



5 June 2008

The Committee on the Elimination of Discrimination against Women (CEDAW Committee)

Re: Supplementary Information on Lithuania Scheduled for Review during the 41st Session of the CEDAW Committee

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Lithuania, which is scheduled to be reviewed by the Committee on the Elimination of Discrimination against Women (CEDAW Committee) during its 41st Session. The Seimos Planavimo ir Seksualinės Sveikatos Asociacija (The Family Planning and Sexual Health Association-FPSHA) based in Vilnius, Lithuania and The Center for Reproductive Rights, based in New York are non-governmental organizations that hope to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Elimination of Discrimination against Women (CEDAW Convention).¹ This letter highlights several areas of concern related to the status of the reproductive health and rights of women in Lithuania. Specifically, it focuses on discriminatory or inadequate laws, policies and practices related to the reproductive rights of women and adolescents.

Reproductive rights are fundamental to women's health and social equality, and an explicit part of the Committee's mandate under the CEDAW Convention. The commitment of States parties to uphold and ensure these rights deserves serious attention.

We hope to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and rights of women in Lithuania. We would like to draw the attention of the Committee particularly the pending restrictive abortion legislation and the reinforcement of negative gender stereotypes in the newly passed National Family Policy (see relevant sections below).

I. The Right to Reproductive Health Services (Article 12, together with Articles 1, 10 & 16 of the CEDAW Convention)

The CEDAW Committee's General Recommendation 24 on Women and Health affirms that "access to health care, including reproductive health is a basic right under [CEDAW]"² and is essential to women's health and well being.³ According to the Committee, the States parties should take the following measures: "report on how public and private health care providers meet their duties to respect women's rights to have access to health care,"⁴ "ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS,"⁵ "require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice."⁶

In light of these minimum standards, we will address below the issues of access to affordable modern contraception and access to safe, comprehensive abortion services, areas of the right to reproductive health services that need particular attention in the case of Lithuania.

A. Access to Affordable Modern Contraception

In this section, after reviewing the relevant international human rights standards that apply to the topic of access to affordable modern contraception, we provide the CEDAW Committee with several disquieting figures on the use of modern contraception in Lithuania and information on state opposition to dissemination of educational information on emergency contraceptives.

1. Relevant International Human Rights Standards

The CEDAW Committee has frequently expressed concern over women's lack of access to and low use of contraceptive and family planning services and information⁷ and characterized lack of access as discriminatory against women.⁸ The Committee has identified several obstacles to accessing contraception, including cost,⁹ lack of medical insurance coverage,¹⁰ legal obstacles,¹¹ and discrimination on the basis of marital status.¹² Additionally, the Committee has expressed concern over the lack of information and data from States parties, including Lithuania,¹³ regarding women's reproductive health and access to health care services, including family planning and contraceptive services.¹⁴

The Committee has regularly encouraged States parties to improve access to contraception through educational and programmatic measures,¹⁵ increased insurance coverage,¹⁶ and paying greater attention to the cost of contraceptive and family planning services.¹⁷

In its **previous concluding observations to Lithuania**, the Committee has underscored the need for special efforts to accommodate vulnerable population groups and their need

for contraceptive and family planning services, particularly women and girls in rural areas.¹⁸ The Committee has expressed concern that although in the health care system, abortion is not considered as a family planning method, the number of abortions in Lithuania is still high and has made the connection between insufficient contraceptive access and use and high rates of abortion.¹⁹ Most recently, in its concluding observations to Lithuania the Committee on the Rights of the Child expressed concern “about the frequency of unplanned pregnancies and abortions among adolescents and notes the limited availability of programmes and services in the area of adolescent health at school. The Committee is also concerned at information that abortion is used as a primary method of family planning.”²⁰

2. Use of Modern Contraception

According to UNFPA statistics, only 30.5% of women in Lithuania use modern methods of contraception.²¹ This rate is lower compared to both its neighboring countries and to other EU Member States— Latvia (39.3%), Estonia (56.4%), U.K. (82%), Finland (75%), Sweden and Denmark (72%), Norway (69%), Hungary (68.4%), Czech Republic (62.6%), Slovenia (59.1%), Slovakia (41.0%).²² Lithuania’s teenage pregnancy rate in 2005 in Lithuania was twenty-one births per 1,000 women aged 15-19, higher than the average for Europe which was nineteen births per 1,000 women aged 15-19.²³ For 2006, Government sources report a teen pregnancy rate of 19.44 births per 1000 women.²⁴

Part of the inaccessibility of contraceptives stems from the high costs of available contraceptives. Oral contraceptives can cost up to USD 164 per year, in comparison the cost of an early termination abortion is about USD 52 for in-patient, clinic abortion.²⁵ All abortions performed for medical reasons are free of charge.²⁶

The high number of abortions performed each year in Lithuania indicates that it is probably one of the primary methods of family planning. According to a Lithuanian Government official, Lithuania performs three times as many abortions every year than in Scandinavian countries.²⁷ Official statistics show that in 2006 approximately 10.8 out of every 1,000 reproductive age women of reproductive age in Lithuania have undergone an (induced) abortion²⁸ and almost 24 % of Lithuanian adolescent pregnancies end in induced abortion.²⁹ These State official statistics include only abortions performed in public health institutions. They do not correspond with the estimated figures from the recent international studies, stating that in 2003 the abortion rate in Europe was twenty-eight per 1,000 and “...the lowest abortion rate in the world is in Western Europe (12 per 1,000 women aged 15–44).”³⁰ “The rate is 17 in Northern Europe...”³¹

3. Emergency Contraceptives

The Committee has expressed concern over States parties not providing adequate emergency contraception.³² Recently, in Lithuania, a nongovernmental initiative providing written general information to the public and in schools about emergency contraceptives faced serious opposition and intimidation from State officials. The

Ministry of Health through the State Medicines Control Agency asserted the NGO, in disseminating this information, is violating the law which restricts *advertisement* of prescription medicine. The authorities threatened the NGOs with legal action should the brochures continue to be distributed.³³

These State reactions come in the context of low awareness and little access to information on sexual and reproductive health in the Lithuanian society amongst the population in general and amongst adolescents in particular (see below for details). The CEDAW Committee and other UN treaty monitoring bodies have recommended to the Lithuanian that it strengthen its sex education programs and promote awareness of sexual and reproductive health.³⁴ In 2006, the Committee on the Protection of the Rights of the Child recommended that “[s]uch programmes should provide access to sexual and reproductive health services, including family planning, contraception and adequate and comprehensive obstetric care and counselling.”³⁵ In addition, the Committee has recently urged States to make a comprehensive range of contraceptives more widely available and without any restriction and to increase knowledge and awareness about family planning.³⁶

B. Access to Safe, Comprehensive Abortion Services

Taking into consideration the relevant international human rights standards that apply to the topic of access to safe, comprehensive abortion services, we address below a subject of serious concern at the moment in Lithuania – the current legislative steps to introduce what would become one of the most restrictive abortion laws in Europe.

