Health. Access. Rights.
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January 22, 2016

Committee on the Elimination of Discrimination against Women (CEDAW)
Office of the High Commissioners for Human Rights
Geneva, Switzerland

RE: Supplementary information on Bangladesh scheduled for review by the CEDAW Committee during its Pre-Sessional Working Group session in March, 2016.

Dear Committee Members:

This shadow letter is intended to support the development of the List of Issues for the State of Bangladesh during the Pre-Sessional Working Group session of the CEDAW Committee. Ipas Bangladesh is a nongovernmental organization (NGO) which is based in Dhaka and working to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries from unsafe abortion. Ipas believes that every woman has the right to the highest attainable standard of health, to safe reproductive choices, and to high-quality health care. This letter is intended to provide the Committee with an independent report on maternal mortality and access to abortion in Bangladesh, particularly under Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women.

Under CEDAW, the government of Bangladesh has a responsibility to take measures to reduce maternal mortality and increase access to health care services for women. Specifically, **articles 12 (non-discrimination in health care)** and **16 (right to decide on number and spacing of children)** support women's ability to obtain necessary reproductive health care services, including safe, legal abortion care. **General Comment 24** requires that states take the appropriate legal, judicial, administrative and other measures necessary to ensure that women are able to exercise their rights under CEDAW.[1]

In its 2011 review of Bangladesh, this Committee acknowledged the government's political will to improve the health situation in the country, especially by establishing women friendly health facilities, but noted concern about the lack of disaggregated data on women's health and inadequate attention to women's reproductive health care services in particular.[2] Despite a considerable decline, the Committee noted that the maternal mortality rate in Bangladesh remains high, and that women may have difficulty accessing quality reproductive health care services, especially in rural areas.[3] This Committee recommended that the government take steps to reduce

[1] CEDAW Committee, *General Recommendation 24 on Women and Health, article 12*, para. 17, U.N. Doc. A/54/38/Rev.1 (1999) [hereinafter *General Recommendation 24, Women and Health*].
[2] CEDAW Committee, *Concluding comments of the Committee on the Elimination of Discrimination against Women: Bangladesh*, para. 31, (March, 2011).
[3] *Id.*

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the maternal mortality rate by establishing a comprehensive intervention plan that includes education and awareness-raising programs focused on the importance of contraceptives, the risks of unsafe abortion and women's reproductive rights.[4] This Committee also requested that the government provide data on the health status of women in its next periodic report.[5] More recently, in 2015 the Committee on the Rights of the Child (CRC) expressed concern about the high prevalence of adolescent pregnancy and the lack of adolescent-friendly health services in health facilities in Bangladesh.[6] That Committee recommended that the government adopt a comprehensive sexual and reproductive health policy for adolescents, ensuring that sexual and reproductive health education be a part of mandatory school curriculums and targeted at adolescent girls and boys, with special attention to preventing early pregnancy and sexually transmitted infections.[7] The CRC also recommended that Bangladesh improve access to adolescent-friendly health services across the country.[8]

We wish to provide this Committee with an update on progress made by the government of Bangladesh in addressing these concerns, including the positive steps taken to alleviate maternal mortality due to unsafe abortion. We will also identify areas where the government should take further measures to fulfill women's right to health under CEDAW.

The Legal Framework for Abortion

The penal code in Bangladesh criminalizes abortion in all cases except to save a woman's life.[9] A legal ruling established an exemption for "Menstrual Regulation" (MR), a procedure to "establish non-pregnancy" after a missed period, authorized up to 10 weeks after the last menstrual period if performed by a Physician.[10] Family Welfare Visitors (FWVs) and Paramedics are also permitted to provide MR services up to 8 weeks after the last menstrual period.[11] Gestational limit has been extended from 10 to 12 weeks for the Physician and 8 to 10 weeks for the FWVs, Nurses and Paramedics by the National Technical Committee in June 2014.[12] FWVs are posted in primary

[4] *Id*. at para. 32(b).
[5] *Id*. at para. 32(d).
[6] CRC, C*oncluding observations on the fifth periodic report of Bangladesh*, para. 56 (October, 2015).
[7] *Id.* at para. 57(a).
[8] *Id.* at para. 57(b).
[9] Penal Code, 1860, as adopted by the Bangladesh Laws Revision and Declaration Act of 1973.
[10] *See* Government of the People's Republic of Bangladesh, Memo No. 5-14/MCH-FP/Trg.79, Dhaka, Bangladesh: Population Control and Family Planning Division, 1979; NIPORT, Mitra and Associates and Macro International, Bangladesh Demographic and Health Survey, 2007, Dhaka, Bangladesh: NIPORT and Mitra and Associates; and Calverton, MD, USA: Macro International, 2009.
[11] Johnston H et al., *Scaled up and marginalized: a review of Bangladesh's menstrual regulation programme and its impact*, in: Blas E, Sommerfeld J and Karup A, eds., *Social Determinants Approaches to Public Health: From Concept to Practice*, Geneva: WHO, 2011, pp. 9–24.
[12] *Proceedings of the 62th Meeting of the National Technical Committee (NTC) held on 30 June 2014.*

