

CEDAW COMMITTEE RULINGS PRESSURING 83 PARTY NATIONS TO AUTHORIZE ABORTION, 1995 – 2010

Compilation and Analysis
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The CEDAW Committee was created through enactment of the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Committee does many positive things, such as encouraging respect for women and strongly opposing domestic violence, “forced prostitution,” trafficking, and sex slavery. However, the Committee has egregiously failed to call upon Party Nations to protect children at their most vulnerable stage of life—while still in the womb. Over one billion babies have died by abortion.

At least since 1995, the Committee has misinterpreted Article 12 and used it to pressure Party Nations to authorize or increase access to abortion and abortifacients. Article 12 states:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

The intent was to protect women and their preborn or newly born children, especially during or after pregnancy or lactation, by ensuring adequate health care to protect mother and child.

Nowhere in Article 12 or in any other provision of CEDAW is there a so-called “right” to abortion or abortifacients. “Family planning” and “health care services” are mentioned, but not abortion. Yet the 23-member Committee has repeatedly exceeded and violated the actual language of CEDAW when declaring that Party Nations must make abortion legal in order to be in compliance with the Covenant. In addition, the Committee has acted unlawfully by pressuring nations to comply with the 1995 Beijing Declaration and Platform for Action that was not part of the 1979 CEDAW.

The following pages list egregious CEDAW Committee rulings (“observations” or “recommendations”) pressuring 83 nations to authorize abortion from 1995 to 2010 (but the author has not tracked the committee rulings since then). Of the 83 nations, the Committee pressured 21 nations twice and two nations three times.

Mr. Jacobson originally wrote this paper when he was serving as Representative to the United Nations for Focus on the Family (U.S.A.), from 2001 to 2010.

CEDAW Committee “Concluding Observations”
Pressuring Nations to Authorize or Increase Access to Abortion
(what the Committee says a nation must do to be in compliance with the Convention)

After a Party Nation files its country report, and responds to questions from the Committee, a national delegation appears before, and is interrogated by, the Committee.

The paragraph references (e.g., “par. 29”) refer to the paragraph in the official CEDAW Committee Report or other documents corresponding to the Committee’s compliance review of that country.

(author added underlining of words or portions of Committee statements for emphasis)

ANDORRA (2001): “(A)bortion was not allowed under the Penal Code ... (par. 29). ... The Committee expresses concern about the punitive abortion laws that could cause women to seek unsafe and clandestine abortion. The Committee suggests that the State party consider the revision of such punitive laws according to general recommendation 24 of the Committee” (48).

ANTIGUA & BARBUDA (1997): “The representative informed the Committee that there was a high rate of perinatal mortality among women in Antigua and Barbuda. She noted that abortion was illegal in the country, although termination of pregnancy on medical grounds was permitted (par. 235). ... The Committee was also concerned about the continuing illegality of abortion, which would lead to unsafe abortions” (par. 258).

ARGENTINA (1997): “The Committee was concerned about the fact that, despite economic and social development in Argentina, maternal mortality and morbidity due to childbirth and abortion remained high (par. 304). ... “The Committee recommended that legislation which penalized mothers who had abortions should be reviewed” (par. 319).

ARGENTINA (2009): “The report refers to limited instances in which abortion is not prohibited. Please specify whether the Government has undertaken any measures to decriminalize abortion. Also provide detailed information on how many women were prosecuted for having illegal abortions in the period under consideration and what sanctions were imposed” (par. 20). [1 December 2008; UN doc. CEDAW/C/ARG/Q/6]

AUSTRALIA (2006): – *Eyewitness report from CEDAW Committee meeting:* Salma Khan (from Bangladesh), CEDAW Committee Member, said, “You have reformed the abortion law with greater access to women. What about access in rural areas? Are all the states the same? Are health care services available to women equally in all jurisdictions? What about women who want non-surgical abortion? Women in rural areas cannot have access to RU-486. Why is approval from a minister necessary for a drug that would be a safer abortion?”

[Analyst note: The terms “family planning” and “health care services” are in the CEDAW covenant but at the time of its passage in 1979 these terms in no way included abortion or abortifacients such as RU-486; nor is there any ratified UN international covenant even today that implies such meanings. The countries who ratified did not agree to any provisions on abortion.]

BELIZE (1999): “The Committee is also concerned at the restrictive abortion laws in place in the State party. It is concerned that, in 1998, so-called “unspecified abortions” (abortions initiated outside the formal health sector) were the fifth cause of hospitalization, and hospitals discriminate against these women in the provision of services and care. In this regard, the

Committee notes that the level of maternal mortality due to clandestine abortions may indicate that the Government does not fully implement its obligations to respect the right to life of its women citizens (par. 56). ... The Committee urges the Government to revise its abortion laws, in particular since ... existing legislation penalizing abortion is not strictly enforced” (par. 57).

BELIZE (2007): According to the head of the Belize Mission to the United Nations, the CEDAW Committee asked “tough questions” of the Belize delegation as to why abortion was not legal and available. (personal meeting with Charge d’affaires).

Silvia Pimentel (Brazil), member of the CEDAW Committee, noted from the Belize report to CEDAW that, “Abortion continues to be a crime... In its previous (concluding comments) the Committee urged the government to revise its abortion laws.” She asked whether the delegation could, “Provide information on whether this issue is being discussed in the executive (branch).” And, if it is being discussed, “What is the timeline for its approval?” [*Eyewitness, CEDAW 39th Session, 2007*]

CEDAW Concluding Comments to Belize: “The Committee expresses its concern about the inadequate recognition and protection of the reproductive health and rights of women in Belize. The Committee is concerned about the high maternal mortality rates. It is further concerned about the number of deaths resulting from induced abortions. The Committee further reiterates its concern about the high rate of teenage pregnancies, which present a significant obstacle to girls’ educational opportunities and economic empowerment” (par. 27).

“The Committee urges the State party to take concrete measures to enhance women’s access to ... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24, on women and health, and to ensure a reduction in the maternal mortality rate. The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and providing them with access to quality services for the management of complications arising from unsafe abortions, in accordance with the Committee’s general recommendation 24 and the Beijing Declaration and Platform for Action, and to reducing the number of deaths resulting from induced abortions. It also recommends that the State party enhance sex education and availability of contraceptives so as to prevent women from having to resort to unsafe abortions” (par. 28).

BOLIVIA (2008): *Advance question by Committee:* “Please provide information on the legal measures envisaged to prevent illegal and unsafe abortions, and especially on regulations covering terminations of pregnancies when permitted by law.”

Bolivia written response: “Abortion is classified as a crime in Bolivia. However, it is permissible under certain circumstances, namely, if the pregnancy is the result of rape, abduction not followed by marriage, intercourse with a minor, incest or when the woman’s life is at risk. However, the laws on such exceptions lack implementing regulations that would allow for the exercise of this right. Measures are currently being elaborated to disseminate a draft law that would regulate permissible abortion” (par. 27). [*CEDAW/C/BOL/Q/4/Add.1*]

Committee interaction with Bolivia delegation: *Silvia Pimentel (Brazil), Committee member,* emphasized the urgent need for Bolivia to have a new draft law on sexual and reproductive rights as soon as possible. She asked about strategy because, “There are religious fundamentalist sectors in every country which interfere in matters related to sexual and

reproductive rights.” *Pimentel* also asked about, “The Justice Minister’s strategy to reduce adolescent pregnancy and the death rate from unsafe abortion.” [*Eyewitness*, 40th Session, 2008]

Concluding Observations: “The Committee is also concerned about the difficulties in obtaining a legal abortion—both therapeutic and ethical—owing, inter alia, to the lack of implementing regulations for the laws in force and the tendency, as a result, for many women to seek illegal and unsafe abortions” (par. 43).

“The Committee urges the State party to adopt regulations to implement existing laws on Bolivian women’s right to therapeutic abortion. The Committee also urges ... access to high-quality services for the treatment of complications resulting from unsafe abortions with a view to reducing maternal mortality rates” (par. 44). [CEDAW/C/BOL/CO/4]

BOTSWANA (2010): CEDAW Committee list of questions to Botswana before review: “The report does not provide information on maternal mortality and morbidity and their causes, such as unsafe abortions. Please provide information on maternal mortality as well as on the laws in place in regard to abortion, on the extent to which women may be resorting to clandestine abortions and how many such women die as a result, and on contraceptive prevalence rate and its availability. Please provide this information, as well as information on the availability and accessibility of comprehensive sex education and family planning services in Botswana” (par. 24). [CEDAW/C/BOT/Q/3]

Botswana responses to the list of issues and questions: “The causes of maternal mortality and morbidity include, among others, haemorrhage, eclampsia and abortion. Unsafe abortion also contributes to maternal mortality. In 2007, 14% of maternal deaths resulted from unsafe abortion.”

“According to the Penal Code Article 160”: [quoted the entire portion prohibiting abortion except in certain circumstances] “within the first 16 weeks of pregnancy”:

- a) “the pregnancy is the result of rape, defilement or incest;
- b) “the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health; or
- c) “if the child were born, it would suffer from or later develop such serious physical or mental abnormality or disease as to be seriously handicapped.”

Also, (i) the “termination of pregnancy or abortion (must be) carried out by a registered medical practitioner in a Government hospital or a registered private hospital, or a clinic approved for the purpose by the Director of Health Services; and (ii) Two medical practitioners have given their opinion” supporting the abortion. [CEDAW/C/BOT/Q/3/Add.1]

CEDAW Committee concluding recommendations to Botswana: “While noting with appreciation the availability in the State party of comprehensive health coverage, the Committee is nonetheless concerned that the maternal mortality rate remains high with a projection from the World Health Organization estimating it between 200 and 300 per 100,000. The Committee is also concerned that no strategies for the reduction of maternal mortality have been developed. The Committee is also concerned at the lack of statistical information provided by the State party about the access for vulnerable groups of women, in particular in rural areas, to reproductive health-care services, about the extent and consequences of illegal and unsafe abortions and about the rate of teenage pregnancy (par. 35).

“The Committee calls on the State party to put in place a system of data collection so as to strengthen the knowledge base for effective policy development and implementation on all

aspects of women's health, including monitoring of impact. It encourages the State party to conduct a thorough study aimed at identifying the reasons for the persistence of a high maternal mortality rate in Botswana. The Committee requests the State party to conduct a study to determine the main causes of maternal mortality, including the impact of clandestine and unsafe abortions on maternal mortality, and provide detailed information on measures taken to reduce it and the impact of such measures in its next periodic report to the Committee. The Committee further urges the State party to improve the provision of information on reproductive health and contraception to women and girls and to promote widely sex education targeted at girls and boys, with special attention to the prevention of sexually transmitted diseases and teenage pregnancy. It also calls upon the State party to carry out measures in order to effectively implement the provisions that regulate legal abortion" (par. 36). [CEDAW/C/BOT/CO/3]

BRAZIL (2007): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba*, noted that abortion is the fourth leading cause of maternal death in Brazil, according to the report. She noted that the number of abortion-related deaths rose between 2002 and 2004, and inquired into the statistics for 2005 and 2006. *Arocha* also noted that the government had committed its hospitals to provide abortions when the law so permits, and wondered how the law would be applied where the medical personnel had personal positions preventing them from performing abortions. [Eyewitness, CEDAW 39th Session, 2007]

CEDAW Concluding Comments to Brazil: "While noting the steps taken by the State party to enhance women's health, including sexual and reproductive health, such as the National Policy for Sexual and Reproductive Rights (May 2006), the National Pact for the Reduction of Maternal Mortality and the Integrated Plan for Fighting the Feminization of HIV/AIDS and other Sexually Transmitted Diseases, the Committee is concerned that the rate of maternal mortality remains high ... It is also concerned about the magnitude of teenage pregnancy. The Committee is further concerned at the high number of unsafe abortions, the punitive provisions imposed on women who undergo abortions and the difficulties in accessing care for the management of complications arising as a result" (par. 29).

