CHAPTER 4

Overview of the Situation of Girls' and Women's Health and Human Rights through an Analysis of Human Rights Mechanisms

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INTRODUCTION

A **survey** was carried out **to map the situation of girls' and women's right to health in the countries of International Federation of Gynecology and Obstetrics (FIGO) Member Societies**. This was done by collecting and analyzing documents produced by human rights mechanisms and bodies [Universal periodic review (UPR), special procedures and treaty bodies].

This chapter provides an overview of the main issues that came to light, which can be used by FIGO and its Member Societies to develop their rights-based advocacy strategy on girls' and women's health and human rights.

The survey was carried out in **two phases**. The **first** phase involved a **screening of the main documents produced for the reporting cycles of the human rights mechanisms** described in Chapter 2: United Nations Human Rights Mechanisms of this Handbook. The **second** phase was an **analysis of the information collected**.

The documents analyzed are listed in Table 4.1.

As to the UPR mechanism, it should be noted that neither the national reports prepared by the States under Review (SuR) nor the final outcome reports were analyzed as part of the survey.

Universal periodic review compilations and summaries from the second cycle (2012–2016) were screened in search of information covering women's health and human rights issues, as defined in Chapter 3: The Human Rights-based Approach to Girls' and Women's Health of this Handbook. Although all rights are interrelated, the information was compiled using a list of **keywords** relating to girls' and women's health and human rights, with an emphasis on sexual and reproductive health and rights, and maternal and neonatal health and rights [*i.e. women, girls, adolescent, health, reproduct, reproductive, reproduction, abortion, contraceptive, Human immunodeficiency virus (HIV), (marital) rape, violence, sterilization, female genital mutilation/cutting, symphysiotomy, childbirth, maternal health/morbidity/mortality*].

As with any listing, it is not exhaustive but does provide an overall idea of the situation in each region.

The **results** achieved through the initial screening were then **validated with supporting information** from concluding observations of treaty bodies and outcome documents of special procedures.

Table 4.1: List of documents analyzed during the second phase of the survey.

Human rights mechanism	*Documents analyzed*
Treaty bodies	• Concluding observations • Views adopted with reference to individual complaints (CCPR, CERD, CAT, CEDAW, and CRPD)
Special procedures	• Reports and recommendations adopted after country visits by Special Rapporteurs • *Thematic reports, in particular:* – A report by the Special Rapporteur Paul Hunt "on sexual and reproductive health" done on February 16, 2004 (E/CN.4/2004/49). – A report by the Special Rapporteur A. Grover on 'the interaction between criminal laws and other legal restrictions relating to sexual and reproductive health' done on August 3, 2011 (A/66/254).
UPR (second cycle)	• *Compilations* of United Nations information prepared by the OHCHR • *Summary* of information prepared by the OHCHR with information received from stakeholders (including NHRIs, NGOs, and other civil society actors)

(CCPR: Committee for Civil and Political Rights; CERD: Committee on the Elimination of All Forms of Racial Discrimination; CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRPD: Convention on the Rights of Persons with Disabilities; UPR: Univeral Periodic Review; OHCHR: Office of the United Nations High Commissioner for Human Rights; NHRIs: National Human Rights Institutions; NGOs: Nongovernmental Organizations)

As to the **second phase,** the **main recommendations** made by human rights bodies and other stakeholders were **categorized using the McMahon scale**[1] **(from 1 to 4)**, according to their content.

The scale goes from category 1 for general recommendations calling for States to just "continue the efforts" or "consider taking actions" toward guaranteeing rights, to category 4 for robust, concrete, action-oriented, and rights-based recommendations.

Category 1 and 2 recommendations are those that involve the least cost and effort for the State; therefore, the easiest to accept.

Category 3 and 4 recommendations are those that call on the States to:

- Sign, ratify, or accede to international human rights instruments;
- Review, enact, and implement specific laws and policies;
- Ensure participation of rights-holders in decision-making;
- Collect and disaggregate data, among others.

These recommendations are apparently easier to act on because they are very specific. However, they are also more effective to track implementation and thus for holding States accountable; therefore, they can be more challenging for States to accept.

Table 4.2 provides some examples of recommendations under each category.

The survey covered 132 States, divided into five regions: Africa, Americas, Asia, Europe, and Oceania. **The 132 States correspond to the 130 Professional Societies that are members of FIGO.**

Indeed, two FIGO Member Societies correspond to more than one State. The **Societé de Gynecologie et d'Obstetrique du Benin et du Togo (CUGO-CNHU)** includes professionals from Benin and Togo, and the **Association of Gynecologists and Obstetricians of Serbia,**

Table 4.2: Examples of recommendations made by human rights bodies and other stakeholders categorized using the McMahon scale (from 1 to 4), according to their content.

