

## **MATERNITY AND PREGNANCY**

### **III. CONCLUDING OBSERVATIONS**

#### **CERD**

- Bolivia, CERD, A/51/18 (1996) 41 at para. 274.

The new measures to provide maternity care and medical care for infants until the age of five years are welcomed and considered to be in conformity with article 5 (e) of the Convention.

- Slovakia, CERD, A/55/18 (2000) 47 at para. 265.

Concern is expressed that a disproportionately large number of Roma suffer higher mortality rates, have poorer nutrition levels, and low levels of awareness of maternal and child health. The State party should take all necessary measures to ensure that the Roma enjoy the full right to health and health care.

#### **ICCPR**

- Paraguay, ICCPR, A/50/40 vol. I (1995) 42 at para. 208.

The high level of death among expectant mothers is of concern.

- Zambia, ICCPR, A/51/40 vol. I (1996) 29 at para. 203.

It is of concern that no measures have been taken to ensure that pregnancy or parenthood do not affect the continuous education of children.

- Peru, ICCPR, A/52/40 vol. I (1997) 28 at paras. 160 and 167.

#### *Paragraph 160*

It is noted with concern that the law still contains a provision exempting a rapist from punishment if he marries his victim and another which classifies rape as an offence prosecutable privately. It is also of concern that abortion gives rise to a criminal penalty even if a woman is pregnant as a result of rape, and that clandestine abortions are the main cause of maternal mortality. Those provisions not only mean that women are subject to inhumane treatment but are possibly incompatible with articles 3, 6 and 7 of the Covenant.

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### *Paragraph 167*

Peru must ensure that laws relating to rape, sexual abuse and violence against women provide women with effective protection and the necessary measures must be taken to ensure that women do not risk their lives because of the existence of restrictive legal provisions on abortion.

- Bolivia, ICCPR, A/52/40 vol. I (1997) 35 at para. 212.

The very high level of maternal mortality, much of which arises as a result of illegal abortion, is of concern.

### *See also:*

- Colombia, ICCPR, A/52/40 vol. I (1997) 44 at para. 287.
- Georgia, ICCPR, A/52/40 vol. I (1997) 40 at para. 239.

That methods of contraception other than abortion are very difficult to obtain is of concern.

- Senegal, ICCPR, A/53/40 vol. I (1998) 13 at para. 61.

The persistent custom of female genital mutilation, which violates articles 6 and 7 of the Covenant, and the high rate of maternal mortality which results from that practice, from early child birth and from the strict prohibition of abortion is disturbing. Judges and lawyers should make use of ordinary criminal law provisions to deal with instances of female genital mutilation until a specific law for this offence, the adoption of which the Committee strongly supports, is enacted. In this regard, the State party is encouraged to launch a systematic campaign to promote popular awareness of persistent negative attitudes towards women and to protect them against all forms of discrimination. The State party should also abolish practices prejudicial to women's health and reduce maternal mortality. In the light of these concerns, the State party should bring its legislation, including family and inheritance laws, into conformity with articles 2(1), 3, 6, 7, 23 and 26 of the Covenant.

- Sudan, ICCPR, A/53/40 vol. I (1998) 22 at para. 121.

The high maternal mortality rate in the Sudan may be the consequence of early marriage, clandestine abortions, and female genital mutilation.

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- Ecuador, ICCPR, A/53/40 vol. I (1998) 43 at para. 284.

The very high number of suicides of young females, which appear in part to be related to the prohibition of abortion, is of concern. The State party's failure to address the resulting problems faced by adolescent girls, in particular rape victims, who suffer the consequences of such acts for the rest of their lives, is regretted. Such situations are, from both the legal and practical standpoints, incompatible with articles 3, 6 and 7 of the Covenant, and with article 24 when female minors are involved. All necessary legislative and other measures should be adopted to assist women, and particularly adolescent girls, faced with the problem of unwanted pregnancies to obtain access to adequate health and education facilities.

- United Republic of Tanzania, ICCPR, A/53/40 vol. I (1998) 57 at para. 399.

The Committee deplores the law in force in Zanzibar which allows for the imprisonment of both mother and father in the event of an unmarried woman becoming pregnant, which carries risks to the right to life (art. 6) (through resort to illegal abortion) and to the rights of the child (arts. 23 and 24) if born in such circumstances. This law in Zanzibar should be abolished, and noting in this connection that illegal abortion is a major cause of maternal mortality, a national review should be carried out on the restrictions on abortions (arts. 3, 6 and 26).

- Japan, ICCPR, A/54/40 vol. I (1999) 36 at paras. 147 and 173.

### *Paragraph 147*

The abolition of restrictions on women's eligibility to take the national public service examination, the abolition of discriminatory compulsory retirement, and of dismissals on grounds of marriage, pregnancy or childbirth are welcomed.

### *Paragraph 173*

While the forced sterilization of disabled women has been abolished, the necessary legal steps should be taken to provide a right of compensation to persons who were subjected to forced sterilization.

- Chile, ICCPR, A/54/40 vol. I (1999) 44 at para. 211.

The criminalization of all abortions without exception, raises serious issues, especially in the light of unrefuted reports that many women undergo illegal abortions which pose a threat to their lives. The legal duty imposed upon health personnel to report on cases of women who have undergone abortions may inhibit women from seeking medical treatment, thereby endangering their lives. The State party has a duty to take measures to ensure the right to life of all persons, including pregnant

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women whose pregnancies are terminated. Therefore, exceptions to a general prohibition of all abortions should be introduced and the confidentiality of medical information should be protected.

### *See also:*

- Costa Rica, ICCPR, A/54/40 vol. I (1999) 54 at para. 280.
- Venezuela, ICCPR, A/56/40 vol. I (2001) 49 at para. 77(19).
  
- Lesotho, ICCPR, A/54/40 vol. I (1999) 51 at para. 254.

The law in force makes abortion illegal except in cases where the woman concerned is of unsound mind or the conception is the result of rape or incestuous intercourse. The abortion law should be reviewed in order to provide for situations where the life of the woman is in danger.

- Mexico, ICCPR, A/54/40 vol. I (1999) 61 at para. 329.

Measures should be taken to investigate allegations that women seeking employment in foreign enterprises are subjected to pregnancy tests and required to respond to intrusive personal questioning, and that some women employees have been administered anti-pregnancy drugs. Such measures should ensure that women whose rights to equality and to privacy have been violated in this way have access to remedies and to preventing such violations from recurring.

- Poland, ICCPR, A/54/40 vol. I (1999) 65 at para. 344.

Policies and programmes promoting full and non-discriminatory access to all methods of family planning should be introduced and sexual education should be reintroduced at public schools.

- Morocco, ICCPR, A/55/40 vol. I (2000) 24 at paras. 100 and 101.

### *Paragraph 100*

Strict prohibitions on abortion, even in cases of rape or incest, and the stigmatization of women who give birth to children outside marriage result in clandestine, unsafe abortions which contribute to a high rate of maternal mortality, and are of concern.

### *Paragraph 101*

Women should have full and equal access to family planning services and to contraception. Criminal sanctions should not be applied in such a way as to increase the risk to life and health of women.

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- Republic of Korea, ICCPR, A/55/40 vol. I (2000) 29 at para. 135.

The family headship system both reflects and reinforces a patriarchal society in which women have a subordinate role. The practice of identifying the sex of foetuses, the disproportionate percentage of boys among second and third-born children and the high rate of maternal mortality that apparently arises from the number of unsafe abortions are deeply disturbing. Prevailing social attitudes cannot justify failure by the State party to comply with its obligations, under articles 3 and 26 of the Covenant, to ensure equal protection of the law and the equal right of men and women to the enjoyment of all the rights set forth in the Covenant.

- Cameroon, ICCPR, A/55/40 vol. I (2000) 36 at paras. 199 and 200.

### *Paragraph 199*

That the criminalization of abortion leads to unsafe abortions which account for a high rate of maternal mortality is of concern.

### *Paragraph 200*

Measures must be taken to protect the life of all persons, including pregnant women.

- Mongolia, ICCPR, A/55/40 vol. I (2000) 49 at para. 323.

Many areas of concern remain in relation to discrimination against women and the inability of women to fully enjoy their Covenant rights. Particular attention is drawn to the acute problem of maternal mortality, due in part to unsafe abortions and the unavailability of family planning advice and facilities.

- Ireland, ICCPR, A/55/40 vol. I (2000) 61 at paras. 444, 445 and 448.

### *Paragraph 444*

That the circumstances in which women may lawfully obtain an abortion are restricted to when the life of the mother is in danger and do not include, for example, situations where the pregnancy is the result of rape, is of concern.

### *Paragraph 445*

The State party should ensure that women are not compelled to continue with pregnancies where that is incompatible with obligations arising under the Covenant (art. 7) and General Comment No. 28.

### *Paragraph 448*

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With respect to the Travelling community, the generally lower living standards of members of this community, their low levels of participation in national political and social life and their high levels of maternal and infant mortality, are of concern.

- Kuwait, ICCPR, A/55/40 vol. I (2000) 65 at paras. 466 and 467.

### *Paragraph 466*

That abortion is a crime under Kuwaiti law and that the law makes no provision for exceptions on humanitarian grounds is noted.

### *Paragraph 467*

The State party should consider amending the law and make provision for the protection of the right to life of pregnant women under article 6 of the Covenant.

- Trinidad and Tobago, ICCPR, A/56/40 vol. I (2001) 31 at paras. 72(11) and 72(18).

### *Paragraph 72(11)*

Priority should be given to all necessary preparations, so as to bring into force by proclamation at the earliest possible date the Equal Opportunities Act 2000, particularly in respect to the advancement of women. The State party should, thereafter, introduce amending legislation to extend the provisions of the Act to those suffering discrimination on grounds of age, sexual orientation, pregnancy or infection with HIV/AIDS.

### *Paragraph 72(18)*

Legal limitations on abortion should be reappraised and restrictions which may risk violation of women's rights be removed from the law, by legislation if necessary (arts. 3, 6.1 and 7).

- Argentina, ICCPR, A/56/40 vol. I (2001) 38 at para. 74(14).

On the issue of reproductive health rights, the criminalization of abortion deters medical professionals from providing this procedure without judicial order, even when they are permitted to do so by law, *inter alia* when there are clear health risks for the mother or when pregnancy results from rape of mentally disabled women. Discriminatory aspects of the laws and policies in force, which result in disproportionate resort to illegal, unsafe abortions by poor and rural women, are of concern. The State party should take measures to give effect to the Reproductive Health and Responsible Procreation Act of July 2000, by which family planning counselling and contraceptives are to be provided, in order to grant women real alternatives. The laws and policies with regard to family planning should be reviewed on a regular basis. Women should be given access to family planning

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methods and sterilization procedures; and in cases where abortion procedures may lawfully be performed, all obstacles to obtaining them should be removed. Argentine law should be amended to permit abortions in all cases of pregnancy resulting from rape.