"The Committee encourages the State party to continue its efforts to enhance women's access to ... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about, as well as access to, a range of contraceptives and family planning services. The Committee further requests the State party to monitor closely the implementation of the National Pact for the Reduction of Maternal Mortality at state and municipal levels, including by establishing maternal mortality committees where they still do not exist. ... The Committee further recommends to the State party to expedite the review of its legislation criminalizing abortion with a view to removing punitive provisions imposed on women who undergo abortion, in line with general recommendation 24 and the Beijing Declaration and Platform for Action. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions" (par. 30).

BURKINA FASO (2000): "The Committee recommends ... that the State party should review its legislation on abortion and provide for coverage by social security" (par. 276).

BURUNDI (2008): *Zou Xiaoqiao, CEDAW Committee member from China*, stated that illegal abortion was leading to women's deaths. She asked for information about the reasons for abortion, and whether the government has provided women with services for reproductive health. [*Eyewitness*, CEDAW 40th Session, 2008; also, Summary, CEDAW/C/SR.814, par. 35]

CAMEROON (2009): *Committee questioned about:* “Legislation on abortion and increased access by women to contraception; sex education in school curricula and awareness-raising campaigns to prevent teenage pregnancy” (par. 17).

Cameroon written response: “There has been no change in the national legislation on abortion; the information contained in Cameroon's initial report remains valid. Abortion continues to be a subject of discussion among all social strata in Cameroon. It should be noted that, in our society, motherhood is extremely sacred. The desire to have children is linked to the desire for renewal and continuity of one's race, family line, or sociological group. Children thus serve as a sort of bridge between generations past and present, while representing future prospects for communities. Traditional African philosophy recognizes the permanent bond that links societies and families to their ancestors, as illustrated by the tremendous pride which all Africans in our country take in their genealogical roots. According to these age-old and shared socio-cultural convictions, our ancestors remain by our side, even though we cannot physically see them, and their life and work are perpetuated through their children, who indeed inherit their names, defend them and boast about them so that their names can go down in their communities' history. Therefore, any abortion performed for non-medical or non-therapeutic reasons, i.e. other than to save the life of the mother or child, impedes the expression of this vital social dynamic. One aspect which tends to be overlooked is worth noting: the tremendous joy that the possibility of having a child brings to women, as well as to men and families. Think for a moment of the anguish felt by the many couples who do not have children; think of the thousands of women and men who, in spite of their comfortable material existence, desperately want a child, even if it means adopting just one child. Think of the prospect of growing old alone, and even of being alone on one's deathbed.

“Those who undergo abortions expose themselves to a number of risks, including death. Everyone knows of at least one woman or girl who died following a voluntary termination of pregnancy and related complications, including intestinal aspiration, hemorrhaging, infections, and retention of foetal membranes. There are also after-effects such as sterility, ectopic pregnancy, miscarriage, perforation or ablation of the uterus, permanent sterility ... and distress. Abortion is made out to be a matter of conscience or conviction, without mentioning that it is murder. It is portrayed as a freedom without mentioning that the mother exercises this freedom to the detriment of the child's. Abortion is elevated to the rank of a right and dignity.

“Modifications in individual and collective human behaviour — influenced by modernity, economic constraints, and social changes arising from the introduction of new ideologies and scientific and technical progress — must not lead to an erosion in basic values, to cultural and ethical nihilism, or to a decline of the principles which were the basis for the harmonious existence of the earliest societies for which we are nostalgic today. Does not legalizing abortion mean depriving children of their right to life and giving mothers the right to dispose of that right as they see fit?

“We agree that women face real problems. In that regard, it should be noted that our country's Parliament is concerned and is supporting the Government's actions to identify suitable solutions. However, all these issues definitely extend beyond the limited scope of private

and even family life. Indeed, issues relating to birth, population and the family have major moral, social and political aspects.

“The current repositioning of family planning is designed to strengthen it so as to enhance the availability and accessibility of modern methods of contraception.

“Abortion should not be confused with contraception. Girls are one of the main target groups of family planning. Considerable efforts are being made to educate young people and adolescents and raise their awareness of sexuality and family life. ...

“Pregnant girls have the right to stay in school. ... They return to school immediately after their maternity leave. This is particularly easy in a country in which a sense of African solidarity and the sense of shared family responsibility are very much alive. Girls who wish to continue their schooling can do so with complete peace of mind, entrusting their infants to their mothers or grandmothers, in short to their family.” [CEDAW/C/CMR/Q/3/Add.1]

Concluding observations: “The Committee remains concerned at the high incidence of maternal mortality, the leading cause of which is the practice of unsafe abortion. The Committee ... further notes that women are not able to opt for abortion in the case of rape, even if abortion in this context does not constitute a criminal offence according to the Penal Code. It also regrets that no statistical information has been provided on the number of abortions ... due to the State party’s culture of silence. (par. 40).

“The Committee calls upon the State party to ... give consideration to the reform or modification of its legal status. It also calls upon the State party to carry out measures in order to effectively implement the provisions that regulate legal abortion. ... The Committee requests that the State party provide detailed information on the number of abortions, both clandestine and legal” (par. 41). [CEDAW/C/CMR/CO/3]

CAPE VERDE (2006): *Mary Shanthi Dairiam, CEDAW Committee member from Malaysia:* “Welcoming the liberalization of the abortion rules, she asked whether women knew that they could obtain an abortion under certain conditions” (par. 26). [Summary Record, 754th mtg., 18 Aug. 2006; doc. CEDAW/C/SR.754]

Concluding Comments: “The Committee calls upon the State party to further improve the availability of sexual and reproductive health services, particularly in rural areas, including family planning information and services ... access to a wide range of contraceptive methods, so that women and men can make informed choices about the number and spacing of children, and women do not have to resort to unsafe abortions ...” (par. 30). [UN doc. CEDAW/C/CPV/CO/6]

CHILE (1995): “Members were seriously concerned by the fact that though abortion was illegal, it was nevertheless practiced widely. They inquired whether the Ministry of Health was proposing concepts of family planning, how illegal abortions were recorded and how rural women could afford it. In response, the representative replied that Chile had signed the final document of the International Conference on Population and Development at Cairo without any reservation. Although family planning policy had been neglected for many years, the Ministry of Health was handling a programme for paternal responsibility, informing men and women of the various means of contraception. She recalled that the Government considered the practice of abortion a serious public health problem, that it could not be seen as a means of contraception and that its prevention was one of the purposes of the family planning policies. The family planning policies sought to improve the health conditions of mothers and children while affirming the rights of every family to have the number of children it desired (par. 139). ... The

Committee recommends a revision of the extremely restrictive legislation on abortion, taking into account the relationship between clandestine abortion and maternal mortality” (par. 158).

CHILE (1999): “The Committee is concerned at the inadequate recognition and protection of the reproductive rights of women in Chile ... especially ... the laws prohibiting and punishing any form of abortion. ... The Committee recommends that the Government ... provide safe abortion and ... permit termination of pregnancy for therapeutic reasons ...” (pars. 228, 229).

CHILE (2006): “The Committee ... remains concerned that abortion under all circumstances is a punishable offence under Chilean law, which may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health ... (par. 19).

“The Committee calls on the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24, on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives and family planning methods more widely available and affordable and without any restriction The Committee also calls on the State party to reduce maternal mortality rates through safe motherhood services and prenatal assistance and take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control. The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion and provide them with access to quality services for the management of complications arising from unsafe abortion and to reduce maternal mortality rates, in accordance with general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action” (par. 20). [16 August 2006; UN doc. CEDAW/C/CHI/CO/4]

COLOMBIA (1999): “The Committee notes with great concern that abortion, which is the second cause of maternal deaths in Colombia, is punishable as an illegal act. ... The Committee believes that legal provisions on abortion constitute a violation of the rights of women to health and life and of article 12 of the Convention” (par. 393).

COLOMBIA (2007): “The Committee is ... concerned that, in practice, women may not have access to legal abortion services, or to guaranteed care for the management of complications arising from illegal and unsafe abortion (par. 22).

“The Committee encourages the State party to continue its efforts to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about, as well as access to, a range of contraceptives, family planning services for women and girls, and to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion ... The Committee recommends that the State party give priority attention to the situation of adolescents and rural, indigenous and afro-descendent women ... It urges the State party to ensure that women seeking legal abortions have access to them, including by clarifying the responsibilities of public health service providers. The Committee recommends that the State party take steps to ensure that the regulatory framework and guidelines in place governing access to quality services for the provision of legal abortion services, and for the management of complications arising

from illegal and unsafe abortions are applied in practice and that medical and health-care professionals receive adequate training and sensitization on their obligations, so as to reduce women's maternal mortality rates" (par. 23). [UN doc.: CEDAW/C/COL/CO/6]

[Analyst comment: In 2006, **Colombia's Constitutional Court legalized abortion in part because of the CEDAW "recommendation"** from 1999. The Court approved abortion for several reasons: fetal malformation, forced pregnancy, and if the life of the mother is in danger. The written opinion of Colombia's Attorney General was perhaps the most influential document in the decision. He informed the Court that their country was bound by "the recommendations made by the international authorities in charge of overseeing compliance" with the "Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)." {As quoted in C-FAMs *Friday Fax* (February 8, 2007; Vol. 10, No. 8), after they received a copy of the Court opinion.}]

CROATIA (1998): "In the area of health, the Committee is particularly concerned ... about information regarding the refusal, by some hospitals, to provide abortions on the basis of conscientious objection of doctors. The Committee considers this to be an infringement of women's reproductive rights (par. 109). ... The Committee strongly recommends that the Government take steps to secure the enjoyment by women of their reproductive rights by, *inter alia*, guaranteeing them access to abortion services in public hospitals" (par. 117).

CYPRUS (1996): "The Committee expressed its concern that the Government treats the low fertility rate ... as a reason for retaining the existing criminal law restrictions on abortion" (55).

DOMINICA (2009): *Committee*: "Considering the consequences which illegal abortion has on women's health, please provide detailed information on any measures the Government is undertaking to address this situation, from a health, educational and social perspective, as well as the possibility not to prosecute women who undergo an abortion, in line with its general recommendation No. 24. Kindly provide statistical information on how many women may be resorting to clandestine abortions and how many such women die as a result" (par. 23). [CEDAW/C/DMA/Q/7]

DOMINICAN REPUBLIC (1998): "The Committee expresses deep concern with respect to the high rate of maternal mortality which is caused, as is noted in the report, by toxemia, haemorrhages during childbirth and clandestine abortions; the Committee also notes that 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 to the Committee and draws attention to the implications of the situation for women's enjoyment of the right to life (par. 337). ... The Committee ... invites the Government to review legislation in the area of women's reproductive and sexual health, in particular with regard to abortion, in order to give full compliance to articles 10 and 12 of the Convention" (par. 349).