1. Relevant International Human Rights Standards

The CEDAW Committee has emphasized that access to sexual and reproductive health services is essential to reducing maternal mortality and protecting women from resorting to unsafe abortion.³⁷ The Committee called upon States parties to study behavioral patterns of women to determine why they do not use available services.³⁸

In its General Recommendation 24, the CEDAW Committee explicitly requires that impediments to women’s access to lifesaving health services such as punitive provisions imposed on women who undergo abortions must be removed.³⁹ The Recommendation explicitly states: “[i]t is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women.”⁴⁰ The Committee has consistently criticized restrictive abortion laws,⁴¹ particularly ones that prohibit abortion in all circumstances,⁴² and confirmed that such legislation leads women to obtain illegal⁴³ and unsafe abortions.⁴⁴ The Committee has often framed restrictive abortion laws as a violation of the rights to life and health.⁴⁵ As such, the Committee has asked States parties to review legislation making abortion illegal,⁴⁶ remove punitive provisions imposed on women who undergo abortion,⁴⁷ and ensure that new legislation conforms to the Convention.⁴⁸ The Committee has praised States parties for amending restrictive abortion legislation.⁴⁹ Moreover, the Committee has examined the

discriminatory effects of legislation making abortion illegal, such as having a disparate impact on asylum seekers.⁵⁰

The Parliamentary Assembly of the Council of Europe (PACE) has also very recently addressed restrictive abortion legislation in Europe. PACE *Resolution 1607 (2008) Access to safe and legal abortion in Europe*, calls on Council of European Member States (which includes Lithuania) to decriminalize abortion within reasonable gestational limits, to guarantee women's effective exercise of their right to access to a safe and legal abortion, to allow women freedom of choice and to offer the conditions of a free and enlightened choice without specifically promoting abortion, to lift restrictions which hinder, *de jure* or *de facto*, access to safe abortion.⁵¹ PACE justified its position stating that “[a] ban on abortions does not result in fewer abortions, but mainly leads to clandestine abortions, which are more traumatic and increase maternal mortality and/or lead to abortion ‘tourism’ which is costly and delays the timing of an abortion and results in social inequities. The lawfulness of abortion does not have an effect on a woman’s need for an abortion, but only on her access to a safe abortion.”⁵²

2. Restricting Abortion in Lithuania

At the moment, committees of the Lithuanian Parliament are considering a bill (Bill)⁵³ aiming to severely limit access to abortion and creating what will become, if passed into law, one of the most restrictive laws on abortion in Europe. The Bill stipulates only three situations where abortion would be lawful within very strict time-limits: when the pregnancy involves a risk to the life or health of the pregnant woman, and when there are reasonable grounds to believe that the pregnancy is the consequence of criminal acts. The Bill does not provide access to abortion in cases of fetal impairment. In addition, the Bill *could* be read to allow punishment for women undergoing illegal abortion for up to 15 years in prison. While there is no explicit provision in the Bill imposing criminal punishment on women undergoing illegal abortion, the bill does recognize fetal rights and refers to the Criminal Code for punishing harm caused by illegal abortion.

The previous version of the Bill,⁵⁴ from 2005, was considered unconstitutional by the Seimas (Parliamentary) Committee of Legal Affairs. Along with other bodies like the Legal Department of the Seimas of the Republic of Lithuania and the European Legal Department, the Seimas (Parliamentary) Committee of Legal Affairs found the first version of the Bill in violation of the right to private life and the right to honour and dignity of the person.⁵⁵ While the provisions of the current Bill are very similar in content to the 2005 version the Committee, however, no longer considered the Bill unconstitutional.⁵⁶ In February 2008, a group of more than 110 Members of the European Parliament signed a letter urging the Lithuanian Parliament to reject this Bill because it would represent a serious backlash to women’s reproductive health rights in Lithuania, limiting their right to life, health and dignity.⁵⁷ Yet, on 16 April 2008, the Human Rights Committee of the Lithuanian Parliament gave its opinion in favour of the Bill. At the time of this submission the Bill is pending in the Health Committee of the Parliament.

II. The Right to Education on Sexuality and Family Planning (Articles 10, 12 of the CEDAW Convention)

In this section, after reviewing the relevant international human rights standards regarding education on sexuality and family planning, we will provide the CEDAW Committee with concrete data and analysis of the recent developments in the field of sexual education in Lithuania.

1. Relevant International Human Rights Standards

In its General Recommendation 24, the CEDAW Committee reaffirms that Article 12 of the CEDAW Convention ensures women's right to have access to health care services, information and education on the basis of equality with men.⁵⁸

The CEDAW Committee has encouraged States parties, including Lithuania,⁵⁹ as a matter of priority,⁶⁰ to provide sexuality education systematically in schools,⁶¹ including vocational schools.⁶² The Committee has commended States parties that have implemented programs to control teenage pregnancy, sexually transmitted infections (STIs), and AIDS.⁶³ It recommended that sexuality education programs target both adolescent girls and boys,⁶⁴ providing information also on family planning, responsible partnerships and parenthood.⁶⁵

The CEDAW Committee has noted in the past concluding observations on Lithuania its concerns about the high rate of unwanted pregnancies and abortions among young women and the high number of women contracting HIV/AIDS.⁶⁶ It recommended to the Lithuanian Government to strengthen its sex education programs and promote awareness of sexual and reproductive health.⁶⁷

Other treaty bodies have raised the same concerns to Lithuania “about the frequency of unplanned pregnancies and abortions among adolescents and notes the limited availability of programmes and services in the area of adolescent health at school,”⁶⁸ “the high number of these women contracting HIV/AIDS, with consequent risks to their life and health.”⁶⁹ The Committee on the Rights of the Child,⁷⁰ the Human Rights Committee⁷¹ and the Committee on Economic and Social Rights⁷² stressed the need for Lithuania to “strengthen its reproductive health education programme(s) for adolescents in order to prevent adolescent pregnancy and the spread of HIV/AIDS and other STDs. Such programmes should provide access to sexual and reproductive health services, including family planning, contraception and adequate and comprehensive obstetric care and counselling.”⁷³

2. Sex Education in Lithuania

The Government failed to address the need of youth with regard to sexual education. Sexual education is still not provided in school on a systematic basis. Students receive limited information on the topic during biology classes and even this is taught at the discretion of the teacher. The curricula does not give adequate attention to topics like contraception, protection from STIs, and the promotion of safe sex practices and equitable gender relations.⁷⁴

Teachers frequently do not have adequate training in the field of modern sexuality education. Lithuanian universities have not trained teachers to teach sex education. In 1998, the Lithuanian Pedagogical University created an elective program for health teachers to qualify them to teach sex health classes, however, the Catholic Church and certain influential educators oppose the teaching of sex education in schools.⁷⁵ In 2004, the Ministry of Education and Science refused to support a Baltic States project for training of teachers on HIV/AIDS prevention. Government support to this voluntary sex education plan whose aim was to provide youth in schools with unbiased, scientifically accurate and balanced information, was withdrawn due to a campaign to distort the facts about this project and manipulate the public and the politicians with myths about the dangers of sexuality education. This situation has left most Lithuanian youth with little knowledge and tools to protect themselves from STIs and unwanted pregnancies.⁷⁶