- Peru, ICCPR, A/56/40 vol. I (2001) 45 at paras. 76(20) and 76(21).

### *Paragraph 76(20)*

It is a matter of concern that abortion continues to be subject to criminal penalties, even when pregnancy is the result of rape. Clandestine abortion continues to be the main cause of maternal mortality in Peru. These provisions are incompatible with articles 3, 6 and 7 of the Covenant. The legislation should be amended to establish exceptions to the prohibition and punishment of abortion.

### *Paragraph 76(21)*

Recent reports of forced sterilizations, particularly of indigenous women in rural areas and women from the most vulnerable social sectors, are of concern. The State party must take the necessary measures to ensure that persons who undergo surgical contraception procedures are fully informed and give their consent freely.

- Guatemala, ICCPR, A/56/40 vol. I (2001) 93 at para. 85(19).

The criminalization of all abortion, with the severe penalties imposed by the legislation in force except where the mother's life is in danger, gives rise to serious problems, especially in the light of unchallenged reports of the serious impact on maternal mortality of clandestine abortions and the lack of information on family planning. The State party has the duty to adopt the necessary measures to guarantee the right to life (art. 6) of pregnant women who decide to interrupt their pregnancy by providing the necessary information and resources to guarantee their rights and amending the legislation to provide for exceptions to the general prohibition of all abortions, except where the mother's life is in danger.

## **ICESCR**

- Ecuador, ICESCR, E/1991/23 (1990) 33 at para. 157.

Attention is drawn to the necessity of harmonizing the Labour Code with standards set in international instruments, especially with regard to maternity leave.

- Mauritius, ICESCR, E/1995/22 (1994) 37 at para. 180.

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Concern is expressed over the information according to which half the maternal deaths since 1982 have been due to complications following abortion, which is prohibited by law.

- The Gambia, ICESCR, E/1995/22 (1994) 42 at para. 202.

Regarding the right to health in article 12 of the Covenant, deep concern is expressed over the extremely high maternal mortality rate of 1,050 per 100,000 live births. UNICEF identifies the main causes to be haemorrhage and infection related to the lack of access to and poor services. Equal concern is expressed over the alarming UNDP figures of infant mortality and fertility rates of the Gambia, which are among the highest in Africa: 145.1 per 1,000 live births in 1986-1987 and a 6.5 fertility rate during the same period.

- Mali, ICESCR, E/1995/22 (1994) 64 at para. 350.

It is of concern that child, infant and maternal mortality rates in Mali are still among the highest in the world. Approximately 1,000 deliveries per 100,000 births result in the death of the mother.

- Suriname, ICESCR, E/1996/22 (1995) 37 at paras. 158, 164 and 165.

### *Paragraph 158*

It is of concern that women workers who are not members of trade unions receive little or no maternity benefits and may be dismissed if they become pregnant.

### *Paragraph 164*

The Government is urged to ensure that all legislation is applied in a non-discriminatory manner and laws which clearly discriminate against women should be abolished. In particular, the laws permitting persons to marry without the acknowledgement or consent of the partner should be abolished, the problem of violence against women should be legally addressed, and general legislation regarding maternal benefits should be enacted and enforced.

### *Paragraph 165*

Legislation should be enacted to protect workers who are not covered by collective bargaining agreements, in order to ensure them a minimum wage, health and maternal benefits, safe working conditions, and other guarantees that meet international standards for conditions of work. The Government is also encouraged to extend such protection to immigrant workers.



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- Paraguay, ICESCR, E/1997/22 (1996) 22 at para. 78.

The inequitable distribution of health services between urban and rural areas is of concern. The very small number of medical and paramedical personnel in the country is also noted. The high rates of infant mortality and infant morbidity are also matters of concern, as are the high maternal mortality rate and the inadequacy of guidance and family-planning services.

- Dominican Republic, ICESCR, E/1997/22 (1996) 44 at para. 233.

Of particular concern is that the enjoyment by women of economic, social and cultural rights is undermined by: a traditional and persistent male-dominated society; the failure to ensure that single women heads of household benefit from the agrarian reform or the Government's housing programme; the absence of any administrative mechanism that allows women to file complaints in cases of discrimination by the Dominican Agrarian Institute; the failure of the Government to protect women workers from discrimination and arbitrary dismissal related to pregnancy, including failure to discourage employers from the practice of pregnancy testing; and failure to develop and promote family-planning services. It is also of concern that, despite the very high rate of hospital births in the Dominican Republic, the rate of maternal mortality is unacceptably high.

### *See also:*

- Dominican Republic, ICESCR, E/1998/22 (1997) 43 at para. 214.
- Peru, ICESCR, E/1998/22 (1997) 33 at para. 145.

Poor women with no education have a maternal mortality rate 10 times higher than that of educated women.

- Dominican Republic, ICESCR, E/1998/22 (1997) 43 at para. 221.

With respect to article 10 of the Covenant, concern is expressed about the situation of children in the State party and, in particular, about reports received on the occurrence of child labour and child exploitation, including sexual exploitation, about the increasing number of street children, the low rate of school enrolment, the high rate of infant mortality and the high number of pregnancies among school-age females.

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- Azerbaijan, ICESCR, E/1998/22 (1997) 61 at paras. 339 and 353.

### *Paragraph 339*

With respect to article 10 of the Covenant, it is regretted that women are not receiving adequate medical care during pregnancy and childbirth. Questions regarding the effect on women of the proposed introduction of a three-tier fee system for medical care remain unanswered.

### *Paragraph 353*

The Government should ensure that all women receive adequate medical care during pregnancy and childbirth.

- Saint Vincent and the Grenadines, ICESCR, E/1998/22 (1997) 72 at paras. 429 and 434.

### *Paragraph 429*

Concern is expressed about the absence of a comprehensive scheme for maternity leave, with the result that not all female workers benefit from such leave.

### *Paragraph 434*

With respect to the right to health, the high incidence of pregnancies among females of school age (between 1988 and 1991, 24 per cent of all births were to teenage mothers) is of concern. It is underlined that such pregnancies often have adverse consequences for the health of the child and of the mother and for the latter's ability to continue her studies.

- Poland, ICESCR, E/1999/22 (1998) 32 at paras. 150 and 152.

### *Paragraph 150*

It is noted that restrictions have recently been imposed on abortions that exclude economic and social grounds for performing legal abortions. It is of concern that because of this restriction, women in Poland are resorting to unscrupulous abortionists and risking their health in doing so. It is also of concern that family planning services are not provided in the public health-care system so that women have no access to affordable contraception.

### *Paragraph 152*

It is of deep concern that the right to work is not fully enjoyed by women. The existence of discriminatory practices such as job advertisements specifying the preferred gender of the employees sought and women candidates for jobs being asked to take pregnancy tests, despite the existence of legislation prohibiting such practices, is noted.

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- Cyprus, ICESCR, E/1999/22 (1998) 50 at para. 291.

The State party should intensify its efforts to guarantee the equal enjoyment by men and women of their economic, social and cultural rights, in particular by promulgating the draft regulations concerning the employment and working conditions of pregnant women and nursing mothers and ensuring that they comply with the Covenant.

- Switzerland, ICESCR, E/1999/22 (1998) 59 at paras. 353 and 369.

### *Paragraph 353*

It is noted that, despite the constitutionalization of the right to maternity benefits, the Parliament has not yet recognized this right. This does not satisfy the requirements of article 10 that pregnant women should be entitled to adequate social security benefits.

### *Paragraph 369*

Adequate social security protection should be provided to pregnant women and recent mothers.

- Bulgaria, ICESCR, E/2000/22 (1999) 46 at paras. 227 and 242.

### *Paragraph 227*

It is regretted that there is no legal prohibition of dismissal from employment on grounds of pregnancy.

### *Paragraph 242*

The State party should prohibit dismissal on the grounds of pregnancy.

- Argentina, ICESCR, E/2000/22 (1999) 49 at paras. 272 and 286.

### *Paragraph 272*

Concern is expressed about the health of pregnant women, in particular the relatively high maternal mortality rate, and the high adolescent pregnancy figures.

### *Paragraph 286*

The State party is urged to review its policies on health, and in particular it should pay attention to the issues of mental health, maternal mortality, adolescent pregnancies and HIV/AIDS.

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- Armenia, ICESCR, E/2000/22 (1999) 54 at paras. 305 and 309.

### *Paragraph 305*

Alarm is expressed at the fact that abortion remains the most commonly used means of family planning in the country owing, in particular, to inadequate education and the high cost of contraceptives.

### *Paragraph 309*

Family planning programmes should be set up for women, in particular to decrease the incidence of abortion, along with programmes for the prevention and treatment of cancer.

- Cameroon, ICESCR, E/2000/22 (1999) 56 at paras. 339 and 359.

### *Paragraph 339*

The inadequacy of family planning policies and programmes in the State party, which have failed to reduce infant and maternal mortality, is of concern. The high level of clandestine abortion, which is in part responsible for the high maternal mortality rate, is also of concern.

### *Paragraph 359*

The State party is urged to review its policies on health in order to address, in particular, maternal mortality, adolescent pregnancies and the HIV/AIDS epidemic. In this respect, the Government is urged to review its family planning policies with a view to increasing access to information concerning contraceptives through educational programmes.

- Mexico, ICESCR, E/2000/22 (1999) 62 at para. 383, 391, 399 and 405.

### *Paragraph 383*

Deep concern is expressed about the situation of women workers in the *maquiladoras* (assembly plants), some of whom are subjected to pregnancy tests upon recruitment and at intervals during work, and are dismissed if found to be pregnant.

### *Paragraph 391*

Concern is expressed at the fact that the fourth highest cause of death among women in the State party is illegal abortion.

### *Paragraph 399*

The State party is urged to adopt immediate steps towards the protection of women workers in the *maquiladoras*, including prohibiting the practice of demanding medical certification that prospective workers are not pregnant and taking legal action against employers who fail to comply.

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### *Paragraph 405*

The State party is called upon to closely monitor the female mortality rate and to take steps to reduce the incidence of death caused by illegal abortion. In particular, the State party should intensify its educational campaign regarding women's sexual and reproductive health, and include such subjects in school curricula.

- Mongolia, ICESCR, E/2001/22 (2000) 53 at paras. 270, 273 and 281.

### *Paragraph 270*

Concern is expressed about discrimination against pregnant women and sexual harassment of women in the workplace.

### *Paragraph 273*

The Committee is disturbed to learn about the deteriorating health situation for Mongolians since 1990 and regrets that government expenditure on health has decreased in recent years (according to the government submission, public expenditure on health fell from 5.8 per cent of GDP in 1991 to 3.6 per cent in 1998). The challenges faced by the State party include improving access to health-care services in rural areas and for the poor, the relatively low life expectancy, the increase in non-communicable and degenerative diseases, as well as sexually transmitted diseases, substance abuse, child suicide, high maternal mortality, especially in rural areas, and limited access to contraceptives.