Category	*Recommendation contents*	*Examples*
Category 1	Recommendations emphasizing continuity in actions and/or policies (other verbs in this category include continue, persevere, maintain)	• Continue its efforts to develop the work of its national institution for human rights, as an effective human rights watchdog (Egypt to Bangladesh, Session 4) • Continue the efforts to combat trafficking in persons with a special emphasis on women and children (Canada to Japan, Session 2)
Category 2	Recommendations to consider change (consider, reflect upon, review, envision)	• Consider subsequent measures toward the complete abolition of the death penalty (Switzerland to Cuba, Session 1) • Consider becoming party to the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (Azerbaijan to Mauritius, Session 4)
Category 3	Recommendations of action that contain a general element (take measures or steps toward, encourage, promote, intensify, accelerate, engage with, respect, enhance)	• Further improve the professionalism of the police force (Netherlands to Barbados, Session 3) • Take the necessary steps to reduce discriminatory practices and violence against women (France to Mali, Session 2)
Category 4	Recommendations of specific action (undertake, adopt, ratify, establish, implement, recognize–in international legal sense)	• Abolish the death penalty (Chile to Burkina Faso, Session 3) • Adopt legislative measures to outlaw domestic violence if it has not done so already (South Africa to Russian Federation, Session 4)

Montenegro and Republic Srpska (UGOSCGRS) gathers obstetricians and gynecologists from Serbia, Montenegro, and Bosnia, even if only from Republic Srpska.

Lastly, it should be noted that the **Kosovo Obstetrics and Gynaecology Association—KOGA (Shoqata e Obstetërve dhe Gjinekologëve te Kosovës)** is in a territory that maintains a controversial status under international law. As such, Kosovo is neither included in the UPR nor in the treaty bodies procedures and was not included in this survey.

Table 4.3 lists the countries that were considered in this human rights mapping survey. In addition to the main findings of this survey, **detailed information on country-specific documents can be found on the Office of the United Nations High Commissioner for Human Rights (OHCHR) website**.[2]

Generally speaking, an analysis of the preparatory documents for the second cycle of the UPR shows that significant attention is paid to sexual, reproductive, maternal and neonatal health, and rights. Certain issues have received more attention than others and there are some differences between regions.

A UNFPA report, assessing the first cycle of the UPR (2008–2011) from the perspective of recommendations related to sexual and reproductive health and rights (SRHR), showed that

SRHR issues received increased attention as the first cycle of the UPR progressed leading to 5,696 SRHR-related recommendations and that a total of 77% were accepted or partially accepted by SuR.[3] Interestingly, most recommendations referred to gender equality and gender-based violence, while fewer recommendations were made on more specific issues such as contraception, early pregnancy, and comprehensive sexuality education.[3]

Table 4.3: Countries that were considered for the survey.

Africa	*Americas*	*Asia*	*Europe*	*Oceania*
Algeria	Argentina	Afghanistan	Albania	The Republic of
Benin	Bolivia	Armenia	Austria	Fiji
Burkina Faso	Brazil	Azerbaijan	Belgium	New Zealand
Cameroon	Canada	Bangladesh	Bosnia (Republika	Papua Nuova
The Republic of	Chile	Cambodia	Srpska)	Guinea
Còte d'Ivoire	Colombia	China	Bulgaria	
Egypt	Costa Rica	Hong Kong	Croatia	
Eritrea	Cuba	India	Cyprus	
Ethiopia	The Dominican Republic	Indonesia	The Czech Republic	
Gabon	Ecuador	Iran	Denmark	
Ghana	El Salvador	Iraq	Estonia	
Guinea	Guatemala	Israel	Finland	
Kenya	Haiti	Japan	France	
Libya	The Republic of	Jordan	Georgia	
Malawi	Honduras	Kuwait	Germany	
Mali	Jamaica	Kyrgyzstan	Greece	
Morocco	Mexico	Lebanon	Hungary	
Mozambique	Nicaragua	Macau	Ireland	
Niger	Panama	Malaysia	Island	
Nigeria	Paraguay	Mongolia	Italy	
Rwanda	Peru	Myanmar	Lithuania	
Senegal	Uruguay	Nepal	The Grand Duchy or	
Sierra Leone	The USA	Pakistan	Luxemburg	
South Africa	Venezuela	The Philippines	Malta	
Sudan		Saudi Arabia	Moldova	
Tanzania		Singapore	Montenegro	
Togo		South Korea	The Netherlands	
Tunisia		Sri Lanka	Norway	
Uganda		Syria	Poland	
Zambia		The State of	Portugal	
Zimbabwe		Palestine	Romania	
		Taiwan	Russia	
		Thailand	Serbia	
		The United	Slovakia	
		Arab Emirates	Slovenia	
		Uzbekistan	Spain	
		Vietnam	Sweden	
			Switzerland	
			Turkey	
			Ukraine	
			The United Kingdom	

AFRICA

The **issues most reported on in the African region** were female genital mutilation/cutting (FGM/C), followed by maternal mortality and gender-based violence, especially sexual violence and rape.

