

Joint Statement of the Public Foundation Nota Bene, Human Rights Center, Child's Rights Center and the Netherland Helsinki Committee to the question 16 of the List of Issues of CEDAW to the 3-4 periodic reports of the Republic of Tajikistan on the implementation of the Convention on the elimination of discrimination against women.

The present document is related to the implementation of the article 12 of CEDAW and the question 16 of the List of Issues CEDAW/C/TJK/Q/4-5 by the Republic of Tajikistan. The documents contains the results of the analysis of the Strategic Plan on the reproductive health of the population until 2014, as well as general situation with the rights to reproductive health in the Republic of Tajikistan¹.

INTRODUCTION

The Republic of Tajikistan has developed and implemented a National Poverty Reduction Strategy, which includes the implementation of incremental health, social and economic measures to improve the health of the population. Although the maternal and infant mortality had been declined in recent years the numbers remain fairly high. According to the Ministry of Health of the Republic of Tajikistan infant mortality rate in 2009 made 17.7 per 1,000 live births². Most alarming is the state of maternal health. Diseases complicating pregnancy are observed in 68% of cases (including anemia, urinary tract infections, the pathology of the endocrine system, the veins, the circulatory system, etc.). According to the Ministry of Health in 2011, the maternal mortality rate was reduced from 46.5 in 2009 to 37.0 per 100 000 live births³.

One of the main reasons for the high rate of maternal mortality is the inadequate quality of services in the field of reproductive health, lack of a functioning referral system, transportation, especially in rural areas, lack of education and skills of health workers, as well as the low level of awareness among women.

Insufficient attention from the government and society to these issues is the result of the fact that all the measures taken to reduce maternal and infant mortality are scattered and do not take into account the socio-economic and cultural factors that influence the growth of such indicators.

Greater concern is the weak preventive measures, including education and awareness raising on issues of mother and child health care, lack of criteria for referral of pregnant women from the primary to the secondary and tertiary levels, low quality of emergency care and its failure to provide aid, weak approach to family planning in rural areas, which in its turn may lead to further growth of these parameters.

The most significant risk is an acute shortage of qualified medical personnel as a result of labor migration and the low level of knowledge among the existing medical personnel. Deteriorating

¹ More details http://www.notabene.tj/documents/nch/Analiz_NHC_En_ST.pdf

² Цели развития тысячелетия: Достижения в Таджикистане. 2010 г.

³ А.Зуев: Заботясь о здоровье женщины, мы заботимся о будущих поколениях, НИАТ Ховар, 13.07.2012

<http://www.khovar.tj/rus/society/33729-azuev-zabotyas-o-zdorove-zhenschiny-my-zabotimsya-o-buduschih-pokoleniyah.html>

state of the infrastructure, old buildings, communication, equipment in hospitals and other medical facilities.

A recent study conducted by UNICEF in 2012, in Sughd and Regions of Republican Subordination revealed that 43.5% of all neonatal deaths were the result of poor prenatal care, despite the fact that 77% of mothers of diseased children received some prenatal care during the pregnancy. The indicators of factors related to poor prenatal care at Dushanbe and Khatlon region made 32% of neonatal deaths⁴.

NATIONAL POLICY IN THE SPHERE OF REPRODUCTIVE HEALTH

Strategic plan for reproductive health for the years 2005-2014 (SPRH) was adopted under the Governmental Decree # 384 from 31 August 2004. The document identified the following priorities for improving maternal health for the period 2005-2014:

- Improve the quality of and access to essential health care services (including family planning, provision of contraceptives, antenatal and post-natal care);
- Improving access to antenatal care and safe delivery services;
- Reduce morbidity and mortality during pregnancy and improving perinatal outcomes.

Access to reproductive health care services The strategy does not take into account the differential approach to rural and urban populations and their access to services. This in turn adversely affect the safe access to services for women living in remote areas, women that are living in different from their registration areas, internal migrants who are not staying at their residence, women living in rural areas and who were forced to go to the city for medical services, women who do not have identification documents, and children without a birth certificate. According to paragraph 3 of Order of delivering health care services to the citizens of Tajikistan “the basic condition for the provision of free health care to the population of the Republic of Tajikistan is the presence of the family doctors, local therapist, pediatrician, obstetrician gynecologist, territorial health care facilities, and conclusion of medical control Commission”. However all mentioned documents are issued according to residential registration of the citizen. According to the Program of State guarantees for public primary health care for 2012-2013 “Citizens who do not have a referral from family physicians, primary care physicians, pediatricians and obstetrician - gynecologists should cover the cost of specialized care, including laboratory and diagnostic studies according to a price list approved by the Ministry of Health of the Republic of Tajikistan and the Antimonopoly Service of the Government of the Republic of Tajikistan in accordance with established procedure. (§ 1/4). All of the above suggests that even if the citizens are entitled to preferential treatment in accordance to their social status, without the registration and without documents, they do not get it. This dramatically reduces the access of the population, especially women and children to quality health care. Further, even in the place of residence it is not always possible to obtain the necessary medical assistance specialist. Thus, “in the absence of needed health specialist in the health facilities of a specified areas and

