January 24, 2013

CEDAW Secretariat
Office of the High Commissioner for Human Rights (OHCHR)
Palais Wilson
52, rue des Paquis
CH-1201 Geneva
Switzerland

Re: Supplementary information on Pakistan, scheduled for review by the Committee on the Elimination of Discrimination against Women during its 54th session

Dear Committee Members:

This letter intends to supplement the fourth periodic report of the Government of Pakistan (state party), scheduled for review by this Committee during its 54th session. The Center for Reproductive Rights (the Center) hopes to further the work of the Committee on the Elimination of Discrimination against Women (CEDAW Committee) by reporting information concerning reproductive rights in Pakistan protected in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In this letter, the Center also respectfully proposes questions to pose to the state party during the session and recommendations to include in Concluding Observations to Pakistan.

Since the 2007 review, several reproductive health-related recommendations made previously by this Committee to Pakistan remain unaddressed. **Pakistan remains amongst the top ten countries accounting for the most maternal deaths worldwide** and has the **highest maternal mortality rate in South Asia**, with an estimated 14,000 women dying annually.[1] Pakistan's restrictive abortion law, coupled with a lack of national policies and guidelines on abortion and post-abortion care and the state party's failure to effectively address the root causes leading to unwanted pregnancies, claims the lives of thousands of women each year. In addition, the state party maintains a sweeping declaration to CEDAW that states its accession to the Convention is subject to the provisions of its own Constitution.[2]

The first part of this letter will provide updated information on three issues highlighted by the CEDAW Committee during the previous review: high rates of maternal mortality and morbidity, lack of access to safe abortion, and the unmet need for contraceptive information and services. The second part of this letter will discuss areas where women and girls, particularly adolescents, poor women, and rural women, experience discrimination in their enjoyment of their reproductive rights as guaranteed under CEDAW. The letter concludes with suggested questions and recommendations for the Committee's consideration.

I. The Right to Reproductive Health Information and Services (Articles 12, 10(h), & 16)

Reproductive health information and services remain inaccessible to many women in Pakistan due to lack of investment in health programs, restrictive laws relating to abortion, lack of information on family planning, and religious and traditional influences. These barriers violate CEDAW Articles 12,[3] 10(h),[4] and 16.[5] Additionally, through General Recommendation 24, Concluding Observations, and more recently in *Alyne da Silva Pimentel Teixeira v. Brazil*, the CEDAW Committee has repeatedly reaffirmed state obligations arising from the right to survive pregnancy and childbirth.[6] The CEDAW Committee recognized in *Alyne* that the "lack of appropriate maternal health services has a differential impact on the right to life of women."[7] The CEDAW Committee has noted that it is "discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women."[8]

A. Maternal Mortality and Morbidity

Maternal mortality and morbidity are important indicators of women's access to reproductive health care and represent deeply entrenched gender discrimination and social injustice. The CEDAW Committee has framed the issue of maternal mortality as a violation of women's rights to life, health, and non-discrimination.[9] According to the state party's 2011 fourth periodic report to the CEDAW Committee, it has reduced its maternal mortality ratio (MMR) from 500 per 100,000 live births in 1994 to 280 in 2007-2008.[10] Pakistan's MMR is in stark contrast to countries where women have access to a full range of reproductive health services, such as Sweden, which has a MMR of 4.[11] By this estimation, **one in 89 Pakistani women will die during her lifetime of maternal causes**.[12] Unsurprisingly, the country is not on track to achieving its Millennium Development Goal (MDG) 5 on maternal health. While its MMR has been declining at an annual rate of 3%, it would have to reduce its MMR by at least 5.5% each year in order to meet MDG 5.[13]

The inconsistencies in available MMR statistics reflect the state party's failure to collect national data on maternal mortality. A report produced by the United Nations Population Fund (UNFPA) in 2010 estimates Pakistan's MMR to be significantly higher than what is stated in the state party's report to the Committee.[14] Another recent report by the World Health Organization (WHO), UNICEF, UNFPA, and The World Bank notes a MMR of 260, but classifies Pakistan as a country "lacking good complete civil registration data" on maternal deaths, qualifying estimates of a range of MMR from 150 to as high as 500.[15]

The state party's estimated decline in MMR is noteworthy; however, it is small in relation to the scope of the problem and does not reflect the deep disparities and inequities that remain within Pakistan. Estimates of progress cannot mask the fact that poor, rural, and marginalized women are suffering maternal mortality at rates far higher than the national average.[16] The heightened impact on these vulnerable populations is discussed in greater depth below. Moreover, the dearth of disaggregated data on maternal health in Pakistan impedes the state party's ability to effectively improve the maternal health status and outcomes of the most vulnerable sub-groups of women and shows a lack of urgent prioritization for the same.

The CEDAW Committee has previously expressed concern about the persistence of maternal mortality in Pakistan, which continues to be an obstacle to compliance with CEDAW and MDG 5. In its last set of Concluding Observations, the Committee urged Pakistan to reduce maternal mortality rates by identifying and addressing its causes.[17] It has linked high rates of maternal mortality to lack

of access to and insufficient availability of comprehensive reproductive health services;[18] lack of availability of safe abortion services;[19] and lack of access to quality post-abortion care for complications resulting from unsafe abortion.[20] The Committee has also recognized that high MMRs are an indicator of underlying gender discrimination.[21]

1. *Maternal Health Services Must Be Expanded and Improved in Order to Reduce Maternal Mortality*

The state party has introduced a series of health policies designed to improve maternal health throughout the country. In 2005, Pakistan established the Maternal, Newborn and Child Health Programme (MNCH) with an accompanying National MNCH Strategic Framework (2005-2015) to serve as a unified national policy on maternal health.[22] The MNCH Framework focuses on improving accessibility of quality health services and strengthening existing district health systems.[23] The National Health Policy 2009 was enacted to provide better access to and quality of essential health services for preventive care, maternal and child health, and nutrition.[24] In the National Population Policy – 2010, the state party acknowledged that lack of access to and affordability of quality family planning services contribute to unwanted pregnancies,[25] and set out to reduce population growth by, among other initiatives, minimizing the unmet need for family planning.[26] The Poverty Reduction Strategic Plan II includes maternal and child health and family planning in its essential health services package.[27] Lastly, the National Policy for Development and Empowerment of Women promotes non-coercive family planning methods through a rights-based approach.[28]

Despite these policies and programs, women in Pakistan continue to face extremely high risks of maternal mortality and morbidity. Pakistan has the **fourth highest number of maternal deaths in the world**,[29] **even though its population size ranks sixth**.[30] Data on maternal mortality indicates that Pakistan is far from meeting its international and national commitments to reduce its MMR. Notably, the MNCH Framework called for a reduction of MMR to 200 by 2011, which it failed to meet. In addition, **the state party would need to halve its MMR to reach its MDG of 140 by 2015**, which, it states, "will be challenging and require immense resources and efforts."[31] Additionally, the state party has recognized maternal morbidity as a common outcome of maternal health complications, stating that one in 16 suffer from chronic and long-lasting reproductive tract diseases.[32]

The failure to translate policy commitments into the desired outcomes in reducing maternal mortality and morbidity reflects serious gaps in implementation. Notably, the health system in Pakistan continues to suffer from a lack of investment by the national government. According to WHO statistics, Pakistan's investment in the health sector is amongst the lowest in the world.[33] Specifically, the state party's total health expenditure has consistently decreased over the past ten years, from 0.72% of total GDP in 2000-2001 to 0.23% in 2010-2011.[34] **The percent change from 2009-2010 to 2010-2011 alone amounted to a 47% decrease in government health expenditures – its largest change in health spending over the last ten years**.[35] The CEDAW Committee obligates states to "take appropriate legislative, judicial, administrative, **budgetary**, economic and other measures to the maximum extent of their available resources to ensure that women realize their rights to health care," and links high maternal mortality and morbidity rates with a failure to do so.[36] The decreasing trend in health spending indicates that this obligation is not being met by Pakistan.

2. *Limited Access to Reproductive Health Services and Low Prevalence of Skilled Birth Attendants*

The CEDAW Committee has emphasized the importance of skilled birth attendants in ensuring safe pregnancy and childbirth,[37] and Article 12(2) of CEDAW requires states parties to provide free maternal health services where necessary.[38] Pakistan should be applauded for the success of its Lady Health Workers (LHW) Programme, which trains female health workers to provide primary health services, including family planning services, within their communities, particularly in rural and poor urban areas.[39] According to Pakistan's Demographic and Health Survey (DHS), they have improved hygiene, contraceptive use, and iron supplementation.[40] The CEDAW Committee and the Committee on the Rights of the Child (CRC Committee) have acknowledged this service as a positive development,[41] and the state party claims it has expanded the program to every district in the country.[42]

Despite this progress, the program continues to fall short of meeting its goals. The increase in LHWs has not sufficiently expanded to remote and under-developed districts where there continues to be a lack of qualified health providers.[43] While it aimed to employ 100,000 LHWs by 2005,[44] as of 2009 only 95,000 had been recruited;[45] even less are currently working.[46] In addition, their level of training remains inadequate; **according to a government report,** "**one in three LHWs failed to identify life-threatening conditions**."[47] Additionally, LHWs only provide 1% of women with prenatal care.[48] A recent evaluation of the program concluded that, "several reported weaknesses that need to be addressed include irregular supply of drugs, delayed disbursement of remuneration, poor district health system referral support. . . . Moreover, a need was felt to improve their communication skills and in their involvement in Basic Emergency Obstetric care services."[49] Pakistan must increase skilled birth attendance to 90% by 2015 in order to achieve MDG 5.[50] According to the DHS, the percent of women who receive prenatal care from a skilled health provider has steadily increased, from 33% in 1996 to 61% in 2006-2007.[51] Although this is an improvement, **over one-third of women still receive inadequate prenatal care**.[52]

Place of delivery is another indicator of the quality of maternal health services available and accessible to women. The MNCH Programme aims to reduce the number of maternal deaths by ensuring prenatal and postnatal care and availability of emergency obstetric services within reasonable distance.[53] **In Pakistan, only 34% of births occur in health facilities, while the rest of women give birth at home**.[54] Reasons for not giving birth in a health facility mirror those cited for not obtaining prenatal care; more than half believed it was not necessary, while others cited factors such as cost, distance from the health facility, prohibition by families, and that it was not customary.[55] Additionally, **traditional birth attendants assist over 50% of deliveries**, **while skilled providers assist just 39%**.[56] These trends reveal that the majority of Pakistani women do not have access to appropriate maternal health care services.

