

**Fred Sai has a dream:
A world where no woman is denied
her right to health and life**

M.F. Fathalla
Professor of Obstetrics and Gynaecology
Assiut University, Egypt

Ghana we love

This is my first visit to this great country, a country that has been for a very long time, high on my short list of countries I loved to visit. Now, in my 80th year, I get the opportunity, which confirms that it is never too late. In my youth days in Egypt, a time of great African liberation movements, we held Ghana high as the first African nation to gain independence from European colonization. Ghana and its charismatic pan-African leader Kwame Nkruma were household names in Egypt. This became more so after President Nkruma married an Egyptian lady, Ms Fathia.

This photo shows President Nasser of Egypt, with the Nkruma family in their home in Accra in 1965, on the occasion of an African Summit meeting. The children include Gamal, who was named after Nasser.

Fred and I

But there was another reason I loved to visit Ghana. I wanted to see the country that gave the world its great Fred Sai. Fred and I had a very long association. Over decades, we have met on all continents and in tens of countries, even including my home city, Assiut, but never in Ghana. We treasure many great memories together.

This photo is from a time when we were younger than we are, in 1984, that is 30 years ago. It was the first IPPF International Medical Advisory Panel. The meeting was in Bellagio, Italy. We were editing the FIGO Teaching Manual in Human Reproduction. Included in the photo are the late Professor Ulf Borell of Sweden, the late Professor Alan Rosenfield of Columbia University, the late Professor Lydia Andolsek of former Yugoslavia, Dr Pramilla Senanayake of Sri Lanka, Fred and myself.

Another occasion when we were younger than we are was in Nairobi in 1987, at the time of a landmark international conference in the population movement: the conference on “Better health for women and children through family planning”. Fred was chairman of the conference, George Brown (at the time with the Population Council) was

coordinator of the meeting, the lady was our host, and I was the keynote speaker. You may wonder why we did not look very happy. We were standing outside the conference hall waiting for the minister to arrive to open the meeting. As we know, ministers are not best known for being punctual. We were getting worried about the delay.

A passion for women's health and rights

What good Fred and I shared in common was his passion for women's health and rights.

This passion has been so eloquently and sincerely exposed in his great memoir. The cover of his memoir was not his own photo. It was a woman and child.

My own passion is easy to explain. My profession is women's health and our International Federation of Gynaecology and Obstetrics has upheld the truth that women's health is often compromised not by lack of medical knowledge, but by infringements on women's human rights.

For Fred, this is what he said in explanation for his passion for women's health and rights: "I am often asked why, as a man, I have been so involved and persistent in this field, a field that is often tied to

women's issues. My primary response is simple: I care because it is the right, humane, and human thing to do. This is what drives me. Also, I happen to have lived through some of the horrific circumstances that can surround the issue of family planning and reproductive rights.”

I think there are also other explanations for Fred's passion for women's health and rights. The explanations are from within the family.

He has been standing beside a great woman, Florence. May God bless her.

He has also been surrounded by women in his extended family.

Fred Sai remembers the faces of his mother and his aunties in the women's compound in Osu, who taught him so much about the strengths—and the struggles and aspirations—of women.

Fred Sai has a dream: A world where no woman is denied her right to health and life

The reason I wanted to share with you Fred Sai's dream of a world where no woman is denied her right to health and life is that this beautiful dream is yet to be fulfilled. Progress has been made, but we still fall far too short.

I would like to share briefly with you ten messages, that may get us nearer to the fulfillment of this dream.

1. A woman's body is all hers

Let us face it. A woman's body is still not all hers. A woman can claim the right to her head, arms, legs and upper body. But a certain area of her body is still a disputed territory, claimed by certain males of the species, moralists, politicians, lawyers, all of whom want to have the right to decide how this area of the female body can best be utilized. It is high time to settle this territorial dispute, and to let a woman's body be all hers.

2. A woman is not a womb. A woman has a womb

A woman is still looked upon in many parts of the world as a mobile baby factory, a mobile uterus with a human face on top. Childbearing and childrearing are made the only choice for women, and children are the only goods they are expected to deliver. Let us affirm that a woman is not a womb; a woman has a womb. Reproduction is a function of women, not the function of women.

3. Fertility by choice: A woman's choice

Fertility by choice is still a pie in the sky for many women in the world.

Fertility control by women has often been lost in translation to read fertility control of women. Policymakers have sometimes been shortsighted not to realize that when women are given the choice and the means to implement their choice, they will make the right reproductive decisions, the right decisions for themselves, for their societies and for the world at large.

Maestro Fred Sai led the great transition in the Cairo ICPD from “women as means” to “women as ends” and from “counting the people” to “people count”.

Then, in spite of all the rhetoric about population and Family planning, Fred Sai reminds us, in his recent presentation to the United Nations High Level Panel on April 4, 2014, that “There are still 222 million women in the world who want to prevent pregnancy but are not using effective, modern methods of contraception. This results in 30 million unplanned births and 20 million unsafe abortions every year.”

4. No woman risks her health or life because of an unwanted pregnancy

Unsafe abortion remains a human tragedy in the 21st century, a tragedy that does not need to happen.

Women have always needed abortion and have suffered for it. What Hippocrates wrote 400 B.C. unfortunately still rings true in our days:

“When the woman is afflicted with a large wound as a consequence of an abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the foetus is aborted and the woman is not purged of the afterbirth, and the womb inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile.

