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Committee on the Rights of the Child Fifty-fourth session

Summary record of the 1531st (Chamber B) meeting Held at the Palais Wilson, Geneva, on Friday, 4 June 2010, at 3 p.m.

Chairperson: Mr. Zermatten (Vice-Chairperson)

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The meeting was called to order at 3 p.m.

Consideration of reports submitted by States parties (continued)

Third periodic report of Tunisia on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/TUN/3, CRC/C/TUN/Q/3 and Add.1; HRI/CORE/1/Add.46)

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

2. **Mr. Pollar** wished to know whether practical measures had been adopted to prevent drug and tobacco use and what provisions had been introduced to reduce the number of deaths from road accidents.

3. Highlighting the fact that children who dropped out of school could end up working in the informal economy, he wished to know whether such children received special protection.

4. **Ms. Maurás Pérez** requested further details on the information and education strategy to raise adolescents' awareness of the issues of mental and reproductive health and risk behaviour. She particularly wished to know whether the strategy had been incorporated into the school curriculum, in all schools and at all levels of education, and what proportion of teenagers really benefited from it. She also asked whether, at information sessions, girls were addressed separately from boys, so that more targeted information could be provided and they would feel confident enough to ask questions. In that regard, it would be interesting to know the topics on which questions were raised, for example domestic violence or same-sex sexual relations. She hoped that minors in homosexual relationships were not subject to criminal sanctions.

5. She asked whether the numerous medical consultation centres which had opened in 2003 and 2006 had been set up in schools and, if so, how children who did not attend school were made aware of health issues.

6. She would like more information on tobacco and drug use among young people. She was disappointed that the State party had retained legal provisions on inheritance rights which discriminated against women, despite statements indicating a desire to eliminate sex discrimination.

7. **Mr. Krappmann**, recalling that the Committee believed that a ban on the wearing of the Islamic veil in schools and universities was incompatible with the exercise of cultural and religious rights and the freedom of expression, asked what Tunisia's position was on that issue.

8. **The Chairperson** said that he was surprised that paragraph 285 of the periodic report referred to "social and family offences", namely offences which the Committee classed as "status offences", i.e. offences which were not punished when committed by adults. He referred in that regard to paragraph 8 of the Committee's general comment No. 10, which stated that such acts should not fall within the scope of criminal law. He asked whether the State party intended to put an end to that practice.

9. He wished to know whether children in conflict with the law automatically received legal assistance after the initial court hearing.

10. He invited the delegation to specify the number of prison sentences handed down by judges, given that alternative sentencing, such as community service or probation, had yet to be implemented, and that mediation had not produced the desired results. He asked whether the Information, Training, Documentation and Studies Observatory on the Protection of the Rights of the Child had looked into the sentences handed down by specialized judges and what the maximum prison sentences for minors were.

11. The delegation could perhaps indicate how many minors had been placed in pretrial detention in recent years, and whether they had been assigned to special children's wings.

12. It would be interesting to know whether young people in correctional centres were able to work outside the centres or return to their families from time to time, and what system was used to monitor the centres.

13. Given that the reoffending rate was so high, it would be useful to know whether, 15 years having elapsed since the legislation had been introduced, the State party planned to review the effectiveness of the provisions in force and if necessary amend them.

14. **Ms. Varmah** (Country Rapporteur) wished to know whether the amendment to article 319 of the Criminal Code took into account article 24 of the Child Protection Code, which addressed the issue of abuse.

15. **Ms. Jaber** (Tunisia) said that the Government was taking steps to reduce regional differences by implementing a socio-economic policy for the regions, based on maps of sectoral priorities. It had also adopted fiscal and financial measures to encourage investment and create new sources of income so that people could remain in their regions of origin. Microcredit programmes managed by comprehensive development associations had also been launched with the same objective. Public funds had been allocated to the regional councils in the most deprived regions, in order to fund the implementation of integrated projects.

16. Until the age of 6, abandoned children were cared for by institutions run by the Ministry of Social Affairs. From 6 to 18, and beyond if they were still studying, they were cared for by public institutions called "integrated centres for children and young people" until they achieved independence. They could also be placed with a foster family.

17. In the integrated centres for children and young people, youngsters were supervised by educational social workers, psychologists and social workers. A programme was being prepared with UNICEF to ensure that, as soon as they arrived at the centre, every child would be part of an integration scheme that would help them to gain independence.

