



**STATEMENT BY  
MR ZANE DANGOR  
SPECIAL ADVISOR OF THE MINISTER OF SOCIAL  
DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA**

**TO THE FORTY-FOURTH (44<sup>TH</sup>) SESSION OF THE  
UNITED NATIONS COMMISSION ON POPULATION AND  
DEVELOPMENT: FERTILITY, REPRODUCTIVE HEALTH AND  
DEVELOPMENT**

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Chairperson and distinguished delegates

Allow me to first of congratulate the Members of the Bureau on your election to guide us through this very important 44<sup>th</sup> Session of the Commission on Population and Development. We also wish to thank you, Chairperson, and the Members of the Bureau, as well as the Secretariat, for the excellent preparations for and organisation of this week's session. We thank the Secretary General, and particularly the Population Division in the Department of Economic and Social Affairs, for the very important and well – researched reports that have been prepared for us to consider during this session. Furthermore, we would like to recognise the very well thought-through draft resolution that you have prepared for us to base our informal engagements on.

Chairperson, please be assured of South Africa's continued commitment to the *ICPD Programme of Action* and the *Key Actions* for its further implementation. We remain equally committed to implementing:

- The *Commitment Document of the 15 Year Review of the Implementation of the ICPD PoA in Africa*, adopted by the African Ministerial Conference on ICPD @ 15 in Addis Ababa on 23 October 2009, and subsequently endorsed by the African Union; and
- The *Resolution of the Southern African Development Community's Ministers' Conference on ICPD+15*, held in Pretoria on 17 July 2009.

Chairperson, we regard the African Union's *Continental Policy Framework on Sexual and Reproductive Health and Rights* of 2006 as the most important expression of Africa's vision and aspiration towards universal access to comprehensive sexual and reproductive health services for the continent, and remain committed thereto, and to its realisation through the *Maputo Plan of Action*.

South Africa's own *Population Policy* gives expression to our Constitution's entrenchment of sexual and reproductive health and rights, including the right of couples and women to freely choose the number and spacing of their children. Several policies and programmes in the health sector contribute to enabling couples and individuals to exercise these rights.

Chairperson and distinguished delegates.

South Africa had a population of 49.9 million in 2010. An estimated 51% of our population is female, and nearly a third (31.0%) of the South African population is below 15 years of age. Older persons (i.e. 60 years and older) comprise approximately 7.6% of the total population. Life expectancy (LE) is 53.3 years for males and 55.2 for females. Our low life expectancy is coupled with increasing levels of mortality over the past decade, which could be attributed to HIV & Aids. Data suggest that the mortality rate has recently stabilized.

South Africa's Total Fertility Rate has declined from 2.9 in 1998 to 2.38 in 2010. The population in urban areas have almost completed its fertility transition. Higher fertility is still observed in rural areas, where it can largely be attributed to lower education, more limited access to sexual and reproductive health services, and poorer socio-economic circumstances.

Although tremendous progress that has been made with the provision of basic services to the poor and vulnerable in our country, gender disparities and location (especially in rural areas) are viewed as limiting factors in accessing some services, including sexual and reproductive health services. Pregnancy and childbirth therefore continue to involve significant health risks for women in South Africa. Major concerns include the persistently high rate of maternal mortality, violence against women, high-risk, unplanned and teenage pregnancies. A definite need still exists to improve the quality and accessibility of sexual and reproductive health services for the youth.

Knowledge and the use of contraceptives remained consistently high over the past decade. Knowledge of contraception methods is nearly universal in South Africa. The most commonly known methods are injections and the pill. In 2003, two thirds (65.3%) of South African women aged 15-49 years used a method of contraception, almost all of which are modern methods. At the same time, almost a tenth of all South African women indicated an unmet need for family planning, despite the relatively high level contraceptive knowledge and use.

The high utilisation of termination of pregnancy services, especially among younger women may be reflection of the continuing existence of an unmet need for family

planning. Studies have however shown that unsafe abortion is still responsible for 13% of all maternal deaths and approximately 20% of the overall burden of maternal death and long-term sexual and reproductive ill-health. The increase in the use of termination of pregnancy facilities over the past 15 years is credited for marked reductions in maternal morbidity (by 9%) and maternal mortality (by 50%) from unsafe abortions.

Data suggest good coverage of antenatal care in South Africa, at around 90% of births. More than 80% of births occur at a health facility, and the proportion of births attended by skilled health personnel has remained above 90% for more than a decade.

Available data indicate that infant and under-five mortality rates have remained relatively constant since estimates made in 1998. The IMR declined from 45 per 1,000 live births in 1998 to 42.5 in 2003, while under-five mortality rate increased slightly from 15.4 to 15.8 per 1000 births over the same period.

Chairperson and distinguished delegates.

Our progress review of the implementation of the ICPD PoA in South Africa, and of the country's population policy, conducted in 2009, yielded the following recommendations:

- More research should be done on teenage fertility and contraceptive use to serve as basis for evidence based policies and programmes;
- Effort should be made to remove barriers that hamper young people's access to contraception and other reproductive health services, including termination of pregnancy;
- Greater effort is needed to improve women's access to and use of effective contraceptives. Emphasis should be placed on groups such as adolescents and people in underserved (rural) areas;
- Unmet need should be addressed by improving access but also enhancing female autonomy;

- Condoms should be promoted a part as contraception, as well as to prevent STI's and HIV infection;
- Men's responsibility in family planning should be stressed;
- Continue to improve the accessibility, affordability and availability of primary health care facilities for childcare, including the provision of nutritional supplements where necessary;
- Integrate prevention and management of HIV & AIDS into sexual and reproductive health and PMTCT services;
- Continue to promote responsible, healthy reproductive lifestyles and behaviour among high risk groups and the youth.
- Gendered differences in HIV transmission, the management of AIDS-related illnesses, and the health seeking behaviour of HIV-infected individuals requires greater recognition if progress is to be made in halting the spread of HIV;
- The national roll out of ARTs must be accompanied by social and structural interventions aimed at improving the status of women in South African society;
- Whilst it is recommended that youth-friendly services be developed and expanded to ensure that they are affordable and accessible to all youth, these developments should be accompanied by educational drives to inform communities and especially the youth of the area of the facility and services offered. These campaigns should be geared towards reducing stigma and anxiety in visiting these facilities;
- Young people must continue to be given high priority in developing HIV prevention interventions, as this will have a significant impact on the future course of the epidemic in the country;
- Strengthening commitment to and enhancing national capacities and mechanisms for the collection, analysis, interpretation and dissemination of application information.

Chairperson and distinguished delegates.

We trust that this overview of fertility and reproductive health in South Africa assisted you to get to know our country a little more. We will pursue discussions and agreements during this year's meeting of the commission that will assist us to collectively better address the sexual and reproductive health and rights issues that can contribute to improving and saving women's lives in our country, in Africa and across the world, especially in developing countries. In this regard, we look forward to work together with all governments, international organisations and agencies, and non-governmental organisations that share our commitment to gender equity, equality and universal human rights as the basic principles on which to base programmes to advance sustainable human development and universal access to sexual and reproductive health services.

Thank you.