### *Paragraph 281*

The State party is called upon to enforce efficiently in practice labour legislation prohibiting discrimination against women in employment, such as prohibition of the dismissal of pregnant women and the criminalization of sexual harassment.

- Sudan, ICESCR, E/2001/22 (2000) 57 at para. 297.

The Committee welcomes the establishment of the Sudan National Committee for the Eradication of Harmful Practices, as well as the State party's various measures to improve the status of women, to alleviate or remove some of the obstacles to their freedom to travel, the Government's active campaign against female genital mutilation and against early marriage, the encouragement of child spacing, safe motherhood, women's and children's rights and reproductive health, and measures to increase the number of women working in government service.

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- Australia, ICESCR, E/2001/22 (2000) 66 at paras. 384 and 393.

### *Paragraph 384*

It is noted with concern that paid maternity leave is not provided for in law or in collective labour conventions, and that the State party has not ratified ILO Convention No. 103 concerning maternity protection.

### *Paragraph 393*

The State party consider enacting legislation on paid maternity leave and ratifying ILO Convention No. 103 concerning maternity protection.

- Morocco, ICESCR, E/2001/22 (2000) 82 at paras. 540 and 564.

### *Paragraph 540*

The high rate of maternal and infant mortality is noted with concern.

### *Paragraph 564*

The State party is urged to take all necessary measures to address the problem of the high rate of maternal and infant mortality.

- Honduras, ICESCR, E/2002/22 (2001) 33 at para. 134.

Concern is expressed about the problems encountered by the State party in its efforts to implement its reproductive health policy, including the distribution and use of condoms, as a result of resistance from certain religious institutions and the fact that educational programmes often only target women but not men. In this regard, concern is also expressed at the high rate of teenage pregnancy among young girls who are deprived of the opportunity to continue their education.

- Republic of Korea, ICESCR, E/2002/22 (2001) at paras. 226 and 253.

### *Paragraph 226*

The continued unequal status of women is noted with deep concern. Persisting problems include the traditional preference for sons, which is manifested in a high incidence of induced abortions of girl fetuses that threaten the reproductive rights of women.

### *Paragraph 253*

In so far as traditional practices pose an obstacle to the fulfillment of some rights or perpetuate discrimination of any kind, including the preference for sons and the abortion of girl fetuses, the State

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party should carry out large-scale public campaigns to promote understanding among the general public about human rights.

- Bolivia, ICESCR, E/2002/22 (2001) 52 at paras. 278 and 298.

### *Paragraph 278*

Concern is expressed about the current status of reproductive health rights of women, and particularly the high rate of maternal mortality - the highest in Latin America; that is attributed to illegal abortions and to the absence of medical assistance during child birth.

### *Paragraph 298*

The State party is called upon to take measures to reduce the female mortality rate and in particular to bring about a reduction of deaths caused by illegal abortion and unassisted child birth. In particular, the State party should intensify the implementation of its National Sexual and Reproductive Health Programme, organize educational campaigns regarding women's sexual and reproductive health, and include such subjects in school curricula.

- Senegal, ICESCR, E/2002/22 (2001) 61 at paras. 335, 352, 366 and 373.

### *Paragraph 335*

The new law enacted by the State party that allows women 14 weeks of maternity leave is welcomed.

### *Paragraph 352*

The rise in clandestine abortions, unwanted pregnancies and the high rate of maternal mortality, which is as high as 500 deaths per 100,000 live births, is of concern.

### *Paragraph 366*

Immediate measures should be taken to address the problem of discrimination against women in access to employment and to monitor closely, both in the private and public sectors, the implementation of the law on maternity leave.

### *Paragraph 373*

The State party is urged to take remedial action to address the problems of clandestine abortions, unwanted pregnancies and the high rate of maternal mortality. In this regard, the State should undertake more effective reproductive and sexual health programmes in schools and colleges.

- Panama, ICESCR, E/2002/22 (2001) 73 at paras. 458 and 475.

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### *Paragraph 458*

The significant progress achieved in reducing child mortality has not been accompanied by a similar reduction in the rate of maternal mortality, which remained stable between 1980 and 1997, and this is of concern. There is concern about respect for the rights of women with regard to reproductive and sexual health and, in particular, the high rates of illegal abortion and early pregnancy.

### *Paragraph 475*

Urgent measures should be taken that are aimed at reducing the excessively high maternal mortality rate. The availability and accessibility of reproductive and sexual health information and services should be expanded, so as to encourage a reduction in the rates of illegal abortion and early pregnancy.

- Nepal, ICESCR, E/2002/22 (2001) 83 at paras. 549 and 571.

### *Paragraph 549*

It is noted with alarm that abortion is absolutely illegal and is considered a criminal offence, punishable by severe sentences, and cannot be carried out even when pregnancy is life threatening or the result of incest or rape. The fact that the reproductive and sexual health programmes are not implemented because of lack of financial resources is also regretted.

### *Paragraph 571*

Remedial action should be taken to address the problems of clandestine abortions, unwanted pregnancies and the high rate of maternal mortality. In this regard, State party is urged to reinforce reproductive and sexual health programmes, particularly in rural areas, and to allow abortion when pregnancies are life threatening or a result of rape or incest.

## CEDAW

- Chile, CEDAW, A/50/38 (1995) 35 at para. 158.

The extremely restrictive legislation on abortion should be revised, taking into account the relationship between clandestine abortion and maternal mortality.

- Peru, CEDAW, A/50/38 (1995) 79 at paras. 446 and 447.



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### *Paragraph 446*

The Government should look into the causes of high maternal mortality rates arising from clandestine abortions and review the law on abortion, taking into consideration the health needs of women, and consider suspending the penalty of imprisonment for women who have undergone illegal abortion procedures.

### *Paragraph 447*

The Government should seek the cooperation of medical associations and of judges and lawyers to consider more expansive use of the therapeutic exception to the criminal prohibition of abortion, in cases of danger to the mother's health.

- Cyprus, CEDAW, A/51/38 (1996) 9 at para. 55.

Concern is expressed over the fact that the Government treats the low fertility rate as a reason for retaining the existing criminal law restrictions on abortion.

- Ukraine, CEDAW, A/51/38 (1996) 32 at paras. 283, 286, 287, 290 and 291.

### *Paragraph 283*

While acknowledging the good intentions behind legal measures adopted to protect maternity, such measures could be overprotective and detrimental to the status of women in a market-oriented economy.

### *Paragraph 286*

Concern is expressed over sexual stereotyping and overprotective labour legislation. Protective labour laws had the sole effect of restricting women's economic opportunities, and were neither legitimate nor effective as a measure for promoting women's reproductive health. Women should have a right to free choice as to their employment, and the high rates of infant mortality and fetal abnormality resulting from the ecological disaster should be addressed as a matter of public health.

### *Paragraph 287*

The limited access of rural women to effective, affordable and acceptable methods of family planning is noted. This situation often led large numbers of women to resort to unsafe abortions.

### *Paragraph 290*

The health of the Ukrainian people in general and of women in particular is of serious concern. The problems of sustaining normal pregnancy, of birth defects and of infertility due to nuclear radiation poisoning and stress-related difficulties weigh heavily on women.

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### *Paragraph 291*

The deep demographic crisis in the country, and in particular the fact that the number of abortions exceeded the number of births is of serious concern.

- Rwanda, CEDAW, A/51/38 (1996) 36 at para. 321.

Dismay is expressed at the deep psychological trauma, the unwanted pregnancies and the massive rape of women and girls during the genocide, which resulted in widespread HIV/AIDS and other sexually transmitted diseases. This can eventually lead to further illness and death for thousands of women and girls.

- Morocco, CEDAW, A/52/38/Rev.1 part I (1997) 11 at para. 78.

Special measures should be taken to reduce maternal mortality rates and to protect women's right to life by ensuring full and timely access of all women to emergency obstetric care.

- Saint Vincent and the Grenadines, CEDAW, A/52/38/Rev.1 part I (1997) 21 at paras. 138, 140, 147 and 148.

### *Paragraph 138*

Concern is expressed at the high rate of teenage and pre-teen pregnancy, which sometimes forced children to be mothers with very serious, negative consequences for their future, in particular, the interruption of their education.

### *Paragraph 140*

It is of concern that women had to seek spousal consent for tubal ligation. Concern is also expressed over the fact that the law precludes safe abortion and prevents women from taking control of their reproductive health.

### *Paragraph 147*

The Government, in collaboration with non-governmental organizations, churches and all individuals and competent authorities, should introduce gender-sensitive reproductive and sexual health education, information and counselling in order to curb the very high rate of pre-teen and teenage pregnancy and should integrate reproductive and sexual health services, including family planning, into primary health care.

### *Paragraph 148*

The law on abortion should be reviewed with a view to removing the penal provisions and in order

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to guarantee safe abortion and motherhood.

- Turkey, CEDAW, A/52/38/Rev.1 part I (1997) 24 at para. 196.

The requirement of spousal consent for abortion should be reviewed.

- Armenia, CEDAW, A/52/38/Rev.1 part II (1997) 78 at para. 58.

The paternalistic restrictions imposed by the labour laws, which were aimed at protecting maternity and resulted in the legal limitation of women's employment opportunities and choices, are noted with concern.

- Namibia, CEDAW, A/52/38/Rev.1 part II (1997) 82 at paras. 103, 105, 108 and 127.

### *Paragraph 103*

It is of concern that the issue of maternity leave was dealt with under article 4 of the Convention, as such a measure was not a measure of affirmative action.

### *Paragraph 105*

Concern is expressed over the fact that the health of prostitutes is not taken into account and that, unlike other women, they do not have access to health care.

### *Paragraph 108*

That pregnant teenage women are punished by expulsion from school is of concern.

### *Paragraph 127*

The necessary measures should be adopted to review the laws containing punitive measures against women who had undergone illegal abortions.

- Israel, CEDAW, A/52/38/Rev.1 part II (1997) 87 at paras. 162, 167 and 181.

### *Paragraph 162*

That non-Jewish women enjoyed poorer health, resulting in very high maternal and infant mortality rates, is of concern.

### *Paragraph 167*

Concern is expressed over the fact that the public health system allocated considerable resources to

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*in vitro* fertilization, yet contraceptives were not free of charge.

### *Paragraph 181*

Public health services should supply free and accessible contraceptives.

- Luxembourg, CEDAW, A/52/38/Rev.1 part II (1997) 92 at para. 210.

The existing legislation on abortion, which penalizes women, is of deep concern.

- Argentina, CEDAW, A/52/38/Rev.1 part II (1997) 101 at para. 318.

Increased measures of all types should be taken to reduce maternal mortality and morbidity.