18. **Mr. Boubakr** (Tunisia) said that children with severe disabilities were cared for in specialist institutions run by the Ministry of Social Affairs and that a school integration programme had been implemented to allow children with minor disabilities to attend mainstream schools and integrate into society. The programme provided for the introduction of integrated classes, specialist training to help teachers adjust their teaching methods to the needs of children with disabilities, the creation of special programmes and improved access to buildings for children with restricted mobility. Six thousand of the approximately 7,500 children with mild disabilities attended a mainstream school, nearly 1,500 of them in integrated classes.

19. **Ms. Maurás Pérez** asked whether any of the children in integrated classes had been elected to the Children's Parliament.

20. **Mr. Boubakr** (Tunisia) said that they had. He said that, although the school dropout rate was low in comparison with other countries in the region, it was a source of concern for the authorities, which had implemented a three-pronged strategy.

21. The first component of the strategy was prevention, and included universal preschool education, special training for preschool teachers, inducements for the private sector and the establishment of counselling and orientation units in colleges and high schools, as well as social welfare units to assist pupils with family and social problems that put them at risk of dropping out of school.

22. The second component involved improving the quality of teaching by overhauling school curricula and teacher training courses, and also developing the infrastructure, and in

that context funds earmarked for school maintenance had tripled over the previous two years. Furthermore, the State had no doubts about keeping the 92 schools with fewer than 20 students open, so that the distance between home and school would not be an obstacle to the children's education.

23. Lastly, the third component in efforts to reduce the dropout rate was to provide early leavers with more options. Thus, they could either attend technical preparatory schools, which prepared those leaving in the seventh year for entry to vocational training centres, or take the qualification under article 13 of the Vocational Training Act of 2008, enabling children leaving school before the ninth year to enter the first stage of vocational training or, in the case of children under 15, attend a foundation course.

24. **Ms. Varmah** asked how many teachers worked in schools with fewer than nine pupils.

25. **Mr. Boubakr** (Tunisia) gave an example of a school with six children and two teachers, and another with nine children and four teachers. In such cases, a pupil's education cost the State around 10,000 dinars, instead of the usual 1,000 dinars.

26. **Mr. Filali** wished to know whether studies had been conducted to assess how many pupils from those schools went on to secondary school or university. He asked whether teachers respected the children and were familiar with the provisions of the Convention on the Rights of the Child.

27. **Mr. Boubakr** (Tunisia) explained that schools with small numbers of pupils were covered by a support programme for priority schools, which included regular reviews of their results. Furthermore, the list of priority institutions was revised annually on the basis of those results. Teachers working in those schools received a bonus but did not get special training.

28. Generally speaking, the relationship between the teacher and the pupils constituted an important aspect of teacher training.

29. **Ms. Herczog** asked whether data was available on the school results of children who did not live with their families.

30. Mr. Boubakr (Tunisia) said that he had no data on that subject.

31. **Ms. Jaber** (Tunisia) said that only 200 out of the 7,000 children in integrated centres for children and young people had no families. The remaining children came from problem families and both educational support officers and NGOs worked to ensure that they attended school. Their school grades were generally satisfactory, and sometimes even better than the national average.

32. **Mr. Hamrouni** (Tunisia) said that a number of communicable diseases had been eradicated following the introduction of a basic health system in the 1980s. The drop in maternal and infant mortality rates and the increase in average life expectancy and immunization coverage were an indicator of the efforts that had been made.

33. With regard to access by the poor to private health care, it was important to remember that the public system performed as well as, or even better than, the private system, and that the Tunisian health system was essentially a public one. There were approximately 2,080 health centres spread throughout the country, none of them more than 4 kilometres away from a residential area. On average, there was one doctor for every 830 inhabitants. The budget for health services increased every year and had never decreased. The budget currently stood at 6 per cent of GDP and the State aimed to achieve the Millennium Development Goal of 10 per cent by 2015.

34. He acknowledged that the Government had not implemented any vaccination campaigns since the 1980s, but new vaccines were regularly added to the expanded programme of immunization. Thus, the hepatitis B vaccine had been added in 2004, rubella in 2005 and the vaccine for *haemophilus influenzae* would be added in the near future. In 2011 or 2012, the combined measles and rubella vaccine would also be included in the programme, and girls would be vaccinated against rubella at the age of 6 instead of 9, which was currently the case.

35. As to mother and child health, he said that many surveys had been carried out in the field and various comprehensive care programmes for mothers and children had been launched. The figures showed a clear improvement. For example, the percentage of assisted births had increased from 72 per cent in 1989 to 96 per cent in 2006, and the aim was to achieve 100 per cent assisted births by 2012–2013.