DOMINICAN REPUBLIC (2004): "(T)he Committee ... notes with concern that passage of the Penal Code bill as it now stands would constitute a reversal of some of the advances made in the area of women's human rights by ... penalizing abortion in cases of rape and bringing criminal charges or suspending sentence in cases of rape if the perpetrator marries the minor victim (par. 284). ... (T)he Committee recommends that the State health services should provide an abortion when the pregnancy is a result of rape or when the mother's health is in danger" (par. 309).

ECUADOR (2003): "The Committee urges the State party to implement the National Education Plan for Love and Sexuality and to strengthen its health-care programmes, including sexual and

reproductive health, and ... to implement a national programme that provides women and men with adequate and reliable information on available contraceptive methods and methods that can enable them to exercise their right to make a free and informed decision concerning the number and spacing of their children and to strengthen methods for preventing sexually transmitted diseases and HIV/AIDS, including the availability of condoms” (par. 318).

[Analyst comment: The Committee presupposes that two of the “methods” governments should provide to enable parents to control “the number and spacing of their children” are abortifacients and abortions so parents may terminate the lives of any preborn children that don’t fit into their plan.]

ECUADOR (2008): “The Committee notes with concern that the second leading cause of maternal mortality is abortion and is concerned that the magnitude of unsafe abortion in the country and its effects on maternal mortality are under-recorded and unknown.” (par. 38).

“The Committee further recommends that the Ministry of Public Health undertake a thorough investigation or study on the issue of unsafe abortions and their impact on women’s health in particular maternal mortality, to serve as a basis for legislative and policy action to address this issue.” (par. 39). [CEDAW/C/ECU/CO/7]

EGYPT (2010): “While commending the efforts made by the State party to improve the healthcare infrastructure and the decrease in maternal mortality rates (from 84 per 100,000 live births in 2000 to 55 per 100,000 live births in 2008), the Committee is concerned at the absence of any statistics or data on maternal morbidity. The Committee is also concerned at the limited access to reproductive and sexual health services, especially in rural areas, and that emergency contraception is generally not provided (par. 39).

“The Committee calls upon the State party to take all necessary measures to improve women’s access to health care and health-related services, within the framework of the Committee’s general recommendation No. 24. It urges the State party to conduct comprehensive national surveys on maternal mortality and morbidity ... The Committee requests the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural areas do not face barriers in accessing family-planning information and services. It also recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections, including HIV/AIDS. The Committee recommends that the Ministry of Health promote and raise awareness regarding emergency contraceptives among women of all ages, highlighting their benefits in protection against unwanted pregnancies in cases of rape.” [CEDAW/C/EGY/CO/7]

EL SALVADOR (2008): “The Committee is alarmed at ... the high number of illegal abortions, including among very young women, which have a negative impact on women’s physical and mental health.” (par. 35).

“The Committee draws attention to its general recommendation 24 and recommends that comprehensive research be undertaken into the specific health needs of women, including reproductive health. It also recommends the financial and organizational strengthening of family planning programmes addressed to women and men and the provision of wide access to contraceptives for all women and men, including teenagers and young adults. The Committee urges the State party to reinforce programmes on sex education for both girls and boys in order to foster responsible sexual behaviour. ... It also requests the State party to include information in its next report on death and/or illness as a result of or related to illegal abortion. The Committee urges the State party to facilitate a national dialogue on women’s right to

reproductive health, including on the consequences of restrictive abortion laws.” (par. 36). [CEDAW/C/SLV/CO/7]

ERITREA (2006): “The Committee recommends that the State party take measures to improve women’s access to health care, especially emergency obstetric care and health-related services and information, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It calls on the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing early pregnancies and clandestine abortions. It encourages the State party to enhance such services especially for rural women (par. 23). [UN doc. CEDAW/C/ERI/CO/3]

ETHIOPIA (2004): *Dubravka Šimonovic (CEDAW Committee Rapporteur, from Croatia)* said, “The high rate of maternal mortality was affected by the high number of unsafe abortions; she asked whether the Government had any plans to address that issue, including review of the Penal Code to legalize abortion, as was recommended in the Beijing Platform for Action” (par. 2). [Summary record, 646th meeting; 27 Jan 2004; CEDAW/C/SR.646]

Concluding Comments: “The Committee is concerned about ... the high rate of clandestine abortion and its causes, which include poverty, a lack of access to information on women’s reproductive health and rights and low prevalence of contraceptive use (par. 257). The Committee recommends the adoption of measures to guarantee effective access for women, including young women, to health-care information and services, in particular regarding reproductive health, with the aim of reducing clandestine abortions” (par. 258). [General Assembly, Official Records, 59th Session, Supplement No. 38 (A/59/38)]

[Analyst comment: **Abortion was legalized in Ethiopia during the spring of 2005 as a direct result of this “recommendation” by the CEDAW Committee,** in effect pressuring the nation “to legalize abortion” when the Penal Code was reviewed—as occurred without public debate.]

FRANCE (2008): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba,* expressed concern that the “relatively easy access to abortion, which is a right that women have, might lead to excessive use of it, as if it were a contraceptive.” She wondered what kind of education France was giving to young couples, “so that they can choose an appropriate form of contraceptive.” She asked whether women had access to the most modern form of contraceptives, which, although expensive, caused the least physical harm. [*Eyewitness*, CEDAW 40th Session, 2008]

GHANA (2006): “The Committee urges ... the State party to raise community awareness with regard to negative cultural beliefs and the importance of giving women a choice in relation to access to health-care services, number of children, and use of contraception, as well as ensure that health workers adopt a client-friendly attitude. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning information and services, as well as antenatal, postnatal and obstetric services to reduce maternal mortality and to set targets and benchmarks to achieve the Millennium Development Goal to reduce maternal mortality. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, as well as access to safe abortion in accordance with domestic legislation” (par. 32). [9 August 2006; UN doc. CEDAW/C/GHA/CO/5]

GUATEMALA (2009): “The Committee is also concerned at the lack of information provided by the State party about the extent and consequences of illegal and unsafe abortions.” (par. 35).

“The Committee recommends ... the State party adopt and implement effective measures, including through the revision of legislation criminalizing abortion, to prevent unsafe abortions and its impact on women’s health and on maternal mortality.” (par. 36). [CEDAW/C/GUA/CO/7]

HAITI (2009): *Committee questions*: “The report refers to bills that are being elaborated, specifically, a law on violence against women, partial decriminalization of abortion and a law on equality between women and men. Please provide detailed information on these bills and their present status” (par. 8).

“According to the report, abortion, which is often used as a means of family planning, is considered to be a crime under the Criminal Code, and even therapeutic abortion is forbidden. Considering the consequences which illegal abortion has on women’s health, please provide detailed information on any measures the Government is undertaking to address this situation, from a health, educational and social perspective, as well as steps taken to exempt women who undergo an abortion from prosecution, in line with the Committee’s general recommendation No. 24” (par. 24). [CEDAW/C/HTI/Q/7]

Haiti responses: “The MCFDF is drafting a bill on the partial decriminalization of abortion” (par. 4).

“Abortion is completely illegal under Haitian law. However, many women still undergo the procedure, often in dismal conditions. The complications that occur inevitably lead to an increase in maternal morbidity and mortality rates. There is no specific provision that addresses pregnancies resulting from rape. Consequently, the MCFDF is advocating in favour of partial decriminalization of abortion and is working on a bill for submission to Parliament. The proposed legislative reform would reflect a new national policy that aims to strike a better balance between the restrictions imposed on abortion practitioners and women’s rights, particularly the right to safe and humane access to health services that protect their life and dignity, the right to health safety and the right not to be subjected to inhumane or degrading treatment” (par. 24). [CEDAW/C/HTI/Q/7/Add.1]

Concluding observations: “The Committee is also concerned at the frequent use of abortion as a family planning measure and that abortion is illegal in the State party” (par. 36).

“The Committee, drawing attention to its general recommendation No. 24 on women and health ... The Committee encourages the State party to enact the law on partial decriminalization of abortion as it expressed the intention to do” (par. 37). [CEDAW/C/HTI/CO/7]

HONDURAS (2007): *Eyewitness report*: The CEDAW Committee scolded Honduras for its laws against abortion, and said its law prohibiting all abortions is “a crime.” A member of the CEDAW Committee who is passionately pro-abortion, *Silvia Pimentel, CEDAW Committee member from Brazil*, rebuked the Honduran delegation, saying, “Women have their reasons to seek abortion, which should be respected,” and said she could not understand how “the interests of the fetus outweigh those of the mother.”

The *HONDURAN delegation* replied that Article 67 of their constitution gives the same rights to unborn and born children. [*Friday Fax*, C-FAM, Vol. 10, No. 33, August 2, 2007]

CEDAW Concluding Comments to Honduras: “The Committee is concerned about the high rate of teenage pregnancy and its implications for the health and education of girls. The Committee is concerned that efforts to provide sex education in schools, developed by the

Ministry of Education, are being impeded by conservative government actors. The Committee is also concerned that abortion is criminalized in all circumstances, including when a pregnancy threatens a woman's life or health and when it is a result of rape or incest... (par. 24).

“The Committee urges the State party to step up the provision of family planning information and services to women and girls, in particular regarding reproductive health and affordable contraceptive methods, and to widely implement sex education targeted at girls and boys, with special attention to the prevention of teenage pregnancy. The Committee calls on the State party to guarantee that its public policies and decisions are in accordance with its Constitution, which establishes it as a secular State. The Committee recommends that the State party consider reviewing the law relating to abortion with a view to identifying circumstances under which abortion could be permitted, such as therapeutic abortions and abortions in cases of pregnancies resulting from rape or incest, and removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions and to reduce women's maternal mortality rates... (par. 25).

INDIA (2007): “The Committee continues to be concerned about ... unsafe abortions ... (par. 40). ... “The Committee urges ... ensuring women access to health services, including safe abortion and gender-sensitive comprehensive contraceptive services” (par. 41).
[UN doc. CEDAW/C/IND/CO/3]

INDONESIA (1998): “The Committee is very concerned at the existence of laws that are not in accordance with the provisions of the Convention. It notes that discrimination against women exists in laws regarding: ...

(c) Health, including the requirement that the wife obtain her husband's consent with regard to sterilization or abortion, even when her life is in danger” (284).

INDONESIA (2007): “The Committee is concerned about the persistence of entrenched patriarchal attitudes and stereotypes about the roles and responsibilities of women and men in the family and society that discriminate against women. Such stereotypes and attitudes constitute serious obstacles to women's enjoyment of their human rights and the implementation of the Convention and are the root cause of the disadvantaged position of women in a number of areas, including in the labour market and in political and public life. In particular, the Committee is ... concerned about the requirement that a woman obtain her husband's consent regarding sterilization and abortion, even when her life is in danger (par. 16).

“The Committee further urges the State party to remove family and spousal consent requirements in the areas of women's employment and health” (par. 17).

