

The Primacy of Reproductive Rights and Ideological Colonialism in Africa
(By Ms Obianuju Ekeocha)

A little over a century ago the continent of Africa was carved up and shared among the European powers.

Every African nation (with the exception of Ethiopia and Liberia) was colonised for upwards of 70 years by these European powers. My country Nigeria was one of those countries.

But I have no intention today of rummaging aimlessly through the ash heap of history.

I know that colonialism is a thing of the past and my country, alongside other African countries, have been independent, sovereign and self-governing countries since the 1960's. For this independence I am truly grateful.

However, in recent years, we are noticing the return of western footprints all across the continent of Africa.

I am not speaking of the welcome footprints of those seeking business investments, trade or scientific advancements.

No, I am speaking about the footprints of cultural imperialists, social engineers and ideological neo-colonial masters who have presented themselves as enthusiastic donors, friends and partners in the much desired development in the different African countries.

Wealthy, Western Nations, Powerful Institutions such as this one, Non-Governmental Organizations and Private Foundations have become stakeholders and key players in most of the capitals of sub-Saharan Africa as they plan and propose ideologically-driven projects that have not, in most cases, been demanded for in any real way by the African people.

Let me say at this point that in full disclosure, I am not a huge fan of undefined and indefinite humanitarian aid because it has been demonstrated by renowned economists like Peter Bauer who made clear from his writings from as far back as the early 1970s that aid over a long period of time can indeed be debilitating for the recipients.

In his own words from his excellent essay "Foreign Aid Forever?: "aid pauperises those it purports to assist."

This he wrote in 1974 - 45 years ago, considering the situation in different parts of Africa, I agree with his observation.

But I will be quick to add that there is nothing wrong with and in fact everything laudable in helping others during times of national/regional crises, natural or man-made disasters.

There are undeniable inadequacies in various systems across the continent of Africa.

I have travelled through different African countries and regions and I have spoken to so many people who are not shy to express or articulate what I would call the unmet demands in Africa.

- Job Opportunities that will lead to upward economic mobility
- And the prerequisite for that- the foundation of a Good Education and/or vocational training

It is no secret that Africa has the worst and most lamentable statistics with regards to education. From the most recent UNESCO records - 34 million children of our primary school-aged children are not in school.

27 million of our lower secondary school-aged youth are not in school.

35 million of our upper secondary school-aged youth are not in school.

So in total there are about 96 million young people in sub-Saharan African region who should be in school but aren't. This is a sure setup for lifelong poverty for these ones.

More basic needs like:

- Food security
- Clean drinking water

And on this note I'd like to point out that in one of speeches given on World Environment Day the former and now late Secretary-General of the United Nations Kofi Annan stated that:

“Water-related diseases are responsible for 80% of all illnesses and deaths in the developing world”

If this is true, then this should be considered an emergency and it should dominate all discussions and considerations on aid.

- Accessible and affordable Healthcare.

Compared to the magnitude of our healthcare system challenges across the continent of Africa, there is very little attention given to the emerging and sometimes overwhelming problem of non-communicable diseases.

For example, there are 1.7 million today in my country Nigeria who are living with Diabetes. 1.8 million in South Africa.

2.5 million living with the same disease in Ethiopia - i.e. about 5.2% of the country's entire adult population

I know that there are millions in Europe and other parts of the developed world who are living with Diabetes as well but the reason I point out these millions of cases in Africa is that most of our healthcare systems are not accessible or even affordable to the lower- and middle-class populations.

This means that any disease condition that requires long-term or life-time management is near impossible to maintain and will therefore mean unimaginable suffering for those affected.

But you know what “African need” has come to dominate the discussions at international forums? It is that of sexual and reproductive health and rights funded under the category of population programs.

This was not always the case, as the core theme of humanitarian aid discussions has continued to morph.

I have tried to trace the emergence of this new predominant issue of sexual and reproductive health and rights and it is very difficult to pinpoint where the discussions departed from the most pressing issues in Africa, however my research continues to lead to one event where it seemed the developed world adopted a new aid strategy.

In September 1994 the United Nations coordinated an International Conference on Population and Development (ICPD) in Cairo, Egypt, which brought together thousands of delegates from various governments, UN agencies, and nongovernmental organizations (NGOs). At this event the language of sexual and reproductive health was reshaped in terms of human rights.

And the outcome document laid the foundation for international donors to become the primary providers of contraceptive drugs and devices in poorer countries as it specifically urged the international community to:

“move, on an immediate basis, to establish an efficient coordination system and global, regional and sub-regional facilities for the procurement of contraceptives and other commodities essential to reproductive health programmes of developing countries and countries with economies in transition.”

From that point onward, many donor nations raised family planning in developing countries to the level of a humanitarian crisis and exponentially increased its spending and funding streams in this area.