This is not surprising, considering that it is estimated that at least 200 million girls and women across 30 countries have been subjected to some form of **FGM**.[4] Moreover, available data from large-scale representative surveys shows that FGM is highly concentrated in the African region, from the Atlantic coast to the Horn of Africa, where the percentage of girls and women aged 15–49 years who have undergone FGM ranges from 50% to more than 90% in countries like Somalia, Guinea, and Djibouti where the practice is almost universal.[5]

Another very widespread and pervasive harmful practice that affects primarily girls in the African region is **child, early and forced marriage (CEFM)**. According to UNICEF's State of the World's Children 2017, on average, 12% of the 700 million women alive today in Africa were married by 15 and 38% by 18, and approximately 39% of girls in sub-Saharan Africa were married before the age of 18.

The prevalence of CEFM is 76% in Niger, 42% in West and Central Africa, and 36% in Eastern and Southern Africa.[6] The CEFM often leads to early pregnancy and increases risks of being subjected to sexual violence.[7]

As to **maternal mortality**, according to the World Health Organization, almost all maternal deaths (99%) occur in developing countries and more than half of them occur in sub-Saharan Africa.[8]

In terms of **gender-based violence**, African countries have some of the highest levels of physical and sexual violence against women in the world. The South Africa's 2016 Demographic and Health Survey, which is based on data collected from more than 11,000 households, shows that on average one in five South African women over 18 has been subjected to physical violence. Gender-based violence is particularly high in younger women (17% of women aged 18–24 years reported violence from a partner in the 12 months before the survey).

In Zimbabwe and Rwanda, 1 in 3 women experience physical or sexual violence by an intimate partner during their lifetime.[9] As detailed in Chapter 3: The Human Rights-based Approach to Girls' and Women's Health of this Handbook, there are numerous health problems linked to violence against women, including HIV and sexually transmitted diseases, unwanted pregnancies, abortion, and low birth-weight babies.

In terms of the thematic analysis of the recommendations made in the documents taken into consideration, **although several recommendations pertain to more than one category** (gender equality, women's rights, gender-based violence, etc.), **the highest number of strong and action-oriented recommendations**, corresponding to Category 3 and 4 of the McMahon scale, **are those relating to FGM/C, maternal health and mortality, abortion, and violence against women, particularly rape**.

Table 4.4 shows a selection of some of the strongest recommendations found on these issues.[10-16]

One of the most surprising findings that emerged from the survey refers to the *Summary* prepared by the OHCHR for the UPR second cycle, with information received from NHRIs, NGOs, and other civil society actors.

Table 4.4: Selection of some of the strongest recommendations to African countries on FGM, maternal mortality, abortion, and gender-based violence.

Topic	*Country*	*Document*	*Recommendation*
FGM	Guinea	CEDAW concluding observations on the combined seventh and eighth periodic reports of Guinea	The Committee urges the State party: (a) To strengthen efforts, in cooperation with civil societies, traditional and religious leaders, to lead its preventive strategies and raise awareness as to the negative impact female genital mutilation has on the lives of girls and women and the need for both men and women to recognize it as a human rights violation, in order to eliminate the practice of female genital mutilation and its underlying cultural and traditional beliefs; (b) To provide training for the police and other law enforcement officials, health and social workers and the judiciary on the strict application of legislation prohibiting female genital mutilation; (c) To ensure that the perpetrators and practitioners of female genital mutilation are effectively investigated, prosecuted, and punished[11]
Maternal mortality	Benin	CEDAW concluding observations on the fourth periodic report of Benin	The committee urges the State party: To strengthen the maternal and infant mortality reduction program, eliminate the causes of such mortality and increase the number of skilled health care personnel, in particular midwives in rural areas[12]
Abortion	Malawi	Compilation, UPR second cycle	The Human Rights Committee was deeply concerned about the high rates of maternal mortality, the general criminalization of abortion and the high percentage of unsafe abortion-related maternal deaths. While noting that a special commission had been set up in 2013 to review the abortion law, it was concerned about the excessive delays in reforming the law. It stated that Malawi should urgently review its legislation on abortion and provide for additional exceptions, such as in cases of pregnancy resulting from rape or incest, and when the pregnancy posed a risk to the health of the woman. The law should make reproductive health services accessible for all women and adolescents, including in rural areas, and reduce maternal mortality[13]
Maternal mortality Abortion	Zambia	Compilation, UPR second cycle	CEDAW was concerned about the high rates of maternal mortality and morbidity, in particular resulting from unsafe abortions; the lack of access for women and girls to reproductive health care and information, including contraception and HIV/AIDS treatment; the high rate of adolescent pregnancy; and malnutrition. Also, malaria remained a serious health concern for women. It recommended improving women's access to reproductive health care and related services; strengthening the efforts, including through the Campaign for Accelerated Reduction of maternal mortality in Africa, to reduce maternal mortality; raising awareness among women and clinicians as to the legislation on abortion; and ensuring that antimalaria drugs were available and accessible, especially to pregnant women[14]

