



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**
Twenty-third session

Summary record of the 473rd meeting

Held at Headquarters, New York, on Friday, 16 June 2000, at 3 p.m.

Chairperson: Ms. Gonzalez

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The meeting was called to order at 3.10 p.m.

Consideration of reports submitted by States parties under article 18 of the Convention *(continued)*

Initial and second periodic reports of Lithuania (continued) (CEDAW/C/LTU/1 and CEDAW/C/LTU/2)

At the invitation of the Chairperson, the delegation of Lithuania took places at the Committee table.

Article 12

1. **Ms. Shalev** commended the State party for providing free prenatal care, in accordance with article 12, paragraph 2, of the Convention, but noted that the report did not reflect an awareness of the trend towards a more comprehensive model covering the entire life-cycle and including, inter alia, eating disorders among girls, smoking among young women, gender-specific (breast or cervical) and other cancers, osteoporosis, typically female manifestations of heart disease, or mental, occupational and environmental health.

2. Table 10 on health indicators was not gender-disaggregated and yet there was a real need for such data on the causes of mortality and morbidity. Equally vital would be a gender analysis of the health-care budget, particularly in view of the large proportion of women in Lithuania's ageing population. According to the World Health Organization, the State party currently allocated 5 per cent of its gross domestic product to health care; in that context, she enquired about plans to increase the allocation to women's specific life-cycle health needs. Noting the country's high abortion rate, she suggested that free dispensation of medicines under the health insurance law should cover contraceptives as well. The delegation should clarify whether the family planning programme had been continued after 1998. Certainly, in view of the increase in acquired immunodeficiency syndrome (AIDS) since 1997, education, counselling and resources should be provided to young women, who were more vulnerable than men to contracting AIDS from heterosexual intercourse.

3. Referring to the first paragraph under article 12 in the second periodic report, she stressed that women's longer life expectancy did not necessarily mean they were in better health, since women often suffered from

chronic disabling diseases. She strongly recommended that the State party should consult the Committee's general recommendation no. 24 on women and health and, where possible, incorporate its provisions in national policy.

4. On behalf of Ms. Abaka, who could not be present at the meeting, she noted that the report lacked information on programmes and policies to ensure the mental health of women, particularly victims of domestic violence and those living in poverty. Ms. Abaka had also wished to enquire about programmes for the treatment of tobacco, alcohol, and substance abuse among women.

5. **The Chairperson**, speaking in her personal capacity, echoed the concerns voiced by the previous speaker, particularly with regard to the prevalence of tobacco, alcohol and substance abuse among young women. As for reproductive health, the use of abortion as a means of family planning was contrary to the Programme of Action of the International Conference on Population and Development, adopted in 1994, and the Beijing Platform for Action, adopted in 1995. Supporting Ms. Shalev's proposals on making contraceptives more available, she stressed the need for information and education in that area. While Table 11 of the second periodic report showed a decline in the rate of abortion between 1994 and 1998, the fact that there were 58.9 abortions per 1,000 live births was extremely worrying. In that connection, she enquired about the content, strategies and goals of the State party's family planning programme and the methods of evaluating its results.

6. **Ms. Goonesekere** enquired about protection against occupational hazards to women's health. She also wondered about the interface between the employment and health aspects of maternity leave, consistent with the holistic approach to women's health advocated in the Committee's general recommendation no. 24. The State party should clarify why maternity leave and benefits were covered by state insurance. It should also explain how the periods of 70 calendar days before birth and 56 calendar days after birth were determined, and the implications of the short post-natal leave for breastfeeding and dismissal.

7. **Ms. Schopp-Schilling** expressed concern about the rural population, particularly women, in view of the mass migration to the cities. She would appreciate clarification of table 13 in the second periodic report,

which showed that women accounted for only one third of agricultural workers. She also wished to know how female farmers fared in comparison to male farmers in the newly privatized atmosphere where land size and access to machinery were at times inadequate. She wondered about the school enrolment of rural girls and expressed concern about the poverty level of rural women, particularly elderly women living on low pensions, who would be unable to supplement their income from activities such as market gardening. The State party should indicate the percentage of elderly women living alone and whether there were any government programmes designed to help them. Lastly, she would appreciate information on rural women's overall access to health care throughout their life cycle and any possible impact on women of the heavy use of pesticides and insecticides in collective farming.

8. **Ms. Feng Cui** supported Ms. Schopp-Schilling's remarks and requested further details on the implementation of measures and guidelines for rural women under the State party's Action Plan for the implementation of the Programme for the Advancement of Women. She wondered about the relationship between the "economically weak farms" defined in the report and poverty and wished to know how many women were living below the poverty line and what assistance they were receiving. She would also appreciate more information on the employment programme for rural women. In conclusion, it would be interesting to know how many women received government loans and in what amounts.

9. **Ms. Ouedraogo** said that while the State party's oral presentation had compensated somewhat for the paucity of information in the report, more statistics were still needed on for example, the relative literacy of rural women as compared to urban women. She would also have welcomed figures on women's participation in elections, both as voters and candidates and the number of women who held elected office at the local level. The report should have provided more information on rural women's access to land and to the means of production.

10. **Ms. Schopp-Schilling** wondered whether self-employed female farmers earned enough under the newly privatized system to enable them to make voluntary contributions to the social security system. She feared that many rural women were entitled only to dependent health, pension and survivor's benefits. It

would be useful to know whether the Government was taking action to address that situation.

11. **Mr. Šerkšnys** (Lithuania) said that his delegation would provide in-depth replies the following week to the questions raised by members of the committee.

The meeting rose at 3.45 p.m.