- Italy, CEDAW, A/52/38/Rev.1 part II (1997) 106 at para. 353.

The limited availability of abortion services for women in southern Italy, as a result of the high incidence of conscientious objection among doctors and hospital personnel, is of concern.

- Australia, CEDAW, A/52/38/Rev.1 part II (1997) 111 at para. 396.

The reservation to the Convention with regard to paid maternity leave, and Australia's non-ratification of ILO Convention No. 103 concerning maternity protection, remains a concern for women workers with family responsibilities.

- Azerbaijan, CEDAW, A/53/38/Rev.1 part I (1998) 7 at paras. 63, 66 and 73.

### *Paragraph 63*

The high level of maternal, as well as infant mortality rates and the fact that there are insufficient resources for international emergency aid in that field is worrisome.

### *Paragraph 66*

The widespread use of abortion as a basic means of family planning is alarming.

### *Paragraph 73*

The elaboration of adequate family-planning programmes, with the help of the United Nations

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Population Fund, is recommended, so as to avoid the use of abortion as a means of family planning and thereby diminish the risks of maternal mortality resulting from unsafe abortions.

- Croatia, CEDAW, A/53/38/Rev.1 part I (1998) 10 at paras. 103, 109 and 117.

### *Paragraph 103*

The consistent emphasis placed on women's roles as mothers and caregivers in legislation pertaining to a variety of areas is of concern. While legislative provisions protecting maternity are important, it is of concern that prioritizing that aspect of women's lives reinforces traditional and stereotypical role expectations, which tend to limit women's full participation in society. Despite the fact that women are well-educated and participate in the labour force in large numbers, a careful and gender-sensitive analysis of the emphasis on motherhood *vis-à-vis* women's roles in the public sphere is needed on the part of the Government to assure *de facto* gender equality in the society of the future.

### *Paragraph 109*

Concern is expressed over the services pertaining to women's reproductive health which are the first to be affected as a result of the Government's financial constraints. Information regarding the refusal, by some hospitals, to provide abortions on the basis of conscientious objection of doctors is also of concern, as this is an infringement of women's reproductive rights.

### *Paragraph 117*

Steps should be taken to secure the enjoyment by women of their reproductive rights by guaranteeing them access to abortion services in public hospitals. The Government should examine fully the implications for women, in particular, of funding cuts for contraceptives and should implement strategies to address any detrimental impact on women.

- Zimbabwe, CEDAW, A/53/38/Rev.1 part I (1998) 13 at para. 159.

The Government should reappraise the law on abortion with a view to its liberalization and decriminalization.

- Czech Republic, CEDAW, A/53/38/Rev.1 part I (1998) 16 at paras. 196 and 197.

### *Paragraph 196*

The increase in over-protective measures for pregnancy and motherhood and early retirement policies for women are noted with concern. The cultural glorification of women's family roles could exacerbate the negative impact of economic rationalization policies on women.

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### *Paragraph 197*

The high rate of induced abortions in the Czech Republic, particularly in the face of the wide availability of contraceptives, is of concern. The lack of information and training of health professionals with regard to contraceptives is of further concern.

- Dominican Republic, CEDAW, A/53/38/Rev.1 part I (1998) 28 at para. 337.

The high rate of maternal mortality, which is caused by toxemia, haemorrhages during childbirth and clandestine abortions, is of deep concern. Toxemia may be caused by induced abortions. The high rate of maternal mortality, in conjunction with the fact that abortions in the Dominican Republic are absolutely and under all circumstances illegal, cause very great concern and attention is drawn to the implications of the situation for women's enjoyment of the right to life.

- Mexico, CEDAW, A/53/38/Rev.1 part I (1998) 32 at paras. 394, 408, 410 and 416.

### *Paragraph 394*

The high and unsatisfied demand for contraceptive methods, particularly among poor urban women, rural women and adolescents, is noted. Cases in some localities in which contraceptive methods have been used without women's express consent, required under Mexican law, is also noted with concern.

### *Paragraph 408*

The legislation which criminalizes abortion should be revised and the possibility of authorizing the use of the RU486 contraceptive, which is cheap and easy to use, should be weighed as soon as it becomes available.

### *Paragraph 410*

The introduction of training for health personnel with regard to women's human rights, and particularly their right, freely and without coercion, to choose means of contraception is recommended.

### *Paragraph 416*

Action should be taken against employers who discriminate against women on grounds of pregnancy. The women concerned should be supported, and society sent a clear signal that such discrimination is not to be tolerated.

- Slovakia, CEDAW, A/53/38/Rev.1 part II (1998) 55 at para. 91.

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The high rate of abortion among Slovak women is of concern. Concern is also expressed over the fact that abortion is being used as a form of family planning.

- New Zealand, CEDAW, A/53/38/Rev.1 part II (1998) 68 at paras. 266, 267 and 269.

### *Paragraph 266*

The continuing existence of a reservation to article 11, subparagraph 2 (b), on paid maternity leave is of serious concern. The requirement for women to negotiate maternity leave individually with their employers, rather than being established as a matter of national law and policy, is a disadvantage for New Zealand's women. The constraints for obtaining unpaid maternity leave and the lack of awareness by women of existing unpaid parental leave rights are also of concern.

### *Paragraph 267*

The State party should examine in greater detail paid maternity leave provisions that exist in a number of countries at a comparative level of economic and social development. The impact of existing maternity leave provisions on women's equal pay and career opportunities should also be studied. The possible long-term impact of this situation should also be considered, especially in conjunction with the Matrimonial Property Amendment Bill, which does not recognize future earnings in divorce settlements.

### *Paragraph 269*

The impact of existing free-market legislation on women's ability to compete on an equal basis with men in the labour market, and the benefits that women derived from the favourable economic situation of recent years, should be assessed. The Government should recognize maternity as a social function which must not constitute a structural disadvantage for women with regard to their employment rights.

- Peru, CEDAW, A/53/38/Rev.1 part II (1998) 72 at paras. 337, 339, 340 and 342.

### *Paragraph 337*

The Committee notes with concern that maternal and infant mortality and teenage pregnancy rates are high and that preventable diseases are common, all of which contributed to serious flaws in the Peruvian health system. The main factor which affected women primarily in the most disadvantaged sectors is lack of resources to avail themselves of medical care when needed and with the necessary speed.

### *Paragraph 339*

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The close link between the number of abortions performed and the high maternal mortality rate is of concern. Criminalizing abortions does not discourage abortions, but rather has the effect of making the procedure unsafe and dangerous for women.

### *Paragraph 340*

The law on abortion should be reviewed, and women should have access to full and complete health services, which includes safe abortion and emergency medical attention when complications arise from abortions.

### *Paragraph 342*

Family planning programmes should be established. These programmes should emphasize sex education, use of adequate contraception and responsible use of sterilization services where necessary, with the patient's express authorization and after the consequences of such procedure have been fully explained.

- Kyrgyzstan, CEDAW, A/54/38/Rev.1 part I (1999) 15 at paras. 136 and 137.

### *Paragraph 136*

The situation of women's health, in particular the increase in the incidence of maternal mortality and morbidity, as well as the high rates of infant mortality and the use of abortion as a method of contraception, are of concern.

### *Paragraph 137*

Comprehensive family-planning programmes based on the right to reproductive choice, as well as measures to ensure that abortion is not perceived as a method of contraception, should be introduced.

- China, CEDAW, A/54/38/Rev.1 part I (1999) 26 at paras. 300 and 301.

### *Paragraph 300*

The State party should examine and publicly debate the ways in which its population policy is implemented at the local level. The Government is urged to promote information, education and counselling, in order to underscore the principle of reproductive choice, and to increase male responsibility in this regard. The Government should make clear that coercive and violent measures are prohibited and should enforce such prohibitions through fair legal procedures that sanction officials acting in excess of their authority. The Government is urged to introduce gender-sensitivity training for family planning officials.

### *Paragraph 301*



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The Government should explicitly address the linkages between economic security in old age and its family planning policies. It should take all appropriate measures to modify and eliminate son preference, *inter alia*, by expanding educational and employment opportunities for women in rural areas. The Government should enforce laws against sex-selective abortion, female infanticide and abandonment of children and remove all legal disabilities from "out-of-plan" and unregistered children.

- Colombia, CEDAW, A/54/38/Rev.1 part I (1999) 33 at para. 389.

It is a concern that, although maternity protection is ensured by law and provision is made for maternity leave in the relevant legislation, the law is sometimes broken and women must meet certain requirements in order to have access to jobs, such as undergoing pregnancy tests.

- Belize, CEDAW, A/54/38/Rev.1 part II (1999) 49 at paras. 52 and 53.

### *Paragraph 52*

The consequences of the Church-State system of education on girls' and young women's right to education is a serious concern. In this regard, the concern is that schools are free to expel girls from school because of pregnancy, and that only a few secondary schools allow girls to continue their education after pregnancy. This violates not only the Convention but also the Constitution of Belize. That under the same system, schools are allowed to dismiss unwed teachers who become pregnant is a further concern. This is also in violation of the Convention.

### *Paragraph 53*

The Government is urged to place the highest priority on eliminating discrimination against women and girls in education because of pregnancy, through both legislative provisions and adequate policy measures.

- Ireland, CEDAW, A/54/38/Rev.1 part II (1999) 60 at paras. 185 and 186.

### *Paragraph 185*

It is a concern that women who wish to terminate their pregnancies need to travel abroad. This creates hardship for vulnerable groups, such as female asylum seekers who cannot leave the territory of the State.

### *Paragraph 186*

A national dialogue on women's reproductive rights should be facilitated, including on the restrictive abortion laws. The State party is also urged to further improve family planning services and the

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availability of contraception, including for teenagers and young adults, and to promote the use of condoms to prevent the spread of HIV/AIDS.

- Chile, CEDAW, A/54/38/Rev.1 part II (1999) 64 at paras. 227 and 229.

### *Paragraph 227*

Priority should be given to an examination of the situation of adolescents, and various measures should be adopted to address effectively the sexual and reproductive health services and information needs of adolescents, including through the dissemination of family planning and information on contraceptive methods, through, *inter alia*, the introduction of effective sex education programmes. The Government is also urged to make all efforts to ensure the passage of a law explicitly prohibiting adolescent girls being expelled from private and public schools because of pregnancy.

### *Paragraph 229*

The Government should consider reviewing the laws relating to abortion with a view to their amendment, in particular to provide safe abortion and to permit termination of pregnancy for therapeutic reasons or because of the health, including the mental health, of the woman. The Government is also urged to revise laws which require health professionals to report women who undergo abortions to law enforcement agencies and which impose criminal penalties on these women. The Government should also strengthen its actions and efforts aimed at the prevention of unwanted pregnancies, including by making all kinds of contraceptives more widely available and without any restriction. Women should be granted the right to undergo sterilization without requiring their husband's - or anyone else's - prior consent.