According to a report by UNFPA, in 1993, the year before the Cairo ICPD, the total amount spent by donors on family planning and population assistance was \$610 million. By 2012, the total funding allocated to the same cause (family planning and population programs) had been increased to a staggering \$12.4 billion; this is a total increase by 1932% from what it was the year before the Cairo Conference.

One might attribute this astronomical increase to the overall increase in aid or even effect of inflation, but to put it into perspective, the total amount of foreign aid to developing countries increased from \$56 billion in 1993 to \$133 billion in 2012, this is an increase of 138%, which, though high, is dwarfed by the huge increase in population-control funding.

Now, comparing the allocation of funds by Africa's donors, in the early 1990s, among various aspects of social-sector foreign aid, the least amount of funds was given for population programs- much lower than funds allocated for education, water & sanitation, healthcare, government & civil society and so on. But this steadily increased starting from the mid 1990's and since 2009; population-program funding has surpassed funding for everything else within this sector.

I'm sure that many people of goodwill will agree with me that this is a very skewed and unbalanced approach to humanitarian aid.
This is why we object.

And when there is any objection to those who champion this cause over and above every other issue in Africa, they quickly come back with the excuse of too many maternal deaths in Africa.

So, let's take a closer look at the problem of maternal deaths.

About 300,000 women die around the world each year in relation to childbirth and pregnancy.

1 in 2 of these maternal deaths occurs in Sub-Saharan Africa.

This is very serious.

But what are the root causes of this problem?

From well-established research and publications on this issue the leading cause of maternal deaths in Africa is without a doubt:

- severe bleeding (mostly bleeding after childbirth) causing more than 30% of deaths
- this is followed by post-partum infections causing almost 10% of the deaths
- hypertensive disorders during pregnancy (pre-eclampsia and eclampsia) causing 9% of maternal deaths.
- Less than 4% of deaths in the sub-Saharan African region have so far been linked to abortion.

*I have brought this document today as a demonstration of how our major donors have decided to bestow primacy and thereby priority to issues based purely on ideology.

It is a document on Maternal Health by the House of Commons International Development Committee.

In this document:

- bleeding or haemorrhage (rightly described as the big killer) is mentioned times - total of 3 times

- infection is mentioned 8 times
- hypertensive disorders or eclampsia is mentioned 2 times

-Neonatal- 4 times

-Baby -2 times

- Blood (donation/transfusion/bank) - 8 times
- Contraception/ Contraceptive- 9 times
- Marie Stopes International- 9 times
- Family Planning - 24 times
- Abortion is mentioned 71 times

The reason I use this document is that it captures in a very clear and incontrovertible way the reality of ideologically-driven prioritization.

But I am not the only one that has noticed and raised alarm about this single-minded and unbalanced approach by Africa's western donors which in fact distracts and takes away attention from the gaping inadequacies that have led directly to the lamentably high maternal deaths on the continent.

A few months, the Independent Commission for Aid Impact (ICAI) in the United Kingdom, which scrutinises aid spending, made a similar observation. In their 2018 report, the ICAI criticised the British government's Department for International Development for focusing its efforts too much on family planning measures, such as offering contraception and abortions, rather than improving hospital care for women giving birth.

The report states:

“We find that the intensive focus on family planning, while valuable in its own right, has left the wider maternal health portfolio without a balanced approach across the different interventions that are needed to achieve significant reductions in maternal mortality over the medium- to long-term. Furthermore, we identified a number of shortcomings in the quality of maternal health.

For example, progress on improving emergency obstetric and neonatal care has been well short of targets”.

The part of this report that strikes at the very core of the maternal-health funding system is the following statement:

“most maternal deaths result from intentional pregnancies, rather than accidental ones, and are therefore not prevented by access to contraception...We find that DFID did not pursue the strengthening of health systems to provide quality maternal care with the same intensity as it did for family planning, nor did it do enough to address the barriers that the poorest women face in accessing health services.”

I will like to point out that even though this independent report scrutinized and criticized DFID and by extension the UK government's approach towards maternal health intervention in the developing world, I believe that this unbalanced approach is the one most of the major donors are currently using.

Foreign aid projects now reflect more the donors' ideas and ideologies rather than the recipients' needs.

Our powerful and prominent donors come to us with their own visions and definitions of the world; they have their own pre-conceived initiatives crafted in their own minds and language. When I say language, I mean amorphous terms wielded into shape by ideological wordsmiths.

Terms, words and phrases that cannot be successfully translated into any African native tongues.

Take for example *Abortion*.

Abortion has existed for centuries, so we know what abortion is. In my own native language - the Igbo language, we have a way of saying what abortion is, but try as one might, abortion ALWAYS has a negative connotation no matter how it is said. This is because my people have always considered abortion to be a direct attack on human life at its most tender and vulnerable stage.