36. With respect to regional differences, especially between rural and urban areas, various measures had been taken in cooperation with the United Nations Children's Fund (UNICEF) and United Nations bodies. Target zones had been identified in order to address inequalities.

37. There were at least 19 basic health-care programmes. For example, all pregnant women received free iron supplements, in order to combat anaemia. Maternal mortality had fallen from around 100 deaths per 100,000 live births in 2003 to 36.4, and the aim was to bring that figure down to 20 by 2015. In 1999, a committee had been set up to investigate all maternal deaths. Universities were currently conducting a study that aimed to identify the exact cause of those deaths and establish which ones could have been avoided.

38. Doctors trained to work with teenagers provided consultation services in the field of "adolescentology" in various regions. Reproductive and mental health centres had been set up in all the universities in Tunisia. High schools had counselling centres, staffed by education professionals, social workers and doctors, which were open to pupils and where they were invited to ask all kinds of questions, including on the subject of sexuality. There was a week-long road accident prevention campaign for primary schools at the start of every school year. Barriers had also been installed in front of primary school gates, in order to guarantee the children's safety.

39. **Ms. Maurás Pérez** asked whether sex education courses for girls and boys were provided throughout the country, whether reproductive and mental health centres respected patient confidentiality, whether the Children's Parliament addressed issues relating to reproductive health, mental health, lifestyle and risk behaviour, and what measures were implemented as a result of its deliberations.

40. **The Chairperson** asked whether there was a system to care for children who did not attend school, given that the reproductive and mental health centres were located in schools.

41. **Mr. Hamrouni** (Tunisia) said that reproductive and mental health centres respected confidentiality and that children who did not attend school had access to them. Issues relating to reproductive health were dealt with in stages, starting in the sixth year of basic education. Risk behaviour (tobacco and alcohol consumption, obesity, drug addiction) among adolescents was also addressed. In that context, he pointed out that Tunisia was the only country in the Eastern Mediterranean region of the World Health Organization (WHO) to have won a medal for its anti-tobacco campaign. An extensive awareness-raising programme on the harmful effects of tobacco use had been implemented, with a view to reducing the number of smokers by 10 per cent between 2010 and 2015.

42. With regard to breastfeeding, national legislation provided for six months' maternity leave following the birth, and there were plans to introduce flexible working hours to allow

working mothers to breastfeed. Furthermore, a programme had been launched in various regions to promote exclusive breastfeeding.

43. **The Chairperson** asked whether teenage suicide was a source of concern in Tunisia.

44. **Mr. Hamrouni** (Tunisia) said that the surveys on the subject, conducted in cooperation with United Nations bodies, indicated that suicide in Tunisia was virtually non-existent. Nevertheless, it had been decided that information should focus on reproductive health on the one hand, in order to prevent sexually transmitted diseases, and on mental health on the other, in order to prevent suicide.

45. **Ms. Naïmi** (Tunisia) said that the minimum age for employment was 16 and that children between the ages of 16 and 18 were still regarded as apprentices; in 2009, the Ministry of Vocational Training and Employment had set their pay at 85 per cent of the adult minimum wage. Whether they worked for a company or at home, working children were entitled to social security coverage. Their situation was monitored by a labour inspector who checked compliance with the law and ascertained that a child's working conditions did not harm their physical or mental health. If the chief inspector deemed that a child's contract.

46. The work of children in domestic service was classed as one of the difficult situations that threatened the health of a child, or their physical and moral integrity, under article 20 of the Child Protection Code, insofar as it amounted to economic exploitation of the child. There had been 87 such cases recorded in 2009. The Ministry of Social Affairs had implemented a social protection and integration system for children under 16 who did not attend school, which offered them a reintegration service, psychological counselling and initial vocational training, with a view to enrolment on vocational training programmes. An information system had been set up, in cooperation with the Ministry of Women, Family Affairs, Children and the Elderly, in order to register and follow up on cases, and take appropriate measures. Families in need received financial assistance to prevent them from taking their children out of school.

47. To prevent children failing at school, the Minister of Education and Training had implemented a social monitoring system to gather relevant information at the regional level and to identify problems that were likely to have an impact on school attendance. Furthermore, since 1992, the Ministry of Social Affairs and the Ministry of Education had run a social action in education programme, which covered over 43 per cent of schools and under which children who were failing at school were taken in hand by social workers, doctors and psychologists. Furthermore, at the start of 2009, teachers and social workers had received training in dealing with children with disabilities who had learning difficulties, and guidelines on dealing with such children had been drawn up. Lastly, a programme for families had been implemented in the protection and social integration centres. The programme aimed to strengthen families' competencies in the field of education, help them create an atmosphere of dialogue within the family and raise awareness of a child's right to education.