B. Restrictive Abortion Laws and Barriers to Safe Services Contribute to Maternal Mortality

Abortion is criminalized in Pakistan's Penal Code unless it is to save the life of the woman or provide "necessary treatment" before the organs of the fetus have been formed.[57] Once the organs have been formed, abortion is only permitted to save the life of the pregnant woman.[58] Aside from these two exceptions, **abortion in Pakistan remains criminalized on all other commonly recognized grounds, including in cases of rape, incest, and fetal impairment**.[59] Penalties for illegal abortion depend on the developmental stage of the fetus at the time of the abortion. Before

organs are formed, the offense is penalized under civil law (*ta'zir*) by imprisonment for up to three years if the woman consented and up to ten years if she did not.[60] After organs are formed, penalties are in the form of compensation to the heirs of the victim (*diyat*), and depending on the outcome of the abortion, imprisonment may be imposed as well.[61]

The only national study on the incidence of abortion in Pakistan[62] estimates that there were 890,000 induced abortions in 2002, making the estimated annual abortion rate 29 per 1,000 women ages 15-49.[63] At this rate, a Pakistani woman will have one abortion in her lifetime.[64] By contrast, in Western Europe, where abortion is generally legal under broad grounds, the abortion rate is 12 per 1,000 women.[65] A 2002 national study estimates that nearly 200,000 Pakistani women are hospitalized each year for complications from abortion, a self-admitted "heavy burden on the national public health system."[66] Restrictive abortion laws discriminate against women. Such laws especially discriminate against young and low-income women who are more vulnerable to unplanned pregnancies and less likely to have the resources to access safe abortion in Pakistan.

1. High Rates of Unsafe Abortion as a Cause of Maternal Mortality and Morbidity

In Pakistan, an estimated 6% of maternal deaths are caused by complications from abortion.[67] However, there is an absence of data on the incidence of abortion which points to the likelihood that this is a very conservative estimate[68] and many abortion-related deaths are not officially reported.[69] The language providing for the provision of abortion contained in the Penal Code lacks clarity, and in the absence of government-issued medical guidelines on service provision, is interpreted narrowly by providers. Furthermore, there is evidence of misreporting about the incidence of abortion: the Pakistan DHS concludes that some induced abortions might have been reported as miscarriages.[70] Meanwhile, Pakistan's 2010 MDG Report does not even contain information on the prevalence of abortion or on access to safe abortion services, revealing the state party's failure to even acknowledge this important public health crisis.[71] As a Population Council study notes, in countries with restrictive abortion laws such as Pakistan, women are reluctant to report abortion in surveys and as a result, "official statistics are unavailable."[72] General Recommendations 9 and 24 require states to take responsibility for providing detailed statistical information on the degree of their fulfillment of CEDAW obligations, yet there is a clear absence of data on unsafe abortion in Pakistan.[73]

The majority of women who seek out clandestine abortions under Pakistan's restrictive abortion law is married, over the age of 30, and already has three or more living children.[74] Almost one-fourth of women who undergo an abortion go to traditional providers, also known as dais, exacerbating their risk of complications,[75] with the figure significantly higher for poor and rural women.[76] Abortion in Pakistan is dangerous in part due to the methods employed by untrained providers. The most common ones are dilation and curettage and the insertion of various kinds of objects, which include knitting needles, catheters, and bamboo sticks.[77] Notably, manual vacuum aspiration, a safe and less-invasive procedure, is rarely used to induce abortion.[78] Immediate complications from such unsafe abortion methods include uterine perforation, heavy bleeding, injury to bladder and bowel, infection, and death.[79] Cost is a significant factor that drives women to seek abortions from traditional providers. While an abortion provided by a nurse-midwife was US $21-48 in 2002, traditional providers charged US $8-17 for services.[80]

The harsh impact of the restrictive and unclear abortion law is compounded by the difficulties faced by Pakistani women in obtaining access to post-abortion care for often life-threatening complications after resorting to unsafe abortions. An estimated 197,000 women, or more than one-third of women

who induce an abortion,[81] are admitted to public health facilities and private teaching hospitals each year for treatment of complications.[82] **Of these women, 19% first try to treat themselves for post-abortion complications**[83] **and wait 17 days on average before seeking treatment at a health facility**.[84] Yet the most commonly suffered complications require immediate treatment from skilled health care providers that have adequate access to medicines and other supplies.[85] Even so, only about half of poor women who are in need of post-abortion care receive treatment in hospitals.[86] The state party has even recognized the "high rate of (largely unacknowledged) morbidities associated with illegal abortions,"[87] demonstrating that complications resulting from unsafe abortion are widespread. However, the state party has yet to introduce any national policy or guidelines on post-abortion care.

In its previous Concluding Observations to Pakistan, the Committee expressed its deep concern that abortion is a punishable offense under Pakistani law, which may compel women to seek unsafe, illegal abortions that put their health and lives at risks.[88] Furthermore, the Committee called on the state party "to take measures to ensure that women do not seek unsafe medical procedures, such as illegal abortion, because of lack of appropriate services in regard to fertility control."[89] Echoing its recommendations to other states parties, it recommended that Pakistan review its abortion laws to remove penalties for women who obtain abortions; provide them with access to quality post-abortion care; and reduce maternal mortality rates.[90]

2. *Legal Restrictions and Lack of a Regulatory Framework for Safe Abortion and Post-abortion Care*

As noted by the CEDAW Committee, illegal and unsafe abortions are prevalent in countries that have restrictive abortion laws, such as Pakistan.[91] The sweeping nature of the law and the lack of clarity on the scope of a possible exception have further complicated access to safe abortion. The harsh nature of Pakistan's restrictive abortion law is illustrated by the lack of a rape and incest exception which means that **a woman who becomes pregnant as a result of rape or incest is not eligible for a legal abortion and must either procure one illegally, putting her life and health at risk, or carry an unwanted pregnancy to term.** Furthermore, the lack of clarity surrounding the demarcation of the two stages of pregnancy outlined in the Penal Code and the definition of "necessary treatment" has drawn criticism[92] and hindered the provision of legal abortion services. The gestational limit, defined in the Penal Code only as when "limbs or organs have been formed,"[93] has been interpreted under Islamic law as the fourth month of pregnancy.[94] There are no government-issued medical guidelines to clarify this, though, despite the responsibility of the state to provide them. As a result, health care providers are reluctant to perform induced abortions due to the general lack of awareness about the law, in addition to the social stigma around abortion.[95] The ambiguity of the term "necessary treatment," considered applicable to protect the health of the woman, is also conservatively interpreted by providers, who tend to only provide abortions for those with a "serious medical ailment."[96] Despite the criminalization of abortion and lack of clarity around the existing law, about **one in six pregnancies ends in abortion, indicating that induced abortion is an extremely common method of preventing unwanted births**.[97]

In 1997, the Commission of Inquiry for Women, set up through a resolution of the Senate to address various issues impacting women, issued a report recommending that "a woman's right to obtain an abortion by her own choice within the first 120 days of pregnancy should be unambiguously declared an absolute legal right."[98] The state party has not yet implemented this recommendation. In addition, in 2009, the Ministries of Health and Population Welfare in Pakistan signed the Karachi Declaration, a national strategy for scaling up family planning and maternal, newborn, and child health best

practices.[99] Among other priorities, the Karachi Declaration resolves to institutionalize post-abortion care "in policies, guidelines, protocols and standards for health facilities at national level." [100] However, the pledge made in the Karachi Declaration has yet to be translated into policies or institutional and monetary support to strengthen post-abortion care services in Pakistan.[101]

C. Barriers to access to the full range of modern contraceptives and related information and services

As has been recognized by the CEDAW Committee, lack of access to contraceptives contributes to maternal mortality by denying women the ability to prevent unwanted pregnancies and by exposing them to the risk of pregnancy complications as well as unsafe abortion complications. [102] The CEDAW Committee has explicitly linked the rate of abortion with low contraceptive use in Pakistan.[103] Despite having family planning programs in place since the late 1950s there continues to be a high level of unmet need for family planning, and progress has remained generally stagnant.