⁴Infant Mortality in Tajikistan: Two studies on the analysis of risk factors. UNICEF - Tajikistan Digest Research number of children 4, 2012 http://www.unicef.org/tajikistan/Article_4_RUS.pdf

the conditions for certain types of laboratory and diagnostic studies, these type of consultations and examinations can be conducted in other health care settings, with settlements between the health care agencies on the basis of contracts” (§ 1/4 Programs of State guarantees for public primary health care for 2012-2013.). Any distance, especially in remote rural areas are associated with the problem of transport and its high cost to the poor, which also affects the accessibility to health services.

While talking about alternative scientific methods of family planning, the art. 19 of the Law “On Reproductive Health and Reproductive Rights” provides that the list of professional and medical evidence on which the government guarantees the free provision of services for the storage of gametes, established by the Government of the Republic of Tajikistan. However, there is no information about the implementation of these provisions of the law.

The procedure and conditions of donation, vitro fertilization and embryo transfer are established by the Ministry of Health of the Republic of Tajikistan (Article 38 of the Law "On protection of public health"). Despite the fact that Tajikistan has the experience of artificial insemination, there is no information about relevant regulations governing these issues.

Access to the acceptable methods of family planning. The Law of RT "On Reproductive Health and Reproductive Rights", in the article 3 provides for “accessibility to the public of safe contraceptive methods and reduced-price or free provision of contraceptive methods in accordance with established procedures. However, public access is limited yet on the stage of development and adoption of legal acts. The Ministry of Health regulation⁵ does not contains the responsibility for discounted or free supply of contraceptives. Furthermore the Program of the State guarantees to provide the population health care in the pilot areas of Tajikistan for 2012-2013⁶ states that "the primary health care is the main type of health care and is free of charge in the following types and amounts: a) prevention: in the field of reproductive health and family planning (one of the types of care)."

There is no list of assistance types in the field of reproductive health, for example, it is not clear whether this is related to distribution of contraceptives or no. The law of the country lacks the provisions on the types of prevention in the field of reproductive health and family planning. Health care on preferential terms is valid only in the pilot areas. However, in the Decree of the Government did not list the pilot areas, which also limits access to full and accurate information. The list of medicines freely distributed to the population, means of contraceptives are not included, the order (distribution of drugs) is not legally established. Thus, the Law “On Reproductive Health and Reproductive Rights” there is no concrete responsible state agency, it does not provide preferential and free provision of contraception and the order granting it.

According to information provided by the Ministry of Finance, the State Budget for 2012 to provide reproductive health care facilities provided 3,734. 4 TJS (for republican institutions - 277.6 TJS and local institutions - 3,456.8 TJS), an 87% increase in compared with 2011. At the

⁵Adopted of the Government Resolution from 28.12.2006, #603

⁶Adopted of the Government Resolution from 03.12.2011 # 2579 .

same time, this amount is not sufficient to implement all the measures provided in the Strategic Plan for Reproductive Health.

Economic access. In accordance with the objectives of the Strategic Plan for Reproductive Health services in the area of reproductive rights should be available to all segments of the population. At the same time, there are problems when pregnant women unable to address the antenatal care service due to lack of money. Financial problems in the family leads to the fact that one in three women gave birth to children at home⁷.

The article 5 of the Law “On Protection breastfeeding” provides for the State guarantees for nursing mothers, including protection of their rights, freedoms and interests of nursing mothers and their, children ensured by the state structures. In particular, the law provides for such benefits like free access to health care services, stores and public catering, regardless of ownership and departmental affiliation, free use of a mother and child rooms, related to railway stations, airports and road transport terminals; free transportation of infants and young children by air, water, rail, and public passenger transport. However the law does not provide free infant feeding for women who find themselves in a difficult situation that violates the norms of Part 2 of article 12 of the CEDAW, according to which “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting when necessary, free services, as well as *adequate nutrition during pregnancy and lactation*”.

One of the main reasons for the deterioration of reproductive health of adolescents is their low level of awareness. Adolescents and young adults account for nearly one-third (29.9%) of the population in Tajikistan⁸. They are an extremely important group of the population, as they will largely determine the nature of the country's development in the coming decades, and this applies equally to the field of reproductive health. Many young people aged 18 are already married, and, early marriages are more prevalent among the poor and less educated populations⁹.