48. **The Chairperson**, referring to the 87 cases of child domestic labour recorded in 2009, wished to know whether the children concerned had been given into the care of the families who employed them and had lived with them — an arrangement similar to *"confiage"* — in which case their situation constituted a form of slavery, or whether they lived elsewhere and travelled to their place of work every day.

49. **Ms. Jaber** (Tunisia) said that the information available did not distinguish between the two sets of circumstances.

50. **Mr. Khemakhem** (Tunisia) said that the practice of "*confiage*" did not exist in Tunisia, as it was synonymous with slavery. Alleged cases of child domestic labour were investigated by the Ministry of Social Affairs.

51. **Ms. Jaber** (Tunisia) said that 30 per cent of children attended nursery school and that there were significant regional disparities in that regard. Nearly 90 per cent of those children attended private nurseries, with the remaining places offered by NGOs or State kindergartens. During the period 2012–2014, the Government wished to expand the network of public nurseries managed by NGOs through the adoption of new regulations which would give local communities a far more significant role in the creation of such establishments in areas neglected by the private sector. In terms of training for nursery staff, the Higher Institute of Childcare Management offered a certificate in nursery education. State and private institutions offered certificates for children's activity organizers and childcare assistants, and other training programmes for those working with young children were being drawn up, in cooperation with UNICEF.

52. **Mr. Khemakhem** (Tunisia) said that, since 1995, the justice system had focused on prevention. The child protection authorities intervened in situations where the child was in danger, for example, when a child had no family support or was the victim of economic or sexual exploitation or abuse. Any person aware of such cases was obliged to report them. Intervention could take the form of an agreement with the family, emergency measures or protection measures taken by the family court.

53. The young offender also needed protection. In that regard, article 13 of the Child Protection Code provided for responses to criminal behaviour based on the principles of justice and equity, and which focused on prevention and education. The maximum prison sentence for a minor was 10 years, whatever their offence, and a child under 15 could not be sent to prison.

54. The child was heard in all criminal or other legal proceedings relating to them, and their opinion was taken into consideration as far as possible given their situation and level of maturity. The best interests of the child governed all decisions taken with regard to the child, in line with article 4 of the Child Protection Code. A number of rulings by the Court of Appeal referred to that principle, particularly the ruling of 22 October 2003, in which the court recalled the relevant provisions of the Child Protection Code and stressed that the courts should systematically take that principle into account. Lastly, if a court ruling separated a child from its parents, the length of separation was not determined in advance but depended on the best interests of the child.

55. A child involved in a court case had access to a lawyer during all court hearings, including the initial hearing, and at all stages of the proceedings. Contrary to what had been stated, mediation was being used more frequently and very successfully. There were currently between 380 and 400 children in prison. Sentences involving community service could not be handed down to children, as they were not permitted to work until they were 16. However, the Tunisian authorities might consider introducing such a sentence if the Committee believed it to be compatible with the provisions of international law on the rights of the child.

56. Although the Child Protection Code provided for a probation system, it had never been implemented because the necessary framework had never been set up. However, one was due to be implemented, in cooperation with UNICEF, within the framework of the national child protection programme. Tunisia hoped to be in a position to provide data on the outcome in its next periodic report.

57. In 2005, Tunisia had signed an agreement with the International Committee of the Red Cross (ICRC), allowing it to enter prisons, pretrial detention centres and juvenile detention centres. Its reports indicated that juvenile detention centres focused on

reintegration measures and created the right conditions for young offenders to re-enter society. The centres were regularly inspected by the central prison administration, the Ministry of Justice and the High Committee on Human Rights and Fundamental Freedoms. Juvenile judges also visited such centres to inspect the children's living conditions.

58. The reoffending rate among minors was low, but the authorities were taking steps to reduce it further.

59. A bill had been drafted to guarantee better protection for child victims throughout the proceedings and provide psychological support afterwards.

60. **The Chairperson** asked what the State party understood by the term "social and family offences".

61. **Mr. Khemakhem** (Tunisia) said that he could not answer that question but the list of offences covered by the term would be made available to the Committee as soon as possible.

62. Like all other countries throughout the world, Tunisia had suffered the impact of the economic and financial crisis. An observatory had been set up to assess those repercussions and to ensure that they did not have a negative impact on the rights of the child. Child protection programmes continued to be implemented, including in cooperation with the UNICEF office in Tunis.