The state party recently launched the National Population Policy – 2010, which aims to achieve universal access to safe family planning services by 2015. [104] However, in its 2011 report to the CEDAW Committee, the state party stated that the contraceptive prevalence rate (CPR) *declined* from 36% in 2005-2006 to 30% in 2006-2007.[105] Additionally, it seeks to reduce the unmet need for family planning services from 25% to 10%.[106] The 2007 DHS reports a 25% unmet need for family planning among currently married women, however a report published by UNFPA in 2010 reports a 30% unmet need.[107] Meanwhile, **more than 70% of married women are currently not using any form of contraception**,[108] **and almost half of non-users do not intend to use contraception in the future**.[109] **As such, Pakistan is not on track to meeting targets specified under MDG 5 for contraceptive usage by 2015**, nor is it set to meet similar national commitments.

The government sector continues to be the major source of contraception, with 48% of users of modern methods obtaining them from a public source compared with 30% who go to private medical sources.[110] Accordingly, it is critical that the state party take heed of the CEDAW Committee's recommendation to make a comprehensive range of contraceptive information and services available and affordable without restrictions.[111]

1. Contraceptive Usage Impacted by Inaccurate Reproductive and Sexual Health Information

Lack of information and misinformation are significant barriers to contraceptive use in Pakistan. Twenty-five percent of women believe they are not at risk of pregnancy, while 15% have a fear of side effects or do not have adequate information about contraception.[112] Indeed, only 33% of those who are using a modern method were informed about potential side effects, and about the same number of users was told about other available methods.[113] Furthermore, as discussed above, LHWs are intended to provide family planning services to those who may have less access to them. The DHS, however, shows that less than one-quarter of non-users had received a visit from them in the 12 months preceding the survey.[114] Of those that did, only 9% were provided with information on family planning, while only 3% received family planning supplies.[115] In addition, the Population Welfare Programme primarily used electronic media to inform the population about family planning issues.[116] However, 56% of currently married women had not been exposed to a family planning message through either radio or television.[117]

The CEDAW Committee stresses in General Recommendation 21 the importance of access to information concerning contraceptives, stating that "[i]n order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services. . . ."[118]

2. *Disproportionate Burden of Contraceptives on Females*

Condom use is low in Pakistan; less than 7% of currently married women from 15-49 years old use condoms.[119] Low condom use indicates that women are almost exclusively responsible for family planning in comparison with men. Because condom use is the only modern contraceptive method that also protects against sexually transmitted infections (STIs), low condom use also puts women at risk for STIs, jeopardizing their right to health. Further, female sterilization is the most widely used method of family planning, while only 0.1% of males use sterilization as a means of family planning.[120] The state party's failure to alleviate the burden of contraceptive use experienced by women violates CEDAW. The CEDAW Committee has criticized states parties where contraception policies disproportionately burden women rather than ensuring contraceptives are the responsibility of both males and females.[121]

3. *Access to and Information about Emergency Contraception is Limited*

Emergency contraception is an essential medicine intended as a back-up contraceptive method in the event of unprotected intercourse or contraceptive failure.[122] As such, treaty monitoring bodies, including the CEDAW Committee, have recognized that emergency contraception fills a unique role in the range of modern contraceptive methods and is particularly valuable for survivors of sexual violence, adolescents, and other marginalized groups who may face greater barriers in accessing other contraceptive methods.[123] This Committee has urged states parties to make emergency contraception available.[124]

Although it is available in Pakistan, the least known method of contraception is emergency contraception – only about 18% of married or ever-married women have heard of it.[125] Not surprisingly, less than 1% of women who have heard of it have ever used emergency contraception.[126] Lack of information on emergency contraception contributes to its low usage: in one study, almost 90% of respondents said either they did not know if anything could be done to prevent pregnancy in 3 days after unprotected intercourse or thought that nothing could be done.[127] Furthermore, about one-third of women surveyed had a religious objection to using emergency contraception.[128] Limited access to and knowledge about emergency contraception further highlights the lack of access to a full range of contraceptive information and services for Pakistani women, counter to the CEDAW Committee's recommendations and CEDAW Article 12.[129]

II. Right to Non-discrimination (Articles 1, 2, 5, 12, 14, and 16)

CEDAW contains equality provisions which call for the elimination of discriminatory practices, such as early marriage[130] and violence against women,[131] and establishes a special obligation for states parties to ensure that marginalized women, including rural women[132] and adolescent girls,[133] do not suffer discrimination. The CEDAW Committee has expressed concern that forced and early marriages persist in Pakistan,[134] and it has asked the state party to implement measures to eliminate forced marriages.[135] Additionally, it has noted its "concern that violence against women and girls persists, including domestic violence, rape and crimes committed in the name of honour,"[136] and

urged the state party "to accord priority attention to the adoption of a comprehensive approach to address all forms of violence against women and girls."[137]

Despite these Concluding Observations to Pakistan as well as the CEDAW Committee's clear condemnation of discriminatory practices, early marriage and violence against women continue to impede the fulfillment of women's right to non-discrimination in Pakistan. In fact, many of these harmful practices are enshrined in national law, in contravention of CEDAW. Additional barriers to accessing reproductive health services exist for rural women, poor women, and adolescent girls. This section will elaborate upon each of these issues.

A. Marriage-Related Discrimination

The CEDAW Committee has taken a strong stance against women's inequality within marriage. The Committee has been particularly critical of traditional patriarchal gender stereotypes in the family and attitudes toward women's roles and responsibilities.[138] It has linked harmful cultural practices to women's unequal status in marriage and family relations, and has urged systematic and sustained action to eliminate stereotypes and negative cultural practices. Article 5(a) of CEDAW specifically calls on states parties to take "all appropriate measures" to eliminate practices that promulgate "the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women."[139] The Committee has also recommended that states parties monitor and assess the measures that are implemented with adjustments to improve their progress towards the achievement of stated goals.[140]

1. Early Marriage

Early marriage is legally permitted in Pakistan under the Child Marriage Restraint Act (1929) (CMRA), which sets the minimum age for marriage at 16 years for girls.[141] According to the 2007 DHS, **nearly 40% of women ages 25-49 were married by 18 years of age**.[142] Early marriage puts adolescent girls at risk for early pregnancy. The DHS underscores this point, noting that "[i]n Pakistan, marriage defines the onset of the socially acceptable time for childbearing."[143] Giving birth at an early age puts girls and adolescents at high risk of maternal death and morbidity, as this Committee, other treaty monitoring bodies, the WHO, and UNFPA have repeatedly emphasized.[144] In addition, girls aged 10-14 are five times more likely to die in pregnancy than women in their twenties, while girls aged 15-19 are twice as likely to die.[145] Given that 12-13% of Pakistani girls are married before age 15 and more than one-third marry before age 18,[146] girls and adolescents are increasingly susceptible to complications from pregnancy, including maternal mortality. When it does not cause death, early pregnancy takes a toll on young women's bodies and can lead to pregnancy-related morbidities, including uterine prolapse and fistula.[147]

Tradition places significant emphasis on marriage and family, and this is reflected in Pakistan's laws. While the Constitution of Pakistan states, "there shall be no discrimination on the basis of sex,"[148] and that "[n]othing in this Article shall prevent the State from making any special provision for the protection of women and children,"[149] its laws on marriage contradict these provisions. The CMRA sets the legal age for marriage at age 16 for females and 18 for males,[150] thereby violating women's right to equality under Article 1 of CEDAW.[151] In addition, it contains lenient punishments for violators of the law. **If found guilty, one would receive a sentence of up to just one month in prison, a fine of up to 1,000 rupees (US $10), or both**.[152]

The Dissolution of Muslim Marriages Act of 1939 (DMMA) offers a woman married under Islamic law grounds to dissolve her marriage if, according to section 2(vii), "she, having been given in marriage by her father or other guardian before she attained the age of sixteen years, repudiated the marriage before attaining the age of eighteen years: Provided that the marriage has not yet been consummated."[153] This provision, however, denies a legal remedy for a young girl given away in marriage before the legal age of 16 once she has turned 18 years of age. Furthermore, from a practical standpoint, given the pressure to start childbearing immediately after marriage and the lack of autonomy of married girls, it is difficult to meet the requirement that a marriage not be consummated in order for the option of dissolution to be valid.[154] Even more problematic is the fact that the consummation requirement for dissolution effectively promotes non-consensual sexual intercourse or marital rape of young girls by making it a basis for denying the dissolution of a marriage entered into as a child before 16 years of age.[155] **Only 1% of women ages 15-49 are divorced or separated, indicating how uncommon it is for a woman to leave her spouse**.[156] CEDAW Article 16 stipulates that women and men should have equal rights to enter into as well as dissolve a marriage.[157] In its latest Concluding Observations to Pakistan, the CEDAW Committee has specifically expressed concern that under DMMA "women do not enjoy equal rights with men during the dissolution of marriage."[158]

The CEDAW Committee considers 18 years of age to be the minimum age for marriage for men and women.[159] General Recommendation 21 acknowledges that countries such as Pakistan have different age requirements for marriage for men and women. It emphasizes that, "such provisions assume incorrectly that women have a different rate of intellectual development from men, or that their stage of physical and intellectual development at marriage is immaterial," and calls for their abolition.[160] General Recommendation 24 requires states parties to enact and enforce laws that prohibit the marriage of girl children.[161] In Concluding Observations to Pakistan, the Committee urged the state party to raise the minimum legal age of marriage to 18 years of age for girls and amend discriminatory provisions in DMMA to comply with CEDAW Articles 1 and 16(2), and General Recommendation 21.[162] The state party has yet to comply.