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Topic	*Country*	*Document*	*Recommendation*
Abortion	Algeria	CEDAW concluding observations	The committee urges the state party: (b) To adopt medical standards and provide for implementation mechanisms establishing that rape and incest constitute grounds for abortion[15]
Maternal mortality Abortion	Malawi	CCPR concluding observations on the initial periodic report of Malawi	The Committee is deeply concerned about the high rates of maternal mortality and, in particular, the high percentage of unsafe abortion-related maternal deaths. It is concerned about the general criminalization of abortion, except to save the life of the woman, which obliges pregnant women to seek clandestine abortion services that put their lives and health at risk. While taking note of the special commission set-up to review the abortion law in 2013, the Committee is concerned about the excessive delays in reforming the law. The Committee also finds the high rate of teenage pregnancies to be regrettable (Articles 2, 3, 6, 7, 17, 24 and 26). The State party should: (a) Urgently review its legislation on abortion and provide for additional exceptions in cases of pregnancy due to rape or incest and when the pregnancy poses a risk to the health of women. The law should ensure that reproductive health services are accessible for all women and adolescents, including in rural areas; (b) Increase efforts to reduce maternal mortality and teenage pregnancies by providing adequate sexual and reproductive health services; (c) Increase education and awareness-raising programs, both formal (at educational institutions) and informal (involving mass media), on the importance of using contraceptives and on sexual and reproductive health rights[16]
Gender-based violence	Sierra Leone	Compilation, UPR second cycle	The Committee against Torture remained concerned about the rape of girls by Educators. The Committee on the Elimination of Discrimination against Women expressed concern about the increase in sexual abuse and harassment of girls in schools and the increase in teenage pregnancies, the negative impact of harmful traditional practices on girls' education and barriers impeding pregnant girls' and young mothers' access to education. It recommended that Sierra Leone ensure that sexual abuse and harassment in schools were adequately punished, and effectively implement the National Strategy for the Reduction of Teenage Pregnancy (2013) and the Code of Ethics for Educators[17]

(CCPR: Committee for Civil and Political Rights; CEDAW: Committee on the Elimination of Discrimination against Women; FGM: Female Genital Mutilation; UPR: Universal Periodic Review)

Indeed, while there is significant **information on SRHR** and **maternal/neonatal health issues** for countries like Niger, Nigeria, Senegal, Sierra Leone, South Africa, and Tanzania, there is **very little for Mali** and **absolutely no information** on these topics **for Algeria, Benin, Eritrea, Gabon, or Tunisia**.

A greater engagement by civil society stakeholders specialized in girls' and women's health and human rights in the next UPR reporting cycle is therefore needed. At the same time,

FIGO Member Societies in Algeria, Benin, Eritrea, Gabon, Mali, and Tunisia **should take the opportunity to engage in the third UPR cycle** to highlight the main concerns and challenges that girls and women face in these countries to fully enjoy their right to health (details on how to engage are described in Chapter 2: United Nations Human Rights Mechanisms).

THE AMERICAS

The mapping for the Americas shows that the **issues most reported on are access to sexual and reproductive health services, abortion, violence against girls and women** (with a focus on sexual violence), **and adolescent pregnancy.**

As in the case of Africa, this is in line with available statistics. Indeed, according to the ECLAC data, **the Region has the second highest adolescent birth rate in the world** (15–19 year olds), which is second only to sub-Saharan Africa.[17] Moreover, it is the only region in the world where pregnancies and birth rates in girls under the age of 15 are increasing.[18]

A number of factors contribute to these rates, including the **lack of information** and **access to health services and contraceptives**, the **lack of comprehensive sexuality education in schools**, and the **prohibition and prosecution of abortion** in many countries of the region. El Salvador, Chile, the Dominican Republic, and Nicaragua are among the few countries in the world that ban abortion with no exceptions for cases of rape, incest, or even if a woman's life is in danger. This forces girls and women to resort to unsafe, clandestine abortions.[19]

In addition, there is a **high prevalence of sexual violence in the region**. The Pan American Health Organization estimates that sexual violence is the cause of between 11% and 20% of pregnancies in girls and adolescents.

Lastly, Nicaragua, The Dominican Republic and Brazil are among the 25 countries with the highest **child marriage** rates, with 41%, 37%, and 36%, respectively.[20]

Table 4.5 lists some of the strongest recommendations made by treaty bodies and other stakeholders on these issues.[21-32]

A characteristic of the Americas is that the **UPR second cycle received a significant number of submissions from National Human Rights Institutions (NHRIs), nongovernmental organizations (NGOs), and other civil society actors, with very strong recommendations to the SuR.** The many Joint Submissions of civil society actors reflect the vibrant and well-organized civil society present in the region and a high level of engagement in the UPR mechanism.

Among the **issues least reported on** are **forced sterilization and maternal health. No mention at all** was found **on FGM/C**. This is quite surprising especially considering that, **although FGM** is practiced mainly in parts of Africa, the Middle East, and Asia, it **is still present in some indigenous communities in Latin America**[33] (particularly the Emberá communities in Colombia, Ecuador and Panama) **and within the communities of immigrants in the USA** (especially immigrants from countries where it is commonly practiced).