In 2007, the Ministry of Education and Science did adopt the Family Life Education Program, which they planned to introduce in schools as a sex education programme.⁷⁷ However, the authorities have done little towards its implementation and for ensuring systematic teaching of comprehensive and evidence-based sex education in schools: no curriculum has been adopted, there are no textbooks prepared, and the training manual for teachers contains scientifically inaccurate, and discriminatory information. Scientists and representatives of equal opportunities institutions criticized the training manual for being based on the traditional, religious teachings of family, sexuality, and contraception. According to their assessment, the training manual identifies family only within marriage; associates other forms of sexual relationships to irresponsibility, divorce, and violence; considers homosexuality a physical and psychological disorder; views sexual intercourse exclusively in the context of procreation; and promotes sexual abstinence and the refusal to take artificial contraceptives as the basis of sexual education.⁷⁸

Lack of access to sexuality education is troublesome especially in the context of limited knowledge about STIs and the steadily increasing rates of infections amongst youth. A regional report published in May 2006 showed that, in Lithuania, “[y]oung people’s knowledge about STIs is patchy and shallow. The prevalence of STIs (syphilis, gonorrhoea, chlamydia) among 15-19 years old is 66 cases (0.2 per 1,000 15-19 years old) in 2004. The rate of HIV among young people aged 15-25, although low, has increased from 32 cases in 2003 to 47 cases in 2004.”⁷⁹ For the year 2006, the Lithuanian authorities reported 100 new HIV cases (77% IDUs). The incidence of syphilis cases increased dramatically, from fewer than 10 cases per 100 000 in 1983-1991 to 101/100 000 in 1996, before dropping back to 10/100 000 in 2006.⁸⁰ In addition, the

rates of adolescent unwanted pregnancies and abortions remain high.⁸¹ According to official statistics, of all 9,426⁸² induced abortions performed in 2006, 885 were performed for women under the age of 19,⁸³ which amounts to an average of 9.38%, higher than 7.2%, the same indicator from 1,998.⁸⁴

The Family Planning and Sexual Health Association is the only NGO working in the field of sexual-reproductive rights and public health targeting adolescents. The Association initiated a program of youth centers in six towns, where specially trained young people inform their peers about sexual and reproductive health issues, family planning and family planning service providers, relationships and disease prevention. Neither Government, nor local municipalities address youth's sexual and reproductive health and rights, and they have not provided funding support for these projects. Consequently, all but one of the six centers has closed.

III. Gender Stereotyping (Articles 2, 5, 7, 8 and 10 (c) of the CEDAW Convention)

In this section we will demonstrate how the recent developments in Lithuania, particularly in approval of the National Family Policy Framework perpetuates gender stereotypes in violation of international human rights standards and contrary to concluding observations to Lithuania by the CEDAW Committee.

1. Relevant CEDAW Standards

The CEDAW Convention requires States parties “[t]o modify the social and cultural practices of men and women ... which are based on ... stereotyped roles for men and women.”⁸⁵ The CEDAW Committee’s General Recommendation 24 on Women and Health recommends that all States parties, including Lithuania: “[p]lace a gender perspective at the centre of all policies and programmes affecting women's s health and should involve women in the planning, implementation and monitoring of such policies and programmes and in the provision of health services to women...”⁸⁶

On several occasions the CEDAW Committee pointed out the impact gender stereotyping has on women’s lives. In its General Recommendation 23, Women in Political and Public Life, the Committee described how failure to ensure gender equality impacts women’s ability to participate in the public life: “[i]n all nations, the most significant factors inhibiting women's ability to participate in public life have been the cultural framework of values and religious beliefs, the lack of services and men's failure to share the tasks associated with the organization of the household and with the care and raising of children. ...Relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities...”⁸⁷ The CEDAW Committee’s General Recommendation 19 on violence against women states that gender stereotyping perpetuates “...widespread practices involving violence or coercion... Such prejudices and practices may justify gender-based violence as a form of protection or control of women. ...the underlying consequences of these forms of gender-based violence help to maintain women in subordinate roles and contribute to their low level of

political participation and to their lower level of education, skills and work opportunities.”⁸⁸

The CEDAW Committee has expressed in concluding observations to Lithuania its concerns about “...the persistence of traditional stereotypes regarding the role of men and women in the family, in employment and in society... about the lack of targeted educational programmes, mass media campaigns and temporary special measures in education, employment and politics to eliminate these stereotypes.”⁸⁹ The Committee urged “...the Government [Lithuania] to design and implement comprehensive programmes in education and the mass media in order to promote roles and tasks of women and men in all sectors of society.”

2. Gender Stereotypes in Draft National Family Policy

The Lithuanian Parliament this month approved a resolution which develops a conceptual framework for a national family policy’ (National Family Policy Framework), which will provide the basis and support for the content of laws and policies related to the family. While the National Family Policy Framework contains a provision entitled ‘gender equality,’ its description does not reflect gender equality, but the opposite – it emphasizes harmful stereotypical gender roles. Instead of reflecting an unequivocal commitment to viewing all individuals as equal, free to make choices about how to participate in the family life, without being subjected to gender roles, the National Family Policy Framework states that the purpose of individuals is to further “the family mission which is expressed through primary family functions,” the essential one being the procreation.⁹⁰

Analyzed comprehensively, taking into consideration the other provisions of the National Family Policy Framework that impose serious restrictions on human rights, the State policy raises concerns about its compliance with the CEDAW Convention. The concept of ‘family’ promoted in the National Family Policy is limited to heterosexual marriage. This excludes other non-traditional families that women in Lithuania may be part of – single-parent families, unmarried parents and their children, unmarried couples, partnerships of lesbian couples, families composed of children and grandparents, etc. The National Family Policy enhances the gender stereotyping of women as essentially child bearers. It recognizes the fetus as separate entity from the woman, which will create a barrier in woman’s accessing necessary obstetric care, lawful abortion and could potentially harm her life, especially since the policy does not directly and explicitly affirm a woman’s right to access contraception and the right to obtain a safe and legal abortion.⁹¹

The National Family Policy Framework is inconsistent with the CEDAW Committee’s recommendations to design and implement comprehensive programmes in education to eliminate gender stereotypes. Although planning to introduce education on family life and sexuality in schools, the policy fails to articulate the importance of *comprehensive* sexuality education.⁹² The Government plan addresses issues such as promoting healthy lifestyles for children, fertility, but does not specifically mention the issue of reducing unwanted teen pregnancies, sexually transmitted infections (STIs), and AIDS.⁹³

The Lithuanian Government itself has recognized the persistence of gender stereotypes in Lithuania as far back as 1995, at the Fourth World Conference in Beijing: "...laws dealing with the family are based on the principle of gender equality, that child care benefits under the law are the same for both mother and father. It is unfortunate that fathers practically do not utilize the opportunities available to them. In the area of family policy, we thus encounter such a problem: even when the principle of gender equality exists in law, the methods of implementation are geared primarily towards women. Subsequently, these laws and their implementation have indirectly become causes for discrimination against women in the workplace."⁹⁴

We hope the Committee will consider addressing the following questions to the Lithuanian Government:

1. What legislation and policies have been adopted to address the barriers that women and adolescent girls face in accessing comprehensive reproductive health and family planning services as well as information about these services?
2. What is the unmet need for contraception among women and what governmental efforts are being made to increase public awareness about and access to contraceptive methods, including emergency contraception?
3. Unbiased and scientifically accurate sex education is still not systematically offered in the schools. Given this reality, what specific measures have been taken to institute government-sponsored programs such as public awareness campaigns and sexual education in schools, and to provide health insurance coverage for contraception to adolescents?
- 4. What measures is the State taking to ensure that women continue to have access to safe and legal abortion and are not forced to resort to illegal and unsafe abortion given the pending restrictive abortion bill?**
- 5. What measures is the State taking to ensure that its National Family Policy Framework will not negatively impact the progress Lithuania has made in addressing gender stereotypes and in its commitments to respect CEDAW Convention?**

There remains a significant gap between the provisions of the CEDAW Convention and the reality of women's reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of women 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 Government's compliance with the provisions of the CEDAW 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 Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 39/46, U.N. GAOR, 34th Sess., Supp. No 46, at 193, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981) [hereinafter *CEDAW Convention*].