Registration of marriages and births are necessary to identify violations of the CMRA. Prior to 1961, marriages were not legally registered and therefore not reviewed by Pakistani civil authorities.[163] The Muslim Family Laws Ordinance, 1961 provides that, "[e]very marriage solemnized under Muslim Law shall be registered,"[164] and those who fail to are punishable with simple imprisonment for up to three months, a fine of up to 1,000 rupees, or both.[165] While this law has increased active registration of marriages, child marriages persist in defiance of the CMRA because of lack of proper screening of registration documents.[166] One study reports that parents register the underage child as being of legally marriageable age on paper, while others bribe the registrars.[167] Low birth registration further perpetuates the practice of registering illegal child marriages, as often there is no other way to prove that a girl is younger than 16 years of age.[168]

General Recommendation 21 requires that all marriages be registered, "whether contracted civilly or according to custom or religious law," to ensure equality between partners, compliance with a minimum age requirement for marriage, and the protection of children's rights.[169] The CEDAW Committee commented on the "inadequacy" of birth and marriage registrations and urged Pakistan to ensure the universal registration of both in its previous Concluding Observations.[170] The CRC Committee also raised this issue in Concluding Observations to Pakistan, stating that, "the Committee is concerned that more than 70 per cent of children are not registered at birth, especially girls, children belonging to a religious or minority group, refugee children and children living in rural areas."[171] The lack of registration of marriages and births in Pakistan enables child marriage to persist

and go unpunished, in contravention of CEDAW and multiple recommendations by treaty monitoring bodies.

The CEDAW Committee links the practice of forced marriage with "custom, religious beliefs or the ethnic origins of particular groups of people" and states that a woman's right to choose to enter into a marriage should be enshrined in law.[172] The Special Rapporteur on Violence against Women affirms that forced marriage "is a violation of internationally recognized human rights standards and cannot be justified on religious or cultural grounds."[173] In Concluding Observations to Pakistan, the CEDAW Committee asked the state party to implement measures to eradicate forced marriages[174] and expressed concern about the "deep-rooted traditional and cultural stereotypes regarding the roles and responsibilities of women and men in the family" in Pakistan.[175] Tradition and culture in Pakistan place significant emphasis on marriage and the family. As a result, whether the cause is poverty or protecting honor or religion, forced and early marriages continue to persist.[176] More specifically, stereotyped gendered roles tie girls to the home and leave them completely dependent on men.

Early and forced marriages have a significant health impact on young girls and women. Married girls ages 15-19 are the least informed about contraceptive methods,[177] and also exhibit the lowest contraceptive use of any age group.[178] The CRC Committee, in Concluding Observations on Pakistan, noted with concern "that the notion of adolescent's health and in particular adolescent reproductive health has still little acceptance in the Pakistani society."[179] Early marriages are significantly more prevalent in rural areas than urban ones.[180] The CRC Committee referred to the "**lack of access to sexual and reproductive health counselling and services, especially in rural areas**, and at the link between the high rate of abortion and low contraceptive use" and noted with concern that "clandestine abortion is a major cause of maternal mortality."[181]

The state party has attempted to prevent situations of forced and child marriage through a number of legislative bills. The Prevention of Anti-Women Practices (Criminal Law Amendment) Act, 2011 adds a new chapter to the Penal Code entitled "Offences against Women" that includes articles on the prohibition of forced marriage and marriage to the Quran.[182] The punishments for each are more stringent than those for child marriage, with stricter prison sentences and higher monetary penalties.[183] While the passage of this Act is commendable, there is urgent need for serious implementation. Lax enforcement of laws in Pakistan enables the continuance of harmful traditional practices with impunity. Additionally, although not yet passed, the Child Marriage Restraint (Amendment) Bill, 2009 would amend the CMRA to raise the minimum age for marriage to 18 years for girls and impose harsher penalties for violations of this law.[184] However, the entrenchment of child marriage as a traditional, religious, cultural practice and the prominent position that religion holds in the Pakistani judicial system are challenges to the passage of this amendment.[185] Until the bill becomes law girls will continue to legally enter into marriage at 16 years of age.

General Recommendation 21 affirms that customs, traditions, and lack of enforcement of laws enshrined in national constitutions that do not comply with CEDAW violate the Convention.[186] While Part II, "Fundamental Rights and Principles of Policy," of Pakistan's own Constitution establishes that, "[a]ny law, or any custom or usage having the force of law, in so far as it is inconsistent with the rights conferred by this Chapter, shall, to the extent of such inconsistency, be void,"[187] laws and practices that discriminate against women and girls remain in place.

2. *Marital rape*

Marital rape is not recognized as a crime under the Penal Code in Pakistan.[188] Following the passage of the Offence of Zina (Enforcement Of Hudood) Ordinance, 1979 (Hudood Ordinance), rape became excluded from the Pakistan Penal Code,[189] only to be put back in 2006. Moreover, no national law on domestic violence exists.[190] Statistically, married women constitute the majority of survivors of violence.[191] Furthermore, one study emphasizes that domestic violence and rape are the "most concealed and under-reported" forms of violence against women.[192] In the absence of national legislation that criminalizes domestic violence and marital rape these crimes remain invisible and, despite their prevalence, women have no means of seeking effective remedies for violence committed against them by their husbands and family members.

General Recommendation 19 establishes violence against women as discrimination, describing family violence as "one of the most insidious forms of violence against women," and acknowledges that women are subject to rape as well as other types of violence that are "perpetuated by traditional attitudes."[193] The CEDAW Committee has recommended that governments enact legislation to criminalize violence such as marital rape,[194] or repeal or amend legislation that discriminates against married women by not penalizing marital rape.[195] Accordingly, the state party has an obligation to provide greater protection to women, especially adolescent girls, against specific forms of sexual violence within the private sphere, including marital rape.

B. Efforts to prevent violence against women and girls fall short

The Committee has explicitly stated that gender-based violence is a "form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men."[196] Violence against women can pose a significant barrier to accessing reproductive health services, and unintended pregnancies and sexually transmitted diseases are among the numerous health-related consequences of sexual violence.[197] When women are subjected to sexual or domestic violence, their ability to control their fertility is severely undermined.[198]

Recent legislative bills that aim to address gender-based violence and promote women's rights should be commended. These include the passage of the Criminal Law (Amendment) Act 2004, which enhanced punishment for the offence of murders carried out in the name of honor, and the Protection of Women (Criminal Laws Amendment) Act, 2006, which notably made rape an offence under the Penal Code and made convictions based on collected evidence valid. Prior to the bill, under the Hudood Ordinance women who accused men of rape required evidence from four men as eye-witnesses for a conviction, and failing that, faced the possibility of being punished for having sex outside of marriage.[199] Penalties for committing adultery, or *zina*, included receiving sentences as severe as death by stoning, public whipping, and imprisonment.[200] The Protection of Women (Criminal Laws Amendment) Act, 2006 now provides for improved access to redress for rape survivors. In 2011, the Prevention of Anti-Women Practices Bill became part of national law, explicitly recognizing practices from acid violence and forced marriage to so-called honor killings as criminal acts, and affording protection and legal action for survivors. The Acid Control and Acid Crime Prevention (Amendment) Act was passed in the Senate on December 2011, and for the first time gives guidance on how the state should punish offenders and support survivors of this violent gender-based crime. More recently, the President of Pakistan signed the National Commission on the Status of Women Bill 2012 into law, which has afforded the Commission new financial and administrative autonomy, and therefore better scope to investigate women's rights violations.

Despite the adoption of new legislation and debates around current bills, violence against women is rampant, and much goes unpunished due to lack of enforcement of existing laws or is treated as a societal norm. Notably, the Qisas and Diyat Ordinance, passed in 1990, amended and added definitions of murder and bodily harm and their punishments to be in accordance with Islamic law in the Penal Code.[201] Under the Ordinance, relatives of a murder victim can demand retribution or carry out a punishment directly with the perpetrator instead of leaving prosecution up to the legal system.[202] Consequently, the Qisas and Diyat Ordinance negatively impacts prosecution of honor killings as it not only exempts relatives who are perpetrators from certain punishments; it also makes crimes of murder compoundable, meaning a charge is settled between the alleged victim and the accused without going through the judicial system.[203] While the Criminal Law Amendment Act 2004 criminalizes honor killings,[204] it does not stipulate that they cannot be compounded. As such, under the current Penal Code provisions, a family member who kills his/her relative in the name of honor can be pardoned by other relatives.[205] In essence, **the impunity for murders of women is enshrined in national law making even the most extreme forms of violence against women an acceptable social trend**. In addition, the Domestic Violence (Prevention and Protection) Bill that was passed by the National Assembly in 2009 but subsequently failed to be passed in the second chamber of parliament, the Senate, within the prescribed period of time, continues to be stalled following objections from Islamist groups. The bill defines domestic violence as acts of physical, sexual or mental assault, force, criminal intimidation, harassment, hurt, confinement, and deprivation of economic or financial resources and would afford protection to women and children where none existed prior.