In 2005 the Ministry of Education with the support of UNICEF developed and adopted the program of “Healthy lifestyle” for 1 - 11 grade schoolchildren of secondary schools. The program reflects a variety of questions that teachers can cover during extracurricular activities - hygiene and sanitation, ethics, infectious diseases, reproductive health, addictions, substance abuse, communication within the family, at school, among peers, animals, etc. Since 6th grade, the program includes issues related to reproductive health.

In 2008, with technical and financial support from UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to the National Program on “Healthy lifestyle” were developed textbooks for students and teachers guide for 7, 8, 9 grades. At the moment the program has been implemented in 586 schools nationwide (trained teachers and teaching

⁷Human Development Report 2000, UNDP <http://www.tajik-gateway.org/index.phtml?id=1504&lang=ru>

⁸Access to the reproductive health services <http://lib.ohchr.org/HRBodies/UPR/Documents/session12/TJ/UNFPA-rus.pdf>

⁹Ш.Хабибова: Девушкам необходимо до замужества проходить медицинское обследование, НИАТ Ховар 23.07.2012 <http://khovar.tj/rus/society/33848-shhabibova-devushkam-neobhodimo-do-zamuzhestva-prohodit-medicinskoe-obybsledovanie.html>

materials are provided). These activities included not only teachers, but also non-governmental youth organizations that provide training for teachers on interactive techniques, monitored the course and quality of teaching. In 2011, with technical and financial support of the German Society for International Cooperation (GIZ) in Tajikistan, were developed training manuals and handouts for teachers of 5 - 6 grades. Also, since 2012, with technical and financial support from the United Nations Population Fund was initiated the process of development of teaching materials on healthy living program for 10 - 11 grades.¹⁰

However, this is not enough, and knowledge about reproductive health remains poor with a very limited understanding of how can be prevented sexually transmitted infections (STIs). Often young people are getting this knowledge out of educational institutions, which contains negative, information and is associated with guilt, fear and disease. Providing young people with quality information and training regarding sex, equips them with the necessary skills for the perception of contradictory information. Knowledge about sex at school - a very important and effective way to improve young people's knowledge, their attitude and behavior.

Protection from gender discrimination. According to the national legislation forcing a woman to pregnancy or abortion is prohibited. At the same time, women are often subjected to various kinds of pressure, which often takes the form of psychological violence, especially by the husband, in-laws, parents and other relatives. While for forcing a woman to have an abortion is criminalized,¹¹ women often do not have the right to have an abortion, so devoid of free choice. Another violation is a compulsion to fulfill marital duties - a common phenomenon in Tajikistan. According to the “Amnesty International” report for 2009, 11.1 percent of men admitted that their wives were forced to commit sexual acts against their will, and 42.5 percent of women were told that they had been abused by their husbands¹²

Vulnerable groups of the society. Policies developed by the Republic of Tajikistan in the area of reproductive health do not adequately address the issues of non-discrimination, in particular against vulnerable groups of the population. Although there are some provisions in the Strategic Plan for Reproductive Health to prevent discrimination against certain vulnerable groups, such as youth, refugees, migrants¹³, however, these tasks do not include specific measures for their implementation. Another negative point is that the Strategic Plan for Reproductive Health does not have mechanisms that would allow the policy to be more flexible (because of its long-term), and meet the challenges that emerged after its adoption. Obviously, the inflexibility of the policy has led to discrimination against certain vulnerable groups, which began to emerge recently or a problem that has become more actively discussed in the last five years. For example, the Strategic Plan for Reproductive Health does not take into account the needs of vulnerable groups

¹⁰ В Таджикистане создаётся Ресурсный центр по ЗОЖ, НИАТ Ховар <http://khovar.tj/rus/education/32494-v-tadzhikistane-sozdaetsya-resursnyy-centr-po-sozh.html>

¹¹art. 124 CC RT

¹²Violence, not just a family. In Tajikistan, women suffer from arbitrariness. Report of Amnesty International, November 2009. http://amnesty.org.ru/system/files/SVAW_Tajikistan_Complete_RUS.pdf

¹³The SPRH defines youth access to a friendly against them of sexual and reproductive health, the protection of sexual and reproductive health for refugees, reducing inequalities in sexual and reproductive health of migrants in relation to indigenous.

such as victims of sexual violence, victims of trafficking, women working in the sex industry, HIV-positive women in matters of access to reproductive services. These categories of women, seeking reproductive services also require special protection, such as the protection of information relating to their personal data, however the Strategic Plan for Reproductive Health does not contain provisions that would ensure the confidentiality of information and \ or comply with medical ethics in relation to them.