² Committee on the Elimination of Discrimination against Women (CEDAW Committee), General Recommendation 24, *Women and Health*, art. 12, ¶ 1, U.N. Doc. A/54/38 (Part I) (1999) [hereinafter *CEDAW General Recommendation 24*].

³ *Id.* ¶ 2.

⁴ *CEDAW General Recommendation 24, supra* note 2, ¶ 4.

⁵ *CEDAW General Recommendation 24, supra* note 2, ¶ 31 (b).

⁶ *CEDAW General Recommendation 24, supra* note 2, ¶ 31 (e).

⁷ CEDAW Committee's Concluding Observations to: **Antigua and Barbuda**, ¶ 258, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Bangladesh**, ¶ 438, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Belize**, ¶ 56, U.N. Doc. A/54/38 (1999); **Burkina Faso**, ¶ 274, U.N. Doc. A/55/38, (2000); **Colombia**, ¶ 395, U.N. Doc. A/54/38 (1999); **Democratic Republic of the Congo**, ¶ 227, U.N. Doc. A/55/38 (2000); **Ghana**, ¶¶ 31–32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Greece**, ¶ 207, U.N. Doc. A/54/38 (1999); **Guinea**, ¶ 128, U.N. Doc. A/56/38 (2001); **Hungary**, ¶ 254, U.N. Doc. A/51/38 (1996); **Ireland**, ¶ 186, U.N. Doc. A/54/38 (1999); **Lithuania**, ¶ 158, U.N. Doc. A/55/38 (2000); **Mali**, ¶ 33, U.N. Doc. CEDAW/C/MLI/CO/5 (2006); **Mexico**, ¶ 32, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); **Mongolia**, ¶ 273, U.N. Doc. A/56/38 (2001); **Morocco**, ¶ 68, U.N. Doc. A/52/38/Rev.1 (1997); **Paraguay**, ¶ 123, U.N. Doc. A/51/38 (1996); **Peru**, ¶ 341, U.N. Doc. A/53/38/Rev.1 (1998); **Philippines**, ¶ 27, U.N. Doc., CEDAW/C/PHI/CO/6 (2006); **Togo**, ¶ 28, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Zimbabwe**, ¶ 148, U.N. Doc. A/53/38 (1998).

⁸ *CEDAW General Recommendation 24, supra* note 2, ¶ 11.

⁹ CEDAW Committee's Concluding Observations to: **Armenia**, ¶ 50, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Cape Verde**, ¶ 29, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Hungary**, ¶ 254, U.N. Doc. A/51/38 (1996); **Iceland**, ¶ 84, U.N. Doc. A/51/38 (1996); **Israel**, ¶ 167, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Kazakhstan**, ¶ 106, U.N. Doc. A/56/38 (2001); **Luxembourg**, ¶ 210, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001).

¹⁰ CEDAW Committee's Concluding Observations to: **Antigua and Barbuda**, ¶ 258, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Georgia**, ¶ 112, U.N. Doc. A/54/38 (1999); **Luxembourg**, ¶ 221, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Myanmar**, ¶ 130, U.N. Doc. A/55/38 (2000).

¹¹ CEDAW Committee's Concluding Observations to: **Democratic Republic of the Congo**, ¶ 228, U.N. Doc. A/55/38 (2000).

¹² CEDAW Committee's Concluding Observations to **Mauritius**, ¶ 211, U.N. Doc. A/50/38 (1995).

¹³ *List of issues and questions with regard to the consideration of periodic reports. Lithuania*, CEDAW Committee, Pre-session working group, 40th and 41st Sessions, July 16-20, 2007, CEDAW/C/LTU/Q/4.

¹⁴ CEDAW Committee's Concluding Observations to: **Georgia**, ¶ 29, U.N. Doc. CEDAW/C/GEO/CO/3 (2006); **Jamaica**, ¶ 35, U.N. Doc. CEDAW/C/JAM/CO/5 (2006).

¹⁵ CEDAW Committee's Concluding Observations to: **Antigua and Barbuda**, ¶ 267, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Azerbaijan**, ¶ 73, U.N. Doc. A/53/38 (1998); **Belarus**, ¶ 374, U.N. Doc. A/55/38 (2000); **Bolivarian Republic of Venezuela**, ¶ 32, U.N. Doc. CEDAW/C/VEN/CO/6 (2006); **Burkina Faso**, ¶¶ 275-276, U.N. Doc. A/55/38 (2000); **Burundi**, ¶ 62, U.N. Doc. A/56/38 (2001); **Cameroon**, ¶ 60, U.N. Doc. A/55/38 (2000); **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Chile**, ¶ 20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); **China**, ¶ 300, U.N. Doc. A/54/38 (1999); **Colombia**, ¶ 396, U.N. Doc. A/54/38 (1999); **Cuba**, ¶ 27, U.N. Doc. CEDAW/C/CUB/CO/6 (2006); **Democratic Republic of the Congo**, ¶ 228, U.N. Doc. A/55/38 (2000); **Ethiopia**, ¶ 160, U.N. Doc. A/51/38 (1996); **Georgia**, ¶ 112, U.N. Doc. A/54/38 (1999); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Greece**, ¶ 208, U.N. Doc. A/54/38 (1999); **Hungary**, ¶ 260, U.N. Doc. A/51/38 (1996); **Israel**, ¶ 181, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Kyrgyzstan**, ¶ 37, U.N. Doc. A/54/38 (1999); **Lithuania**, ¶ 159, U.N. Doc. A/55/38 (2000); **Nepal**, ¶ 148, U.N. Doc. A/54/38 (1999); **Nigeria**, ¶ 171, U.N. Doc. A/53/38/Rev.1 (1998); **Paraguay**, ¶ 131, U.N. Doc. A/51/38 (1996); **Peru**, ¶ 342, U.N. Doc. A/53/38/Rev.1 (1998); **Philippines**, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Republic of Moldova**, ¶ 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); **Saint Lucia**, ¶ 32, U.N. Doc. CEDAW/C/LCA/CO/6 (2006); **Saint Vincent and the Grenadines**, ¶ 147, U.N. Doc. A/52/38/Rev.1 (1997); **Slovakia**, ¶ 92, U.N. Doc. A/53/38/Rev.1 (1998); **Slovenia**, ¶ 119, U.N. Doc. A/52/38/Rev.1 (1997); **Togo**, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Zimbabwe**, ¶ 161, U.N. Doc. A/53/38 (1998).

