



September 2003

The Committee on the Rights of the Child

Re: Supplementary information on Pakistan, scheduled for review by the Committee on the Rights of the Child during its 34th Session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Pakistan, which is scheduled to be reviewed by the Committee on the Rights of the Child during its 34th Session. The Center for Reproductive Rights, an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Rights of the Child (Children's Rights Convention). This letter highlights several areas of concern related to the status of the reproductive health and rights of girls and adolescents in Pakistan, with a focus on discriminatory or inadequate laws and policies.

Because reproductive rights are fundamental to adolescents' health and equality, states parties' commitment to ensuring them should receive serious attention. Furthermore, adolescent reproductive health and rights receive broad protection under the Children's Rights Convention. Article 24 of the Children's Rights Convention recognizes girls' and adolescents' right "to the enjoyment of the highest standard of health and to facilities for the treatment of illness and rehabilitation of health." It also requires states parties to take appropriate measures "to develop family planning and education services." Yet, despite these protections, the reproductive rights of girls and adolescents in Pakistan continue to be neglected and, at times, blatantly violated.

We hope to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and rights of girls and adolescents in Pakistan:

I. The Right to be Free from Traditional Practices that are Harmful to Children's Health (Article 24(3) of the Children's Rights Convention)

Article 24(3) requires states parties to take measures to abolish traditional practices that are harmful to children's health. The Committee has determined that child and forced marriage is both a harmful traditional practice and a form of gender discrimination.¹ In its most recent Concluding Observation on Pakistan, the Committee stated that it was "deeply concerned at the situation of girl children, both as regards the effect of legislation in place, measures adopted and practices and customs which serve to discriminate against girl children, such as early marriage, and the insufficient attention accorded to their schooling."²

While Pakistani law prohibits the marriage of “children,” the legal age of marriage for females is 16, while males may marry at 18.³ Any female entering into a marriage before the age of 16 may elect to dissolve her marriage before the age of 18, but only if the marriage has not been consummated.⁴ The latter requirement ignores the reality of the married lives of child brides, who rarely are in a position to refuse sexual relations with their spouses. This is especially so in a context where marital rape is not recognized as a criminal offence, even for minor girls.⁵

Not only does the law offer weak protection against child marriage, traditional norms and community standards endorse the practice. A recent survey suggests that 14 percent of adolescent girls are married before the minimum legal age of 16.⁶ About half of Pakistani girls marry before the age of 20, with the figure at nearly 60% for rural women.⁷ Women with less formal education – many of whom are illiterate – are most likely to marry early.⁸ The vast majority of marriages in Pakistan are arranged by parents and other adults, with little input from the parties to the marriage, particularly the young women.⁹

II. The Right to Reproductive Health Services (Article 24 of the Children’s Rights Convention)

Child marriage, generally accompanied by early pregnancy and childbirth, creates widespread need for reproductive health services among adolescents in Pakistan. The Committee has regularly expressed concern in its Concluding Observations where adolescents have limited access to reproductive health services and has asked states parties to increase women’s and adolescents’ access to such services.¹⁰ It has frequently drawn attention to high rates of maternal mortality affecting adolescents,¹¹ highlighting the need to address unsafe or illegal abortion¹² and teenagers’ lack of access to reproductive health services.¹³ It has further recommended measures to improve women’s access to pregnancy-related health care services,¹⁴ emphasizing the importance of appropriately trained personnel attending births.¹⁵

Thirty percent of Pakistani women are pregnant or have given birth by the age of 19, with the percentage higher in rural areas.¹⁶ Among married women aged 15 to 19, only five percent use contraception.¹⁷ Nearly 80% of women under 19 who give birth do so at home, as opposed to a health facility, and the majority of these women rely on traditional attendants to assist them at birth.¹⁸ Adolescents living in rural areas are particularly disadvantaged. Maternal health care is severely lacking in rural areas, where Mother and Child Health Clinics are rarely available.¹⁹ Less than half of rural adolescents have access to prenatal care.²⁰

Further, unsafe abortion puts the health and lives of young women at risk, and contributes to their need for reproductive health care. Abortion is criminalized under most circumstances in Pakistan, and women with unwanted pregnancies must often resort to clandestine abortion procedures. Although an accurate estimate of the prevalence of induced abortion is difficult to determine because of limited research, the findings of various community- and hospital-based studies establish that young women in Pakistan, including those who are unmarried, do seek abortions.²¹ In one Lahore study of 125 abortion cases, 20% involved women between the ages of 15 to 19.²² Women and adolescents who need medical treatment after an induced abortion

have few options other than large urban hospitals. Family welfare clinics do not treat abortion complications and lack any surgical facilities.²³

Despite adolescents' diverse reproductive health needs, Pakistan does not have a health law or policy focused specifically on young people. Nor does the National Youth Policy address adolescents' reproductive health needs. Some provisions addressing adolescents are included in the 2002 Population Policy²⁴ and in the national Reproductive Health Services Package, which includes the "management of reproductive health related problems of adolescents" as one of its nine main components.²⁵ Given the variety of circumstances affecting adolescents' reproductive health and rights, the government should adopt a more comprehensive approach to meeting the needs of young people.