That was what Hippocrates wrote. This is what Fred Sai wrote:

“From my days as a doctor in Ghana, I remember the motionless face of a 15 year-old girl in the morgue—a girl who died because she did not have the reproductive health education and care she needed and had recourse to unsafe abortion.”

5. No woman gives up her life in the process of giving us a new life

Mothers have a right to life. This is not a rhetorical statement. It is a right protected in United Nations Human Rights treaties, a right for which countries are held accountable. This is what the UN Human Rights Committee decided in General Comment 28, in 2000:

"When reporting on the right to life protected by article 6, States Parties should provide data on...pregnancy and childbirth-related deaths of women....States are required to address deaths related to pregnancy and childbirth deaths as a matter of women's right to life".

Fred reminds us that maternal mortality is an index for development. Although women's health, maternal and infant mortality have improved after the Cairo ICPD 20 years ago, there is much more to be done to meet the target of MDG 5.

Progress has been made. New estimates show that fewer mothers are dying. But let us remember that 800 women are still dying every day. Every two minutes, a woman in the prime of her life gives up her life in the noble process of giving us a new life. We know how to save them and we can do more.

As Fred remarks in his vision of Cairo, “The inequities in maternal mortality are stark: A woman in Niger faces a 1 in 7 chance of dying in childbirth; for a woman in Sweden, that risk is only about 1 in 30,000. Maternal deaths are devastating to families and communities. A mother’s death also costs the life of her newborn, as well as previous children under five. Families undergo enormous emotional and economic loss.”

The road to maternal death has several exits from which mothers can be saved. But mothers in many parts of the world are still denied access to these safety exits.

The inconvenient truth is that women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

6. Stop violence against women.

The world pandemic of violence against women knows no boundaries.

This battered woman could be from anywhere.

A recent report from the World Health Organization estimated that overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence; and women who have been physically or sexually abused by their partners report higher rates of a number of important health problems.

Sexual violence in war and conflict has become an international concern, about which a global summit was convened in London this month.

While violence against women is pandemic, our beloved continent Africa still bears the stigma of another flagrant violence against women, the harmful traditional practice of female genital mutilation/cutting FGM/C.

UNICEF estimates that more than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. Since certain minority groups and immigrant communities continue the practice in other countries as well, including in Europe and North America, the total number of girls and women worldwide who have undergone FGM/C is likely to be slightly higher.

7. End discrimination against the girl child

The Programme of Action delivered by the Cairo ICPD and skillfully midwived by our Fred, made this call to action:

"Leaders at all levels of the society must speak out and act forcefully against patterns of discrimination within the family, based on preference for sons. One of the aims should be to eliminate excess mortality of girls, wherever such a pattern exists".

Son preference unfortunately is still prevalent in many societies. This picture shows how a father reacts to the birth of a second girl child.

Fred Sai, the godfather of family planning, has always emphasized girl education as the key to progress, and more specifically secondary education for women.

But this dream of Fred is disrupted by nightmares. One recent nightmare has been the abduction of young innocent girls trying to educate themselves in neighbouring Nigeria.

Another nightmare has been young 15 year old Malala being shot in Pakistan last year. Her crime

was that she not only tried to educate herself, but she was also encouraging other girls to do so.

8. Universal prescription for women's health

After practicing for more than fifty years in the noble profession of women's health, I arrived at a conclusion which I am sure is also shared by Professor Sai: Women need one universal prescription for their health.

The prescription is "POWER". Powerlessness of women is a serious health hazard.

The United Nations Development Programme, in a recent report, cites world data of what I may call "Women's power deficiency syndrome":

Less than 16 percent of the world's parliamentarians are women; two thirds of all children shut out of school are girls; both in times of armed conflict and behind closed doors at home, women are still systematically subjected to violence.

The instructions to go with this universal prescription are simple:

Recommended dose: Take as much as you can get.

There is no risk of over dosage.

Adverse side effects: None reported

Beneficial side effects: Checking the testosterone –

mediated aggression of male dominated societies
Supply: not available in pharmacies.

Women have to get it for themselves, and keep a sustainable supply of it.

9. Beware!: The Homo dogmaticus

The human species, which evolved in our beautiful continent, before populating the rest of the globe, has been designated the “Homo sapiens”, which literally means in Latin ”wise man”. Of course, only few of us really deserve this designation. In the Holy Bible Book Ecclesiastes, the Preacher came to the conclusion that only one tenth of one percent of men he interviewed could be said to be wise. But what is more serious and more dangerous is the emergence of a spreading mutation of the Homo dogmaticus.

Our knowledge of the epidemiology is limited. But we know that it is a vocal small minority, not confined to any continent, country, race or religion.

Diagnostic criteria are well defined. They include a tunnel vision, a sense of exclusive ownership of the truth, a self- given mission to force its own vision on others, and very unfortunately abuse of the name of GOD to target women’s rights

I sometimes pray that GOD issues a thunderous disclaimer from heaven about those who use his great Holy name to oppress the woman he so wonderfully created and trusted with the noble mission of the survival of our human species

10. A plea for action

I want to conclude with this moving plea for action which Fred made in his presentation to the United Nations High Level Panel on April 4, 2014 “The Vision of Cairo: A Perspective from the Past, for the Future”:

“We have come a very long way, but there is still a long way to go. I urge you, on bended knees, to complete the journey we started so long ago. I urge you to make sure that women’s rights and reproductive health are at the top of the 21st century development agenda.”

I bend my own ageing knees to join Fred in his noble plea for action.

Me daa si
Thank you