



December 20, 2000

The Committee on the Rights of the Child

Re: Supplementary information on Ethiopia
Scheduled for review by the Committee on the Rights of the Child on
January 11, 2001

Dear Committee Members:

The purpose of this letter is to provide some independent information regarding Ethiopia, which is scheduled to be reviewed by the Committee on the Rights of the Child during its 26th session. Non-governmental organizations, such as the Center for Reproductive Law and Policy (CRLP) can play a central role in providing the committee with information that is reliable, accurate and independent concerning the rights covered by the Convention on the Rights of the Child (Children's Convention). This letter will highlight several particular areas of concern related to laws and policies on the reproductive health and lives of young girls and adolescents in Ethiopia.

Adolescent reproductive health and rights are an integral part of the Committee's mandate under the Children's Convention. Article 24 of the Children's Convention recognizes young girls' and adolescents' right "to the enjoyment of the highest standard of health and to facilities for the treatment of illness and rehabilitation of health." It also requires States Parties to take appropriate measures "to develop family planning and education services." Further, the Children's Convention explicitly recognizes sexual violence and abuse as a violation of young girls and adolescents' rights. Yet, despite these protections, the reproductive rights

of young girls and adolescents in Ethiopia continue to be neglected and, at times, blatantly violated.

CRLP has identified for the Committee the following issues of concern, which directly affect the reproductive health and rights of girls and adolescents' in Ethiopia:

1. Access to Medical Care for Reproductive Health Matters and Family Planning (Articles 6 and 24)

Reproductive health care services for adolescents are frequently unavailable or inadequate. Since these services are provided exclusively through maternal and child health and family planning programs single adolescents often feel uncomfortable utilizing them and providers are generally ill equipped to address adolescent-specific needs. Specifically, a 1999 Ministry of Health (“MOH”) assessment found that providers made little or no attempt to ensure adolescents’ privacy and confidentiality, with counseling sessions often occurring in crowded rooms where others could listen to conversations. Adolescents cited “embarrassment, shame and fear of rebuke” for their reluctance to seek reproductive health information and services. This lack of access to accurate information regarding reproductive health and related services results in adolescents’ hesitance to use contraceptive methods.

2. Abortion (Articles 6 and 24)

- a. The MOH recently described the number of adolescents’ dying from unsafe and illegal abortion as a “national epidemic.” Almost 70% of women who seek medical attention for incomplete abortion in Ethiopia are under 24 years of age. It is estimated that unsafe abortion is the leading cause of maternal mortality in the Ethiopia, resulting in 55% of fatalities, 13% of which are adolescent girls.
- b. Recent public debates, sparked by the 1999 Conference of the Ethiopian OB/GYN Society about the hazards of unsafe abortion, resulted in a legislative proposal to include several exceptions to the restrictive abortion law. Introduced by the Women’s Affairs Bureau and women members of parliament, the legislation seeks to ensure legal abortions are available in cases of pregnancy caused by incest and rape. However, with a new parliament coming into power, it is unclear whether the legislation will be tabled and passed.

3. Female Circumcision/Female Genital Mutilation (FC/FGM) (Articles 19 and 34)

Whereas the prevalence of the practice of FC/FGM has been decreasing in Ethiopia, it is still estimated that 73% of women and girls have undergone some form of the procedure. A 1998 study found that 75% of the population support FC/FGM as a means to control female

sexuality. While Ethiopia's Constitution states that "women have the right to protection by the state from harmful customs, laws, customs and practices that oppress women or cause bodily or mental harm," this mechanism has never been utilized to address the practice, nor has any legislation been passed to criminalize the procedure. To date, the only official action by the government to eliminate FC/FGM has been efforts to raise public awareness of the practice's harmful consequences.

4. Forced and Early Marriage (Article 2)

Although the Ethiopian government revised the Family Code in 2000 and raised the minimum age for marriage from 15 to 18 years of age for both men and women, early and forced marriages persist. Specifically, the practice of *abusuma* (the forced marriage of girls to the sons of their mother's brother) and abductions (wife acquisitions by abduction formalized as marriage by tribal elders) remain pervasive in several Ethiopian communities.

The Committee should also consider addressing the following questions to the Ethiopian government:

1. What governmental policies have been established to ensure that adolescents have access to reproductive health services, and what efforts have been made to ensure that adolescents' rights to privacy and confidentiality are respected when seeking such services? Have any initiatives been taken to ensure that health care providers are sensitized to the specific reproductive health needs of adolescents? (Articles 6 and 24)
2. What measures are being taken to address the issue of unsafe and illegal abortion, currently the primary cause of maternal mortality in Ethiopia, which has a disproportionate impact on adolescent girls? What governmental efforts exist to ensure post-abortion care for complications as well as for reproductive health counseling? (Articles 6 and 24)
3. In addition to the increase in government-sponsored public awareness campaigns about the harmful impact of FC/FGM, what legislative and policy measures have been taken to eliminate the practice? (Articles 19 and 34).
4. What governmental action has been taken to enforce laws against *abusuma* and abductions of young girls and adolescents for the purposes of marriage? Has the government sponsored public awareness campaigns to educate the public regarding the illegality and harmful effect of these practices? (Article 2).

Finally, enclosed please find the following supporting documentation for the Committee's reference:

- The Ethiopia chapter of *Women of the World: Laws and Policies Affecting their Reproductive Lives – Anglophone Africa (1997)*, by CRLP, the International Federation of Women Lawyers (Kenya Chapter) and the Inter Africa Group, Ethiopia.

- Excerpts from recent research for the Ethiopia chapter of *Women of the World: Laws and Policies Affecting their Reproductive Lives – Anglophone Africa (to be published in 2001)*, by CRLP and the Ethiopian Women’s Lawyers Association.

There remains a significant gap between the provisions contained in the Children’s Convention and the reality of adolescents’ reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of adolescents’ and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need for governments to take steps to ensure the realization of these rights.

CRLP hopes that this information is useful during the Committee’s review of the Ethiopian government’s compliance with the provisions contained in the Children’s Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Very truly yours,

Katherine Hall Martinez
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