According to a study by the United States Centers for Disease Control and Prevention (CDC),[34] the number of girls and women who have undergone FGM or are at risk of it tripled over the last two decades in the USA.[35] Alarmingly, according to Equality Now, only 25 States in the USA have enacted laws against FGM.

Table 4.5: Selection of some of the strongest recommendations to American countries on abortion, rape, violence, and forced sterilization.

Topic	*Country*	*Document*	*Recommendations*
Abortion	Chile	Summary, UPR second cycle	JS3 stated that the situation was critical in the field of sexual and reproductive health. Abortion is still illegal and the State has not even started any democratic debate on the issue. Furthermore, although health care facilities are under a legal obligation to offer forms of contraception, this requirement is not respected because municipal authorities impose restrictions on the distribution of certain contraceptives on ideological grounds. JS3 recommended that the State amend its legislation so that abortion is no longer a criminal offence, in order to guarantee the exercise of sexual rights and prevent maternal deaths caused by clandestine abortion[21]
Abortion	El Salvador	Compilation, UPR second cycle	The Human Rights Committee expressed concern that the current Criminal Code criminalized all forms of abortion, and that legal proceedings had been brought against some women seeking treatment in public hospitals. It recommended that El Salvador amend its legislation on abortion and suspend the prosecution of women for the offence of abortion[22]
Abortion	Guatemala	Compilation, UPR second cycle	The Human Rights Committee expressed concern at the criminalization of abortion due to rape or incest. It recommended including additional exceptions to the prohibition of abortion, so as to save women from having to resort to clandestine abortion services that endangered their lives or health[23]
Rape Abortion	Chile	Compilation, UPR second cycle	It urged Chile to review its legislation on abortion with a view to decriminalizing it in cases of rape, incest, or threats to the mother's health and/or life[24]
Abortion	Equador	Compilation, UPR second cycle	The Committee recommends that the State party amend its criminal code so as to establish that abortion is not an offence if the pregnancy is the result of rape, regardless of whether or not the woman in question has a disability, or if the existence of congenital anomalies has been established. The committee urges the State party to expunge the terms idiota ("idiot") and demente ("insane") in reference to women with mental and/or psychosocial disabilities from its criminal code[25]
Abortion	Paraguay	Compilation, UPR second cycle	The Committee against Torture noted the general prohibition of abortion in the criminal code, which applied even to cases of sexual violence and incest or when the fetus was not viable, and that women requesting an abortion, and medical professionals who provided abortions, could be punished. It urged Paraguay to review its legislation on abortion, as also recommended by three other Committees and the Special Rapporteur on health[26]

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Topic	*Country*	*Document*	*Recommendations*
Rape	Jamaica	Compilation, UPR second cycle	CEDAW was concerned that the Sexual Offences Act 2009 protected against marital rape only in certain circumstances and that rape within marriage was not always criminalized. It urged Jamaica to ensure strict enforcement of the Domestic Violence Act, the Sexual Offences Act and all other legislation intended to protect women from violence, and to amend the Sexual Offences Act with a view to criminalizing all marital rape, with no restrictive conditions[27]
Rape	Peru	Compilation, UPR second cycle	CESCR recommended amending the criminal code, concerned that it classified consensual sexual relations between adolescents as statutory rape and penalized abortions in cases of pregnancy resulting from rape[28]
Violence	USA	Compilation, UPR second cycle	The Special Rapporteur on violence against women recommended the enactment of laws criminalizing sexual abuse and other misconduct towards prisoners, covering not only guards and correctional officers, but also all individuals who worked in prisons, including volunteers and Government contractors, and strengthening institutional oversight to prevent rape and sexual abuse in prisons[29]
Violence	Bolivia	Compilation, UPR second cycle	CAT was concerned about gender violence, particularly domestic and sexual violence. It urged Bolivia to investigate and prosecute such acts; and to raise awareness. The Human Rights Committee urged Bolivia to prevent and combat all forms of gender violence and to implement the right to reparation[30]
Forced sterilization	USA	Summary, UPR second cycle	Advocates for Informed Choice (AIC) stated that intersex people in the USA suffer harm from genital-normalizing surgery in childhood and recommended that enforcement agencies take action to enforce laws prohibiting FGM and involuntary sterilization and investigate violations to protect children with intersex conditions[31]
Maternal mortality	The Dominican Republic	Compilation, UPR second cycle	CEDAW recommended that the Dominican Republic adopt a plan to reduce maternal mortality; provide free or affordable access to family planning services and contraceptives for all women; ensure access to health care for migrant women and girls, irrespective of their migration status; and ensure access to sexual and reproductive health for all women, including lesbians[32]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CESCR: Committee on Economic, Social and Cultural Rights; FGM: Female Genital Mutilation; UPR: Universal Periodic Review)

If we are to hold national Governments to account for their global commitments and achieve the promise of the Sustainable Development Agenda of "leaving no-one behind," we need to bring visibility to the many invisible girls and women by using the data we have more effectively.