- United Kingdom of Great Britain and Northern Ireland, CEDAW, A/54/38/Rev.1 part II (1999) 71 at para. 310.

Teenage conception and pregnancy should be addressed by a multiplicity of measures, including a greater focus on male responsibility and a review of the primary school curriculum, with a view to introducing age-appropriate sex education. Resources should be allocated for prevention and treatment programmes for sexually transmitted diseases directed at adolescents within a holistic approach to sexual and reproductive health, including sexual violence. The Government should also initiate a process of public consultation in Northern Ireland on reform of the abortion law.

- India, CEDAW, A/55/38 part I (2000) 7 at paras. 50, 78 and 79.

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### *Paragraph 50*

The Government is commended for introducing legislation that has banned sex-selective abortions.

### *Paragraph 78*

Maternal mortality rates and infant mortality rates are among the highest in the world. The adverse sex ratio and the incidence of sex-selective abortions despite the law banning that practice are noted. Family planning is only targeted at women.

### *Paragraph 79*

The Government is called upon to elicit the support of medical associations in enforcing professional ethics and preventing sex-selective abortions. The Government should also obtain the support of the medical profession in creating awareness of the urgent need to eliminate practices associated with son preference.

- Myanmar, CEDAW, A/55/38 part I (2000) 12 at paras. 129 and 130.

### *Paragraph 129*

There is no information on a woman's right to terminate a pregnancy resulting from sexual violence. The high rate of maternal mortality in Myanmar is of concern, since induced abortion often results in maternal mortality.

### *Paragraph 130*

The Government is urged to extend the coverage of the contraceptive distribution programme to reduce maternal mortality from unsafe abortions.

- Jordan, CEDAW, A/55/38 part I (2000) 16 at paras. 180, 181, 184 and 185.

### *Paragraph 180*

That the prohibition of abortion also applies to cases where pregnancy is due to rape or incest is a matter of concern.

### *Paragraph 181*

Legislative action should be initiated in order to permit safe abortion for victims of rape and incest.

### *Paragraph 184*

The difference in entitlement to maternity leave in the public and private sectors is a matter of concern.

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### *Paragraph 185*

The Government is called upon to review ILO recommendations concerning maternity leave, to adapt its national situation to these recommendations and to consider coverage of such leave through social insurance schemes in order to prevent private employers from discriminating against women in recruitment.

- Democratic Republic of the Congo, CEDAW, A/55/38 part I (2000) 21 at paras. 225-228.

### *Paragraph 225*

Concern is expressed about *de jure* and *de facto* discrimination against women with regard to the right to work, particularly the requirement of the husband's authorization of a wife's paid employment and reduction of pay during maternity leave.

### *Paragraph 226*

The Government is urged to amend discriminatory laws in the sphere of employment in accordance with article 11 of the Convention.

### *Paragraph 227*

The high rates of maternal and infant mortality, the low rate of contraceptive use, particularly in rural areas, and the decline in health services, are noted with deep concern.

### *Paragraph 228*

The Government is called upon to make efforts to improve the use of contraceptive methods, to repeal article 178 of the Penal Code, which prohibits the dissemination of contraceptive methods, and to provide sex education for young people.

- Belarus, CEDAW, A/55/38 part I (2000) 34 at para. 374.

The Government should maintain adequate and affordable physical and mental health services for women throughout their life cycle, including for older women. In particular, the Government is urged to increase affordable contraceptive choices for women and men so as to increase the use of contraception. The Government should also review its occupational health and safety legislation and standards, with a view to reducing protective standards, which often have a discriminatory effect on women in general and pregnant women in particular.

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- Luxembourg, CEDAW, A/55/38 part I (2000) 38 at paras. 396, 406 and 407.

### *Paragraph 396*

The law on implementation of the national action plan on employment, which introduced the right to non-transferable parental leave of six months for every parent, covered by State benefits, is welcomed.

### *Paragraph 406*

Concern is expressed over certain laws, for example, the waiting period of 300 days before a widow or divorced woman can remarry, and the legislation governing abortions, which appear anachronistic in a country like Luxembourg. It is of particular concern that the Government appears to lack the commitment to review and adapt this legislation to changing attitudes and developments in the European region.

### *Paragraph 407*

The Government should provide the necessary leadership and develop a comprehensive legislative agenda to amend such laws.

- Cameroon, CEDAW, A/55/38 part II (2000) 53 at paras. 59 and 60.

### *Paragraph 59*

The high rate of fertility and repeated pregnancy, the high mortality rate among mothers and children, and the HIV/AIDS pandemic in Cameroon, are noted with concern.

### *Paragraph 60*

The Government is urged to review the abortion laws, to undertake to increase the use of contraceptives, and to develop programmes to protect mothers and children.

- Republic of Moldova, CEDAW, A/55/38 part II (2000) 56 at paras. 109 and 110.

### *Paragraph 109*

While declines in women's mortality rates are noted, concern is expressed about the status of women's health, especially women's reproductive health, and that abortion is apparently used as a means of fertility control.

### *Paragraph 110*

The Government is urged to maintain free access to basic health care, to include a life-cycle approach to women's health in its health policy, and to improve its family planning and reproductive health policy, including availability and accessibility of modern contraceptive means.

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- Lithuania, CEDAW, A/55/38 part II (2000) 61 at para. 158.

The high rate of abortion among women and a lack of access to various methods of family planning, including contraceptives, especially among women in rural areas, are noted with concern. Concern is also expressed over the increase of tuberculosis and mental diseases among women, as well as the high rate of anaemia among pregnant women.

- Iraq, CEDAW, A/55/38 part II (2000) 66 at paras. 199, 200 and 203.

### *Paragraph 199*

Differences in maternity benefits granted to women in the public and the private sector are a cause of concern.

### *Paragraph 200*

The Government should ensure that women's reproductive function does not lead to discrimination against them in employment, job security and social benefits.

### *Paragraph 203*

The overall health situation of women is of concern. The high incidence of maternal mortality and the lack of basic health services, medicines and reproductive health services, including qualified birth attendants, are noted.

- Cuba, CEDAW, A/55/38 part II (2000) 73 at para. 257.

The State party is commended with appreciation for its encouraging national indicators for social development, especially women's generally high literacy rates, and the favourable indicators in the field of women's health, including access to basic health care, low maternal, infant and women's mortality rates and a decline in abortion rates.

- Romania, CEDAW, A/55/38 part II (2000) 77 at paras. 314 and 315.

### *Paragraph 314*

Concern is expressed over the health situation of women, especially women's reproductive health. While appreciating recent declines in maternal and child mortality rates, these indicators are still high compared to other countries in the region. The abortion rates and the use of abortion as a means of fertility control, are of particular concern.

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### *Paragraph 315*

While commending the State party for maintaining a system of universal free health care, it is recommended that increased efforts be placed on improving women's reproductive health. In particular, the availability, acceptability and use of modern means of birth control to avoid the use of abortion as a method of family planning should be improved.

- Burundi, CEDAW, A/56/38 part I (2001) 7 at paras. 61 and 62.

### *Paragraph 61*

Concern is expressed over the high rate of maternal mortality, especially in rural areas, including deaths as a result of illegal abortions.

### *Paragraph 62*

Every effort should be made to increase access to health-care facilities and medical assistance by trained personnel in all areas, including rural areas, so as to increase, in particular, the number of births assisted by qualified personnel. Effective measures, such as sex education and information campaigns and the provision of effective contraception should be introduced, in order to reduce the number of clandestine abortions. It is emphasized that abortion should not be used as a method of family planning.

- Kazakhstan, CEDAW, A/56/38 part I (2001) 10 at paras. 105 and 106.

### *Paragraph 105*

While noting a decline in the mortality rate of women, the status of women's health, especially their reproductive health, is of concern. That free access to health care appears to be no longer available to all women is alarming. It is also of concern that abortion continues to be used as a means of birth control.

### *Paragraph 106*

The State party is urged to maintain free access to adequate health care and to improve its family planning and reproductive health policy, including availability of and accessibility to modern contraceptive means. The Government is encouraged to promote sex education for both girls and boys, as well as educational programmes to combat alcohol and drug abuse among women. The Government should design and implement a sound environmental policy aimed at protecting the health of women and children.

### *See also:*

- Uzbekistan, CEDAW, A/56/38 part I (2001) 18 at paras. 185 and 186.

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- Jamaica, CEDAW, A/56/38 part I (2001) 22 at paras. 215, 216, 223 and 224.

### *Paragraph 215*

The fact that the Maternity Leave with Pay Act of 1979 does not cover domestic workers is of concern. The disparity of eligibility and benefits to domestic workers under the National Insurance Scheme and other female workers covered under the Maternity Leave with Pay Act are also matters of concern.

### *Paragraph 216*

The Maternity Leave with Pay Act 1979 should be revised to ensure that, in accordance with international standards, all mothers receive leave with pay. The Maternity Leave with Pay Act and the National Insurance Scheme should also be reviewed with a view to removing any disparity between the eligibility of domestic workers and other female workers to benefits.

### *Paragraph 223*

The high rate of teenage pregnancies is of concern.

### *Paragraph 224*

Family planning and reproductive health policy and programmes should be improved, including availability and accessibility to affordable modern contraceptive means for both women and men. Education programmes on reproductive rights and responsible sexual behaviour for both women and men, particularly young people, should be promoted.

- Mongolia, CEDAW, A/56/38 part I (2001) 26 at paras. 273 and 274.

### *Paragraph 273*

Concern is expressed with regard to women's health throughout their life cycle. The fact that economic hardship impacts negatively on women's reproductive and mental health is also a matter of concern. In particular, the acute problem of maternal mortality is noted with concern, owing in part to abortions performed under unsafe conditions and the non-availability of family planning services.

### *Paragraph 274*

The Government should maintain adequate safe, affordable and accessible physical and mental health services for women throughout their life cycle. The Government is urged to increase access, particularly in the rural areas, to affordable contraceptives for women and men, and to provide sex education to girls and boys.



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- Andorra, CEDAW, A/56/38 part II (2001) 49 at para. 48.

Concern is expressed about the punitive abortion laws that could cause women to seek unsafe and clandestine abortion. The revision of such punitive laws should be considered, according to general recommendation 24 of the Committee.

- Singapore, CEDAW, A/56/38 part II (2001) 51 at para. 69.

The achievements of low rates of maternity and infant mortality, long life expectancy and high literacy rates for women and the provision of access to all levels of education are commended.

- Guinea, CEDAW, A/56/38 part II (2001) 55 at paras. 128 and 129.

### *Paragraph 128*

While the Government has made progress in addressing the basic health needs of the population, concern is expressed at the prevalence of maternal and infant mortality, the persistent practice and high rate of female genital mutilation, women's lack of access to health-care facilities and the lack of access to family-planning services.

