



29th session of the Universal Periodic Review – Botswana

Introduction

1. Botswana should continue to affirm the sanctity of life on the part of all human beings, including the unborn, and resist calls to liberalize access to abortion on the grounds that there is no international human right to abortion. It should also address the issue of high levels of maternal mortality and morbidity in the country.

Abortion, Maternal Health

2. Since 1991, following amendments to the Penal Code, abortions have been allowed in the case of “rape, defilement, or incest,” when continuing the pregnancy is deemed to pose a risk to the pregnant woman’s life or physical or mental health, or when there is evidence that the child would suffer from a severe abnormality or disease rendering them seriously handicapped. Such abortions are permitted within sixteen weeks’ gestation and must be carried out by a registered doctor in a government hospital or registered private clinic, with the prior approval of two practitioners in cases other than the aforementioned “rape, defilement, or incest”. Pro-abortion organizations have been calling for further liberalization of abortion laws as a matter of international human rights law and public health.
3. The medical infrastructure in Botswana is in dire need of improvement, with an inadequate number of trained health professionals and unsanitary, poorly-equipped health facilities. Increasingly high rates of maternal mortality have less to do with the legality of abortion *per se* than with an inability to access obstetric care, lack of information, and lack of health workers. Given the maternal health crisis in the country, the Bahamas must rather focus its efforts and resources on improving conditions for pregnant women, women undergoing childbirth, and postpartum women, especially those living in remote or rural areas.

Recommendations

4. ADF International suggests the following recommendations be made to Botswana:
 - a. Affirm that there is no international human right to abortion and that the right to life applies from conception until natural death, and as such that the unborn child has the right to protection of his or her life at all points;
 - b. Resist calls to further liberalize abortion, and instead implement laws aimed at protecting the right to life of the unborn;
 - c. Recognize that the legalization of abortion, in a country with high levels of maternal mortality and morbidity and with severe problems with access to proper health-care, will not make pregnancy and childbirth any safer;
 - d. Improve health care infrastructure, access to emergency obstetric care, midwife training, and resources devoted to maternal health; and

- e. Focus on safely getting mothers and babies through pregnancy and childbirth, with special attention paid to improving health-care access for women from poor and/or rural backgrounds.