The human rights mechanisms offer a **perfect opportunity to FIGO Members Societies not only to report on the situations and human rights violations** that mostly affect girls, and women's health in a country, **but also to put a special emphasis on the most marginalized and excluded groups**, including indigenous or Afro descendent girls and women, those with disabilities, girls and women in detention centers, and others.

ASIA

The information collected for Asia covers 35 countries located in very diverse subregions, ranging from the Middle East to Central Asia and South East Asia. The findings reflect these differences.

In general terms, the **issues most reported on are harmful practices** (particularly FGM and CEFM), **violence against girls and women**, especially in its marital rape connotation, **gender-based crimes** committed in the name of honor, **abortion,** and **maternal mortality**. **Less** was reported on other issues like **contraceptives** and **HIV**.

Very **strong recommendations on ending FGM** were found **for some countries**, particularly Indonesia where the practice is very widespread, Kurdistan, Iran, Iraq, and even Malaysia, where it is considered a medical practice. The lack of information and recommendations on FGM/C to other countries in the region is the expression of the lack of official data available in Asia. However, civil society groups, such as the Orchid Project, have found evidence of this harmful practice even in other countries, including India, Pakistan, and Thailand.[36] Various communities in the Middle East also have FGM customs, Egypt and Yemen being among the most affected.[37]

Strong recommendations were also found **on CEFM**, especially in the South Asian subregion that has the highest prevalence of child marriage in the world. According to available data, Bangladesh has the highest rate of child marriage in the region (59%), followed by Nepal (37%), Afghanistan (35%), and India (27%).[38]

Strong recommendations were also made **to eliminate other harmful traditional practices**, such as the so-called "*honor killings*" and **sex-selective abortions** in countries like Azerbaijan, China, and India.

Another highlighted issue is the practice of **sterilization imposed on women with disabilities** in China and in some other countries of South-east Asia. Among the countries of the Middle East, sterilization was mentioned as a big concern in the case of Jordan where it is practiced especially against **girls born with mental disability** and in Uzbekistan to **women with more than two children**, as part of a national family-planning and control program.

As to the information on Hong Kong and Macau, these are included in the documentation of China, as they are both special administrative regions of China. However, it should be noted that no specific information on the subject matter was found for these regions.

Similarly, Palestine was reported in the context of the occupied territories by the Israeli State. However, in this case, some results were found, particularly as to the negative impact on women's health caused by the restrictions on the freedom of movement of the Palestinians in these territories.

The amount of information found on issues relating to girls' and women's health was lower than expected in some countries. For example, nothing was found on these issues

in Mongolia's Summary of information prepared by the OHCHR, nor in Japan's Summary of information. In these countries, **FIGO Member Societies could be well positioned to raise these issues in the next UPR cycle**.

In the case of Japan, very little information on sexual, reproductive, maternal, and neonatal health was found also in the Compilation of information and in the treaty bodies' concluding observations. A more thorough investigation should be carried out to determine why there is this lack of information.

Table 4.6 offers a selection of some of the strongest recommendations found for Asian countries.[39-51]

Table 4.6: Selection of some of the strongest recommendations to Asian countries on girls with disabilities, comprehensive sexuality education, reproductive health, abortion, forced abortions and sterilization, violence against women, FGM, and maternal mortality.

Topic	*Country*	*Document*	*Recommendations*
Girls with disabilities	China	CRC concluding observations	The Committee urges the State party to take immediate steps in mainland China to eliminate the widespread stigma in relation to girls and children with disabilities and reform its family planning policy, in an effort to address the root causes of the abandonment of girls and children with disabilities[39]
Comprehensive sexuality education	Philippines	CEDAW concluding observations	The Committee recommends that the State party: Develop operational guidelines for schools and provide training for educators in order to deliver high-quality, age-appropriate education on sexual and reproductive health and rights for all girls and boys, including those with disabilities[40]
Comprehensive sexuality education	Myanmar	CEDAW concluding observations	The Committee recommends that the State party: Intensify the provision of age-appropriate education on sexual and reproductive health and rights and ensure that it is systematically integrated into school curricula[41]
Reproductive health	India	CEDAW concluding observations	The Committee urges the State party: To review reproductive health policies to make them more inclusive, with a view to increasing high-quality maternal health services in the states in which they are lacking, removing conditions from maternal benefits, ensuring adequate funding for reproductive health services, including provision of reproductive health information and education, and that they effectively cover urban and rural areas[42]
Abortion	Azerbaijan	Summary, UPR second Cycle	JS1 stated that the Azeri society valued men over women because ethnicity and family name are passed on through men. Many families decided to abort female fetuses. JS1 recommended that Azerbaijan implement strict measures to punish medical personnel involved in sex-selective abortions[43]