The Strategic Plan for Reproductive Health also does not take into account the needs of linguistic and ethnic minorities, given the fact that information is mainly available in the Tajik language, access to information of ethnic minorities living in the Republic of Tajikistan, is limited.

Although the Strategic Plan for Reproductive Health had set targets with regard to vulnerable groups such as victims of human trafficking, refugees, displaced persons, migrants and the elderly, there are no measures identified for their implementation. The lack of specific measures is likely to lead to a lack of dedicated funding to support the reproductive health of these vulnerable groups.

The acceptability of medical services. The national policy in the sphere of reproductive health does not provide for confidentiality of information on reproductive and sexual health. With introducing of the relatively recent technique in the country of in vitro fertilization, is also required medical ethics, which directly concerns the principle of admissibility. The Strategic Plan for Reproductive Health does not contain information on this method, most likely due to the fact that this method is applied in Tajikistan recently.

The legislation of Tajikistan does not provide norms on surrogacy. However, in practice there are isolated cases of surrogacy in the country. In this regard, there is a need for legislative recognition of the issue and raising awareness about surrogacy.

VULNERABLE GROUPS IN THE REPUBLIC OF TAJIKISTAN

Teens and young adults. The young people consider being the most vulnerable group in matters of sexual and reproductive health in the country. Young girls are more prone to unwanted pregnancy, early marriage and HIV infection and STDs. This is consistent with the influence of socio-cultural and economic factors.

In the frame of the “Concept of health care reform” of the country in order to improve and optimize the health care services to the population, including adolescents and young people, the Ministry of Health of Tajikistan issued a decree “On improvement of services in the field of reproductive health of the population of the Republic of Tajikistan” (#643 from 5.12.2005) pursuant to which each of reproductive health centers, regardless of level, provided the presence of an adolescent gynecologist and the room for the organization and provision of services to adolescents and young adults. However, sexually active adolescents are much less likely to use modern contraceptives than older-age women, which in turn caused the increase in teenage abortions.

HIV-positive women. Despite the fact that Tajikistan has created the conditions for a free and anonymous HIV testing and treatment, citizens often avoid testing for HIV or seek help for fear of being ostracized, subjected to mockery and alleged promiscuity. The UNGASS report data for

Tajikistan in 2009 shows that women were significantly less likely to get tested for HIV / AIDS that prevents the achievement of universal and equitable access to HIV prevention, treatment, care and support. For example, in the age group 20-24 years the percentage of women and men who have passed testing for HIV as of 31 December 2009 amounted to 9.3% of men and 5.5% of women. In the age category of persons from 25 to 49 years, only 11.4% of men were tested, while women made up only 7.4%.

Social inequality. In the course of the analysis it was revealed the unequal treatment of working women and unemployed women. For example, the art. 14 of the Law “On State Social Insurance” provides for the payment of family allowances at the birth of children: one-time and monthly. While the legislation makes is no difference for one-time benefits for the monthly benefits it states that: “for the period of maternity leave to take care of a child up to the age of one and a half years, she is paid a monthly allowance for child care during this period from the social insurance funds in the amount of index for calculation”. This means that if a woman worked before giving birth, she can get a monthly allowance for child care in the event of her parental leave per child, and the one that was at home, cannot. Working women due to the fact that she had formal work accordingly it received government-guaranteed maternity leave (before birth and postpartum), and secures the position up to three years. While the unemployed woman apart from not receiving payments on maternity leave, also is paid the minimum state support for child care. A majority of women in Tajikistan because of the mentality are housewives and are deprived of such an important state support.

RECOMMENDATIONS

- The National Policy of the Republic of Tajikistan in the field of reproductive health should include the basic principles of human rights, including the elimination of discrimination against all vulnerable groups, privacy, access to information, etc.
- Ensure that the subject of comprehensive reproductive education acquired mandatory status, in both primary and secondary schools, with a clear articulation of goals and minimum standards of teaching.
- Provide real access to reproductive health care services for girls teenagers, unmarried women, victims of sexual violence, victims of human trafficking, commercial sex workers.
- Ensure the development of clear legal framework and procedures that keep the confidentiality and anonymity of the services provided
- On the basis of the Human Rights Based Approach to develop and support programs to improve access for all populations to reproductive health services and reduce discrimination in health care system
- Adopt a relevant law on the right to artificial insemination and embryo implantation with a detailed regulation of the procedure
- Legislatively recognize the surrogacy with the adoption of an appropriate mechanism for its implementation.