¹⁶ CEDAW Committee's Concluding Observations to **Luxembourg**, ¶ 221, U.N. Doc. A/52/38/Rev.1, Part II (1997).

¹⁷ CEDAW Committee's Concluding Observations to: **Belarus**, ¶ 374, U.N. Doc. A/55/38 (2000); **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Colombia**, ¶ 396, U.N. Doc. A/54/38 (1999); **Croatia**, ¶ 117, U.N. Doc. A/53/38 (1998); **Cuba**, ¶ 28, U.N. Doc. CEDAW/C/CUB/CO/6 (2006); **Estonia**, ¶ 112, U.N. Doc. A/57/38 (2002); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Greece**, ¶ 207, U.N. Doc. A/54/38 (1999); **Hungary**, ¶ 260, U.N. Doc. A/51/38 (1996); **Israel**, ¶ 181, U.N. Doc. A/52/38 Rev.1, Part II (1997); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001); **Nicaragua**, ¶ 303, U.N. Doc. A/56/38 (2001); **Slovakia**, ¶ 92, U.N. Doc. A/53/38/Rev.1 (1998); **Togo**, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Viet Nam**, ¶ 267, U.N. Doc. A/56/38 (2001).

¹⁸ *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Lithuania. 30/06/2000*, ¶¶ 158-161, U.N. Doc. A/55/38 (2000). [hereinafter *Concluding Observations of CEDAW: Lithuania (2000)*]. See, also the following CEDAW Committee's Concluding Observations to: **Bangladesh**, ¶ 438, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Burkina Faso**, ¶ 274, U.N. Doc. A/55/38 (2000); **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Colombia**, ¶ 396, U.N. Doc. A/54/38 (1999); **Eritrea**, ¶ 23, U.N. Doc. CEDAW/C/ERI/CO/3 (2006); **Mali**, ¶ 33, U.N. Doc. CEDAW/C/MLI/CO/5 (2006); **Paraguay**, ¶ 123, U.N. Doc. A/51/38 (1996); **Peru**, ¶ 341, U.N. Doc. A/53/38/Rev.1 (1998); **South Africa**, ¶ 36, U.N. Doc. A/53/38/Rev.1 (1998); **Togo**, ¶ 28, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Ukraine**, ¶ 287, U.N. Doc. A/51/38 (1996).

¹⁹ *Concluding Observations of CEDAW: Lithuania (2000)*, ¶ 158. See also the following CEDAW Committee's Concluding Observations to: **Bosnia and Herzegovina**, ¶ 35, U.N. Doc. CEDAW/C/BIH/CO/3 (2006); **Burundi**, ¶ 62, U.N. Doc. A/56/38 (2001); **Cape Verde**, ¶¶ 29, U.N. Doc.

CEDAW/C/CPV/CO/6 (2006); **Cuba**, ¶ 27, U.N. Doc. CEDAW/C/CUB/CO/6 (2006); **Estonia**, ¶ 111, U.N. Doc. A/57/38 (2002); **Georgia**, ¶ 111, U.N. Doc. A/54/38 (1999); **Greece**, ¶ 207, U.N. Doc. A/54/38 (1999); **Guyana**, ¶ 621, U.N. Doc. A/50/38 (1995); **Hungary**, ¶ 260, U.N. Doc. A/51/38 (1996); **Jamaica**, ¶ 35, U.N. Doc. CEDAW/C/JAM/CO/5 (2006); **Kazakhstan**, ¶¶ 105–106, U.N. Doc. A/56/38 (2001); **Kyrgyzstan**, ¶¶ 136–137, U.N. Doc. A/54/38 (1999); **Lithuania**, ¶ 158, U.N. Doc. A/55/38 (2000); **Luxembourg**, ¶¶ 210, 221, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Mongolia**, ¶ 273, U.N. Doc. A/56/38 (2001); **Myanmar**, ¶ 130, U.N. Doc. A/55/38 (2000); **Romania**, ¶ 314, U.N. Doc. A/55/38 (2000); **Slovakia**, ¶¶ 91–92, U.N. Doc. A/53/38/Rev.1 (1998); **Slovenia**, ¶¶ 107, 119, U.N. Doc. A/52/38/Rev.1 (1997); **Togo**, ¶ 28, U.N. Doc. CEDAW/C/TGO/CO/5 (2006).

²⁰ *Considerations of reports submitted by State Parties under Article 44 of the Convention. Concluding observations: Lithuania*, Committee on the Rights of the Child, 41st Session, March 17, 2006, ¶ 50, CRC/C/LTU/CO/2.

²¹ UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 2004, at 104 (2004) [hereinafter UNFPA, STATE OF THE WORLD]. Modern methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.

²² UNITED NATIONS POPULATION FUND (UNFPA) website, available at <http://www.unfpa.org/worldwide>. See also: http://www.unfpa.org/swp/2003/presskit/pdf/indicators_eng.pdf (last visited March 25, 2008).

²³ UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 2005, at 109 (2005), available at http://www.unfpa.org/swp/2005/images/e_indicator1.pdf.

²⁴ Statistic Department of Lithuania. Information on file with the Family Planning and Sexual Health Association of Lithuania.

²⁵ Information on file with the Family Planning and Sexual Health Association of Lithuania.

²⁶ INTERNATIONAL HELSINKI FEDERATION FOR HUMAN RIGHTS (IHF), WOMEN 2000 – AN INVESTIGATION INTO THE STATUS OF WOMEN’S RIGHTS IN CENTRAL AND SOUTH-EASTERN-EUROPE AND THE NEWLY INDEPENDENT STATES, at 282 (2000), available at http://www.ihf-hr.org/documents/doc_summary.php?sec_id=3&d_id=1467 (last visited March 25, 2008).

²⁷ H.E. Dr. Gediminas Serksnys, Statement to U.N. G.A. 56th Sess., Comm. on Population and Development 35th Sess., *Reproductive rights and reproductive health, with special attention to human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)* (April 2002), available at <http://www.un.int/lithuania/CPD-35-56.HTM>, (last visited March 17, 2008).

²⁸ Lithuanian Health Information Centre. Information on file with the Family Planning and Sexual Health Association of Lithuania. See also the information on Lithuania from World Health Organization Regional Office for Europe, European health for all database (HFA-DB), Updated: November 2007, available at <http://data.euro.who.int/hfadb/profile/profile.php?w=1024&h=768> (last visited March 25, 2008).

²⁹ Statistic Department of Lithuania. Information on file with the Family Planning and Sexual Health Association of Lithuania. See also the information on Lithuania from World Health Organization Regional Office for Europe, European health for all database (HFA-DB), Updated: November 2007, available at <http://data.euro.who.int/hfadb/profile/profile.php?w=1024&h=768> (last visited March 25, 2008).

³⁰ Sedgh G, Henshaw S, Singh S, Åhman E, Shah IH, Induced abortion: rates and trends worldwide. *Lancet* 2007; 370: 1338–45 as cited by Guttmacher Institute, Facts on induced abortion worldwide, October 2007, available at http://www.guttmacher.org/pubs/fb_IAW.html#1 (last visited March 25, 2008).

