilities and the hospitals are few in number and there's a shortage of specialist staff such as paediatricians and neo natal doctors and equipment to monitor women and their babies in labour.

But there has been, since the 2005 legalisation of abortion and the new Ethiopian Department of Health Strategy on Reproductive Health remarkable progress for women. In particular, the Health Extension Workers have had a transformative effect in bringing contraception to the most marginalised women and the availability of safe abortions in local health clinics has markedly reduced the suffering caused by unsafe abortions.

- The % of unsafe abortions has fallen by half since the 2005 law reform. Now over half abortions are carried out by trained staff, safely in health facilities rather than carried out as unsafe abortions. But that still leaves 47% of abortions taking place outside of health facilities with the inevitable complications. Before the 2005 legalisation of abortion and the extension of health services one third of the

maternal deaths were as a result of unsafe abortions. That is now down to 6%.

- Contraceptive use has risen from 15% in 2005 to 36% in 2016.
- Under 5 mortality has fallen from 204 per 1000 live births in 1966 to 67 per 1000 live births in 2012, a fall of 67% which is faster than the average for sub Saharan Africa.
- The birth rate is falling. In 2000 a woman was likely to have 6 children and that has now decreased to 5. But within that progress there is marked regional variation. In the remote rural area of Somali a woman is still likely to have 8 children.



The Shire Refugee camp, Tigray. One room, home for 5 people.

## **Dynamic young Ethiopian women students organising to support other women**

We heard from young women students at the University of Addis Ababa Young Footprints Club who organise to empower other women students. They particularly focus on supporting young women students from rural areas, recognising that, away from their families and coming from patriarchal communities, they might find it difficult to speak up about any concerns they have. So every week they organise a “Safe Space Platform” in the women’s dorms for women students to speak about any issue that is concerning them.

They run a “Pad Paradise” initiative, collecting donations of sanitary pads for girls in villages who, without them, miss a week’s schooling each month because of their periods. They run a “male engagement” club to encourage support and awareness amongst male students. We visited the women’s dorm which now has its own library as the women students were losing out as they could not study in the university library at night without risking being assaulted or raped if they tried to cross the campus in the dark. The two young women who led the discussion were assertive, full of confidence, and determined to play their part in transforming the role of women in their country.



Inspiring young women at Addis Ababa university

## Refugees in Ethiopia

There are 800,000 refugees in Ethiopia and that number is expected to rise to 1 million by the end of 2017. Half are fleeing from violence and poverty in South Sudan. In the East they come from Somalia and in the North, refugees come over the border from Eritrea. The refugee camp in Shire, Tigray that we visited is 2 hours drive North of Aksum near the Ethiopian border with Eritrea, just a few kilometres away from the nearest Ethiopian village. It houses 13,000 Eritrean refugees of which 1,500 are unaccompanied children. There are 2 to 3 families in each of the homes which are built in rows and made of concrete blocks with corrugated aluminium roofs. Between the rows of houses there is a row of latrine blocks of similar construction, about 15 metres from the homes. That makes them safe for women to use at night but too close to living and eating areas for health and disease control.

I spoke to two women in a spotlessly clean hut with a swept earth floor sprinkled with freshly picked leaves. There were two beds and 5 people live in it. In the centre was a small open stove burning charcoal next to a low table holding a tray and a neatly laid out set of coffee cups. One of the women was 8 months pregnant. She had been in the camp for 2 years and her husband is now in the Sudan which is the route used by refugees who then go via Libya to Europe. The other woman had been in the camp for 3 years. She had left Eritrea to escape violence and poverty, travelling on foot at night to avoid attack. She wants to go to Europe. She was carrying a boy of 18 months. His father was elsewhere in the camp but his mother had died of a snakebite a month previously.



Refugee camp in Shire, Tigray

The Ethiopian government keep the border open and provide the land for the camp. But all the accommodation and the services are provided by foreign aid agencies including the UK Government, Norway, Denmark and MSF. 30 babies were delivered in the camp last year and there was no maternal mortality. Pregnant women who have complications are referred for delivery to the health centre in the local town. The clinic in the camp providing for contraception, abortion, delivery and post-natal care was very rudimentary with broken equipment, used dressings and syringes lying around.

Despite the number of those who travel on from Ethiopia to go via Libya to Europe, the number of refugees coming to Ethiopia represents a significant increase in population. DFID are seeking to advance the approach that instead of looking separately at, and meeting, the needs of the refugees, the aid endeavour should be focused on what is needed in that region to enable it to absorb an increase in population. So, for example,

instead of saying refugees need water and therefore sending water trucks, they should approach it on the basis that an increase in population in the region necessitates more mains water and sewerage. That supports development and helps the local population as well as the refugees.

## Tackling the misery of Fistula

In the UK, obstructed labour is dealt with by caesarian section, avoiding injury or death to the mother and her baby. But where labour is obstructed in countries with no availability of C-section the woman suffers days of terrible pain leaving her with life-changing injuries if she survives and the baby is usually still born.

An obstructed labour often causes “fistula” where the organs are ruptured leaving the woman doubly incontinent. In rural areas where C-section is not available, the woman is relegated to a life of pain, shame and isolation. Her husband rejects her because she is incontinent and returns her to her family who will not allow her to live in the family home but banish her to live on the outskirts of the village with the animals. Many believe that the injury is a curse and keep her hidden.

The Fistula Hospital in Addis Ababa, set up in 1963 by a married couple of Australian doctors, is exclusively dedicated to repairing fistula ensuring that women can return to their families and villages, clean and dry. Where it is necessary, hospital staff will return with the woman to her village to explain to her family that her injury has been repaired and that they should accept her back. They give women skills training after their operation so that those who are unable to return to their family can become financially independent by starting their own business. Some of those who are unable to return to their family are trained to care for the patients.