“The Committee is also concerned about the lack of family planning education and the difficulty in accessing contraceptives, which result in a high rate of abortions and teenage pregnancies... (par. 36).

“Committee also recommends that measures be taken to guarantee effective access of women and girls to information and services regarding sexual and reproductive health and contraception in order to reduce the rate of unsafe abortions and teenage pregnancy... (par. 37).

IRELAND (1999): “The Committee is concerned that, with very limited exceptions, abortion remains illegal in Ireland” (par. 185).

IRELAND (2005): “Extensive national dialogue had occurred on the issue of abortion, with five separate referendums held on three separate occasions (7). ... “(T)he Committee reiterates its concern about the consequences of the very restrictive abortion laws under which abortion is prohibited except where it is established as a matter of probability that there is a real and substantial risk to the life of the mother that can be averted only by the termination of her pregnancy (38). ... Committee urges the State party to continue to facilitate a national dialogue on women’s right to reproductive health, including on the very restrictive abortion laws” (39).

[Analyst comment on par. 38: Ireland’s government is fulfilling the first legitimate purpose of any civil government: protecting innocent human life.]

[Analyst comment on pars. 7 & 39: The Committee ignored what the Irish official said about holding five referendums on abortion, and the Irish people rejecting abortion each time.]

ITALY (1997): “The Committee expressed particular concern with regard to 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 (par. 353). ... The Committee strongly recommended that the Government take steps to secure the enjoyment by women ... of their reproductive rights by, *inter alia*, guaranteeing them access to safe abortion services in public hospitals” (par. 360).

[Analyst comment: Thus the CEDAW Committee pressured Italy to ignore and override the conscientious objections of doctors and medical personnel who did not want to kill preborn babies.]

JAMAICA (2006): “The Committee ... While noting the establishment of the National Advisory Group on Abortion and the existing policy on abortion, providing women with access to safe abortion, the Committee calls on the State party to implement as well as to raise awareness about this policy. The Committee also calls on the State party to enact without delay draft legislation which would provide a legal framework for the existing policy. It recommends the continued implementation of awareness-raising initiatives on women’s health, including sexual and reproductive health and rights, and to also target adolescent girls, with special emphasis on combating HIV/AIDS. The Committee encourages more systematic use of its general recommendation 24, on women and health” (par. 36). [11 Aug. 2006; UN doc. CEDAW/C/JAM/CO/5]

JAPAN (2009): “(T)he Committee is concerned ... at the high ratio of abortion among teenage girls and young women and at the fact that women who elect to undergo abortion can be subjected to punishment under the Penal Code” (par. 49).

“The Committee recommends that the State party promote sexual health education targeted at adolescent girls and boys, and ensure access to sexual health information and all services, including those directed at interruption of pregnancies, for all women and girls. ... The Committee recommends that the State party amend, when possible, its legislation criminalizing abortion in order to remove punitive provisions imposed on women who undergo abortion, in line with the Committee’s general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action” (par. 50). [7 August 2009; UN doc. CEDAW/C/JPN/CO/6]

JORDAN (2000): “The Committee calls on the Government to initiate legislative action to permit safe abortion for victims of rape and incest” (par. 181).

JORDAN (2007): “The Committee is concerned that the State party has not taken adequate steps to implement the recommendations in respect of some concerns raised in the Committee’s previous concluding comments, adopted in 2000 (A/55/38, part one, paras. 139-193). In

particular, the Committee finds that its recommendations in paragraphs ... 181 (to initiate legislative action to permit safe abortion for victims of rape and incest) ... have been insufficiently addressed” (par. 9).

KENYA (2007): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba*, mentioned Kenya’s success in reducing morbidity among women and girls. She also observed that there is an unmet need for contraceptives among married women. *Arocha* went on to state that she would like to know the official status of abortion in the country, whether it causes a lot of female death in the country, and what possible solutions are available in the country. [*Eyewitness, CEDAW 39th Session, 2007*]

CEDAW Concluding Comments to Kenya: “While welcoming the introduction of free antenatal services for pregnant women, the Committee expresses its concern that the maternal mortality rate, including deaths resulting from unsafe abortions, and the infant mortality rate remain high. The Committee is deeply concerned about women’s lack of access to quality sexual and reproductive health services and that the existing sex education programmes are not sufficient and may not give enough attention to prevention of early pregnancy and the control of sexually transmitted infections. It is also concerned that negative attitudes of health workers may be an impediment to women’s access to health-care services. The Committee is further concerned about the unmet demand for family planning services and the low level of contraceptive use (par. 37).

“The Committee recommends that the State party step up its efforts to reduce the incidence of maternal and infant mortality. It urges the State party to make every effort to raise awareness of and increase women’s access to health-care facilities and medical assistance by trained personnel, especially in rural areas. The Committee urges the State party to ensure that health workers adopt a client-friendly attitude that will lead to improved access to quality health care. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, and access to safe abortion. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections...” (par. 38).

LEBANON (2005): “While welcoming the incorporation of reproductive health services into the primary health-care system, the Committee remains concerned that not all women have access to such services, especially in the rural areas. It is also concerned about women’s deaths resulting from clandestine abortions (par. 35). The Committee ... urges the State party to decriminalize abortion where there are mitigating circumstances. The Committee recommends the implementation of measures to protect women from the negative effects on their health of unsafe abortions, in line with the Committee’s general recommendation 24 on women and health and the Beijing Declaration and Platform for Action” (par. 36).

[Analyst comment: The Committee, as evident here and in their “general recommendation 24,” assumes that abortion should be legal (and if legal it would be “safe”), and be provided by the government as part of “reproductive health services” for all women. Every time a woman dies because of an abortion complication, it is a great tragedy for both the mother and child. But the duty of the government is to protect life, not to give license to those who decide to arbitrarily take a life. Pregnant women need good pre- and post-natal health care, and those suffering from abortion complications need immediate emergency medical care. If the Committee would focus on these immense needs, maternal mortality would decrease and thousands of women could be saved.]

[Note on Beijing Platform: The CEDAW Committee exceeds its authority when it seeks to impose the 1995 Beijing Declaration and Platform for Action (which is not a ratified treaty) upon nations who ratified the 1979 CEDAW—an international covenant concluded 16 years earlier.]

LIBERIA (2009): *Committee question:* “According to the information provided in para. 14.9 of the report, between 2000 and 2007 maternal mortality has increased due to, among other factors, the increasing number of illegal and unsafe abortions. What measures has the Government adopted to revert this negative trend?” (par. 25) [23 February 2009; UN doc. CEDAW/C/LBR/Q/6]

Liberia written response: “The Ministry of Health & Social Welfare has developed a Road Map for accelerating the reduction of maternal and newborn morbidity and mortality. The Road Map is an integral component of the PHC conceptual framework adapted by the GOL to drive the delivery of basic essential and quality RH care services to the people. A draft operational plan to reduce maternal and newborn mortality has also been developed from the Road Map and includes four major strategies:

- Availability of skilled birth attendants at all levels of the health care delivery system
- Availability of 24 hours EmoNC services
- Strengthening the referral system at all levels of service delivery
- Provision of FP commodities and services

“Interventions are being put in place to address the problem of abortion through the provision of RH kits at health facilities and training to manage post-abortion care. In addition, training is being provided in Life Saving Skills for mid-level health professionals to improve delivery services and care at health facilities. Traditional midwives, who carry out most of the deliveries in communities, are also being targeted with training in Home-based Life Saving Skills, to enable them timely refer pregnant women to health facilities for skilled delivery. ... In addition, the MOH&SW has also opened two midwifery schools in the rural part of the country to train and deploy midwives in remote rural communities to provide skilled delivery care in these areas” (par. 25). [11 May 2009; UN doc. CEDAW/C/LBR/Q/6/Add.1]

LIECHTENSTEIN (1999): “The Committee notes the high number of children born out of wedlock. It recommends the development of studies and indicators to determine the impact of laws and policies on women, since linkages between the strict anti-abortion law and the high incidence of children born out of wedlock might be revealed. The Committee urges the Government to institute measures to prevent single mothers from facing the financial and social risks of poverty” (par. 169).

LIECHTENSTEIN (2007): “While noting the ongoing discussions in a multi-stakeholder working group, the Committee is concerned that women who elect to undergo abortion are subject to strict punishment (par. 25).

“The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions for women who undergo abortion, in line with the Committee’s general recommendation 24 on women and health and the Beijing Declaration and Platform for Action...” (par. 26).

LITHUANIA (2008): “The Committee is deeply concerned at the draft law on the protection of human life in the prenatal phase, which stipulates only three situations, in which abortion would be lawful within very strict time-limits. Since, according to the draft law, abortion under circumstances apart from these three situations may be considered a punishable offence under Lithuanian law, the Committee is concerned that the adoption of such a law may lead women to

seek unsafe illegal abortions, with consequent risks to their health and lives and contributing to a rise in maternal mortality” (par. 24).

“The Committee calls on the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation no. 24, on women and health. It requests the State party to strengthen measures aimed at ensuring women’s right to decide freely and responsibly on the number and spacing of their children according to article 16, paragraph 1 (e) of the Convention and thus at prevention of unwanted pregnancies. In this context, the State party is requested to make a wide array of family planning methods, such as a comprehensive range of contraceptives, including emergency contraception, more widely available and affordable, provide mandatory sexual education in schools and increase knowledge and awareness about family planning among women as well as men. The Committee also calls on the State party to consider the impact on women of the draft law on the protection of human life in the prenatal stage to ensure that the draft law is in line with the Convention and accordingly will not lead to women seeking unsafe medical procedures, such as illegal abortion, which may seriously risk their health and lives” (par. 25). [UN Document: CEDAW/C/LTU/CO/4]

Magalys Arocha Domínguez, CEDAW Committee member from Cuba, during the review, further asked the Lithuania delegation: “Does this [draft] measure not contradict the resolution by the European Parliament requiring member nations to guarantee safe access to abortion in Europe?” [Eyewitness, CEDAW 41st Session, 2008]

[Analyst comment: Several phrases used by the Committee to imply or include abortion, as with its review of Lithuania above, include: “emergency contraception” as a part of “family planning methods”; “prevention of unwanted pregnancies”; “decide freely and responsibly on the number and spacing of their children”; and “Committee’s general recommendation no. 24”. Once a girl or woman is pregnant, the Committee believes she has a “reproductive right” to eliminate any unwanted pregnancies, even for no other reason than to control “the number and spacing” of her children. Article 16 does not mention, or grant a “right” to, abort unwanted children; but rather includes the provision: “in all cases the interests of the children shall be paramount.”]

LUXEMBOURG (1997): “The Committee was deeply concerned at the existing legislation on abortion, which penalized women. It noted that, at the same time, no sufficient mechanisms to prevent abortion, including free distribution of contraceptives, were in place” (par. 210).

LUXEMBOURG (2000): “The Committee expresses its concern that ... legislation governing abortions, appear(s) anachronistic in a country like Luxembourg ... the Government appears to lack the commitment to review and adapt this legislation to changing attitudes and developments in the European region” (par. 406).