³¹ Sedgh G, Henshaw S, Singh S, Åhman E, Shah IH, Induced abortion: rates and trends worldwide. *Lancet* 2007; 370: 1338–45 as cited by Guttmacher Institute, Facts on induced abortion worldwide, October 2007, available at http://www.guttmacher.org/pubs/fb_IAW.html#1 (last visited March 25, 2008).

³² CEDAW Committee’s Concluding Observations to **Mexico**, 25/08/2006, U.N. Doc. CEDAW/C/MEX/CO/6 (2006).

³³ Letter to the SMCA to the The Family Planning and Sexual Health Association of 10/24/2005, No. 22-/22-293, Saltoniskiu 58, 08105 Vilnius.

³⁴ *Concluding Observations of the Human Rights Committee: Lithuania*, HRC, 80th Sess., ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004); *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Lithuania*, CEDAW Committee, 23rd Sess., ¶ 159, U.N. Doc A/55/38 (2000); *Concluding Observations of the Committee of Economic, Social and Cultural Rights: Lithuania*, CESCR, 22nd Sess., ¶ 50, U.N. Doc. E/C.12/1/Add.96 (2004).

³⁵ *Considerations of reports submitted by State Parties under Article 44 of the Convention. Concluding observations: Lithuania*, Committee on the Rights of the Child, 41st Session, March 17, 2006, ¶ 50, CRC/C/LTU/CO/2.

³⁶ CEDAW Committee's Concluding Observations to **Philippines**, 25/08/2006, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6.

³⁷ CEDAW Committee's Concluding Observations to **Dominican Republic**, 18/08/2004, ¶ 309, U.N. Doc. A/59/38 (SUPP).

³⁸ CEDAW Committee's Concluding Observations to: **Democratic Republic of Congo**, 25/08/2006, ¶ 36, U.N. Doc. CEDAW/C/COD/CO/5; **Mali**, 03/02/2006, ¶ 34, U.N. Doc. CEDAW/C/MLI/CO/5.

³⁹ Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health* (20th Sess., 1999), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 244, ¶ 14, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

⁴⁰ Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health* (20th Sess., 1999), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 244, ¶ 11, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

⁴¹ CEDAW Committee's Concluding Observations to: **Andorra**, 31/07/2001, ¶ 48, U.N. Doc. A/56/38; **Antigua and Barbuda**, 12/08/97, ¶ 258, U.N. Doc. A/52/38/Rev.1, Part II; **Belize**, 01/07/99, ¶ 56, U.N. Doc. A/54/38; **Bolivia**, 31/05/95, ¶ 82, U.N. Doc. A/50/38; **Chile**, 31/05/95, ¶ 139, U.N. Doc. A/50/38; **Chile**, 09/07/99, ¶ 228, U.N. Doc. A/54/38; **Chile**, 25/08/2006, ¶ 19, U.N. Doc. CEDAW/C/CHI/CO/4; **Colombia**, 04/02/99, ¶ 393, U.N. Doc. A/54/38; **Cyprus**, 09/05/96, ¶ 55, U.N. Doc. A/51/38; **Dominican Republic**, 14/05/98, ¶ 337, U.N. Doc. A/53/38; **Ireland**, 01/07/99, ¶ 185, U.N. Doc. A/54/38; **Jordan**, 27/01/2000, ¶ 180, U.N. Doc. A/55/38; **Liechtenstein**, 01/02/99, ¶ 169, U.N. Doc. A/54/38; **Luxembourg**, 12/08/97, ¶ 210, U.N. Doc. A/52/38/Rev.1, Part II; **Mauritius**, 31/05/95, ¶ 196, U.N. Doc. A/50/38; **Mauritius**, 25/08/2006, ¶ 30, U.N. Doc. CEDAW/C/MAR/CO/5; **Namibia**, 12/08/97, ¶ 111, U.N. Doc. A/52/38/Rev.1, Part II; **Nepal**, 01/07/99, ¶¶ 139, 147, U.N. Doc. A/54/38; **Panama**, 02/07/98, ¶ 201, U.N. Doc. A/55/38/Rev.1; **Paraguay**, 09/05/96, ¶ 131, U.N. Doc. A/51/38; **Peru**, 08/07/98, ¶ 339, U.N. Doc. A/53/38/Rev.1; **Saint Vincent and the Grenadines**, 12/08/97, ¶ 140, U.N. Doc. A/52/38/Rev.1; **Suriname**, 02/02/2007, ¶ 29, U.N. Doc. CEDAW/C/SUR/CO/3; **United Kingdom of Great Britain and Northern Ireland**, 01/07/99, ¶ 309, U.N. Doc. A/55/38; **Venezuela**, 12/08/97, ¶ 236, U.N. Doc. A/52/38/Rev.1; **Zimbabwe**, 14/05/98, ¶ 159, U.N. Doc. A/53/38.

⁴² CEDAW Committee's Concluding Observations to **Chile**, 25/08/2006, ¶ 19, U.N. Doc. CEDAW/C/CHI/CO/4.

⁴³ CEDAW Committee's Concluding Observations to **Chile**, 25/08/2006, ¶ 19, U.N. Doc. CEDAW/C/CHI/CO/4.

⁴⁴ CEDAW Committee's Concluding Observations to: **Chile**, 25/08/2006, ¶ 19, U.N. Doc. CEDAW/C/CHI/CO/4; **Antigua and Barbuda**, 12/08/97, ¶ 258, U.N. Doc. A/52/38/Rev.1, Part II.

⁴⁵ CEDAW Committee's Concluding Observations to: **Belize**, 01/07/99, ¶ 56, U.N. Doc. A/54/38; **Chile**, 09/07/99, ¶ 228, U.N. Doc. A/54/38; **Colombia**, 04/02/99, ¶ 393, U.N. Doc. A/54/38; **Dominican Republic**, 14/05/98, ¶ 337, U.N. Doc. A/53/38; **Paraguay**, 09/05/96, ¶ 131, U.N. Doc. A/51/38.