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Topic	*Country*	*Document*	*Recommendations*
Forced abortions and sterilization	China	Summary, UPR second Cycle	Tibet Women's Association (TWA) referred to the challenge in providing health care to isolated populations, including the nomadic rural population of Surmang. TWA reported on alleged gender-specific abuses committed against Tibetan women in the form of forced birth control policies, such as sterilization and abortions. PHR recommended that China remove forced abortions and sterilizations as remedial measures under Family Planning Commission regulations[44]
Forced abortions and sterilization	China	CRC concluding observations	The Committee recommends that the State party promptly and independently investigate and publicly report all incidents of forced abortions and forced sterilization of teenage girls by local authorities in mainland China, and prosecute all officials responsible for such crimes[45]
Abortion	Kuwait	Compilation, UPR second Cycle	CRC expressed concern that abortion was allowed only when the mother's life was threatened and recommended the revision of legislation concerning abortion. CEDAW urged Kuwait to adopt medical standards establishing that rape and incest constitute grounds for abortion[46]
Violence	Uzbekistan	CAT concluding observations	The State party should define and criminalize domestic violence and marital rape in its legislation and ensure that all women have access to adequate medical, social and legal services and temporary accommodation. The State party should ensure that mechanisms are in place to encourage women victims of violence to come forward and that all allegations of violence are promptly, thoroughly and effectively investigated, that perpetrators are held accountable and that women victims of violence obtain adequate redress, including, inter alia, compensation, and rehabilitation[47]
Violence against women	Indonesia	CEDAW concluding observations	The Committee urges the State party: To promptly investigate, prosecute and punish all acts of violence against women, including acts of sexual violence, perpetrated by private actors and by the security and defence forces, the police and militant groups, ensuring that inquiries are conducted exhaustively, impartially, and transparently[48]
FGM	Indonesia	HRC concluding observations	The State party should repeal Ministry of Health Regulation No. 1636 of 2010, which authorizes the performance of FGM by medical practitioners (medicalization of FGM). In this connection, the State party should enact a law that prohibits any form of FGM and ensure that it provides adequate penalties that reflect the gravity of this offence. Furthermore, the State party should make efforts to prevent and

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Topic	*Country*	*Document*	*Recommendations*
			eradicate harmful traditional practices, including FGM, by strengthening its awareness-raising and education programs. To this effect, the national-level team established the development of a common perception on the issue of FGM to ensure that communities where the practice is widespread are targeted in order to bring a change in mindset[49]
Maternal mortality	India	Compilation, UPR second cycle	There was a gap between India's commendable maternal mortality policies and their urgent, focused, sustained, systematic, and effective implementation. The Special Rapporteur strongly recommended that the Government urgently establish an independent body to accelerate progress by galvanizing action and ensuring that those in authority properly discharge their responsibilities to reduce maternal mortality[50]
Maternal mortality	Mongolia	Compilation, UPR second cycle	The Human Rights Committee remained concerned about the high levels of maternal mortality, especially in the rural areas. Mongolia should urgently reduce maternal mortality, including the implementation of the project for a nationwide network of national ambulance services and the opening of new medical clinics in rural areas. It should also improve access to health services for cases of high-risk pregnancies[51]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRC: Committee on the Rights of the Child; FGM: Female Genital Mutilation; UPR: Universal Periodic Review; UN HRC: United Nations Human Rights Committee)

EUROPE

The mapping for the European region shows that the **issues most reported on are access to SRH services**, especially for adolescents, **contraceptives, comprehensive sexuality education,** and **violence against girls and women**, particularly domestic and sexual violence. **Less** was **reported** on **maternal health, morbidity, and mortality**.

According to recent data, **violence affects over 250 million women and girls in Europe, with 1 in 3 having experienced physical and/or sexual violence since the age of 15 and 1 in 4 experiencing physical and/or sexual violence during pregnancy**. This has very severe consequences on their physical and mental health.[52] Although the issue is widespread across Europe, it was highlighted especially for countries in Eastern Europe, where violence against girls and women manifests itself more intensely against ethnic minorities.

Strong recommendations were made by treaty bodies regarding specific groups of girls and women, particularly women with disabilities and the Roma, because of their vulnerability to violence. Indeed, in Europe, women with disabilities are 2–5 times more likely to be victims of violence than nondisabled women, including sexual and reproductive abuse, such as forced sterilization.[52]

Another highlighted issue in Europe is **access to sexual and reproductive health care and services**, especially by adolescents, and girls and women belonging to immigrant communities or ethnic minorities, including the Roma population.

The Council of Europe estimates that there are between **10 and 12 million Roma in Europe** and that they are among the most disadvantaged and excluded populations in the region.[53] Evidence suggests that Roma communities are less well informed about SRHR and are subjected to discrimination in access to health care.[54] Among the **barriers** that Roma girls and women encounter in accessing sexual and reproductive health care and services, especially in South Eastern Europe, are the overall lack of financial resources and health insurance various cultural and economic factors such as low reproductive decision-making autonomy and early marriage, low education levels and poor living conditions, as well as geographic and language barriers. This lack of awareness and access to sexual and reproductive health care and services are some of the main reasons behind the higher rates of adolescent pregnancies and abortions, and greater risks of sexually transmitted infections and HIV, and forced sterilization.