III. The Right to Education on Sexuality and Family Planning (Article 24 of the Children's Rights Convention)

The Committee, in evaluating state party compliance with the Children's Rights Convention, has recognized states' duty to ensure access to sexual and reproductive health education. In numerous Concluding Observations, the Committee has recommended that states parties strengthen their reproductive health education programs for adolescents in order to combat adolescent pregnancy and the spread of HIV/AIDS and other STIs.²⁶ With regard to the government of Pakistan, the Committee has said that it "would like to see greater emphasis on family education, including family planning, and encourages the training of community health care workers to assist in these tasks."²⁷

Pakistan's 2002 Population Policy recommends "population and family life education" for high school and college students²⁸ and the Reproductive Health Services Package provides for education regarding physiological changes during puberty.²⁹ However, neither the National Youth Policy nor education policies call for providing adolescents with reliable information about reproductive health and safer sex, with the exception of information about HIV/AIDS.³⁰ Informing adolescents about the risks associated with unsafe sex is generally viewed as taboo and feared to prompt increased premarital sex among adolescents.³¹

The challenges of bringing reproductive and sexual health and rights education to young women are significant. Many of those who are in school, particularly girls, are severely in need of vital information. In a study on reproductive health awareness of girls ages 14-16 in Peshawar high schools, only 50% of respondents said they were aware of menstruation before its onset.³² Only 11% had definite knowledge of contraception.³³ In a survey of adolescents ages 11-19 in Chanessar Goth, Karachi, only 23% of respondents knew that sexual activity was a mode of HIV transmission.³⁴ Twice as many boys as girls could correctly state this fact.³⁵ Only 31% knew that using a condom reduces the chance of acquiring AIDS.³⁶

The situation is undoubtedly worse for the two-thirds of Pakistani girls who are not in school at the time they reach puberty.³⁷ The needs of these girls are little known.

We hope the Committee will also consider addressing the following questions to the government of Pakistan:

1. What is the government's legal and policy strategy for stopping the practice of child marriage? Does the government envision law reform to strengthen the legal prohibition of the practice? What measures have been adopted to enforce existing norms?
2. What policies and programs have been adopted to improve accessibility of health care and family planning services, and to encourage adolescents to use services?
3. What is being done to address the effects of illegal and unsafe abortion on the lives and health of adolescents?
4. What legislation and measures have been initiated to ensure a better respect and protection of reproductive health and rights in rural areas?
5. What programs have been set up to improve education and information on sexual and reproductive health and rights?

There remains a significant gap between the provisions of the Children's Rights Convention and the reality of adolescents' reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of adolescents and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Pakistani government's compliance with the provisions of the Children's Rights Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,

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¹ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Bangladesh*, para. 15, UN Doc. CRC/C/15/Add.74 (1997); *Concluding Observations of the Committee on the Rights of the Child: Burkina Faso*, para. 14, U.N. Doc. CRC/C/15/Add.19 (1994); *Concluding Observations of the Committee on the Rights of the Child: India*, paras. 32-33, U.N. Doc. CRC/C/15/Add.115 (2000).

² *Concluding Observations of the Committee on the Rights of the Child: Pakistan*, para. 16, U.N. Doc. CRC/C/15/Add.18 (1994).

³ Child Marriage Restraint Act, 1929, Sects. 2, 4.

⁴ Dissolution of Muslim Marriages Act, 1939, Sect. 2.

⁵ SHIRKAT GAH WOMEN'S RESOURCE CENTER, TOWARDS A BETTER TOMORROW: THE REPORT OF THE COMMISSION OF INQUIRY FOR WOMEN A SIMPLIFIED VERSION 62 (1997).

⁶ POPULATION COUNCIL, ADOLESCENTS AND YOUTH IN PAKISTAN 2001-02, A NATIONALLY REPRESENTATIVE SURVEY 88 (2002) [hereinafter ADOLESCENTS AND YOUTH IN PAKISTAN].

⁷ *Id.* at 89.

⁸ *Id.* at 90.

⁹ *Id.* at 91.

¹⁰ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Benin*, para. 25, U.N. Doc. CRC/C/15/Add.106 (1999); *Concluding Observations of the Committee on the Rights of the Child: Cambodia*, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); *Concluding Observations of the Committee on the Rights of the Child: Mexico*, para. 27, U.N. Doc. CRC/C/15/Add.112 (1999).