LUXEMBOURG (2008): *Committee question*: “The report ... does not ... state what specific measures have been taken to increase women’s access to reproductive and sexual health services and family planning...to avoid unwanted pregnancies and women’s recourse to illegal abortion”

Luxembourg response: “In recent years, public and political awareness of problems relating to the voluntary termination of pregnancy has increased” (par. 19). [CEDAW/C/LUX/Q/5/Add.1]

MADAGASCAR (2008): “(T)he Committee ... is particularly concerned about ... adequate sexual and reproductive health services for women, especially for women in rural areas, early marriage and clandestine abortions” (par. 30).

“The Committee recommends that the State party take measures to improve women’s access to health care, especially emergency obstetric care and health-related services and information, in accordance with article 12 of the Convention and the Committee’s general recommendation No. 24 on women and health. It calls on the State party to improve the availability of sexual and reproductive health services, including family planning, with the aim of preventing early pregnancies and clandestine abortions. It encourages the State party to enhance all health services, especially for rural women.” (par. 31). [CEDAW/C/MDG/CO/5]

MALAWI (2010): *6th Periodic Report to CEDAW Committee*: “Over a 5 year period from 1999, 20 percent of pregnancies were unwanted and 21 percent were mistimed (wanted later). The percentage of unwanted births made a dramatic increase from 14 percent in 1992 to 22 percent in 2000 but declined to 20 percent in 2004. Premature termination of pregnancy is still practised notwithstanding that it is criminal in Malawi. The Gender Commission having examined the position in light of sexual and reproductive rights has recommended that criminal laws that penalize abortion should be varied in the least in order to ensure the enjoyment of reproductive rights by females. It has also been reported that most abortions are done upon compulsion by male counterparts to terminate the pregnancy” (par. 240). [CEDAW/C/MWI/6]

CEDAW Committee Concluding Comments: “The Committee is concerned at the limited resources and capacity to implement its health-care policies and ensure the full enjoyment of women’s rights under article 12 of the Convention. It is further concerned at the lack of access of women and girls, particularly in rural areas, to sexual and reproductive health services, including skilled birth attendance and adequate post-natal care, and the high incidence of teenage pregnancy. The Committee notes with concern the ban on traditional birth attendants (par. 34).

“The Committee reiterates its previous concern about the high incidence of maternal mortality, particularly the number of deaths resulting from unsafe abortions. The Committee regrets that maternal health policies do not include sufficient attention to complications arising from unsafe abortion (par. 36).

“The Committee calls on the State party to put measures in place to reduce maternal mortality by identifying and addressing causes of maternal death. The Committee further recommends that the State party review the laws relating to abortion with a view to removing the punitive provisions imposed on women who undergo an abortion, providing them with access to quality services for the management of complications arising from unsafe abortion and reducing maternal mortality rates, in accordance with the Committee’s general recommendation No. 24” (par. 37). [CEDAW/C/MWI/CO/6]

MALAYSIA (2006): “*Hajjah Rosnah bt. Hj. Ismail (Malaysia Delegation)* ... 18. With regard to family planning issues, she said that a very small proportion of abortions resulted in the death of the mother” (par. 13).

“*Silvia Pimentel (CEDAW Committee member from Brazil)* ... 51. The Committee had expressed concern regarding lack of access to safe abortion and had pointed out that lack of access to family planning and restrictive abortion laws tended to coincide with the prevalence of unsafe abortions and high maternal mortality rates. It would therefore be useful to know whether the Government was taking steps to relax the abortion laws” (par. 50).

“*Rosnah Ismail (Malaysia Delegation)* said that abortion was illegal unless the mother’s life was at risk or the infant had severe congenital abnormalities. Statistics showed that maternal mortality due to abortion was actually on the decline” (par. 55).

“Chairman Rosario G. Manalo (CEDAW Committee member from the Philippines) ... With respect to health care ... given the link between illegal abortion and maternal mortality, the abortion laws should be reviewed” (par. 58). [Summary Record, 732nd meeting; 24 May 2006; UN doc. CEDAW/C/SR.732]

MALI (2006): “(T)he Committee is concerned about the high maternal and infant mortality and morbidity, resulting from, *inter alia*, lack of appropriate care as well as lack of utilization of existing services during pregnancy and childbirth, the limited access to adequate sexual and reproductive health services for women, especially women in rural areas, female genital mutilation, the low level of education, early marriage and unsafe abortions. The Committee is concerned about the unmet demand for family planning services and the low level of contraceptive use ... (par. 33).

“The Committee recommends that the State party intensify its efforts to take holistic, inter-sectoral measures ... in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, also with the aim of preventing early pregnancies and clandestine abortions. It encourages the State party to enhance such services, especially for rural women. The Committee further urges the State party to study the behavioural patterns of communities, and of women in particular, that inhibit their utilization of existing services and to take appropriate action. The Committee requests the State party to provide, in its next report, detailed statistical and analytical information on the results of measures taken to improve women’s access to health-related services and information, including in regard to sexual and reproductive health and family planning, and the impact of these measures” (par. 34). [UN doc. CEDAW/C/MLI/CO/5]

MAURITANIA (2007): *Zou Xiaoqiao, CEDAW Committee member from China*, asked the Mauritania delegation why “no information had been provided about abortion,” and whether abortion “was prohibited in the country.” [UN Dept. of Public Information, News & Media Division, 25 May 2007 news report on 787th and 788th CEDAW Committee meetings.]

[Analyst comment: The CEDAW Committee member raised the issue of abortion, clearly implied that it should not be prohibited, and made it an issue for the Committee to address in future reviews.]

MAURITIUS (1995): “Members noted that the report indicated that, under the Labour Law and the export-processing zone act, women in Mauritius were entitled to maternity leave for only three pregnancies. They asked what would happen when a fourth pregnancy occurred, particularly in the light of the strict laws on abortion. The representative of Mauritius responded that paid maternity leave was restricted to three confinements. Female employees were granted leave without pay after the third confinement. She also pointed out that that provision was in line with the national population policy to discourage large families (par. 189). ... Members of the Committee asked how family planning reached all women, including poor women. They also wanted to know what the prospects were for a revision of the anti-abortion legislation. The representative of Mauritius replied that family planning in her country was available to women of all ages, married and unmarried, and was specifically targeted to teenage women. In spite of the wide availability of contraceptive methods, about 2,000 complications from abortion were reported each year and it was not clear whether those were natural or induced” (par. 196).

MAURITIUS (2006): “The Committee is also concerned that abortion is criminalized in all circumstances (par. 30).

“The Committee urges the State party to step up the provision of family planning information and services to women and girls, in particular regarding reproductive health and affordable contraceptive methods, and to promote widely sex education targeted at girls and boys, with special attention to the prevention of teenage pregnancy. The Committee recommends that the State party consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee’s general recommendation 24, on women and health, and the Beijing Declaration and Platform for Action. The Committee urges the State party to expedite the work being done by the Ministry of Health and other stakeholders in reviewing those circumstances under which abortion could be permitted in the country. The Committee also urges the State party to provide women with access to quality services for the management of complications arising from unsafe abortions and to reduce women’s maternal mortality rates” (par. 31). [11 August 2006; CEDAW/C/MAR/CO/5]

MEXICO (1998): “The Committee refers to ... the lack of access for women in all States to easy and swift abortion (par. 399). ... The Committee recommends that the Government consider the advisability of revising the legislation criminalizing abortion and suggests that it weigh the possibility of authorizing the use of the RU486 contraceptive, which is cheap and easy to use, as soon as it becomes available (par. 408). ... The Committee recommends that all states of Mexico should review their legislation so that, where necessary, women are granted access to rapid and easy abortion” (par. 426).

MEXICO (2006): “The Committee notes with concern that abortion remains one of the leading causes of maternal deaths and that, in spite of the legalization of abortion in specific cases, women do not have access to safe abortion services and to a wide range of contraceptive measures, including emergency contraception. The Committee is also concerned about the insufficient efforts to prevent teenage pregnancies (par. 32).

“The Committee urges the State party to expand the coverage of health services, including reproductive health care and family planning services, and to address the obstacles that prevent women from having access to such services. The Committee also recommends that sex education be widely promoted and provided, targeting men and women and adolescent boys and girls. The Committee requests the State party to harmonize legislation pertaining to abortion at the federal and State levels. The Committee urges the State party to implement a comprehensive strategy which should include the provision of effective access to safe abortion in situations provided for under the law and a wide range of contraceptive measures, including emergency contraception, awareness-raising measures about the risks of unsafe abortions and nationwide sensitization campaigns about women’s human rights, targeting in particular health personnel, as well as the general public” (par. 33). [17 August 2006; UN doc. CEDAW/C/MEX/CO/6]

MOLDOVA (2006): “The Committee urges the State party to undertake appropriate measures to ensure women’s access to safe abortion, in accordance with domestic legislation” (par. 31). [16 August 2006; UN doc. CEDAW/C/MDA/CO/3]

MONGOLIA (2008): *Committee question:* “Notwithstanding the success achieved by the State party in reducing the incidence of maternal mortality, it is noted that 7 per cent of the maternal deaths between 2000 and 2004 resulted from abortion and 54.5 per cent of the deaths occurred due to complications relating to unsafe abortion (p.23). The report goes on to state that, according to the 2001 survey by the Public Health Institution among the 900 women who had an

abortion, 52.4 per cent of them had repeated abortion, and that one third of women who had had repeated abortions had never used any contraceptive method (p.23). Please provide information on strategies in place to ensure women's access to affordable reproductive and sexual health services and family planning education programmes and their availability to particular groups, such as adolescents of both sexes and rural women" (par. 23). [CEDAW/C/MNG/Q/7]

MOROCCO (1997): "The Committee noted with concern the high rate of maternal mortality in Morocco, the high number of unattended births, the unavailability of safe abortion and the need to develop further reproductive and sexual health services, including family planning" (par. 68).

MOROCCO (2008): *Zou Xiaoqiao, CEDAW Committee member from China*, observed that abortion is a crime in Morocco except for when there is a health risk to the mother. She said, "Now I worry that such a policy may lead to unsafe abortion with lethal dangers for those undergoing abortion. Has there been any government research? Are they willing to look again at this law?" [Eyewitness, CEDAW 40th Session, 2008; also, Summary, CEDAW/C/SR.825, par. 21]

MOZAMBIQUE (2007): "The Committee is concerned about ... illegal abortion and to maternal mortality. The Committee is further concerned about the obstacles that women still face in terms of access to health services, including reproductive health services ..." (par. 36).

"The Committee calls upon the State party to adopt a comprehensive approach to address women's health concerns. It urges the State party to undertake measures to improve women's access to health care services, to improve the availability of information and education regarding sexual and reproductive health and to address the identified causes of maternal mortality. The Committee also recommends that measures that aim at the prevention of unwanted pregnancies, including teenage pregnancies, be strengthened by increasing knowledge about family planning services" (par. 37). [UN document CEDAW/C/MOZ/CO/2]

MYANMAR (2000): "The Committee is concerned that there is no information on a woman's right to terminate a pregnancy resulting from sexual violence. The Committee is also concerned with the high rate of maternal mortality in Myanmar, since it notes that induced abortion often results in maternal mortality" (par. 129).