### *Paragraph 129*

Policies and resources should be focused on improving the status of women's health, in particular with regard to maternal and infant mortality. Women's access to health-care and family-planning services should be increased.

- Guyana, CEDAW, A/56/38 part II (2001) 60 at para. 157, 168 and 169.

### *Paragraph 157*

The Committee welcomes the constitutional reform process which led to the recognition of non-discrimination on the basis of sex, gender, marital status and pregnancy as a fundamental human right enshrined in the Constitution.

### *Paragraph 168*

While there seems to be a policy on maternity leave, there is concern that women continue to be discriminated against on the grounds of pregnancy and maternity, particularly in the private sector, where contractual arrangements are made to circumvent the existing laws. Law enforcement is dependent upon prosecution by the Chief Labour Officer. This does not appear to provide effective remedies.

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### *Paragraph 169*

Laws and policies on maternity should be brought in conformity with the Convention. A national policy for the private and public sectors should be developed that includes minimum mandatory and paid maternity and parental leave, and effective sanctions and remedies should be provided for the violation of laws on maternity leave. Training programmes for the staff of the Labour Office should be established to facilitate prosecution and ensure the effective enforcement of existing laws for both the public and private sectors.

- The Netherlands, CEDAW, A/56/38 part II (2001) 63 at para. 207.

There is concern about the lack of information on the *de facto* situation of women of ethnic and minority communities in respect to their access to education, employment and health services. There is also concern about the limited information on their freedom from violence, including female genital mutilation, domestic violence and honour crimes, as well as other discriminatory practices, such as polygamy, early marriage and forced pregnancy.

- Nicaragua, CEDAW, A/56/38 part II (2001) 72 at paras. 300-303.

### *Paragraph 300*

The high infant and maternal mortality rates in Nicaragua are of concern. It is also of concern that the leading causes of mortality among women are cervical and breast cancer, and pregnancy-related problems, including post-partum haemorrhage and toxæmia. The lack of information on abortions and on the incidence of related death or illness is noted with concern.

### *Paragraph 301*

Every effort should be made to increase access to health-care facilities and medical assistance by trained personnel in all areas, including rural areas. The implementation of programmes to prevent cervical and breast cancer, and to ensure the availability of pregnancy-related medical care is also recommended.

### *Paragraph 302*

Concern is expressed about the high fertility rate in Nicaragua.

### *Paragraph 303*

Family planning and reproductive health policy and programmes should be improved, including the availability and accessibility of affordable modern contraceptive means to both women and men. Educational programmes on reproductive rights and responsible sexual behaviour on the part of both women and men, particularly young people, should be promoted.

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- Bolivia, CRC, CRC/C/16 (1993) 13 at para. 37.

Concern is expressed over the fact that only 47 per cent of births are supervised by qualified health care workers, as the implications this may have for increased likelihood of sickness and disability arising from preventable problems occurring during delivery are alarming. More budgetary support is needed to correct this situation, as well as sufficient support to programmes benefiting the mental and physical development of children.

- Russian Federation, CRC, CRC/C/16 (1993) 21 at para. 78.

The serious problems of family life in the Russian Federation is an area of priority concern. Of particular concern is the tendency towards the breakdown of family culture as regards abandoned children, abortion, the divorce rate, the number of adoptions, the number of children born out of wedlock and recovery of maintenance obligations.

- Costa Rica, CRC, CRC/C/20 (1993) 25 at para. 131.

The high number of domestic and international adoptions of Costa Rican children is noted. Also noted is the high number of teenage pregnancies as a result of early sexual activity, which is symptomatic of underlying social problems.

- Namibia, CRC, CRC/C/24 (1994) 15 at para. 52.

Certain phenomena, which may have a possible negative impact or consequence on the situation of children, such as teenage pregnancies, the high incidence of households headed by a single person, and the apparent lack of widespread understanding among parents of their joint parental responsibilities, are of concern.

- Colombia (preliminary), CRC, CRC/C/24 (1994) 18 at para. 81.

Counselling services for youth should be developed as a preventive measure aimed at lowering the high incidence of teenage pregnancies and stemming the dramatic rise in the number of single mothers.

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*See also:*

- Colombia, CRC, CRC/C/38 (1995) 16 at para. 97.
- Norway, CRC, CRC/C/29 (1994) 27 at para. 163.

Concerning the right of a child to know his or her origins, the possible contradiction between this provision of the Convention with the policy of the State party in relation to artificial insemination, namely in keeping the identity of sperm donors secret, is noted.

- Argentina, CRC, CRC/C/38 (1995) 10 at para. 45.

Health education programmes should be developed to counter the high incidence of teenage pregnancy.

- Nicaragua, CRC, CRC/C/43 (1995) 10 at paras. 46 and 62.

*Paragraph 46*

The relatively high maternal mortality rate, especially as it affects young girls, is of concern. Clandestine abortions and teenage pregnancies appear to be serious problems in the country.

*Paragraph 62*

More comprehensive and coordinated campaigns should be organized in order to address the interrelated family and social-related problems of the high number of family separations, the relatively high maternal mortality rate and teenage pregnancies, the number of children who are victims of violence or abuse, and the rising number of children living or begging on the street who are at risk of sexual exploitation.

- Finland, CRC, CRC/C/50 (1996) 35 at para. 212.

It is noted with satisfaction that the Government provides a comprehensive social security system and a wide range of welfare services for the benefit of children and their parents, particularly free health care, free education, extended pregnancy leave rights and a large day-care system.

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- Guatemala, CRC, CRC/C/54 (1996) 31 at para. 212.

The relatively high maternal, infant and under-five mortality rates are a concern. Some factors contributing to high maternal deaths may be related to the inadequacies of the training given to birth attendants and of home deliveries. Many problems remain with respect to the reproductive health of women, the low birth weight of children being a possible manifestation of this fact.

- Uruguay, CRC, CRC/C/57 (1996) 18 at para. 109.

The high rate of early pregnancy has negative effects on the health of the mothers and the babies, and on the mothers enjoyment of their right to education. In particular, it is of concern that early pregnancy hampers the school attendance of the girls concerned and causes high numbers of school drop-out.

- United Kingdom of Great Britain and Northern Ireland (Hong Kong), CRC, CRC/C/57 (1996) 23 at paras. 140 and 154.

### *Paragraph 140*

The apparent insufficiency of measures to encourage breast-feeding is of concern. Powdered milk for babies continues to be freely distributed in hospitals, contrary to international guidelines on this matter. Equally, the extent to which the statutory provisions relating to maternity leave and conditions of employment for nursing mothers are compatible with the principles and provisions of the Convention remains of concern.

### *Paragraph 154*

A review should be undertaken of the effectiveness of measures in place to support the policy of promoting and encouraging breast-feeding. The question of the free distribution of powdered milk for babies in hospitals, as well as the compatibility of conditions of employment with the obligation laid down in the Convention to encourage breast-feeding, should form an integral part of such a review.

- Ethiopia, CRC, CRC/C/62 (1997) 12 at para. 73.

The prevailing traditional attitudes and harmful practices, such as female genital mutilation, early marriages and teenage pregnancies, and the persistence of discriminatory social attitudes against vulnerable groups of children, such as the girl child, disabled children, children born out of wedlock and children affected by or infected with HIV/AIDS, including orphans, are matters of concern.

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*See also:*

- Ghana, CRC, CRC/C/66 (1997) 15 at para. 95.
- Bangladesh, CRC, CRC/C/66 (1997) 22 at para. 143.

The high maternal mortality rates, lack of access to prenatal care and, more generally, limited access to public health-care facilities, are matters of concern.

- Azerbaijan, CRC, CRC/C/66 (1997) 41 at para. 286.

The general health situation of children, in particular with regard to the rise in the infant, child and maternal mortality rates, the decline of breastfeeding, the increase in the number of unwanted pregnancies, nutrition and iodine deficiencies, substance abuse, and the negative impact of environmental pollution, is of grave concern.

- Australia, CRC, CRC/C/69 (1997) 16 at para. 113.

Legislation should be reviewed to make paid maternity leave mandatory for employers in all sectors.

- Czech Republic, CRC, CRC/C/69 (1997) 28 at paras. 178 and 191.

*Paragraph 178*

The insufficient measures taken to tackle issues of reproductive health and the incidence of early pregnancies are of concern.

*Paragraph 191*

The State party should envisage adopting reproductive health measures designed to reduce the incidence of pregnancies among teenage girls and should strengthen its information and prevention programmes to combat HIV/AIDS and other sexually transmitted diseases (STDs).

*See also:*

- Hungary, CRC, CRC/C/79 (1998) 7 at para. 61.

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- Trinidad and Tobago, CRC, CRC/C/69 (1997) 33 at para. 234.

Further measures should be adopted to raise awareness of pre-natal services for women.

- Hungary, CRC, CRC/C/79 (1998) 7 at para. 46.

The high rate of youth suicide, the insufficient measures taken to address adolescent health issues such as reproductive health and the incidence of early pregnancies, and the increase in drug abuse and alcohol consumption among children, are matters of concern.

- Democratic People's Republic of Korea, CRC, CRC/C/79 (1998) 13 at para. 96.

A comprehensive study on the issues of reproductive health, youth suicides and early pregnancies should be undertaken so as to identify the scope of the problems and to devote adequate resources to preventing and combatting these phenomena.

- Fiji, CRC, CRC/C/79 (1998) 18 at para. 118.

The prevalence of malnutrition and high rates of maternal mortality, as well as the limited access to health services on remote islands, are of concern.

- Maldives, CRC, CRC/C/79 (1998) 31 at para. 214.

The prevalence of malnutrition (stunting and iron deficiency) and the high maternal mortality rate, as well as the limited access to safe water and adequate sanitation, are matters of concern. The problems of adolescent health, in particular the high and increasing rate of early pregnancies, the lack of access by teenagers to reproductive-health education and services, and the insufficient preventive measures taken against HIV/AIDS and to promote breastfeeding of children, especially in health facilities are also of concern.

- Luxembourg, CRC, CRC/C/79 (1998) 38 at paras. 259 and 277.

### *Paragraph 259*

The noticeable reduction in the rate of breastfeeding following the first month of birth is of concern. Of further concern is the short maternity leave period and that the International Code for Marketing of Breast Milk Substitutes is not fully implemented.

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### *Paragraph 277*

A comprehensive study should be undertaken to identify reasons for the drop in breastfeeding after the first month. The time period of maternity leave should be extended, serious efforts should be made to educate the public - especially new parents - on the benefits of breastfeeding, and other measures should be adopted, as necessary, to counteract any negative impact on the employment of women who wish to continue breastfeeding their children for a longer period of time. Finally, efforts should be increased to promote compliance with the International Code for Marketing of Breast Milk Substitutes.

- Ecuador, CRC, CRC/C/80 (1998) 9 at para. 46.