Under CEDAW, the state has a duty of due diligence to prevent violations of rights, to investigate and punish acts of violence, and to provide compensation to survivors.[206] As part of this obligation, the state is required to establish effective legal and protective measures for the support and rehabilitation of survivors of sexual violence.[207] Yet as previously pointed out by the CEDAW Committee, Pakistan has, until now, not taken a comprehensive approach to effectively eliminate gender-based violence in the country. In 2007, the CEDAW Committee raised its concern with Pakistan about the persistence of violence against women, specifically domestic violence, honor crimes, and rape.[208] It took particular issue with the Qisas and Diyat Ordinance, and urged Pakistan to refrain from applying it to cases of violence against women, especially honor crimes, so women or their family members may seek redress for crimes committed against them and punishment for perpetrators.[209] Additionally, it highlighted the “lack of accountability for crimes of violence against women within the criminal justice system,”[210] and the “pervasive patriarchal attitudes and deep-rooted traditional and cultural stereotypes regarding the roles and responsibilities of women and men in the family . . . and in society, which constitute serious obstacles to women’s enjoyment of their human rights and impede the full implementation of the Convention.”[211]

C. Discrimination in fulfillment of the right to reproductive health services including maternal health services, family planning, and safe abortion for poor women, rural women, and adolescents

Rural women in Pakistan face greater discrimination in access to reproductive health services than urban women. **The MMR in rural areas is 319, significantly higher than the national average of 260, yet it is 175 in urban areas**.[212] An estimated 23% of deaths of rural women of reproductive age are attributed to pregnancy and childbirth-related complications, in comparison to 14% of urban women.[213] Significantly less rural women receive prenatal care from a skilled provider and give birth in health facilities than urban women.[214] As such, births in rural areas are half as likely to be assisted by a skilled birth attendant when compared with urban areas.[215] Furthermore, twice as many urban

women use contraceptives.[216] Inequitable access to family planning services for rural women violates Article 14 of CEDAW, which specifies that states must take special steps to provide rural women with access to adequate health care and family planning services.[217]

The CEDAW Committee has previously urged Pakistan to "pay special attention to rural women, ensuring that they . . . have access to health care."[218] Yet in its 2011 report to the Committee, the state party acknowledged that, "[i]n some rural areas the only available expertise on childbirth resides in Traditional Birth Attendants (TBAs)."[219] It also recognized lack of access to basic health care for rural women, emphasizing sexual and reproductive health services, as a result of skilled providers' preference to work in urban areas.[220]

The state party recognized that poor women tend to have high fertility rates and high rates of miscarriage.[221] **Women from the poorest wealth quintile have nearly three more children than the wealthiest women**,[222] and poorer women tend to begin childbearing at an earlier age.[223] Furthermore, almost half of poor women resort to unsafe methods and untrained providers, and experience a larger proportion of serious abortion-related complications in comparison with non-poor women.[224] As mentioned previously, the cost of abortion from a nurse or midwife ranges from US $21-30 for poor women, yet traditional practitioners charge between US $8-17.[225] For an abortion performed by a physician, the average cost is US $50-104.[226] Given that 66% of Pakistanis live on less than US $2 a day,[227] poor women are more likely to obtain unsafe procedures from unskilled providers. **Of those who require treatment for complications resulting from abortions, only 50% of poor women receive hospital-based care**.[228] Pakistan has an obligation to provide free services where necessary to ensure that all women have adequate access to health care, including lifesaving reproductive health care, yet it continues to fall short.[229]

As discussed above, adolescent girls are at risk for early marriage and early pregnancy in Pakistan, due in large part to traditional practices and the legal age of marriage for girls being 16 years.[230] Over one-third of Pakistani women marry before age 18 and 12-13% of girls are married before they turn 15 years old.[231] Most married adolescents have never used contraception, and few are currently using any method.[232] Childbearing often begins soon after a girl is married; 23% of 19 year olds having already begun childbearing.[233] Infant mortality is also highest amongst women younger than 20 years of age.[234] General Recommendation 24 requires states parties to pay special attention to the health needs and rights of vulnerable groups, including the girl child,[235] yet in Pakistan adolescent girls face multiple barriers to accessing reproductive health services that are extremely harmful to their health and lives and amount to discrimination.

III. Conclusion: Suggested Questions and Recommendations

We respectfully request that this Committee pose the following questions to the delegation representing the Government of Pakistan during its 54th Session.

1. What steps have been taken by the state party to improve maternal health for rural, adolescent, and poor women since the last periodic review and what are some of the positive results of those steps? What is the state party specifically doing to address leading causes of maternal death and morbidity such as early marriage and unsafe abortion?

2. What measures have been taken by the state party since the last periodic review to ensure women's access to safe abortion services? What can the state party do to provide clarity on the legal exception to abortion to save a woman's life and in the course of necessary treatment?

3. What steps have been taken by the state party to ensure dignified treatment and timely access to post-abortion care for women suffering complications from unsafe abortion?

4. What steps have been taken by the state party since the last periodic review to establish universal access to a full range of contraceptives, including emergency contraception, in order to reduce the unmet need for contraceptives and risk of unplanned pregnancies, especially among adolescents, rural women, and poor women?

5. What measures have been taken by the state party since the last periodic review to discourage child marriage in society and introduce an effective legal framework for the prevention of child marriage? What has the state party done to ensure access to contraceptive information and services for married girls who are at risk of early pregnancy?

6. What measures have been taken by the state party since the last periodic review to address violence against women and girls, including forced marriage, honor crimes, and marital rape, and to provide legal protection and recourse? How does the state party intend to ensure the implementation of existing legislation to protect women and girls from sexual violence, particularly within marriage?

The Center further respectfully submits the following recommendations for the Committee to consider incorporating into the Concluding Observations for Pakistan that should be applicable to national and provincial government bodies.

1. Prioritize ensuring access to a full range of maternal health services, including antenatal, postnatal, and emergency obstetric care, particularly for poor women, rural women, and adolescent girls. Increase funding for national maternal health policies and programs and provide appropriate training to health service providers including traditional birth attendants based in rural areas.

2. Take steps to clarify the parameters of legal exceptions for abortion. Remove punitive provisions for abortion in line with the Committee's General Recommendation 24 (1999) on women and health in cases of rape, incest, fetal malformation, and a woman's physical and mental health. Introduce policies and protocols on post-abortion care services and take steps to establish post-abortion care services throughout the country.

3. Address the unmet need for contraception by prioritizing universal access to the full range of contraceptive methods, information, and services, including emergency contraception, with a particular focus on rural women, poor women, and married and unmarried adolescent girls. Improve access to emergency contraception, especially for survivors of sexual violence.

4. Eliminate discriminatory practices against women and girls that jeopardize their reproductive health. Adopt the Child Marriage Restraint (Amendment) Bill, 2009 to increase the legal age of marriage for girls to comply with CEDAW and reduce child marriage through proper implementation of the legal ban on child marriage.

5. Address violence against women through law reform by ensuring that provincial legislatures adopt similar laws to the federal statute and by: amending the Penal Code to include marital rape;

amending the Qisas and Diyat Ordinance to remove impunity for crimes against women; and adopting the Domestic Violence (Prevention and Protection) Bill, 2006.

Sincerely,

Melissa Upreti
Regional Director for Asia
Center for Reproductive Rights

Sofia Khan
Legal Fellow for Asia
Center for Reproductive Rights

---

[1] WORLD HEALTH ORGANIZATION (WHO), TRENDS IN MATERNAL MORTALITY: 1990 TO 2008: ESTIMATES

[2] *Declarations, Reservations and Objections to CEDAW*, UNITED NATIONS (U.N.) DIVISION FOR THE ADVANCEMENT OF WOMEN, DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, http://www.un.org/womenwatch/daw/cedaw/reservations-country.htm (last visited Oct. 18, 2012).

[3] Article 12(1) of CEDAW calls upon states parties to "take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure . . . access to health care services" including "appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, art. 12(1), G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

[4] Article 10(h) requires that women have "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning." *Id.* art. 10(h).

[5] Article 16(1)(e) asks states parties to "take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and . . . ensure, on a basis of equality of men and women the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights." *Id.* art. 16(1)(e).

[6] *See*, *e.g.*, CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 358, paras. 17, 27, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*]; *see also* CEDAW Committee, *Concluding Observations*: *Belize*, para. 56, U.N. Doc. A/54/38 (1999); *Dominican Republic*, para. 337, U.N. Doc. A/53/38 (1998); Alyne da Silva Pimentel Teixeira v. Brazil, CEDAW Committee, Commc'n No. 17/2008, U.N. Doc. CEDAW/C/49/D/17/2008 (2011).

[7] Alyne da Silva Pimentel Teixeira v. Brazil, CEDAW Committee, Commc'n No. 17/2008, para. 7.6, U.N. Doc. CEDAW/C/49/D/17/2008 (2011).

[8] CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 6, para. 11.

[9] *See*, *e.g.*, CEDAW Committee, *Concluding Observations: Bolivia,* paras. 42-43, U.N. Doc CEDAW/C/BOL/CO/4 (2008); *Burkina Faso*, paras. 39-40, U.N. Doc CEDAW/C/BFA/CO/6 (2010); *Burundi*, para. 36, U.N. Doc CEDAW/C/BDI/CO/4 (2008); *Djibouti*, paras. 30(a), 31, U.N. Doc. CEDAW/C/DJI/CO/1-3 (2011); *El Salvador*, para. 36, U.N. Doc CEDAW/C/SLV/CO/7 (2008); *Haiti*, para. 37, U.N. Doc CEDAW/C/HTI/CO/7 (2009); *Kyrgystan*, para. 38, U.N. Doc CEDAW/C/KGZ/CO/3 (2008); *Liberia*, paras. 36-37, U.N. Doc CEDAW/C/LBR/CO/6 (2009); *Lithuania*, paras. 24-25, U.N. Doc CEDAW/C/LTU/CO/4 (2008); *Nepal*, paras. 31, 32(a), U.N. Doc. CEDAW/C/NPL/CO/4-5 (2011).