We also see it as an attack on precious bloodlines that connect generations from past to present to future.

It was only when I moved to the western world that I realized that there are ways of sanitizing the term abortion by euphemising it - the right to choose, reproductive rights, reproductive justice, termination of pregnancy (or just TOP), removal of product of conception.

These are terms rendered meaningful and powerful in the regular parlance of our donors. But the worldview that has brought these terms into being is very much removed from ours.

Abortion Rights

I attended a number of CSW events at the UN last week and it was horrifying for me to sit in on some of the presentations on Abortion Rights.

These were all events hosted by western nations having as its core an ambitious agenda to push for abortion rights to become universal.

*I was handed this document right here entitled the *Brussels Declaration* which I can only describe as an abortion rights manifesto that is targeted at universalizing legal abortion.

I'm not sure if what shocked me the most was the condescension for the cultural views and values of hundreds of millions of people in the developing world, or the disdain for the millions of people who believe in the sanctity of human life at every stage and phase of development or the complete disregard for sovereign nations that have only in the last half a century gained independence from colonization.

Receiving this document at the UN headquarters was a like a slap on my face and I have no doubt that it will feel that way to an overwhelming majority of people where I come from.

I have a brother whose middle name is Ndubisi, which in Igbo means "Life is paramount", "Life is the most important", or "Life is first." I never gave much thought to the full meaning of this name until recently, when I was reflecting on the views of my people regarding the sanctity of human life. I realized that one can tell a lot about a people's beliefs from the names they bestow upon their children. Naming a child is an opportunity for parents to tell the world around them what is most important to them.

At the core of my people's value system is the profound recognition that human life is precious, paramount, and supreme. For us, abortion, which is the deliberate killing of little ones in the womb, is a direct attack on innocent human life. It is a serious injustice, which no one should have the right to commit.

Perhaps Africans tend to oppose abortion because safely bringing healthy babies into the world is more difficult in Africa than in developed countries.

Perhaps Africans are more grateful for every pregnancy and every successful delivery, and for that matter for every dawn they rise to see, because they have a deeper awareness of the preciousness and the precariousness of life.

This view of abortion is shared by people in many other parts of Africa, beyond my own tribe and city. As I mentioned earlier, I have travelled throughout the continent, and the overwhelming majority of the people I have met- people of all ages, backgrounds, professions, socioeconomic classes, and religious affiliations—have expressed the same firm respect for the precious value of every human life from conception to natural death.

Lest my experiences be dismissed as purely anecdotal, surveys corroborate my findings. A 2013 global study by Pew Research Center that surveyed more than 40,000 respondents in 40 countries what they thought about various moral issues including abortion.

The overwhelming majority of Africans surveyed said that abortion was morally unacceptable: 92% of those surveyed in Ghana, 88% of those surveyed in Uganda, 82% of those surveyed in Kenya and 80% of those surveyed in Nigeria, said that they considered abortion to be morally unacceptable.

From this survey one can easily see that the proportion of Africans opposed to abortion contrasts starkly with that in the developed or first world countries.

This is why I believe that our views on this issue, as well as many other issues are irreconcilable.

And yet we find ourselves at a difficult position where the donors get to determine the framework of our policies, direction of funding and the solution to our problems.

Unfortunately, in most cases, the donors are reluctant to consider African cultural views and values when they deal with us.

They see the developing world as a cultural vacuum to be filled with their ideas or fallow land to be cultivated with their ideologies.

And what is more disconcerting is that they approach us from a place of perceived superiority and thus with high expectations of compliance by African governments.

This is the uncomfortable dynamic of modern day ideological colonialism which has developed between western donors and their developing world recipients.

I know that there are honourable men and women here today from donor nations particularly members states of the Development Assistance Committee, please be assured that I am not making personal accusations against you, what I am pleading for today is that foreign aid be done differently with the voices of the recipients at the centre of considerations with the aid projects reflecting more the people's real needs than the donors' ideological positions.

And I beg of you that ideologically defined terms like "unmet need" should be replaced with unmet demands.

Oxymoronic terms like safe abortion should be left outside the shores of developing nations where women are in fact asking for safe deliveries of their babies.

People deserve respect. Even if they are on the receiving side of the equation, they deserve respect.

I as an African woman am hoping for a profound and meaningful change in all matters regarding aid.

I am looking forward to the day when the culture of undefined and indefinite foreign aid will be eradicated.

I am looking forward to the rise of African nations to full stature when our nations embark on the right path to the eradication of poverty.

I am hoping to see the day of economic decolonization and the dawn of ideological decolonization, that will be the day of our real independence.

2.3.5. Analysis of social sector ODA to Africa since 1996
As a percentage of total sector-allocable ODA, 3-year average commitments