MYANMAR (2008): *Committee questions*: "The report indicates that, in accordance with the Penal Code and Myanmar culture, if a woman becomes pregnant from rape, the perpetrator will be prosecuted under Article 376 of the Penal Code of Myanmar but that those women usually refrain from carrying out an abortion but give birth to a child (para. 62). Please provide information on whether these women have a right to terminate a pregnancy resulting from sexual violence, as requested by the Committee in its previous concluding observations. Please comment on the findings of the Special Rapporteur on Violence against Women (E/CN.4/2003/75/Add.1, para. 1101) that the incidence of illegal abortion is believed to be very high, and unsafe abortions account for approximately 50 per cent of maternal deaths. Please also elaborate on the concept of "non-criminal abortion" as referred to in paragraph 165 of the report" (par. 19). [CEDAW/C/MMR/Q/3]

NAMIBIA (1997): "Namibia's fertility rate was one of the highest in the world and the Government continued to be committed to reducing that rate through public campaigns and expanded family planning services. Abortion was illegal, except in cases of incest and rape and for reasons of health of the mother or baby. Legal abortions and infanticide were significant

problems in Namibia, but the law on abortion and sterilization was under discussion. There was also a high incidence of polygamy in some communities (par. 79). ... The Committee was also concerned about the high number of illegal abortions in Namibia and the high rate of maternal mortality, and the fact that the inadequacy of the existing law on abortion contributed to the problem (111). ... The Committee recommended that the Government of Namibia adopt the necessary measures to review the laws containing punitive measures against women who had undergone illegal abortions” (par. 127).

NAMIBIA (2007): “The Committee expresses its concern about the lack of access of women to adequate health-care services, including to sexual and reproductive health services. It remains concerned at the widespread use of unsafe illegal abortions, with consequent risks on women’s life and health. ... (par. 24).

“The Committee urges the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It also recommends the adoption of measures to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children, as well as access to safe abortion in accordance with domestic legislation” (par. 25). [UN doc. CEDAW/C/NAM/CO/3]

NEPAL (1999): “The Committee urges the Government to revise existing legislation ... to provide services for safe abortions” (par. 148).

NICARAGUA (2007): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba*, said, “The State needs to provide for health and well-being ... There is a shortage of trustworthy studies on abortion, particularly on illegal abortions. ... The Ministry of Health said information on abortion was not reliable ... says more than 6,000 abortions were carried out, but we would have to add other abortions. ... There is a regional trend to legalize abortion for therapeutic reasons. ... But why was this new (law prohibiting abortion) adopted? Who was consulted? ... This is a particular challenge for poor women because they go to other countries for abortions. ... It is the responsibility of the State to inform women in family planning ... What programs do you have for teens since they are active in sexual relations?” [Eyewitness, CEDAW 37th Session]

Zou Xiaojiao, CEDAW Committee member from China, expressed her perception that, “In Nicaragua, private abortion seems to be quite a serious problem.” Then she commented, “So sex education seems very important,” and asked, “Will it be included in the curricula of schools?” [Eyewitness, CEDAW 37th Session, 2007]

CEDAW Concluding Comments to Nicaragua: “The Committee expresses its concern ... about recent steps taken by the State party to criminalize therapeutic abortion, which may lead more women to seek unsafe, illegal abortions, with consequent risks to their life and health, and to impose severe sanctions on women who have undergone illegal abortions, as well as on health professionals who provide medical care for the management of complications arising from unsafe abortions (par. 17).

“The Committee urges the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24, on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by increasing knowledge and awareness about family planning and

services for women and girls, and to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of the lack or inaccessibility, including due to cost, of appropriate family planning and the contraceptive services. ... The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and provide them with access to quality services for the management of complications arising from unsafe abortions, and to reduce women's maternal mortality rates in accordance with the Committee's general recommendation 24, on women and health, and the Beijing Platform for Action" (par. 18). [UN doc. CEDAW/C/NIC/CO/6]

NIGERIA (2004): *Meriem Belmihoub-Zerdani, CEDAW Committee member from Algeria*: "On abortion ... Could some fairly broad legislation be introduced, which gave women more control over their lives, including for safe abortions in certain cases? She added that some control over the birth rate might be one way of combating the poverty of women." [UN Press Release WOM/1427, 20 Jan. 2004]

NIGERIA (2008): The Committee urges the State party to address, as a matter of priority, the high maternal mortality rate, including the allocation of adequate resources to increase women's access to affordable health services, particularly pre-natal, post-natal and obstetric services, as well as other medical and emergency assistance provided by trained personnel, particularly in rural areas. It calls upon the State party to improve the availability and affordability of sexual and reproductive health services, including family planning information and services. It recommends the adoption of measures to increase knowledge of, and access to, affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. It also calls upon the State party to assess the impact of its abortion law on the maternal mortality rate and to give consideration to its reform or modification. It further calls upon the State party to implement awareness-raising campaigns to enhance women's knowledge of reproductive health issues and recommends that sex education be widely promoted and targeted at adolescent girls and boys." (par. 34). [UN document: CEDAW/C/NGA/CO/6]

PAKISTAN (2007): *Silvia Pimentel (Brazil), member of the CEDAW Committee*, inquired as to whether the government had connected poverty and maternal mortality with unsafe and illegal abortion. She also asked whether the government dealt with unsafe abortion as a medical issue. *Pimentel* wondered if the anti-abortion laws would change to allow abortion in the case of rape and violence. [Eyewitness, CEDAW 38th Session, 2007]

Zou Xiaojiao, CEDAW Committee member from China, asked whether it was true that "a raped girl cannot get an abortion without it being a crime?" She also said unsafe abortion leads to high maternal mortality, and wondered if Pakistan was doing a study on this correlation. [Eyewitness, CEDAW 38th Session, 2007]

THE *PAKISTANI delegation* responded that "abortion is considered murder once a fetus is conceived," and was legal only to save the life of the mother. [Eyewitness report, *Friday Fax*, C-FAM, Volume 10, No. 24, May 31, 2007]

CEDAW Concluding Comments to Pakistan: "The Committee is concerned about women's lack of access to ... sexual and reproductive health services ... (T)he Committee is deeply concerned that abortion is a punishable offence under Pakistani law, which may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health (par. 40)."

“The Committee calls on the State party to take concrete measures to enhance women’s access to ... sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 ... It requests the State party to take measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives and family planning methods more widely available and affordable, without any restrictions, and by increasing knowledge and awareness about family planning among women and men. The Committee also calls on the State party to reduce maternal mortality rates by identifying and addressing causes of maternal death. It further calls on the State party to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control. The Committee recommends that the State party review the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion, providing them with access to quality services for the management of complications arising from unsafe abortion and reducing maternal mortality rates, in accordance with the Committee’s general recommendation 24 ... and the Beijing Declaration and Platform for Action. ... The Committee encourages the State party to seek international assistance from the specialized agencies of the United Nations system ... the United Nations Population Fund and the World Health Organization ...” (par. 41).

[Analyst comment: The Committee clearly views abortion as part of the “sexual and reproductive health services that a government should provide to girls and women. Phrases such as “fertility control” and “prevention of unwanted pregnancies” and “family planning methods ... available ... without any restrictions” are additional ways that the CEDAW Committee is telling the nation to legalize abortion.]

PANAMA (1998): “The Committee expresses deep concern in connection with the reproductive health of Panamanian women and an apparent setback in the treatment of the right to abortion in cases where the pregnancy is the result of rape. The Committee recommends that multidisciplinary measures should be taken to provide special care to the victims of sexual violence which should include legal and psychological assistance for the victim. It also recommends that Panamanian women who are pregnant as a result of rape should be granted the opportunity to seek termination of such pregnancies” (par. 201).

PANAMA (2010): *CEDAW Committee list of issues sent to Panama:* “In its previous concluding observations, in 1999, the Committee expressed deep concern in connection with the reproductive health of Panamanian women and an apparent setback to the right to abortion, in cases where the pregnancy is a result of rape. The Committee recommended that Panamanian women who are pregnant as a result of rape should be granted an opportunity to seek termination of pregnancies. Please provide detailed and specific information regarding any measures carried out by the Government to follow the Committee’s recommendation. Please also provide statistical information on how many abortions have been performed on women who are pregnant as a result of rape. Please provide information on measures taken to raise victims’ awareness of the importance of seeking medical treatment and reporting after sexual and other assaults” (par. 23). [CEDAW/C/PAN/Q/7]

Panama answer to CEDAW list of issues: “With regard to abortion in the case of rape, article 142, paragraph 1, of the Criminal Code provides as follows:

“The punishments set forth in the previous articles shall not apply:

“If the abortion is carried out, with the woman’s consent, in order to terminate a pregnancy resulting from a rape which has been duly confirmed through a preliminary investigation.

“The Department of Sexual and Reproductive Health of the Directorate General of Health received 17 requests for termination of pregnancy in 2008, none of which involved a pregnancy resulting from rape. Thus far in 2009, 11 requests for termination of pregnancy have been received, 2 of which were from women who were pregnant as a result of rape” (par. 23).
[CEDAW/C/PAN/Q/7/Add.1]

CEDAW Committee Concluding Comments: “The Committee notes with concern the high rate of maternal mortality in the State party, caused mainly by the lack of provision of appropriate medical care, in particular to rural and indigenous women and adolescents girls. The Committee is further concerned that, owing to difficulties in enforcing existing legislation in the State party, many women are unable to obtain a legal abortion and are therefore forced to resort to an illegal abortion” (par. 42).

“The Committee ... urges the State party to adopt regulations aimed at enforcing existing legislation on women’s right to abortion and to give women access to high-quality services for the treatment of complications resulting from unsafe abortions. It invites the Ministry of Health to undertake a thorough investigation or study of unsafe abortions and their impact on women’s health, in particular those resulting in maternal mortality, which will serve as the basis for legislative and policy action. It also urges the State party to facilitate a national dialogue on women’s right to reproductive health, including on the consequences of restrictive abortion laws. It further recommends that the State party establish programmes that include measures aimed at raising victims’ awareness of the importance of seeking medical treatment after an assault and reporting the incident” (par. 43). [CEDAW/C/PAN/CO/7]

[Analyst Note: Panama responded by providing proof that its law and practice were in line with CEDAW Committee expectations, but the Committee was not satisfied. Obviously the Committee is pressuring Panama to go far beyond upholding its law regarding rape, to remove any restrictions on abortion, and uphold a so-called “right to abortion.”]

PARAGUAY (1996): “The Committee called upon the State party to fulfill its obligations with respect to all the rights set out in article 12 of the Convention. It stressed the urgency for the State party to take measures to deal with the high level of maternal mortality and illegal abortions and to consider reviewing the punitive measures of the law of abortion, in accordance with the Beijing Platform for Action.” (par. 131).

PARAGUAY (2005): “The Committee remains concerned about the persistent high maternal mortality rates, particularly deaths due to illegal abortions, the limited access of women to health care and family planning programmes and the apparently unmet need for contraceptives (32). The Committee reiterates the recommendation raised in its previous concluding comments and urges the State party to act without delay and to implement effective measures to deal with the high maternal mortality rate, to prevent women from having to resort to unsafe abortions and to protect them from the negative effects on their health, in line with the Committee’s general recommendation No. 24 on access to health care and the Beijing Declaration and Platform for Action. ... It further recommends holding a national consultation with civil society groups, including women’s groups, to address the issue of abortion, which is illegal under the current law and is a cause of women’s high mortality rates” (par. 33).