The high and increasing rate of teenage pregnancy, the incidence of suicides by girls, insufficient access by teenagers to reproductive health education and counselling services, including outside of schools, and the increasing rate of substance abuse are of concern. A comprehensive and multi-disciplinary study should be undertaken on adolescent health problems as a basis for promoting adolescent health policies and strengthening reproductive health education and counselling services. Further efforts should be undertaken to develop child-friendly counselling services, as well as care and rehabilitation facilities for adolescents.

### *See also:*

- Honduras, CRC, CRC/C/87 (1999) 26 at para. 122.
  - Nicaragua, CRC, CRC/C/87 (1999) 54 at para. 239.
  - Costa Rica, CRC, CRC/C/94 (2000) 37 at para. 231.
  - Malta, CRC, CRC/C/97 (2000) 75 at para. 436
  - Ethiopia, CRC, CRC/C/103 (2001) 24 at paras. 176 and 177..
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- Guinea, CRC, CRC/C/84 (1999) 21 at para. 117.

The high and increasing rate of early pregnancies, high maternal mortality rate and the lack of access by teenagers to reproductive health education and services are of concern. A comprehensive and multi-disciplinary study should be undertaken to understand the scope of adolescent health problems, including the negative impact of early pregnancies. Adolescent health policies and programmes should be promoted by strengthening reproductive health education and counselling services. International assistance from UNICEF and WHO should be considered.



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- Yemen, CRC, CRC/C/84 (1999) 33 at para. 174.

The high rate of maternal mortality due to the fact that the majority of births take place in the absence of appropriate medical care, as well as the limited access of women to appropriate health services and education, especially in rural areas, are matters of concern. The appropriate resources should be allocated and technical assistance should be considered, when needed, to reinforce efforts to make basic health care accessible to all children. Efforts should be strengthened in the provision of user-friendly health-care facilities for women (antenatal, maternal and perinatal care) and adequate training for health workers (for example, midwives), especially in rural and remote areas.

- Chad, CRC, CRC/C/87 (1999) 45 at para. 195.

The high rate of early pregnancy and the lack of access by teenagers to reproductive health education and services, and to emergency care are of concern. Also of concern is the punitive legislation regarding abortion and the impact it can have on maternal mortality rates for adolescent girls. A comprehensive and multi-disciplinary study should be undertaken to understand the scope of adolescent health problems, including the negative impact of early pregnancy and illegal abortion. Existing legislation should be reviewed to authorize abortions for therapeutic reasons, with a view to preventing illegal abortions and improving protection of the mental and physical health of girls. Continued assistance from UNICEF and WHO to promote adolescent health policies and programmes, including by strengthening reproductive health education and counselling services, is encouraged.

- Mali, CRC, CRC/C/90 (1999) 43 at para. 219.

The high incidence of child and infant mortality, as well as maternal mortality, malnutrition, poor sanitation and limited access to safe drinking water, especially in rural communities, remain of concern. The appropriate resources should be allocated to develop comprehensive policies and programmes to improve the health situation of children; facilitate access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; and increase access to safe drinking water and sanitation.

*See also:*

- Lao People's Democratic Republic, CRC, CRC/C/69 (1997) 8 at para. 50.

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- The Netherlands, CRC, CRC/C/90 (1999) 53 at para. 251.

Breastfeeding promotion campaigns, stressing its advantages and the negative impact of substitutes, while providing counselling to HIV/AIDS-infected mothers about the risk of transmission of HIV/AIDS through breastfeeding, is encouraged.

- India, CRC, CRC/C/94 (2000) 10 at paras. 80, 81 and 83.

### *Paragraph 80*

In light of article 24 of the Convention, it is noted that the State party has already focused and placed priority on the main health issues by establishing several national programmes. Nevertheless, concern is expressed about the high maternal mortality, and very high levels of low birth weight and malnutrition among children, including micronutrient deficiencies, linked to the lack of access to prenatal care and, more generally, limited access to quality public health care facilities, insufficient numbers of qualified health workers, poor health education, inadequate access to safe drinking water and poor environmental sanitation. This situation is exacerbated by the extreme disparities faced by women and girls, especially in rural areas.

### *Paragraph 81*

All necessary steps should be taken to adapt, expand and implement the Integrated Management of Child Illness strategy, and to pay particular attention to the most vulnerable groups of the population. It is also recommended that the State party undertake studies to determine the socio-cultural factors which lead to practices such as female infanticide and selective abortions, and to develop strategies to address them.

### *Paragraph 83*

The State party should strengthen the existing National Reproductive and Child Health programme, targeting the most vulnerable groups of the population.

- The Former Yugoslav Republic of Macedonia, CRC, CRC/C/94 (2000) 45 at paras. 278 and 279.

### *Paragraph 278*

Problems in the area of adolescent and sexual health issues are noted. Concern is expressed about the high level of abortions among girls and at the incidence of sexually transmitted diseases.

### *Paragraph 279*

The State party is urged to strengthen data collection methods with regard to adolescent health concerns. The State party should increase its efforts to promote adolescent health policies and

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strengthen reproductive health education and counselling services, *inter alia* with regard to HIV/AIDS, STDs, pregnancy among girls and abortion.

- Peru, CRC, CRC/C/94 (2000) 64 at para. 377.

While acknowledging the measures taken to improve the health of children, in particular initiatives related to the reduction of infant mortality, concern is expressed about the persistence of regional disparities in access to health care and about high rates of malnutrition of children, especially in rural and remote areas and in particular among children belonging to indigenous groups. The high maternal mortality and teenage pregnancies rates are a concern as is the insufficient access by teenagers to reproductive health education and counselling services. It is recommended that the State party continue taking effective measures to ensure access to basic health care and services for all children. Further efforts should be undertaken for the development of child-friendly counselling services as well as care and rehabilitation facilities for adolescents.

- Grenada, CRC, CRC/C/94 (2000) 72 at paras. 388 and 405.

### *Paragraph 388*

The establishment of the Programme for Adolescent Mothers, which offers educational programmes, skills-training and child-care services to pregnant teenagers and teenage mothers who are no longer in the school system is noted with appreciation. The introduction of Health and Family Life Education as a core subject in the primary school curriculum is welcomed.

### *Paragraph 405*

The limited availability of programmes and services and the lack of adequate data in the area of adolescent health are a concern, including accidents, violence, suicide, mental health, abortion, HIV/AIDS and STDs. The high incidence of teenage pregnancy and the situation of teenaged mothers, especially in relation to their late attendance at antenatal clinics, as well as their generally poor breast-feeding practices are a concern. Most of the current cases of infant and maternal mortality are related to teenaged mothers. It is recommended that the State party increase its efforts in promoting adolescent health policies and counselling services, as well as strengthening reproductive health education, including the promotion of male acceptance of the use of contraceptives. Additionally, it is recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, and making efforts to increase the number of social workers and psychologists, to develop youth-friendly care, counselling and rehabilitation facilities for adolescents. The State party is encouraged to develop comprehensive policies and programmes to reduce the incidence of infant and maternal mortality and promote proper breast-feeding and weaning practices among teenaged mothers.

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- South Africa, CRC, CRC/C/94 (2000) 81 at para. 442.

Concern is expressed about the high incidence of child and infant mortality as well as maternal mortality, the high rate of malnutrition, vitamin A deficiency and stunting; the poor situation of sanitation; and insufficient access to safe drinking water, especially in rural communities. It is recommended that the State party reinforce its efforts to allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of children, particularly in rural areas. In this context, the State party should facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; and increase access to safe drinking water and sanitation.

- Jordan, CRC, CRC/C/97 (2000) 31 at para. 192.

Efforts to increase the quality and coverage of post-natal care, and to raise awareness and disseminate materials on maternal health and family planning should be continued.

- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at paras. 311-313.

### *Paragraph 311*

Comprehensive family planning programmes, as well as measures to ensure that abortion is not perceived as a method of contraception should be established.

### *Paragraph 312*

With regard to adolescent health, concern is expressed about the high and increasing rate of teenage pregnancies and the consequently high rate of abortions among girls under 18. It is noted that various factors, including limited availability of contraceptives, poor reproductive health education and the requirement of parental consent, have resulted in an increasing number of illegal abortions among girls.

### *Paragraph 313*

A comprehensive study should be undertaken to understand the nature and extent of adolescent health problems, with the full participation of adolescents, and this should be used as a basis to formulate adolescent health policies and programmes. While recognizing that parents play an important role in this regard, cultural attitudes and lack of knowledge and communication skills by parents may be barriers to accurate reproductive health information and counselling. In this regard, adolescents should have access to and be provided with reproductive health education and child-friendly counselling and rehabilitation services.

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### *See also:*

- Armenia, CRC, CRC/C/94 (2000) 53 at paras. 332 and 333.
- Malta, CRC, CRC/C/97 (2000) 75 at paras. 432 and 433.

### *Paragraph 432*

Concern is expressed at the State party's low breastfeeding rate and at the high rate of child obesity.

### *Paragraph 433*

It is recommended that the State party take effective measures to increase and promote the use of breastfeeding practices and to continue and strengthen its special programmes to address the issue of child obesity and promote a healthy lifestyle among children.

- Suriname, CRC, CRC/C/97 (2000) 84 at paras. 491-494.

### *Paragraph 491*

The health situation of children, especially those living in the interior, is noted with concern. In particular, note is taken of their limited access to basic health care; the insufficient number of trained medical personnel; the high incidence of malaria; high maternal, child and infant mortality rates, including suicides and accidents; inadequate breastfeeding and weaning practices, high rates of malnutrition, poor sanitation and limited access to safe drinking water, especially in rural areas.

### *Paragraph 492*

The Government should allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of children, especially those living in the interior; facilitate greater access to primary health services; increase the number of trained medical and other health personnel; take steps to reduce the incidence of maternal, child and infant mortality; promote healthier breastfeeding and weaning practices; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; increase access to safe drinking water and sanitation and reduce the incidence of malaria.

### *Paragraph 493*

Concern is expressed with respect to the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including on accidents, violence, suicides, mental health, teenage pregnancy, abortion, HIV/AIDS and STDs.

### *Paragraph 494*

The State party should increase its efforts in promoting adolescent health policies and counselling

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services and in strengthening reproductive health education, including the promotion of contraceptive use by men.

- Djibouti, CRC, CRC/C/97 (2000) 96 at paras. 550 and 551.

### *Paragraph 550*

While welcoming the adoption of baby-friendly hospital initiatives, the Committee is concerned about the risk of mother-to-child transmission of HIV, given the high rates of HIV infection.

### *Paragraph 551*

Effective measures should be taken to provide information and support to HIV-infected mothers to prevent HIV transmission, in particular by providing safe alternatives to breastfeeding.

### *See also:*

- United Kingdom of Great Britain and Northern Ireland (Overseas Territories), CRC, CRC/C/100 (2000) 40 at paras. 245 and 246.
- Palau, CRC, CRC/C/103 (2001) 79 at paras. 466 and 467.