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care facilities across the countries, covering primarily rural areas, and MR procedures are provided by the government free of charge.[12]
Despite the current exemption in the penal code for MR, the procedure is not yet widely available in the country. Maternal mortality due to unsafe abortion has remained high in Bangladesh as many women are unable to access safe and legal MR services. Without access to safe services, women in Bangladesh risk their health and lives by resorting to unsafe abortion. As of 2010, the rate of Bangladeshi women seeking unsafe abortion was 18 per 1,000 women each year.[13] Also in 2010, approximately 231,000 women received treatment for complications of unsafe abortion, and estimates suggest that only about 40% of those needing treatment for complications actually received it.[14]

The government of Bangladesh has shown strong political will towards eliminating maternal mortality due to unsafe abortion. Maternal deaths have declined by approximately two-fifths between 1990 and 2010-2011.[15] However, due to the ongoing highly restrictive legal provisions surrounding induced abortion care, and the barriers to accessing MR throughout the country, we urge this Committee to remind the government of its obligation under CEDAW to make health services more readily available to women in the country, and to remove barriers that keep women from accessing lifesaving health services.

Barriers to Safe Abortion in Bangladesh

There are some common barriers surrounding the MR services in Bangladesh as follows:

Lack of Trained Service Providers: There is no provision or policy for regular training of the service providers in the government system. NGOs are providing training to limited service providers that is not sufficient for providing safe abortion service to all. There is no provision of training in either the pre-service curriculum for Doctor or Nurses.

Fear of Stigma, Attitude & Values: Service providers are reluctant to receive MR training because of religious, social & family barriers .They have also some stigma for providing MR services.

Religious, Social & Cultural Barriers: Some misconceptions & misunderstanding about religious issues are also a barrier. Lack of proper knowledge on religion on this issue is a main

[13] *Id.*
[14] Singh S et al., *The incidence of menstrual regulation procedures and abortion in Bangladesh*, International Perspectives on Sexual and Reproductive Health, 2012 (forthcoming).
[15] *Id.*
[16] World Health Organization (WHO) et al., *Trends in Maternal Mortality: 1990 to 2010*, WHO, UNICEF, UNFPA and the World Bank Estimates, Geneva: WHO, 2012.

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cause. Lack of information & lack of knowledge are also a cause of social stigma. It is a very important cause both for clients & service providers as a barrier of safe abortion.

Lack of Confidentiality, Privacy & Respect: Lack of confidentiality, privacy & respect also work as barriers. Increased dissemination of proper information through media and other outlets can reduce this barrier.

Stigma & Discrimination: Stigma & Discrimination are the results of religious, social & cultural barriers. Proper knowledge of religion on this issue, proper information and education can reduce the barrier.

Lack of Standard Service Provision Sites: The standard service provision sites are inadequate, especially under Directorate General of Health services. The service sites should be well equipped and have properly trained skilled service providers. Inadequate supervision and monitoring of service delivery are other challenges through the health sector.

We request that the Committee praise Bangladesh for its role in working to address maternal mortality due to unsafe abortion and improve data collection of abortion-related care.

We request this Committee include the following questions in the List of Issues to Bangladesh during the Pre-Sessional Working Group of the CEDAW Committee:

1. What further steps will the State take to ensure that maternal mortality due to unsafe abortion is reduced?

2. What measures will be taken to reduce ignorance of the abortion law and stigmatization of abortion? What is being done to ensure that health care personnel and other stakeholders are aware of the abortion law?

3. How will the State ensure that young women and poor women do not experience additional barriers in accessing reproductive health services, including family planning services and safe abortion care?

4. What further data and information has been collected regarding the health status of women and adolescents in the country, and especially regarding the availability of comprehensive reproductive health care information and services?

While the rights guaranteed under CEDAW are not yet a full reality for all women in Bangladesh, we hope that the CEDAW Committee will recognize the measures taken by the Government of Bangladesh to ensure women's access to health care services under article 12 of CEDAW. We

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also wish to acknowledge the gaps that still exist between the government's action and its duties under the treaty. We hope that this information is useful during the CEDAW Committee's review of the Bangladesh government's compliance with the treaty.

Very Sincerely,

Dr. S. M. Shahidullah
Country Director
Ipas Bangladesh