⁴⁶ CEDAW Committee's Concluding Observations to: **Andorra**, 31/07/2001, ¶ 48, U.N. Doc. A/56/38; **Argentina**, 23/07/97, ¶ 319, U.N. Doc. A/52/38 Rev.1, Part II; **Belize**, 01/07/99, ¶ 57, U.N. Doc. A/54/38; **Burkina Faso**, 31/01/2000, ¶ 276, U.N. Doc. A/55/38; **Cameroon**, 26/06/2000, ¶ 60, U.N. Doc. A/55/38; **Chile**, 31/05/95, ¶ 158, U.N. Doc. A/50/38; **Chile**, 09/07/99, ¶ 229, U.N. Doc. A/54/38; **Colombia**, 04/02/99, ¶ 394, U.N. Doc. A/54/38; **Dominican Republic**, 14/05/98, ¶ 349, U.N. Doc. A/53/38; **Dominican Republic**, 18/08/2004, ¶ 285, U.N. Doc. A/59/38 (SUPP); **Ireland**, 01/07/99, ¶ 186, U.N. Doc. A/54/38; **Jordan**, 27/01/2000, ¶ 181, U.N. Doc. A/55/38; **Mauritius**, 31/05/95, ¶ 196, U.N. Doc. A/50/38; **Mauritius**, 25/08/2006, ¶ 31, U.N. Doc. CEDAW/C/MAR/CO/5; **Mexico**, 14/05/98, ¶ 408, U.N. Doc. A/53/38; **Namibia**, 12/08/97, ¶ 127, U.N. Doc. A/52/38/Rev.1, Part II; **Nepal**, 01/07/99, ¶¶ 139, 148, U.N. Doc. A/54/38; **Nicaragua**, 02/02/2007, ¶ 18, U.N. Doc. CEDAW/C/NIC/CO/6; **Panama**, 02/07/98, ¶ 201, U.N. Doc. A/55/38/Rev.1; **Paraguay**, 09/05/96, ¶ 131, U.N. Doc. A/51/38; **Peru**, 31/05/95, ¶¶ 446, 447, U.N. Doc. A/50/38; **Peru**, 08/07/98, ¶ 340, U.N. Doc. A/53/38/Rev.1; **Philippines**, 25/08/2006, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6; **Saint Vincent and the Grenadines**, 12/08/97, ¶ 148, U.N. Doc. A/52/38/Rev.1; **Suriname**, 02/02/2007, ¶ 30, U.N. Doc. CEDAW/C/SUR/CO/3; **United Kingdom of Great Britain and Northern Ireland**, 01/07/99, ¶ 310, U.N. Doc. A/55/38; **Zimbabwe**, 14/05/98, ¶ 159, U.N. Doc. A/53/38.

- ⁴⁷ CEDAW General Recommendation 24, at 244, ¶ 14, U.N. Doc. HRI/GEN/1/Rev.5 (2001). See also CEDAW Committee's Concluding Observations to: **Mauritius**, 25/08/2006, ¶ 31, U.N. Doc. CEDAW/C/MAR/CO/5; **Nicaragua**, 02/02/2007, ¶ 18, U.N. Doc. CEDAW/C/NIC/CO/6; **Philippines**, 25/08/2006, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6.
- ⁴⁸ CEDAW Committee's Concluding Observations to **Dominican Republic**, 18/08/2004, ¶ 285, U.N. Doc. A/59/38 (SUPP).
- ⁴⁹ CEDAW Committee's Concluding Observations to: **Belgium**, 09/05/96, ¶ 181, U.N. Doc. A/51/38; **Colombia**, 02/02/2007, ¶ 22, U.N. Doc. CEDAW/C/COL/CO/6; **France**, 18/07/2003, ¶ 239, U.N. Doc. A/59/38.
- ⁵⁰ CEDAW Committee's Concluding Observations to **Ireland**, 01/07/99, ¶ 185, U.N. Doc. A/54/38.
- ⁵¹ Parliamentary Assembly of the Council of Europe, Resolution 1607 (2008) *Access to safe and legal abortion in Europe*, paras. 7.1-7.4, available at: <http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta08/ERES1607.htm> [hereinafter *Resolution 1607 (2008)*].
- ⁵² *Resolution 1607 (2008)*, supra note 50, para. 4.
- ⁵³ Reg. No. XP-432(3), Act of the Republic of Lithuania on the protection of the human life in the prenatal stage.
- ⁵⁴ Reg. No. XP-432(2), Act of the Republic of Lithuania on the protection of the human life in the prenatal stage.
- ⁵⁵ *Concerning the conformity of the Bill on the Protection of Life in its Prenatal Stage presented to the Seimas of the Republic of Lithuania (XP-432(2)) with the Constitution of the Republic of Lithuania*, Conclusions of the Seimas Committee for Legal Affairs, November 4, 2005.
- ⁵⁶ *Conclusions concerning the preliminary assessment as to whether the Bill on the protection of the life in its prenatal stage presented to the Seimas of the Republic of Lithuania (XP-432(3)) is in conflict with the constitution of the Republic of Lithuania*, Committee for Legal Affairs, Seimas of the Republic of Lithuania, June 22, 2007.
- ⁵⁷ Letter of 110 Members of the European Parliament sent to the Lithuanian Parliament, February 2008. On file with the Center for Reproductive Rights.
- ⁵⁸ Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health*, ¶ 23, U.N. Doc. A/54/38/Rev.1 (1999).
- ⁵⁹ *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Lithuania*, CEDAW Committee, 23rd Sess., paras. 158–159, U.N. Doc. A/55/38 (2000).
- ⁶⁰ CEDAW Committee's Concluding Observations to: **Antigua and Barbuda**, ¶¶ 258, 267, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Belize**, ¶¶ 56–57, U.N. Doc. A/54/38 (1999); **Bolivarian Republic of Venezuela**, ¶ 32, U.N. Doc. CEDAW/C/VEN/CO/6 (2006); **Burundi**, ¶ 62, U.N. Doc. A/56/38 (2001); **Cape Verde**, ¶¶ 29–30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Chile**, ¶ 20, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); **Chile**, ¶ 227, U.N. Doc. A/54/38 (1999); **Colombia**, ¶ 608, U.N. Doc. A/50/38 (1995); **Democratic Republic of the Congo**, ¶ 228, U.N. Doc. A/55/38 (2000); **Dominican Republic**, ¶ 349, U.N. Doc. A/53/38 (1998); **Estonia**, ¶ 112, U.N. Doc. A/57/38 (2002); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Greece**, ¶¶ 207–208, U.N. Doc. A/55/38 (1999); **Hungary**, ¶ 260, U.N. Doc. A/51/38 (1996); **Jamaica**, ¶ 224, U.N. Doc. A/56/38 (2001); **Kazakhstan**, ¶ 106, U.N. Doc. A/56/38 (2001); **Lithuania**, ¶ 159, U.N. Doc. A/55/38 (2000); **Mexico**, ¶ 33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); **Mongolia**, ¶ 274, U.N. Doc. A/56/38 (2001); **Nepal**, ¶ 148, U.N. Doc. A/54/38 (1999); **Nicaragua**, ¶ 303, U.N. Doc. A/56/38 (2001); **Philippines**, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Peru**, ¶ 342, U.N. Doc. A/53/38 (1998); **Republic of Moldova**, ¶ 110, U.N. Doc. A/55/38 (2000); **Romania**, ¶ 315, U.N. Doc. A/55/38 (2000); **Saint Vincent and the Grenadines**, ¶ 147, U.N. Doc. A/52/38/Rev.1 (1997); **Slovakia**, ¶ 92, U.N. Doc. A/53/38/Rev.1 (1998); **Slovenia**, ¶ 119, U.N. Doc. A/52/38/Rev.1 (1997); **Spain**, ¶ 266, U.N. Doc. A/54/38 (1999); **Trinidad and Tobago**, ¶ 158, U.N. Doc. A/57/38, Part I (2002); **Togo**, ¶ 29, U.N. Doc. CEDAW/C/TOG/CO/5 (2006); **Uganda**, ¶ 338, U.N. Doc. A/50/38 (1995); **United Kingdom of Great Britain and Northern Ireland**, ¶¶ 309–310, U.N. Doc. A/54/38 (1999); **Uzbekistan**, ¶¶ 185–186, U.N. Doc. A/56/38 (2001); **Vietnam**, ¶¶ 266–267, U.N. Doc. A/56/38 (2001); **Zimbabwe**, ¶¶ 160–161, U.N. Doc. A/53/38 (1998).
- ⁶¹ CEDAW Committee's Concluding Observations to **Turkmenistan**, ¶¶ 30–31, U.N. Doc. CEDAW/C/TKM/CO/2 (2006).