[Analyst comment: The Committee's focus on preventing "illegal abortions," "unsafe abortions," and "clandestine abortions" is an indirect way of telling Paraguay to legalize abortion. More "legal" abortions is not the solution to high maternal mortality rates.]

PERU (1998): "The Committee recommends that the Government ... review its law on abortion and ensure that women have access to full and complete health services, which include safe abortion, and to emergency medical attention when complications arise from abortions" (340).

PERU (2007): "The Committee notes with concern ... that the State party's restrictive interpretation of therapeutic abortion, which is legal, may further lead women to seek unsafe and illegal abortions. It is further concerned that the recommendations of the Human Rights Committee in KL v Peru (CCPR/C/85/D/1153/2003 (2005)) were not adhered to by the State party" (par. 24).

[Analyst Note: The HRC ruled that Peru violated a pregnant girl's guaranteed "right to life" and other "rights" by not allowing her to abort her preborn child.]

"The Committee urges the State party to step up the provision of family planning information and services to women and girls, including emergency contraception, and to promote sex education widely, in particular in the regular education curriculum targeted at adolescent girls and boys, with special attention to the prevention of teenage pregnancies. ... The Committee urges the State party to review its restrictive interpretation of therapeutic abortion, which is legal, to place greater emphasis on the prevention of teenage pregnancies and to consider reviewing the law relating to abortion for unwanted pregnancies with a view to removing punitive provisions imposed on women who undergo abortion, in line with the Committee's general recommendation 24 on women and health, and the Beijing Declaration and Platform for Action. The Committee further calls upon the State party to comply with the recommendations of the Human Rights Committee in KL v Peru" (par. 25). [UN doc. CEDAW/C/PER/CO/6]

[Analyst comment: The CEDAW Committee has increasingly pressured nations to provide "emergency contraception," or "Morning After Pills"—what Committee members call a "safer abortion"—to quickly abort the life of any baby conceived.]

PHILIPPINES (2006): "*Dubravka Šimonović (CEDAW Committee member from Croatia)* [asked] ... What had the Government done to ensure that comprehensive reproductive health services were available to all women (par. 5)? The Philippines had the highest maternal mortality ratio in South-East Asia. Given the link between unsafe, illegal abortions and maternal mortality, she asked whether any steps had been taken to reduce the number of unsafe abortions. She enquired whether the State party was considering decriminalizing abortion, which remained an offence under the revised Penal Code" (par. 6).

Philippine Delegation member Nieto said: "18. As for abortion, in 2000 there had been 473,408 induced abortions in the Philippines. Induced abortions accounted for 76 per cent of abortion-related hospital admissions and 12 per cent of maternal deaths, with unsafe abortion being the fourth most important cause of maternal deaths in the country. The maternal mortality ratio was 107 deaths per 100,000 live births. Of the 2.6 million pregnancies in 2000, 55 per cent had been unintended. Abortion was a crime under article 259 of the revised Penal Code, and there were no plans to change the commitment to protect the life of the unborn child and its mother, enshrined in the country's Constitution. There had, however, been no prosecutions for criminal abortion. Women had access to quality services for the prevention and management of abortion complications, with health practitioners trained in counselling, infection prevention and

clinical management of such complications. As for the issue of what was included in the concept of natural family planning, there was the rhythm method, and also the Billings method” (par. 16).

“*Zou Xiaogiao (CEDAW Committee member from China)* wondered why, if no one had ever been prosecuted for abortion, the Philippines should not modify the Penal Code and decriminalize abortion” (par. 20).

“*Dorcias Coker-Appiah (CEDAW Committee member from Ghana)* said that article 12 obliged States to provide high-quality, accessible family planning services. She was very concerned that the current Government was promoting natural family planning methods, which the delegation still had not defined for the Committee. Her understanding was that it referred to the rhythm or withdrawal method, which required both parties to be responsible. However, the delegation had previously stated that family planning remained largely a female responsibility. Since women generally had little or no power to impose conditions in relation to sex, she wondered how the Philippine Government could expect women to do so. The Government should put aside religious considerations and look seriously at women’s rights. Despite the huge number of women risking imprisonment and death to have an abortion, the Government still insisted on following its unrealistic approach” (par. 21).

Philippine Delegation member Nieto said that the Government promoted, and had allocated resources to, both natural and artificial family planning. Natural family planning required fertility awareness and gender sensitivity. The Government had prepared modules to help women assert their rights and to enlighten husbands. As to why abortion had not been decriminalized, she explained that, under the Philippine Constitution, the unborn child, as well as the mother, had rights. The Government therefore preferred to focus on prevention. In that regard, it had designed a youth policy and prepared modules aimed at making couples more responsible” (par. 28). [Summary record of the 748th meeting; 15 August 2006; UN doc. CEDAW/C/SR.748 (A)]

Concluding Comments: “The Committee urges the State party to take concrete measures to enhance women’s access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee’s general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives more widely available and without any restriction and by increasing knowledge and awareness about family planning. The Committee recommends that the State party give priority attention to the situation of adolescents and that it provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases. The Committee recommends that the State party consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and provide them with access to quality services for the management of complications arising from unsafe abortions and to reduce women’s maternal mortality rates in accordance with the Committee’s general recommendation 24 on women and health and the Beijing Declaration and Platform for Action” (par. 28). [UN doc. CEDAW/C/PHI/CO/6]

POLAND (2007): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba*, asked, “On Article 12 ... Our Committee needs a clearer picture of the family planning policies and abortion in your country, with a breakdown of rural areas. ... How many doctors have been suspended for refusing to do an abortion? After all abortion is legal in your country.” [Eyewitness, CEDAW 37th Session, 2007]

CEDAW Concluding Comments to Poland: “The Committee expresses its concern that, as a result of the restructuring of the health sector, there has been a decrease in the number of clinics and health services available to women, in particular in rural areas. The Committee is concerned about the lack of official data and research on the prevalence of illegal abortion in Poland and its impact on women’s health and life (par. 24).

“The Committee urges the State party to ... ensure that women seeking legal abortion have access to it, and that their access is not limited by the use of the conscientious objection clause. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including by making a comprehensive range of contraceptives widely available at an affordable price and by increasing knowledge and awareness about different methods of family planning” (par. 25). [UN doc. CEDAW/C/POL/CO/6]

PORTUGAL (2002): “The Committee is concerned about the restrictive abortion laws in place in Portugal, in particular because illegal abortions have serious negative impacts on women’s health and well-being (par. 345). The Committee urges the State party to facilitate a national dialogue on women’s right to reproductive health, including on the restrictive abortion laws. It also urges the State party to further improve family planning services, ensuring their availability to all women and men, including teenagers and young adults. It requests the State party to include information in its next report on death and/or illness related to or due to illegal abortion” (par. 346).

PORTUGAL (2008): *Committee questions*: “The seventh periodic report states that the new law 16/2007 of 17 April 2007 permits voluntary interruption of pregnancy during the first 10 weeks, free of charge and performed in a public hospital. Please provide further information on the conditions, administrative procedures, technical and logistic conditions and the relevant information to be provided to the pregnant woman laid down in the instrument regulating the application of the law, approved in June 2007, and about the number of interruptions carried out since entry into force of the law. Kindly also provide information on death and /or illnesses related or due to illegal abortion prior to the coming into force of the new law, as requested by the Committee in its previous concluding comments” (par. 25). [CEDAW/C/PRT/Q/7]

CEDAW Concluding Comments to Portugal: “While welcoming the new legislation relating to the voluntary interruption of pregnancy within the first 10 weeks, the Committee is concerned at the low awareness among younger women of this legislation. It is also concerned that some women may encounter difficulties in availing themselves of the new regulations given the fact that health-care personnel may decide not to perform an interruption of pregnancy on the basis of their conscience. ... The Committee is concerned at the high HIV/AIDS prevalence among women in Portugal and the fact that a very low percentage of the population, i.e. only 13 per cent in 2005, use condoms as a contraceptive method” (par. 42).

“The Committee recommends that the State party promote sexual health education targeted at adolescent girls and boys, and ensure access to sexual health information and all services, including those directed at interruption of pregnancies, for all women and girls” (par. 43). [1 April 2009; CEDAW/C/PRT/CO/7]

RWANDA (2009): “The Committee is also concerned that many women, in particular in rural areas, give birth at home. Taking account of the fact that illegal and unsafe abortions are a cause of maternal mortality, the Committee is concerned that abortion is a punishable offence under Rwandan law.” (par. 35).

“The Committee recommends that the State party review its legislation relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion in accordance with the Committee’s general recommendation No. 24, on women and health, and the Beijing Platform for Action.” (par. 36). [CEDAW/C/RWA/CO/6]

SAINT LUCIA (2006): “*Silvia Pimentel (CEDAW Committee member from Brazil)* asked what measures, if any, were planned to ensure that the restrictive law on abortion did not entail grave consequences for those women unable to obtain safe abortions” (par. 31).

Saint Lucia delegation member Pascal “said that, although the Catholic Church prohibited the use of condoms, people were free to use any method of contraception they wished. ... Abortion was illegal; however, women who suffered incomplete abortions were treated at hospital without question” (par. 33). [Summary record, 730th mtg.; 23 May 2006; CEDAW/C/SR.730]

Concluding Comments: “The Committee ... welcomes the entry into effect of the Criminal Code No. 9 on 1 January 2005 and which includes new provisions on sexual offences and which now permits abortion under certain circumstances ...” (par. 4).

“The Committee is concerned that it did not obtain a clear picture about the availability of comprehensive reproductive health care. The Committee notes with concern the persistence of unsafe abortions in the country. It also notes with concern that no information was provided about measures to provide safe abortion services where those are permitted by law. Further, the Committee is concerned about the lack of facilities and district hospitals to provide comprehensive services for childbirth, and about women’s access to antenatal and postnatal services (par. 31).

“The Committee recommends that the State party take into account its general recommendation 24 ... that the State party provide safe abortion services in cases where those are permitted by law, and to enhance sex education and availability of contraceptives so as to prevent women having to resort to unsafe abortions” (par. 32). [UN doc. CEDAW/C/LCA/CO/6]

SAINT VINCENT & THE GRENADINES (1997): “The Committee was concerned that women had to seek spousal consent for tubal ligation. That contravened not only article 12, but also article 15 of the Convention. The Committee was also concerned that the law precluded safe abortion and prevented women from taking control of their reproductive health (par. 140). ... The law on abortion should be reviewed with a view to removing the penal provisions and in order to guarantee safe abortion and motherhood” (par. 148).

SAUDI ARABIA (2008): *Silvia Pimentel, CEDAW Committee member from Brazil*, observed that the state report did not provide information on abortion, and asked for data on the subject, including the situations in which it is permitted, an estimation of clandestine or unsafe abortion, and the link between unsafe abortion and maternal mortality. [*Eyewitness*, CEDAW 40th Session]

SERBIA (2007): *Zou Xiaoqiao, CEDAW Committee member from China*, inquired why Serbia’s report lacked data on abortion. [*Eyewitness*, CEDAW 38th Session, 2007]

SIERRA LEONE (2007): *Zou Xiaoqiao, CEDAW Committee member from China*, asked Sierra Leone about plans to increase money for reproductive rights and health. She also noted that the report failed to mention abortion, and wondered if unsafe abortion is a cause of the high maternal mortality rate. *Zou* wanted to know what measures the government would take to stop unsafe abortion and to ensure that women can receive the most basic reproductive health services. [*Eyewitness*, CEDAW 38th Session]

Zou also asked whether abortion was “legal or illegal in Sierra Leone.”