¹¹ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Chad*, para. 30, U.N. Doc. CRC/C/15/Add.107 (1999); *Concluding Observations of the Committee on the Rights of the Child: Dominican Republic*, para. 37, U.N. Doc. CRC/C/15/Add.150 (2001); *Concluding Observations of the Committee on the Rights of the Child: Peru*, para. 24, U.N. Doc. CRC/C/15/Add.120 (2000).

¹² See e.g., *Concluding Observations of the Committee on the Rights of the Child: Chad*, *supra* note 11, para. 30; *Concluding Observations of the Committee on the Rights of the Child: Colombia*, para. 48, U.N. Doc. CRC/C/15/Add.137 (2000); *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, para. 40, U.N. Doc. CRC/C/15/Add.154 (2001).

¹³ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Cambodia*, para. 52, U.N. Doc. CRC/C/15/Add.128, (2000); *Concluding Observations of the Committee on the Rights of the Child: Dominican Republic*, para. 37, U.N. Doc. CRC/C/15/Add.150 (2001); *Concluding Observations of the Committee on the Rights of the Child: Guinea*, para. 27, U.N. Doc. CRC/C/15/Add.100 (1999).

¹⁴ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Central African Republic*, para. 55, U.N. Doc. CRC/C/15/Add.138 (2000); *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, *supra* note 12, para. 41, U.N. Doc. CRC/C/15/Add.154 (2001); *Concluding Observations of the Committee on the Rights of the Child: Yemen*, para. 24, U.N. Doc. CRC/C/15/Add.102 (1999).

¹⁵ See e.g., *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, *supra* note 12, para. 35; *Concluding Observations of the Committee on the Rights of the Child: United Republic of Tanzania*, para. 47, U.N. Doc. CRC/C/15/Add.156 (2001); *Concluding Observations of the Committee on the Rights of the Child: Yemen*, *supra* note 14, para. 24.

¹⁶ ADOLESCENTS AND YOUTH IN PAKISTAN, *supra* note 6, at 98.

¹⁷ *Id.* at 102.

¹⁸ *Id.* at 100-01.

¹⁹ *Id.* at 114.

²⁰ *Id.* at 100.

²¹ Ayesha Khan, Population Council, Adolescents and Reproductive Health in Pakistan: A Literature Review 44-45, Research Report No. 11 (June 2000).

²² *Id.* at 44 (citing Rabinda Rana, Induced abortion and its complications a common problem in Pakistan, Pak. J. Obstetrics & Gynaecology, 1992 at 53-9).

²³ *Id.* at 45.

²⁴ PAKISTAN, POPULATION POLICY OF 2002, p. 2.

²⁵ PAKISTAN, REPRODUCTIVE HEALTH SERVICE PACKAGE, August 1999, p. 8.

²⁶ See *Concluding Observations of the Committee on the Rights of the Child: Argentina*, para. 19, U.N. Doc. CRC/C/15/Add.35 (1995); *Concluding Observations of the Committee on the Rights of the Child: Egypt*, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *Concluding Observations of the Committee on the Rights of the Child: Georgia*, para. 47, U.N. Doc. CRC/C/15/Add.124 (2000); *Concluding Observations of the Committee on the Rights of the Child: Latvia*, paras. 39-40, U.N. Doc. CRC/C/15/Add.142 (2001); *Concluding Observations of the Committee on the Rights of the Child: Russian Federation*, para. 48, U.N. Doc. CRC/C/15/Add.110 (1999).

²⁷ *Concluding Observations of the Committee on the Rights of the Child: Pakistan*, para. 29, U.N. Doc. CRC/C/15/Add.18 (1994).

²⁸ PAKISTAN, POPULATION POLICY OF 2002, p. 8.

²⁹ PAKISTAN, REPRODUCTIVE HEALTH SERVICE PACKAGE, August 1999, p. 10

³⁰ Ayesha Khan, *supra* note 21, at 24; Pakistan, Youth Affairs Division, National Youth Policy, June 21, 1989.

³¹ *Id.* at 23-24.

³² *Id.* at tbl. 8 (citing Saeeda Majid, Reproductive health awareness in adolescent girls: Report of a survey, J.C. Physicians & Surgeons, 1995 at 214.)

³³ *Id.*

³⁴ *Id.* at 40 (citing Aahung, AIDS Awareness Program, knowledge, attitudes, and practices survey report, Aahung AIDS Awareness Programme, Karachi (1999)).

³⁵ *Id.*

³⁶ *Id.*

³⁷ ADOLESCENTS AND YOUTH IN PAKISTAN, *supra* note 6, at 85.