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- ⁶² CEDAW Committee's Concluding Observations to **Republic of Moldova**, ¶ 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006).
- ⁶³ CEDAW Committee's Concluding Observations to **Estonia**, ¶ 77, U.N. Doc. A/57/38, Part I (2002); **Uruguay**, ¶ 170, U.N. Doc. A/57/38 (2002).
- ⁶⁴ CEDAW Committee's Concluding Observations to: **Bolivarian Republic of Venezuela**, ¶ 32, U.N. Doc. CEDAW/C/VEN/CO/6 (2006); **Cape Verde**, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); **Chile**, ¶ 18, U.N. Doc. CEDAW/C/CHI/CO/4 (2006); **Estonia**, ¶ 112, U.N. Doc. A/57/38 (2002); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Mauritius**, ¶ 31, U.N. Doc. CEDAW/C/MAR/CO/5 (2006); **Mexico**, ¶ 33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); **Philippines**, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); **Togo**, ¶ 32, U.N. Doc. CEDAW/C/TOG/CO/5 (2006).
- ⁶⁵ CEDAW Committee's Concluding Observations to **Chile**, ¶ 18, U.N. Doc. CEDAW/C/CHI/CO/4 (2006).
- ⁶⁶ *Id.*; see also *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Lithuania*, CEDAW Committee, 23rd Sess., ¶ 159, U.N. Doc. A/55/38 (2000); *Concluding Observations of the Committee of Economic, Social and Cultural Rights: Lithuania*, CESCR, 22nd Sess., ¶ 28, U.N. Doc. E/C.12/1/Add.96 (2004).
- ⁶⁷ *Concluding Observations of the Human Rights Committee: Lithuania*, HRC, 80th Sess., ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004); *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Lithuania*, CEDAW Committee, 23rd Sess., ¶ 159, U.N. Doc. A/55/38 (2000); *Concluding Observations of the Committee of Economic, Social and Cultural Rights: Lithuania*, CESCR, 22nd Sess., ¶ 50, U.N. Doc. E/C.12/1/Add.96 (2004).
- ⁶⁸ *Considerations of reports submitted by State Parties under Article 44 of the Convention. Concluding observations: Lithuania*, Committee on the Rights of the Child, 41st Session, March 17, 2006, ¶ 51, CRC/C/LTU/CO/2.
- ⁶⁹ *Concluding Observations of the Human Rights Committee: Lithuania*, HRC, 80th Sess., ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004).
- ⁷⁰ *Considerations of reports submitted by State Parties under Article 44 of the Convention. Concluding observations: Lithuania*, Committee on the Rights of the Child, 41st Session, March 17, 2006, ¶ 50, CRC/C/LTU/CO/2.
- ⁷¹ *Id.*
- ⁷² *Concluding Observations of the Committee of Economic, Social and Cultural Rights: Lithuania*, CESCR, 22nd Sess., ¶¶ 28, 50, U.N. Doc. E/C.12/1/Add.96 (2004).
- ⁷³ *Considerations of reports submitted by State Parties under Article 44 of the Convention. Concluding observations: Lithuania*, Committee on the Rights of the Child, 41st Session, March 17, 2006, ¶ 50, CRC/C/LTU/CO/2.
- ⁷⁴ ASTRA Network, *Sexuality Education in Europe*, at 19-20 (2007) available at http://www.astra.org.pl/note_sexedu.pdf (last visited March 25, 2008).
- ⁷⁵ IPPF European Network, *Sexuality Education in Europe. A Reference Guide to Policies and Practices*, at 60-61 (2006), available at: <http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf> (last visited March 25, 2008).
- ⁷⁶ Lithuanian Family Planning Association and Catholics for Free Choice Europe, *Brochure Strong Family – Strong State*.
- ⁷⁷ Minister of Education and Science, Order No ISAK-179 of 7 February 2007 (Valstybes zinios (Official Gazette) No 19-740, 2007) & Order No ISAK-261 of 14 February 2006 (Valstybes zinios (Official Gazette) No23-766, 2006).
- ⁷⁸ *Sex and sexual education in schools*, Statement by the Lithuanian Member of Parliament Marija Aušrinė Pavilionienė, given to the IPPF European Network, in November 2007. (Information on file with the Family Planning and Sexual Health Association of Lithuania).
- ⁷⁹ Astra Network, *Youth's Voices. Report on sexual reproductive health and rights in the Central and Eastern Europe and Balkan Countries*, May 2006, at 38, available at <http://www.astra.org.pl> (last visited March 25, 2008).
- ⁸⁰ World Health Organization Regional Office for Europe, *Sexually transmitted infections/HIV/AIDS*, available at http://www.euro.who.int/aids/ctryinfo/overview/20060118_27 (last visited March 25, 2008).
- ⁸¹ See *supra* Section I-A-2.

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- ⁸² Statistic Department of Lithuania (Information on file with the Family Planning and Sexual Health Association of Lithuania).
- ⁸³ Statistic Department of Lithuania (Information on file with the Family Planning and Sexual Health Association of Lithuania).
- ⁸⁴ Lietuvos Sveikatos Informacijos Centras [Health Information Centre], *Ataskaita apie abortus* [Report on Abortions] (1998).
- ⁸⁵ *CEDAW Convention*, *supra* note 1, Article 5 (a).
- ⁸⁶ *CEDAW General Recommendation 24*, *supra* note 2, ¶ 31 (a).
- ⁸⁷ Committee on the Elimination of Discrimination against Women (CEDAW Committee), General Recommendation 23, *Women in Political and Public Life*, ¶¶ 10-11, (16th session, 1997) [hereinafter *CEDAW General Recommendation 23*].
- ⁸⁸ Committee on the Elimination of Discrimination against Women (CEDAW Committee), General Recommendation 19, *Violence against Women*, ¶ 11, (eleventh session, 1992) [hereinafter *CEDAW General Recommendation 19*].
- ⁸⁹ *Concluding Observations of CEDAW: Lithuania (2000)*, *supra* note 18, ¶¶ 138-139.
- ⁹⁰ Draft Resolution Regarding Approval of the Conceptual Framework for National Family Policy, Seimas of the Republic of Lithuania, No.XP-2390, 07/05/2007, para. 3.2.6 [hereinafter *Draft Resolution*].
- ⁹¹ *Draft Resolution*, *supra* note 91, paras. 3.2.2, 4.1.2, 4.5.5, 4.5.7.
- ⁹² *Draft Resolution*, *supra* note 91, paras. 4.1.1, 4.1.7, 4.5.5, 4.5.8.
- ⁹³ *Draft Resolution*, *supra* note 91, paras. 4.5.5, 4.5.8.
- ⁹⁴ Statement by the Delegation of the Republic of Lithuania, delivered by Dr. Giedre Purvaneckiene, State Counsellor for Women's Affairs, Head of Delegation to the Fourth World Conference on Women, 6 September 1995 Beijing, China available at <http://www.un.org/esa/gopherdata/conf/fwcw/conf/gov/950906202215.txt>