- Burundi, CRC, CRC/C/100 (2000) 17 at paras. 139, 140, 143 and 144.

### *Paragraph 139*

The Committee is concerned about high mortality rates among children, high maternal mortality rates, at low investment in health care, the limited number of hospitals and health centres that are operational, the limited drug supply and relatively high cost of medicines, including generic drugs, and the concentration of medical professionals in Bujumbura city.

### *Paragraph 140*

The State party is urged to make significant increases in the health budget, to make every effort to improve public health, including primary health care, and to ensure adequate access for all children to health services, with particular regard to those living in rural communities and in camps. It is recommended that the State party implement integrated policies and programmes for the management of childhood illnesses and measures to improve child and maternal health. The State party should seek the assistance of UNICEF and WHO in this regard.

### *Paragraph 143*

Concern is expressed about the lack of an adolescent health-care policy, particularly with regard to reproductive health, early teenage pregnancy, mental health and problems related to the inhaling of substances such as glue and petrol and the use of marijuana.

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### *Paragraph 144*

Additional efforts should be made to develop a comprehensive adolescent health-care policy and to provide reproductive health education and specialized assistance for the treatment of mental, reproductive and other health concerns of adolescents.

- United Kingdom of Great Britain and Northern Ireland (Isle of Man), CRC, CRC/C/100 (2000) 31 at para. 192.

Additional efforts are needed better to address adolescent reproductive health concerns, particularly as regards teenage pregnancy and sexually transmitted diseases (STDs).

- Colombia, CRC, CRC/C/100 (2000) 64 at para. 370.

Concern is expressed about the high maternal mortality and teenage pregnancy rates, as well as about insufficient access by teenagers to reproductive health education and counselling services. In this connection, it is of concern that the practice of abortion is considered the leading cause of maternal mortality (see the concern expressed by the Committee on the Elimination of Discrimination Against Women (CEDAW): A/54/38, para. 393).

- Central African Republic, CRC, CRC/C/100 (2000) 77 at paras. 451, 452, 457 and 458.

### *Paragraph 451*

Concern is expressed at the very high mortality rate among young children and the high maternal mortality rate, the high level of serious illnesses, problems related to malnutrition among children and mothers, low immunization rates and poor access to safe drinking water. The charging of fees for basic health care, and particularly prenatal and maternal care, may limit the access of disadvantaged children and their mothers to health services.

### *Paragraph 452*

Every additional effort should be made to address urgent health concerns among children and adults and to improve access for the whole population, including poor families, to health services. The State party is urged to consider and apply means through which charges for health services can be removed or reduced for disadvantaged children and mothers and to improve the decentralization of effective health services. Free medical assistance should be available to pregnant women, including the assistance of trained professionals during childbirth.

### *Paragraph 457*

Concern is expressed at the limited availability of health assistance for adolescents and of

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reproductive health education and assistance for adolescents and adults. The number of pregnancies and the incidence of sexually transmitted diseases, including HIV/AIDS, among adolescents are also of concern.

### *Paragraph 458*

The State party should improve the provision of health assistance to adolescents and of reproductive health education and assistance to both adolescents and adults. Special efforts should be made to address the incidence of pregnancy and sexually transmitted diseases among adolescents including through the provision of child-friendly counselling.

- Marshall Islands, CRC, CRC/C/100 (2000) 89 at paras. 533 and 534.

### *Paragraph 533*

Concern is expressed over the limited availability of programmes and services in the area of adolescent health problems, including accidents, suicide, violence, the increase in sexually transmitted diseases (STDs) and abortions. Particular concern is expressed about the high and increasing incidence of teenage pregnancy and the increasing rates of suicide, especially among young boys, as well as the increase in the use of alcohol and tobacco among youth, in particular young girls.

### *Paragraph 534*

A comprehensive and multidisciplinary study should be undertaken in order to understand the scope of adolescent health problems, including the negative impact of early pregnancy, STDs and HIV/AIDS. The State party should undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular reproductive health, and to develop youth-friendly counselling, care and rehabilitation facilities that are accessible, without parental consent when in the best interests of the child. The State party is urged to strengthen reproductive health education programmes for adolescents and to ensure that men are included in all training programmes on reproductive health.

### *See also:*

- South Africa, CRC, CRC/C/94 (2000) 81 at para. 444.
- Georgia, CRC, CRC/C/97 (2000) 18 at para. 122.
- Lesotho, CRC, CRC/C/103 (2001) 57 at paras. 355 and 356.
  
- Comoros, CRC, CRC/C/100 (2000) 110 at paras. 630, 631 and 633.

### *Paragraph 630*

The high infant and maternal mortality rates, the large number of births taking place outside the hospital system and the high rate of malnutrition among children are matters of concern.



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### *Paragraph 631*

Efforts should be increased in the health sector, including through the strengthening of data collection and disease surveillance mechanisms, the allocation of adequate resources and the reinforcement of training and support for health sector staff. The State party should ensure equitable access to existing health-care services and make every effort to increase vaccination coverage. The State party is urged to adopt, in cooperation with international agencies, effective plans to combat childhood and maternal mortality, such as the WHO/UNICEF Integrated Management of Childhood Illness scheme.

### *Paragraph 633*

The State party should study and effectively address the health problems of adolescents, in particular in the area of reproductive health education and the prevention of teenage pregnancies.

- Latvia, CRC, CRC/C/103 (2001) 9 at paras. 66 and 67.

### *Paragraph 66*

The increase in cases of sexually transmitted diseases (STDs) and HIV/AIDS among youth, and the growing use of abortion as a method of birth control is of concern. The lack of sufficient prevention and rehabilitation information, especially on reproductive health in the schools, is also noted.

### *Paragraph 67*

Efforts to promote adolescent health should be increased, including mental health policies, particularly with respect to alcohol consumption, substance abuse and reproductive health, and a programme for health education in schools developed. It is also recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-friendly counselling, care and rehabilitation facilities that are accessible, without parental consent when this is in the best interests of the child.

### *See also:*

- Lithuania, CRC, CRC/C/103 (2001) 47 at para. 290.
  
- Liechtenstein, CRC, CRC/C/103 (2001) 19 at para. 109.

The State party should continue and strengthen its activities to prevent HIV/AIDS and STDs and teenage pregnancies.

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- Lesotho, CRC, CRC/C/103 (2001) 57 at paras. 363 and 364.

### *Paragraph 363*

It is noted with deep concern that girls who become pregnant whilst still attending school are often excluded from school and that such action is not only discriminatory against girls but also a violation of the right to education.

### *Paragraph 364*

The State party is urged to ensure that pregnant girls are permitted to continue attending school both during and after their pregnancy.

- Palau, CRC, CRC/C/103 (2001) 79 at paras. 464 and 465.

### *Paragraph 464*

The decline in breastfeeding, especially among working mothers, is of concern. It is noted that abortion is illegal except on medical grounds and concern is expressed regarding the best interests of child victims of rape and/or incest in this regard. Concern is also expressed about the inadequate environmental health conditions in the State party, particularly as regards solid waste management.

### *Paragraph 465*

The State party should reinforce its efforts to promote proper breastfeeding practices, especially among working mothers and in the work environment. Legislation concerning abortion should be reviewed with a view to guaranteeing the best interests of child victims of rape and incest.

- Dominican Republic, CRC, CRC/C/103 (2001) 91 at paras. 522 and 523.

### *Paragraph 522*

Concern is expressed at various forms of discrimination and exclusion which still affect the right to education of certain groups of children, such as pregnant adolescents, unregistered children, children with disabilities and children of Haitian origin born in the State party's territory or belonging to Haitian migrant families, reflecting insufficient attention to article 29 of the Convention.

### *Paragraph 523*

In the light of article 28 and other related articles of the Convention, the State party should continue its efforts in the field of education by strengthening its policies and system in order to: improve on-going retention programmes and vocational training for drop-out students; improve schools' infrastructure; continue with curricular reform, including teaching methodologies; eradicate regional disparities with reference to school enrolment and attendance; and implement special education programmes taking into account the needs of vulnerable children.

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- Turkey, CRC, CRC/C/108 (2001) 18 at para. 132.

To prevent child mortality and morbidity, adequate antenatal and post-natal health care services should be provided and campaigns developed to provide parents with basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation, and the prevention of accidents.

### *See also:*

- Guatemala, CRC, CRC/C/108 (2001) 47 at para. 268.
  - Mauritania, CRC, CRC/C/111 (2001) 8 at para. 65.
  - Chile, CRC, CRC/C/114 (2002) 90 at para. 364.
- 
- Democratic Republic of the Congo, CRC, CRC/C/108 (2001) 31 at paras. 197 and 198.

### *Paragraph 197*

The poor health situation of children, the very limited access of most children to adequate health care, including mental health care, and the very high rates of maternal and infant mortality, the high percentage of children suffering from malnutrition, the low level of breastfeeding and the lack of an adequate family planning policy are matters of deep concern.

### *Paragraph 198*

It is recommended that the State party improve the access of children and mothers to health care, including primary and mental health care, continue and strengthen its vaccination campaign, and develop and implement a clear health policy with regard to children including the promotion of breastfeeding, the implementation of adequate family planning programmes and action to reduce and prevent malnutrition. It is further recommended that assistance be sought from UNICEF and WHO in this regard.

### *See also:*

- Côte d'Ivoire, CRC, CRC/C/108 (2001) 59 at paras. 325 and 326.
  - Malawi, CRC, CRC/C/114 (2002) 104 at paras. 422 and 423.
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- Guatemala, CRC, CRC/C/108 (2001) 47 at paras. 271 and 272.

### *Paragraph 271*

Of concern are the high rates of early pregnancy, the rise in the number of children and youths using drugs, the increase in cases of sexually transmitted diseases (STDs), particularly syphilis, and the growing number of cases of HIV/AIDS among youths. Further, the limited availability of

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programmes and services in the area of adolescent health, including mental health, and the lack of sufficient prevention and information programmes in schools, especially on reproductive health, is noted.

### *Paragraph 272*

Efforts to promote adolescent health policies should be increased, including mental health, particularly with respect to reproductive health and substance abuse, and the programme of health education in schools should be strengthened. It is also recommended that further measures be undertaken, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, particularly in regards to reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child. The State party is encouraged to seek additional technical cooperation from, among others, UNFPA, UNICEF, WHO and UNAIDS.

### *See also:*

- Mauritania, CRC, CRC/C/111 (2001) 8 at paras. 68 and 69.
  
- Monaco, CRC, CRC/C/108 (2001) 97 at paras. 511 and 512.

### *Paragraph 511*

The lack of rules concerning *in vitro*-fertilization and respect for a child's right to know his or her identity is a matter of concern.

### *Paragraph 512*

The State party should consider ways to ensure respect of a child's right to know his or her parents' identities, as far as possible.