Ward in the Fistula Hospital: some women wait years for their incontinence caused by childbirth to be repaired

80 very different languages are spoken in Ethiopia and if none of the staff speak the woman's language, they will send out to the parliament to get one of the women representatives from her region to come to the hospital to interpret. If they become pregnant again they are able to return to the fistula hospital to deliver their baby by caesarian.

In the peaceful and clean hospital ward, I met an 18 year old woman who had suffered with fistula for the previous 4 years before having it repaired. The Fistula Hospital estimate that there are women in country areas who have been living with fistula for up to 20 years. The network of Health Extension workers identifying what are likely to be problematic deliveries, the expansion of clinics able to perform C-sections together with the reduction of child marriages leading to pregnant children, are all factors which are reducing the incidence of Fistula. Meanwhile the Fistula Hospital perform 3,700 fistula repairs every year and work on the estimated backlog of 39,000 women needing Fistula repair.



Peaceful gardens at the Fistula Hospital in Addis Ababa

## **US President, Donald Trump, undermines the work of Marie Stopes International and other NGOs in Ethiopia**

As one of his first acts as President of the US, Donald Trump committed the US to the "Mexico City Policy". This prohibits any US Federal funds going to non-governmental organisations, that provide abortion counselling or referrals, advocate to decriminalise abortion or expand abortion services. As an organisation working on sexual and reproductive health and providing advice and facilities for abortion



Giant tortoise heading to a parking space at DfID HQ, Ethiopia

as well as contraception, MSI is unable to sign the assurance that would allow it to continue to receive US Federal Funding. MSI Ethiopia have calculated that cutting back their work because of this loss of funds will mean 88,467 unintended pregnancies, 27,425 abortions of unintended pregnancies, 15,822 unsafe abortions and an additional 82 maternal deaths.

Put bluntly, Donald Trump's signature on the executive order to endorse the Mexico City Policy will cost the lives of women in Ethiopia. MSI is set to lose £30m, representing 17% of their total income as a result of the Trump policy. MSI are working to make up the gap with additional funds including from the UK and the Netherlands.

Another result of the Mexico City Policy is that while these funds can no longer go to non-governmental organisations which provide abortion, the funds will instead go to organisations such as evangelical organisations which advocate abstinence and other measures which don't work and set back women's development.



Heran Demissie, brought up in the UK, returned at the age of 24 to Ethiopia to work with MSI. Pictured here with a mother and her baby at the Ghandi Hospital, Addis Ababa.

## **Women in Ethiopia's Parliament**

32% of Ethiopia's MPs are women - up from 2.7% in 1995. In the Parliament, we met 8 members of the Social Affairs Committee, one man and 7 women representing different regions of Ethiopia. They shared a strong commitment to making progress on sexual and reproductive health and the women MPs were unhesitating in their belief that their role in parliament was to speak up on behalf of the progress women in Ethiopia want to make towards equality. There is an all-party women's caucus in the Parliament and there are women's caucuses in each region. They check to ensure gender issues are included in all

government plans and that issues such as FGM and early marriage are being tackled in all areas.

## **The MSI 2017 study tour to Ethiopia included:**

- Baroness Jenny Tonge (Ind)
- Baroness Anne Jenkin (Cons)
- Baroness Tessa Blackstone (Lab)
- Harriet Harman MP (Lab)
- Karen Buck MP (Lab)
- Ann Mette Kjaerby – Advisor, All-Party Parliamentary Group on Population, Development and Reproductive Health

## **Study tour visits and meetings included:**

### **Monday 6th November**

14:00 - 15:00

Addis Ababa UK Embassy/DfID

15:30 - 16:30

Roundtable briefing with key Sexual and Reproductive Health stakeholders, including: Ministry of Health

- Marie Stopes International Ethiopia (MSIE)
- United Nations Population Fund (UNFPA)
- IPPF (Family Guidance Association of Ethiopia)

17:00 - 17:30

MSIE call centre

### **Tuesday 7th November**

Addis Ababa

09:00 - 10:00

MP members of the Standing Committee on Health

10:30 - 11:30

UNFPA youth and gender project

14:00 - 16:00

Hamlin Fistula Hospital

### **Wednesday 8th November**

11:00 - 15:00

Refugee camp in Shire, Tigray

### **Thursday 9th November**

09:00 - 10:00

Visit to BlueStar clinic (MSI franchise) in Axum

11:00 - 12:00

Family Guidance Association of Ethiopia (IPPF) project

14:00 - 15:00

Public sector Hospital, Axum

Dinner at traditional restaurant MSIE Senior Management Team and Regional Director

### **Friday 10th November**

09.00 – 10.00

Gandhi Government Maternity hospital and one-stop safe house

11.00 – 12.00

Debriefing at UK embassy

12.30 – 13.30

Federal HIV/AIDS Prevention and Control Office (HAPCO) youth project

13.30 – 15.00

Roundtable with stakeholders involved in abortion law and regulatory reform in Ethiopia at MSIE headquarters

15.00 – 16.00

MSIE Choice SRH clinic

### **I'd like to thank**

- Ann Mette Kjaerby, Advisor, All-Party Parliamentary Group on Population, Development and Reproductive Health
- Thomas Lee, Marie Stopes International
- Marie Stopes International Ethiopia
- The staff of the Department for International Development (DfID) in Ethiopia
- The staff of the UK High Commission in Ethiopia

And all the international and local organisations who are working to empower women in Ethiopia make choices in their lives.