63. Contrary to what the World Bank had stated, the poverty rate in Tunisia was not 11 per cent. As the report indicated, the absolute poverty rate stood at 3.8 per cent. A maximum of 7 or 8 per cent could be obtained if one included the vulnerable sections of the population, namely those persons who had been unable to reap the benefits of economic growth.

64. The problem of child abduction did not exist in Tunisia. In 1991, a law had been passed criminalizing the trade in organs for transplant purposes. Under that legislation, such activities carried a prison sentence of between 2 and 5 years. However, no cases of organ trafficking had come before the Tunisian courts since the adoption of that legislation.

65. The Act of 2007 amending certain provisions of the Personal Status Code had set the minimum age for marriage at 18 for both girls and boys, and it was now rare in Tunisia for girls under 18 to marry.

66. Tunisia was not considered to be a country of origin, transit or destination for human trafficking, and crimes related to trafficking were not widespread. Tunisia had banned slavery in 1846. Article 226 ff. of the Criminal Code penalized the various forms of human trafficking, especially trafficking for the purposes of sexual exploitation. Tunisia did, however, have problems with illegal emigration, involving Tunisian citizens or people from other African countries, who attempted to reach Europe by sea.

67. The Tunisian authorities did not harass women who wore the hijab in public. However, the growing number of women who chose to wear distinctive so-called Islamic dress had recently aroused criticism in Tunisian society, particularly in intellectual circles. He cited Taoufiq Ben Ameur, a professor of Islamic civilization and philosophy at the human and social sciences faculty at the University of Tunis, who had stated that the Koran did not impose any specific form of dress. Certain verses said that women should behave and dress modestly. The *khimar*, which had been worn by Arab women before the arrival of Islam, was not an Islamic institution, but rather a traditional form of dress. The hijab had never been a Tunisian tradition; its use was a result of the influence of the satellite television programmes watched by Tunisians and the lack of a critical attitude to information from other parts of the world. The Tunisian authorities strongly upheld the values of tolerance, freedom and solidarity, which were both authentic and modern.

68. In its ruling of 24 January 2008, the Administrative Court had recognized the legality of ministerial circular No. 102 of 29 October 1986 whereby the Ministry of Education requested teaching staff in State schools to wear appropriate clothing and banned sectarian dress of any kind, including the Islamic veil for women. The Administrative Court had found that civil servants were free to choose what clothing they wore, but that that freedom must be exercised within the constraints imposed by the duty of modesty and by the requirements of their work.

69. **Ms. Varmah** (Country Rapporteur) asked whether there were any provisions prohibiting girls from wearing the veil in schools and universities.

70. **Mr. Khemakem** (Tunisia) said that there was no legislation on that subject. Girls and women teachers were merely requested by the authorities not to wear provocative clothing.

71. Under Tunisian law, sexual relations between persons of the same sex were a criminal offence. In practice, that legislation was rarely enforced.

72. The more educated sections of Tunisian society were in favour of gender equality with respect to inheritance rights. The Personal Status Code gave parents the right to make a gift to their daughters during their lifetime, in order to divide their property equally between their sons and daughters and thereby circumvent the provisions of Islamic law with respect to inheritance.

73. **The Chairperson** asked whether customary marriages based on sharia and that took no account of the minimum age for marriage, especially for women, continued to take place in Tunisia.

74. **Mr. Khemakhem** (Tunisia) said that customary marriages, like polygamy, were punishable under the Personal Status Code; the practice was on the wane.

75. Ms. Varmah (Rapporteur for Tunisia) thanked the members of the Tunisian delegation for their frank responses to the Committee's questions. The dialogue with the delegation had provided an overview of the situation of children's rights in Tunisia. The Committee's recommendations would address in particular improving the implementation of legislation on child protection, notably by streamlining the current system and covering all the various forms of suffering to which children might be subjected. They would also refer to the need to give civil society organizations the right to speak freely and independently about violations of children's rights. The Committee would also be encouraging the Tunisian Government to bring domestic law into line with international law banning corporal punishment and sexual violence, and to adopt new legislation, institutions and mechanisms to guarantee the rights enshrined in the Convention. Lastly, they would aim to strengthen freedoms and civil rights, such as the freedoms of expression, conscience and religion, the protection of privacy, the right not to be subjected to torture or cruel, inhuman or degrading treatment, as well as equal opportunities and in inheritance rights for girls and children born out of wedlock.

76. **Mr. Khemakhem** (Tunisia) thanked the members of the Committee for their serious and competent work. The Government of Tunisia would do all it could to take on board the lessons contained in the Committee's observations and implement its recommendations.

The meeting rose at 5.50 p.m.