Strong recommendations were made by treaty bodies and civil society groups **to improve and facilitate access and quality of health services for vulnerable groups and ensure that all minority groups receive equal treatment and care as European nationals.**

Table 4.7 lists a selection of recommendations made by treaty bodies to European States.[55-61]

Table 4.7: Selection of some of the strongest recommendations to European countries on comprehensive sexuality education, SRH services, abortion, rape, violence, teenage pregnancies, and forced sterilization.

Topic	*Country*	*Document*	*Recommendations*
Comprehensive sexuality education	Albania	Compilation, UPR second cycle	CESCR was concerned about the absence of information on sexual and reproductive health in the education curricula. CEDAW recommended the promotion of sex education, with special attention given to the prevention of early pregnancy[55]
Comprehensive sexuality education and SRH services	Ireland	Compilation, UPR second cycle	Concerned at the severe lack of access to sexual and reproductive health education and emergency contraception for adolescents, the Committee on the Rights of the Child recommended that Ireland adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescents[56]
Abortion	Malta	Compilation, UPR second cycle	CEDAW and CRC were concerned that abortion was illegal in all cases under the law and that women who choose to undergo abortion were subject to imprisonment. Application of Conventions and Recommendations made a similar recommendation. CEDAW urged Malta to review its legislation on abortion, consider exceptions to the general prohibition of abortion for cases of therapeutic abortion and when the pregnancy is the result of rape or incest, and to remove from its legislation the punitive provisions for women who undergo abortion. CRC made a similar recommendation[57]

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Topic	*Country*	*Document*	*Recommendations*
Rape	Hungary	Compilation, UPR second cycle	The Committee on the Elimination of Discrimination against Women urged Hungary to amend its Criminal Code to ensure that rape is defined on the basis of the lack of voluntary consent of the victim and ensure appropriate and easily accessible health care services for women who are victims of rape[58]
Violence	Serbia	Compilation, UPR second cycle	The Human Rights Committee remained concerned about prevalent domestic violence and recommended that Serbia combat such violence and establish shelters and support centers with medical, psychological, and legal support. CAT was particularly concerned about the sexual abuse of girls and lack of prevention and protection measures; it urged Serbia to implement the national strategy to prevent domestic violence, and conduct awareness raising campaigns and training on domestic violence for officials[59]
Teenage pregnancies	Estonia	Compilation, UPR second cycle	The Committee on Economic, Social, and Cultural Rights expressed concern that, while the rate of abortion had decreased, it continued to be widely practiced among adolescents and that unwanted pregnancy often led teenage girls to drop out of school. It urged Estonia to ensure that sexual and reproductive health services were effectively accessible to adolescents, and called on Estonia to intensify its efforts to prevent teenage pregnancy and to provide the support services necessary for pregnant adolescents[60]
Forced sterilization	Czech Republic	Compilation, UPR second cycle	CERD remained concerned about the sterilization of Roma women without their free and informed consent. Forty-nine CAT expressed a similar concern. Fifty CEDAW urged the Czech Republic to adopt legislative changes clearly defining the requirements of free, prior and informed consent with regard to sterilizations; review the three-year time limit in the statute of limitations for bringing compensation claims in cases of coercive or nonconsensual sterilizations in order to extend it; consider establishing an ex gratia compensation procedure for victims of coercive or nonconsensual sterilizations whose claims had lapsed; provide all victims with assistance to access their medical records; and investigate and punish illegal past practices of coercive or nonconsensual sterilizations
Forced sterilization	Hungary	Compilation, UPR second cycle	The Committee on the Elimination of Discrimination against Women urged Hungary to eliminate forced sterilization of women with disabilities. The Committee on the Rights of Persons with Disabilities made similar recommendations[61]

(CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; CEDAW: Committee on the Elimination of Discrimination against Women; CRC: Committee on the Rights of the Child; FGM: Female Genital Mutilation; UPR: Universal Periodic Review; SRH: Sexual and reproductive health; CESCR: Committee on Economic, Social and Cultural Rights; CERD: Committee on the Elimination of Racial Discrimination).

SUMMARY NOTES

This chapter highlights some critical issues concerning girls' and women's health that could be useful to FIGO and its Member Societies to develop their rights-based advocacy strategy and identify advocacy priority issues.

Some recommendations may be considered more relevant and useful than others. Identifying those that are most relevant for FIGO's mission is important to develop strong and realistic advocacy plans.

We suggest consulting the final outcome reports in the UPR second cycle to identify the recommendations that were made to the SuR as to girls' and women's health; those that were accepted by the SuR and those that were not.

Indeed, the implementation of the UPR outcome is probably the most important stage of the UPR process, as it can improve the human rights situations in a country through changes in laws and policies and program planning, budgeting, implementation, monitoring, and evaluation.

Therefore, the outcome documents should inform the advocacy strategy of each FIGO Member Society, be used to track the performance of countries and become a fundamental resource for the development of submissions for the following UPR cycle (i.e. the third cycle).

UPR recommendations and those of other human rights mechanisms (treaty bodies and special procedures) can give visibility to neglected human rights issues and persistent patterns of discrimination, that prevent the full enjoyment of the right to health by all girls and women.[62]

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