[10] Government of Pakistan, *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women: Fourth periodic reports of States parties: Pakistan*, at 45, tbl. 4, U.N. Doc. CEDAW/C/PAK/4 (2011) [hereinafter Pakistan Government Report (2011)].

[11] WHO, UNICEF, UNFPA, AND THE WORLD BANK, TRENDS IN MATERNAL MORTALITY: 1990-2010: WHO, UNICEF, UNFPA AND THE WORLD BANK ESTIMATES 44 (2012) [hereinafter TRENDS IN MATERNAL MORTALITY: 1990-2010].
[12] National Institute of Population Studies [Pakistan] and Macro International Inc., *Pakistan Demographic and Health Survey 2006-07*, at 177 (2008) [hereinafter Pakistan DHS 2006-2007].
[13] WHO, *EVERY WOMAN, EVERY CHILD*: FROM COMMITMENTS TO ACTION, THE FIRST REPORT OF THE INDEPENDENT EXPERT REVIEW GROUP (iERG) ON INFORMATION AND ACCOUNTABILITY FOR WOMEN'S AND CHILDREN'S HEALTH 64 (2012).
[14] UNITED NATIONS POPULATION FUND (UNFPA), REVIEW OF MATERNAL HEALTH POLICIES/STRATEGIES FROM A REPRODUCTIVE RIGHTS PERSPECTIVE: FOCUS ON MATERNAL HEALTH POLICIES/STRATEGIES IN BANGLADESH, CAMBODIA, INDIA, INDONESIA, LAO PDR, NEPAL, PAKISTAN, PAPUA NEW GUINEA, PHILIPPINES, SOLOMON ISLANDS AND TIMOR-LESTE 5 (2010) [hereinafter UNFPA, REVIEW OF MATERNAL HEALTH POLICIES/STRATEGIES FROM A REPRODUCTIVE RIGHTS PERSPECTIVE].
[15] TRENDS IN MATERNAL MORTALITY: 1990-2010, *supra* note 11, at 35.
[16] Pakistan DHS 2006-2007, *supra* note 12, at 179.
[17] CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/1-3 (2007).
[18] *See*, *e.g.*, CEDAW Committee, *Concluding Observations: Albania*, paras. 34-35, U.N. Doc. CEDAW/C/ALB/CO/3 (2010); *Burkina Faso*, paras. 37-38, U.N. Doc. CEDAW/C/BFA/CO/6 (2010); *Israel*, paras. 38-41, U.N. Doc. CEDAW/C/ISR/CO/5 (2011).
[19] *See* CEDAW Committee, *Concluding Observations: Pakistan*, para. 40, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); *see also Ethiopia*, paras. 34-35, U.N. Doc. CEDAW/C/ETH/CO/6-7 (2011).
[20] *See* CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); *see also Bolivia,* para. 43, U.N. Doc. CEDAW/C/BOL/CO/4 (2008); *Nigeria*; para. 34, U.N. Doc CEDAW/C/NGA/CO/6 (2008).
[21] *See*, *e.g.*, CEDAW Committee, *Gen. Recommendation No. 24, supra* note 6, paras. 17-19; CEDAW Committee, *Concluding Observations: Bolivia*, para. 42, U.N. Doc CEDAW/C/BOL/CO/4 (2008); *Mongolia*, para. 34, U.N. Doc CEDAW/C/MNG/CO/7 (2008); *Slovenia*, paras. 31-32, U.N. Doc CEDAW/C/SVN/CO/4 (2008).
[22] Government of Pakistan, Ministry of Health, National MNCH Program (2006-2012), *Pakistan's Maternal and Child Health Policy and Strategic Framework (2005-2015)* (2007), *available at* http://www.healthinternetwork.com/pmnch/events/2007/pakistanpres1904.pdf [hereinafter *Pakistan's MNCH Policy and Strategic Framework*].
[23] *Id.* at 13-14.
[24] GOVERNMENT OF PAKISTAN, MINISTRY OF HEALTH, NATIONAL HEALTH POLICY 2009, 9 (2009).
[25] GOVERNMENT OF PAKISTAN, MINISTRY OF POPULATION WELFARE, NATIONAL POPULATION POLICY-2010, 3 (2010) [hereinafter NATIONAL POPULATION POLICY-2010].
[26] *Id.* at 8.
[27] GOVERNMENT OF PAKISTAN, FINANCE DIVISION, POVERTY REDUCTION STRATEGY PAPER (PRSP) – II, 175 (2008).
[28] Government of Pakistan, *National Policy for Development and Empowerment of Women*, 3 (2002), *available at* http://sgdatabase.unwomen.org/uploads/National%20Policy%20for%20Development%20and%20Empowerment%20of%20Women.pdf [hereinafter *National Policy for Development and Empowerment of Women*].
[29] TRENDS IN MATERNAL MORTALITY: 1990-2010, *supra* note 11, at 32-36.
[30] *The World Factbook: Pakistan*, CENTRAL INTELLIGENCE AGENCY, https://www.cia.gov/library/publications/the-world-factbook/geos/pk.html (last accessed Oct. 19, 2012).
[31] GOVERNMENT OF PAKISTAN, PLANNING COMMISSION, AND CENTRE FOR POVERTY REDUCTION AND SOCIAL POLICY DEVELOPMENT, DEVELOPMENT AMIDST CRISIS: PAKISTAN MILLENNIUM DEVELOPMENT GOALS REPORT-2010, 68 (2010) [hereinafter PAKISTAN MDG REPORT].
[32] *National Policy for Development and Empowerment of Women*, *supra* note 28, at 3.
[33] WHO, *Investing in Maternal, Newborn and Child Health - The Case for Asia and the Pacific*, at 5-6 (2009), *available at* http://www.who.int/pmnch/topics/investinginhealth.pdf.
[34] GOVERNMENT OF PAKISTAN, ECONOMIC ADVISER'S WING, FINANCE DIVISION, PAKISTAN ECONOMIC SURVEY 2010-11, 142 (2011).
[35] *Id.*
[36] CEDAW Committee, *Gen. Recommendation No. 24, supra* note 6, para. 17.
[37] *See*, *e.g.*, CEDAW Committee, *Concluding Observations: Bolivia*, para. 43, U.N. Doc CEDAW/C/BOL/CO/4 (2008); *Burkina Faso*, para. 39, U.N. Doc CEDAW/C/BFA/CO/6 (2010); *Kenya*, para. 37, U.N. Doc.

CEDAW/C/KEN/CO/7 (2011); *Tunisia*, para. 50, U.N. Doc CEDAW/C/TUN/CO/6 (2010); *Turkey*, para. 38, U.N. Doc. CEDAW/C/TUR/4-5 (2005); *The Gambia*, para. 34, U.N. Doc. CEDAW/C/GMB/1-3 (2005); *Democratic Republic of the Congo*, para. 175, U.N. Doc. A/58/38 (2003); *Equatorial Guinea*, para. 205, U.N. Doc. A/59/38 (2004).

[38] CEDAW, *supra* note 3, art. 12(2).

[39] PAKISTAN MDG REPORT, *supra* note 31, at 70.

[40] Pakistan DHS 2006-2007, *supra* note 12, at 101.

[41] CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); Committee on the Rights of the Child (CRC Committee), *Concluding Observations: Pakistan*, para. 4(c), CRC/C/PAK/CO/3-4 (2009).

[42] Pakistan Government Report (2011), *supra* note 10, para. 418.

[43] WHO and Global Health Workforce Alliance, *Country Case Study: Pakistan's Lady Health Worker Programme: Scaling Up Education and Training for Health Workers*, 2 (2008), *available at* http://www.who.int/workforcealliance/knowledge/case_studies/CS_Pakistan_web_en.pdf.

[44] *Id.*

[45] PAKISTAN MDG REPORT, *supra* note 31, at 70.

[46] Assad Hafeez et al., *Lady health workers programme in Pakistan: challenges, achievements and the way forward*, 61 J. PAK. MED. ASSOC. 3, 212 (2011) [hereinafter Assad Hafeez et al., *Lady health workers programme in Pakistan*].

[47] PAKISTAN MDG REPORT, *supra* note 31, at 71.

[48] Pakistan DHS 2006-2007, *supra* note 12, at xxi.

[49] Assad Hafeez et al., *Lady health workers programme in Pakistan*, *supra* note 46, at 214.

[50] *Pakistan: Goal 5: Improve Maternal Health*, U.N. DEVELOPMENT PROGRAMME, http://undp.org.pk/goal-5-improve-maternal-health.html (last accessed Oct. 19, 2012); *see also* Pakistan DHS 2006-2007, *supra* note 12, at 167.

[51] Pakistan DHS 2006-2007, *supra* note 12, at 103.

[52] *Id.* at 104.

[53] *Pakistan's MNCH Policy and Strategic Framework*, *supra* note 22, at 8, 17-21.

[54] Pakistan DHS 2006-2007, *supra* note 12, at 113.

[55] *Id.* at 114.

[56] *Id.* at 116.

[57] PAK. PENAL CODE, art. 338.

[58] *Id.* art. 338B.

[59] *Id.* arts. 338, 338B; U.N. POPULATION DIVISION, DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, ABORTION POLICIES: A GLOBAL REVIEW: PAKISTAN 19 (2002), *available at* www.un.org/esa/population/publications/abortion/doc/pakistan.doc [hereinafter ABORTION POLICIES: PAKISTAN].

[60] PAK. PENAL CODE, art. 338A.

[61] *Id.* art 338C.