Silvia Pimentel, CEDAW Committee member from Brazil, asked if there was a “Government plan to collect data on unsafe abortions.”

Sierra Leone delegation responded by acknowledging that “unsafe abortions were being conducted in the country, which might be among the causes of maternal death in Sierra Leone. Plans were in place to improve child survival and reduce maternal mortality, which would include a clause in the new reproductive health policy that would make room for “medically clean abortions” and post-abortion care. Hopefully, that provision would reduce the number of unsafe abortions. ... However, obtaining data on unsafe abortion was difficult; perhaps, data collection would improve if abortion could be made legal on medical grounds. The Government would pursue the idea of legalizing abortion in some instances.” [UN Dept. of Public Information, News & Media Division, 17 May 2007, report on 777th and 778th CEDAW Committee meetings.]

[Analyst comment: The Committee’s intent in asking if the government has collected “data on unsafe abortions,” or whether abortion is “legal or illegal,” is to pressure the nation towards legalizing abortion. That is precisely how the Sierra Leone delegation interpreted the questions.]

SLOVAKIA (2008): “The Committee recommends that the State party adequately regulate the invocation of conscientious objection by health professionals so as to ensure that women’s access to health and reproductive health is not limited. The Committee calls the attention of the State party to its General Recommendation 24, which states that it is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women. It recommends that, if health service providers refuse to perform such services based on conscientious objection, measures should be introduced to ensure that women are referred to alternative health providers. The Committee urges the State party to take measures to increase the access of women and adolescent girls to affordable health-care services, including reproductive health care, and to increase access to information and affordable means of family planning for women and men. It also calls upon the State party to increase ... awareness-raising campaigns targeting women and men on the importance of family planning and related aspects of women’s health and reproductive rights.” (par. 29). [UN document: CEDAW/C/SVK/CO/4]

[Analyst comment: The Committee is strongly opposed to medical personnel refusing to perform abortions or refusing to refer pregnant girls or women for abortions, and is not at all respectful of the violation of conscience that occurs when doctors and nurses are forced to do either.]

SURINAME (2007): “The Committee reiterates its concern about the provisions in the Penal Code regarding family planning, including prohibiting the display and offering of contraceptives, and the restriction on abortion, although the provisions are not enforced. ... (par. 29).

“The Committee reiterates its recommendation that the laws restricting family planning activities and abortion services, which are “dead letter” laws, be repealed” (par. 30). [UN doc. CEDAW/C/SUR/CO/3]

SWEDEN (2008): *Magalys Arocha Domínguez, CEDAW Committee member from Cuba,* was concerned about the growing number of abortions among teens. She also noted a law that increased access to abortion for immigrant women. *Arocha* stated, “I am all for it, but was the access accompanied with sex education so that this access is not used as contraception?” She asked for recent statistics. [*Eyewitness, CEDAW 40th Session, 2008*]

CEDAW Concluding Comments to Sweden: “The Committee also welcomes the amendment of the Abortion Act in November 2007 to remove the requirement that a woman must be a Swedish citizen, or resident in Sweden, to have an abortion” (par. 11).
[1 February 2008; UN doc. CEDAW/C/SWE/CO/7]

SYRIAN ARAB REPUBLIC (2007): *Ferdous Ara Begum, CEDAW Committee member from Bangladesh*, noted that “abortion was illegal in Syria,” and declared “legal support was needed for women to terminate unwanted pregnancies without penalty.”

Zou Xiaogiao, CEDAW Committee member from China, expressed objection that “abortion was prohibited according to law.”

Syria Delegation member Ghanem said that “abortion was not allowed in Syria.” (UN Dept. of Public Information, News & Media Division, 24 May 2007 news report on 785th and 786th CEDAW Committee meetings.)

TIMOR LESTE (2009): “The Committee is also concerned that many women, in particular in rural areas, give birth at home, and that the practice of illegal and unsafe abortions increases the high rate of maternal mortality. The Committee is concerned that abortion is a punishable offence under the newly adopted Penal Code, particularly as this may lead more women to seek unsafe, illegal abortions, with consequent risk to their life and health” (par. 37).

“The Committee ... suggests that the State party assess the root causes of maternal mortality and set targets and benchmarks with a time frame for its reduction. It urges the State party to make every effort to raise the awareness of, and increase women’s access to, health-care facilities and medical assistance by trained personnel, especially in rural areas and particularly in the area of post-natal care. The Committee further recommends that the State party implement programmes and policies aimed at providing effective access to affordable contraceptives and family planning services so that women and men can make informed choices about the number and spacing of the children. The Committee calls upon the State party to ensure that sex education programmes are widely promoted and targeted at girls and boys, and include special attention to the prevention of early pregnancies. The Committee further calls upon the State party to review the legislation relating to abortion with a view to removing the punitive provisions imposed on women who undergo abortion in accordance with the Committee’s general recommendation 24 on women and health and the Beijing Platform for Action” (par. 38).
[7 August 2009; UN doc. CEDAW/C/TLS/CO/1]

TOGO (2006): – *Kanny Sokpoh-Diallo, Minister of Population, Social Affairs and the Promotion of Women, head of the Togo delegation*, said in response to questions about abortion, that the new Health Code—now under study—would prohibit abortion, unless it was therapeutic.

Silvia Pimentel (CEDAW Committee member from Brazil) said that risks associated with unwanted pregnancies, such as unsafe abortions, were factors that aggravated maternal mortality, and asked whether the 2002-2006 national health development plans had led to a decrease in the rate of maternal mortality caused by abortions. She noted that only therapeutic abortions are allowed by the Togo Government, and asked whether Parliament would consider extending the reasons for justifying the interruption of pregnancy besides therapeutic ones.

[Analyst comment: Pimentel believes that abortion should be legal (and if it is legal she assumes it will be safe), and that the way to decrease maternal mortality is to legalize abortion. Her presuppositions are evident in her line of reasoning above: 1. “unwanted pregnancies” result in “unsafe abortions” resulting in increased “maternal mortality”; 2. therefore, to decrease “maternal

mortality caused by abortions,” abortion should be made legal and freely available. She suggests that Togo accomplish the latter by ensuring that abortion is included—“extending the reasons for justifying the interruption of pregnancy”—in the “national health development plans.” Clearly, Pimentel and the Committee pressured Togo to increase access to abortions, even while Togo was endeavoring to protect its own preborn children. I wonder if Pimentel and the other pro-abortion Committee members would make the same recommendations to their own daughters?]

A *Togo Delegation member* “cited a 1984 law saying that a man who was responsible for impregnating a female pupil would be subject to imprisonment and fines, thus protecting school girls from early pregnancy. For girls who were not attending school and were made pregnant, the public health authorized therapeutic abortions, he said.”

Sokpoh-Diallo (head of Togo delegation) stressed, however, that under the new Health Code, therapeutic abortions were allowed, but abortions could not take place if there were no medical reason for doing so. [UN Dept. of Public Information, News & Media Division, 18 January 2006, report on 703rd & 704th CEDAW Committee meetings.]

TURKEY (1997): “The Committee expressed its concern that spousal consent was required for abortion, a requirement it considered to be in contravention of article 15 of the Convention (par. 184) [and] ... requested the review of the requirement of spousal consent for abortion”(par. 196).

TUVALU (2009): “While noting a number of achievements in the area of health, including 100 per cent access to professional midwifery services for pregnant women ... The Committee is especially concerned that outer islands health centres are only equipped to attend to normal deliveries and that this could have a serious impact on women when birth complications arise. The Committee is further concerned that abortion is a punishable offence under Tuvaluan law, which may lead women to seek unsafe, illegal abortions, with consequent risks to their life and health. Clandestine abortions are a major cause of maternal mortality and the Committee regrets the lack of information on maternal mortality rates” (par. 43).

“The Committee ... calls upon the State party to ensure that preventative health care, especially sexual and reproductive health, is adequately addressed and to enhance access to such services by women in the outer islands. The Committee recommends that the State party review the laws relating to abortion with a view to removing punitive provisions imposed on women who undergo abortion, providing them with access to quality services for the management of complications arising from unsafe abortion and it requests the State party to provide information about maternal mortality rates in its next periodic report. It also requests the State party to strengthen and expand its efforts aimed at the prevention of teenage pregnancies and STIs by increasing knowledge about family planning, including contraceptives, and awareness of existing services. This should include the provision of comprehensive, youth-friendly sexual and reproductive health services, confidence-building programmes and age-appropriate sex education ...” (par. 44). [7 August 2009; UN doc. CEDAW/C/TUV/CO/2]

UNITED KINGDOM AND NORTHERN IRELAND (1999): “The Committee notes with concern that the Abortion Act 1967 does not extend to Northern Ireland where, with limited exceptions, abortion continues to be illegal (par. 309). ... The Committee also recommends that the Government initiate a process of public consultation in Northern Ireland on reform of the abortion law” (par. 310).

UNITED KINGDOM AND NORTHERN IRELAND (2008): “The Committee ... notes that the Abortion Act (1967) does not extend to Northern Ireland where, with limited exceptions, abortion continues to be illegal with detrimental consequences for women’s health” (par. 41).

“... In line with its previous recommendation, the Committee reiterates its call to the State party to initiate a process of public consultation in Northern Ireland on the abortion law. In line with its general recommendation 24 on women and health and the Beijing Platform for Action, the Committee also urges the State party to give consideration to the amendment of the abortion law so as to remove punitive provisions imposed on women who undergo abortion” (par. 42). [UN document: CEDAW/C/GBR/CO/6]

URUGUAY (2008): “The Committee remains concerned at ... the high incidence of maternal mortality, the leading cause of which is the practice of unsafe abortion. The Committee regrets that no strategies for the reduction of maternal mortality have been developed and that maternal health policies do not include attention to complications arising from unsafe abortion” (par. 38).

“The Committee recommends that the State party adopt and implement effective measures to prevent unsafe abortion and its impact on women’s health and on maternal mortality. It calls upon the State party to strengthen sexual education programmes and quality coverage by media and sexual and reproductive health services with a view to ensuring that women and men can make informed choices on the number and spacing of children” (par. 39). [CEDAW/C/URY/CO/7]

VANUATU (2007): *Silvia Pimentel, CEDAW Committee member from Brazil*, said, “Some religions impeded the implementation of important public policy,” especially in the area of sexual and reproductive rights and health. She also asked when the government would make all health services free. [Eyewitness, CEDAW 38th Session, 2007]

VENEZUELA (1997): “Another area of concern was the reduction in health budgets, the rise in the maternal mortality rate, the lack of and limited access to family-planning programmes (especially for teenagers), the lack of statistics on acquired immunodeficiency syndrome and women’s limited access to public health services. In addition, legislation that criminalized abortion, even in cases of incest or rape, remained in force” (par. 236).

ZIMBABWE (1998): “(T)he Committee recommends that the Government reappraise the law on abortion with a view to its liberalization and decriminalization” (par. 159).