[62] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, IN BRIEF 1 (2009) [hereinafter Guttmacher Institute, *Facts on Induced Abortion in Pakistan*].

[63] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN: FINDINGS FROM A NATIONAL STUDY 6 (2004) [hereinafter POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN].

[64] *Id.*

[65] Dr. Gilda Sedgh et al., *Induced abortion: incidence and trends worldwide from 1995 to 2008*, 379 THE LANCET 628 (2012).

[66] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 21.

[67] Pakistan DHS 2006-2007, *supra* note 12, at 180.

[68] *Id.* at 181.

[69] *Id.*

[70] *Id.* at 76.

[71] PAKISTAN MDG REPORT, *supra* note 31.

[72] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 6.

[73] CEDAW Committee, *General Recommendation No. 9: Statistical data concerning the situation of women*, (8th Sess., 1989), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 322, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 6, para. 9.
[74] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 29; Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 1.
[75] Guttmacher Institute, *Facts on Induced Abortion in Asia*, IN BRIEF 1 (2012) [hereinafter Guttmacher Institute, *Facts on Induced Abortion in Asia*].
[76] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 12.
[77] *Id.* at 13.
[78] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 1.
[79] POPULATION REFERENCE BUREAU, ABORTION FACTS AND FIGURES 2011, 13-15, 29 (2011), *available at* http://www.prb.org/pdf11/abortion-facts-and-figures-2011.pdf.
[80] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 2.
[81] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 20.
[82] *Id.* at 21.
[83] *Id.* at 24.
[84] *Id.* at 23.
[85] *Id.* at 25-26.
[86] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 2.
[87] Pakistan Government Report (2011), *supra* note 10, para. 289.
[88] CEDAW Committee, *Concluding Observations: Pakistan*, para. 40, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).
[89] *Id.* para. 41.
[90] *Id.*
[91] *See* CEDAW Committee, *Concluding Observations: Chile*, para. 19, U.N. Doc. CEDAW/C/CHI/CO/4 (2006).
[92] ABORTION POLICIES: PAKISTAN, *supra* note 59, at 20.
[93] PAK. PENAL CODE, art. 338B.
[94] ABORTION POLICIES: PAKISTAN, *supra* note 59, at 20.
[95] SIVANANTHI THANENTHIRAN AND SAI JYOTHIRMAI RACHERLA, RECLAIMING & REDEFINING RIGHTS: ICPD+15: STATUS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN ASIA 73, 75 (2009).
[96] *Id.*
[97] POPULATION COUNCIL, UNWANTED PREGNANCY AND POST-ABORTION COMPLICATIONS IN PAKISTAN, *supra* note 63, at 7.
[98] Asia Safe Abortion Partnership, *A Study of Knowledge, Attitudes and Understanding of Legal Professionals about Safe Abortion as a Woman's Right in Pakistan*, 12 (2011), *available at* http://www.asap-asia.org/Pakistan_Abortion_Booklet_Update.pdf.
[99] *Advocacy Project,* MARIE STOPES SOCIETY, *available at* http://mariestopespk.org/advocacy-project/ [hereinafter *Advocacy Project,* MARIE STOPES SOCIETY].
[100] *Id.*; USAID, *Scaling-Up Best Practices to Meet Millennium Development Goals 4 & 5: A Tailored Approach to Spreading Best Practices*, 2 (2011), *available at* http://www.esdproj.org/site/DocServer/ESD_Legacy_AME_Scaling-Up_Approach_6_24_10.pdf?docID=3561.
[101] *Advocacy Project,* MARIE STOPES SOCIETY, *supra* note 99.
[102] CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).
[103] *Id.* para. 40.
[104] NATIONAL POPULATION POLICY-2010, *supra* note 25, at 8; Pakistan DHS 2006-2007, *supra* note 12, at 81.
[105] Pakistan Government Report (2011), *supra* note 10, para. 276; Pakistan DHS 2006-2007, *supra* note 12, at 59.
[106] NATIONAL POPULATION POLICY-2010, *supra* note 25, at 8.
[107] UNFPA, REVIEW OF MATERNAL HEALTH POLICIES/STRATEGIES FROM A REPRODUCTIVE RIGHTS PERSPECTIVE, *supra* note 14, at 15; Pakistan DHS 2006-2007, *supra* note 12, at 82.
[108] Pakistan DHS 2006-2007, *supra* note 12, at 56.
[109] *Id.* at 65.
[110] *Id.*
[111] CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[112] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 2.
[113] Pakistan DHS 2006-2007, *supra* note 12, at 64.
[114] *Id.* at 68.
[115] *Id.*
[116] *Id.* at 66.
[117] *Id.*
[118] CEDAW Committee, *General Recommendation No. 21: Equality in marriage and family relations*, (13th Sess., 1994), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 337, para. 22, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee*, Gen. Recommendation No. 21*].
[119] Pakistan DHS 2006-2007, *supra* note 12, at 59.
[120] *Id.*
[121] CEDAW Committee, *Concluding Observations: Nepal*, paras. 212-213, U.N. Doc. A/59/38 (2004).
[122] WHO, Media Centre, *Emergency contraception, Fact Sheet No. 244* (Oct. 2005), *available at* http://www.who.int/mediacentre/factsheets/fs244/en/index.html.
[123] UNFPA, *Where next for Family Planning?* (Dec. 2009), *available at* http://www.unfpa.org/public/News/pid/4557.
[124] CEDAW Committee, *Concluding Observations: Mexico*, paras. 32-33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006).
[125] Pakistan DHS 2006-2007, *supra* note 12, at 53.
[126] *Id.* at 55-56.
[127] Irfan et al., *Knowledge of emergency contraception among women of childbearing age at a teaching hospital of Karachi*, 59 J. PAC. MED. ASSOC. 4, 237-238 (2009).
[128] *Id.* at 238.
[129] CEDAW Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CEDAW/C/PAK/CO/3 (2007); CEDAW, *supra* note 3, art. 12(1).
[130] CEDAW, *supra* note 3, arts. 16(1)(b), 16(2); CEDAW Committee*, Gen. Recommendation No. 21*, *supra* note 118, para. 36.
[131] CEDAW Committee*, Gen. Recommendation No. 21*, *supra* note 118, para. 40.
[132] CEDAW, *supra* note 3, art. 14(2); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 6, para. 28.
[133] CEDAW, *supra* note 3, art. 16(2); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 6, paras. 18, 23.
[134] CEDAW Committee, *Concluding Observations: Pakistan*, para. 44, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).
[135] *Id.* para. 45.
[136] *Id.* para. 22.
[137] *Id.* para. 23.
[138] CEDAW Committee, *Concluding Observations: Armenia*, paras. 20-21, U.N. Doc. CEDAW/C/ARM/CO/4/Rev. 1 (2009); *Burkina Faso*, paras. 19-20, U.N. Doc. CEDAW/C/BFA/CO/6 (2010); *Burundi*, paras. 12-14, 17-18, 29-30, U.N. Doc. CEDAW/C/BDI/CO/4 (2008); *Chad*, paras. 20-23, 42-43, U.N. Doc. CEDAW/C/TCD/CO/1-4 (2011).
[139] CEDAW, *supra* note 3, art. 5(a).
[140] *See*, *e.g.*, CEDAW Committee, *Concluding Observations: Albania*, para. 25, U.N. Doc CEDAW/C/ALB/CO/3 (2010); *Bahrain*, para. 23, U.N. Doc CEDAW/C/BHR/CO/2 (2008); *Chad*, para. 21(c), U.N. Doc. CEDAW/C/TCD/CO/1-4 (2011); *Fiji*, para. 39, U.N. Doc CEDAW/C/FJI/CO/4 (2010); *Guinea-Bissau*, para. 24, U.N. Doc CEDAW/C/GNB/CO/6 (2009); *Lesotho*, para. 21(c), U.N. Doc. CEDAW/C/LSO/CO/1-4 (2011); *Liberia*, para. 19, U.N. Doc CEDAW/C/LBR/CO/6 (2009); *Mauritius*, para. 19(f), U.N. Doc. CEDAW/C/MUS/CO/6-7 (2011); *Papua New Guinea*, para. 26, U.N. Doc CEDAW/C/PNG/CO/3 (2010); *Singapore*, para. 22(e), U.N. Doc. CEDAW/C/SGP/CO/4 (2011); *Sri Lanka*, para. 23(c), U.N. Doc. CEDAW/C/LKA/CO/7 (2011); *Turkey*, para. 21, U.N. Doc CEDAW/C/TUR/CO/6 (2010).
[141] The Child Marriage Restraint Act, No. 19 of 1929, art. 2(a) (Pak.).
[142] Pakistan DHS 2006-2007, *supra* note 12, at 72.
[143] *Id.*
[144] WHO, THE WORLD HEALTH REPORT 2005: MAKE EVERY MOTHER AND CHILD COUNT 4 (2005), *available at* http://www.who.int/whr/2005/whr2005_en.pdf; UNFPA, STATE OF WORLD POPULATION 2004, THE CAIRO CONSENSUS AT TEN: POPULATION, REPRODUCTIVE HEALTH AND THE GLOBAL EFFORT TO END POVERTY 76 (2004),

available at www.unfpa.org/swp/2004/pdf/en_swp04.pdf [hereinafter UNFPA, STATE OF THE WORLD POPULATION 2004]; CRC Committee, *General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child*, (33rd Sess., 2003), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 416, para. 20, U.N. Doc. HIR/GEN/1/Rev.9 (Vol. II) (2008). ("[e]arly…pregnancy [is a] significant factor in health problems related to sexual and reproductive health.")

[145] *We the Children: End-Decade Review of the Follow-Up to the World Summit for Children: Rep. of the Secretary-General*, para. 181, U.N. Doc. A/S-27/4 (2001); UNFPA, STATE OF THE WORLD POPULATION 2004, *supra* note 144, at 26.

[146] Pakistan DHS 2006-2007, *supra* note 12, at 72.

[147] Guttmacher Institute, *Women and Societies Benefit When Childbearing Is Planned*, ISSUES IN BRIEF 3, 1-2 (2002), *available at* http://www.guttmacher.org/pubs/ib_3-02.pdf.

[148] PAKISTAN CONST. art. 25, sec. 2.

[149] *Id.* art. 25, sec. 3.

[150] The Child Marriage Restraint Act, No. 19 of 1929, art. 2(a) (Pak.).

[151] CEDAW, *supra* note 3, art. 1.

[152] The Child Marriage Restraint Act, No. 19 of 1929, arts. 4-6 (Pak.).

[153] The Dissolution of Muslim Marriages Act, No. 8 of 1939, art. 2(vii) (Pak.).

[154] Pakistan DHS 2006-2007, *supra* note 12, at 72; SAMUEL LANE, STEALING INNOCENCE: CHILD MARRIAGE AND GENDER INEQUALITY IN PAKISTAN 22 (2011) [hereinafter SAMUEL LANE, STEALING INNOCENCE].

[155] SAMUEL LANE, STEALING INNOCENCE, *supra* note 154, at 22.

[156] Pakistan DHS 2006-2007, *supra* note 12, at 69.

[157] CEDAW, *supra* note 3, arts. 16(b)-(c).

[158] CEDAW Committee, *Concluding Observations: Pakistan*, para. 44, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[159] CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 118, para. 36.

[160] *Id.* para. 38.

[161] CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 6, para. 15(d).

[162] CEDAW Committee, *Concluding Observations: Pakistan*, para. 45, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[163] SAMUEL LANE, STEALING INNOCENCE, *supra* note 154, at 17.

[164] Muslim Family Laws Ordinance, No. 8 of 1961, art. 5(1), THE GAZETTE OF PAKISTAN EXTRAORDINARY, July, 20, 1961.

[165] *Id.* art. 5(4).

[166] SAMUEL LANE, STEALING INNOCENCE, *supra* note 154, at 18.

[167] *Id.*

[168] *Id.*

[169] CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 118, para. 39.

[170] CEDAW Committee, *Concluding Observations: Pakistan*, paras. 34-35, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[171] CRC Committee, *Concluding Observations: Pakistan*, para. 41, U.N. Doc. CRC/C/PAK/CO/3-4 (2009).

[172] CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 118, para. 16.

[173] Special Rapporteur on violence against women, its causes and consequences, *Rep. of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, submitted in accordance with Commission on Human Rights resolution 2001/49: Cultural practices in the family that are violent towards women*, para. 57, U.N. Doc. E/CN.4/2002/83 (Jan. 31, 2002).

[174] CEDAW Committee, *Concluding Observations: Pakistan*, para. 45, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).

[175] *Id.* para. 28.

[176] SAMUEL LANE, STEALING INNOCENCE, *supra* note 154, at 4.

[177] Pakistan DHS 2006-2007, *supra* note 12, at 54.

[178] *Id.* at 56.

[179] CRC Committee, *Concluding Observations: Pakistan*, para. 64, U.N. Doc. CRC/C/PAK/CO/3-4 (2009).

[180] UNICEF, STATE OF THE WORLD'S CHILDREN 2011: ADOLESCENCE: AN AGE OF OPPORTUNITY 122 (2011).

[181] CRC Committee, *Concluding Observations: Pakistan*, para. 64, U.N. Doc. CRC/C/PAK/CO/3-4 (2009).

[182] Prevention of Anti-Women Practices (Criminal Law Amendment) Act, 2011, art. 3 (Pak.).

[183] *Id.*

[184] Child Marriage Restraint (Amendment) Bill, 2009, arts. 2-5 (Pak.).

[185] Saadia Khalid and Myra Imran, *Amendments in child marriage act demanded*, THE NEWS (Jan. 19, 2012), http://www.thenews.com.pk/TodaysPrintDetail.aspx?ID=88367&Cat=6&dt=1/19/2012.
[186] CEDAW Committee*, Gen. Recommendation No. 21*, *supra* note 118, para. 15.
[187] PAKISTAN CONST. art. 8, sec. 1.
[188] PAK. PENAL CODE, art. 375.
[189] The Offence of Zina (Enforcement Of Hudood) Ordinance, 1979 (Pak.); Protection of Women (Criminal Laws Amendment) Act, 2006, art. 5 (Pak.).
[190] NASREEN AZHAR, VIOLENCE AGAINST WOMEN IN PAKISTAN: A QUALITATIVE REVIEW OF STATISTICS FOR 2011, xiv (2012) [hereinafter NASREEN AZHAR, VIOLENCE AGAINST WOMEN IN PAKISTAN 2011].
[191] *Id.* at xvi.
[192] *Id.* at 9.
[193] CEDAW Committee, *General Recommendation No. 19: Violence against women,* (11th Sess., 1992), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 331, para. 23, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee*, Gen. Recommendation No. 19*].
[194] CEDAW Committee, *Concluding Observations: Mali*, paras. 19-20, U.N. Doc. CEDAW/C/MLI/CO/5 (2006); *Republic of Moldova*, para. 22, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); *Togo*, paras. 18-19, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); *Uzbekistan*, paras. 21-22, U.N. Doc. CEDAW/C/UZB/CO/3 (2006).
[195] *See*, *e.g*., CEDAW Committee, *Concluding Observations: Ghana*, para. 24, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); *Greece*, para. 192, U.N. Doc. A/54/38 (1999); *Malaysia*, para. 21, U.N. Doc. CEDAW/C/MYS/CO/2 (2006).
[196] CEDAW Committee*, Gen. Recommendation No. 19*, *supra* note 193, para. 1.
[197] *See* U.N. Secretary-General, *In-depth study on all forms of violence against women: Rep. of the Secretary-General*, paras. 157-165, U.N. Doc. A/61/122/Add.1 (July 6, 2006).
[198] *See id.* para. 161; *see also* Special Rapporteur on violence against women, its causes and consequences, *Rep. of the Special Rapporteur on violence against women, its causes and consequences, Yakin Ertük, Integration of the human rights of women and the gender perspective: Violence against women, Intersections of violence against women and HIV/AIDS*, paras. 29-31, U.N. Doc. E/CN.4/2005/72 (Jan. 17, 2005).
[199] The Offence of Zina (Enforcement Of Hudood) Ordinance, 1979, art. 8 (Pak.).
[200] *Id.* art. 5.
[201] Qisas and Diyat Ordinance, 1990 (Pak.); PAK. PENAL CODE, ch. XVI.
[202] *Id.*
[203] PAK. PENAL CODE, arts. 306, 312, 338(E); NASREEN AZHAR, VIOLENCE AGAINST WOMEN IN PAKISTAN 2011, *supra* note 190, at 8.
[204] Criminal Law (Amendment) Act, 2004, No. 1 of 2005 (Pak.).
[205] PAK. PENAL CODE, art. 338(E); NASREEN AZHAR, VIOLENCE AGAINST WOMEN IN PAKISTAN 2011, *supra* note 190, at 8.
[206] CEDAW Committee*, Gen. Recommendation No. 19*, *supra* note 193, para. 24(t).
[207] *Id.*
[208] CEDAW Committee, *Concluding Observations: Pakistan*, para. 22, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).
[209] *Id.* paras. 22-23.
[210] *Id.* para. 26.
[211] *Id.* para. 28.
[212] Pakistan DHS 2006-2007, *supra* note 12, at 179, tbl. 14.11; PAKISTAN MDG REPORT, *supra* note 31, at 68.
[213] PAKISTAN MDG REPORT, *supra* note 31, at 68.
[214] Pakistan DHS 2006-2007, *supra* note 12, at 103, 113.
[215] *Id.* at 117.
[216] *Id.* at 58.
[217] CEDAW, *supra* note 3, arts. 14(1), 14(2)(b).
[218] CEDAW Committee, *Concluding Observations: Pakistan*, para. 43, U.N. Doc. CEDAW/C/PAK/CO/3 (2007).
[219] Pakistan Government Report (2011), *supra* note 10, para. 288.
[220] *Id.* para. 425.
[221] *Id.*
[222] Pakistan DHS 2006-2007, *supra* note 12, at 42.
[223] *Id.* at 51.
[224] Guttmacher Institute, *Facts on Induced Abortion in Asia*, *supra* note 75, at 1.

[225] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 1-2.
[226] Susan A. Cohen, *Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide*, 12 GUTTMACHER POLICY REVIEW 4 (2009).
[227] *Id.*
[228] Guttmacher Institute, *Facts on Induced Abortion in Pakistan*, *supra* note 62, at 2.
[229] CEDAW, *supra* note 3, art. 12(2).
[230] The Child Marriage Restraint Act, No. 19 of 1929, art. 2(a) (Pak.).
[231] Pakistan DHS 2006-2007, *supra* note 12, at 72.
[232] *Id.* at 56.
[233] *Id.* at 51.
[234] *Id.* at 93.
[235] CEDAW Committee, *Gen. Recommendation No. 24, supra* note 6, para. 6.