WOMEN’S & CHILDREN’S RIGHTS: MAKING THE CONNECTION
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Gender equality and the protection of human rights, especially of children and those most vulnerable, are fundamental principles of the United Nations. These rights cut across all aspects of the UN’s work and are crucial to long-term progress, including achievement of the Millennium Development Goals.

Yet in our compartmentalized world, the rights of women and those of children have often been promoted in isolation from one another. Separate international treaties have been forged and specialized UN agencies, government ministries and non-governmental organizations created for whom women or children are the primary focus. The purpose of this advocacy booklet is to explore the human rights links between these two groups, the practical implications of considering them together, and four areas for strategic action.
# Contents

## Part 1: Women’s & Children’s Rights: An Overview

1. **What are Human Rights?**
   - Developing a Body of Human Rights Law
   - Page 6

2. **Why Women’s Human Rights?**
   - How the Women’s Human Rights Movement Evolved
   - Page 10

3. **Why Children’s Human Rights?**
   - Changing Perceptions of Children – and Their Rights
   - Page 16

4. **What are the Links Between the Human Rights of Women and Children?**
   - Using Human Rights as a Strategy for Development
   - How the Conventions for Women and Children Complement One Another
   - Monitoring Compliance with the Two Conventions
   - The Committee on the Elimination of Discrimination Against Women
   - The Committee on the Rights of the Child
   - Page 20

## Part 2: Women’s & Children’s Rights: Making the Connection

5. **Promoting the Human Rights of Adolescent Girls**
   - Why the Human Rights of Adolescent Girls Are Being Violated
   - The Links Between the Rights of Women and Adolescent Girls
   - Using the Two Conventions to Safeguard the Rights of Adolescent Girls
   - The Work of the Treaty Bodies
   - Page 30

6. **Eliminating Child Marriage**
   - The Reasons Behind Child Marriage
   - The Links Between Women’s and Children’s Rights
   - Using the Two Conventions to Prevent Child Marriage
   - Page 38

7. **Preventing the Spread of HIV**
   - Why HIV is Spreading
   - The Links Between Women’s and Children’s Rights
   - Using the Two Conventions to Prevent the Spread of HIV and Mitigate Its Consequences
   - Page 44

8. **Reducing Maternal Mortality**
   - Why Women and Girls Die Giving Life
   - The Links Between Women’s and Children’s Rights
   - Using the Two Conventions to Prevent Maternal Mortality
   - Page 50

**Endnotes**
- Page 58
WOMEN

CHILD

RIGHTS:

WHY WOMEN’S HUMAN RIGHTS?

WHAT ARE THE LINKS BETWEEN THE HUMAN RIGHTS OF WOMEN AND CHILDREN?

PART 1
This section provides a conceptual framework for understanding human rights. It also offers a brief look at the evolution of the women’s and children’s rights movements and explains why an emphasis on women in development eventually gave way to a focus on gender equality. Finally, it describes the legal instruments and mechanisms that have been created to protect and promote these rights, foremost among them the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. It shows where the rights of women and children intersect and how both conventions and the committees that monitor them can be successfully employed to safeguard these rights.
WHAT ARE HUMAN RIGHTS?
Every person has rights simply by virtue of being human. These rights – universal legal guarantees that represent the minimum standards required for individuals to live in dignity and with equal opportunity – cannot be taken away. Since the *Universal Declaration of Human Rights* was adopted in 1948, human rights have become codified in international, regional and national legal systems.

Human rights law obliges States to do certain things and to refrain from doing others. For example, States have an obligation to provide every individual with the opportunity for education. At the same time, they have the duty to reject any action that may result in discrimination against a group of individuals in exercising that right on the grounds of race, colour, sex, language, political or other opinion, national or social origin, property, birth or other status.

Under international human rights law, States have the obligation to *respect, protect* and *fulfil* human rights. The obligation to respect means that States must refrain from interfering with or curtailing others’ enjoyment of their human rights through laws, policies, programmes or practices. The obligation to protect requires them to safeguard individuals and groups against human rights abuses by others. The obligation to fulfil means that States must take positive action to facilitate the enjoyment of basic human rights through the creation of relevant procedures and institutions, the adoption of laws and policies, and by ensuring enforcement and adequate funding.
Developing a Body of Human Rights Law

Three years after the United Nations was founded, at the end of World War II, the UN General Assembly adopted the Universal Declaration of Human Rights. Drafted as ‘a common standard of achievement for all peoples and nations’, the Declaration spelled out, for the first time, the basic civil, political, economic, social and cultural rights that all human beings should enjoy. Moreover, it declared that respect for human rights and human dignity “is the foundation of freedom, justice and peace in the world.”

The Universal Declaration of Human Rights laid the foundation for international human rights law and recognized that all human beings deserve equal treatment and respect. Together with the International Covenant on Civil and Political Rights and its two Optional Protocols and the

DID YOU KNOW

In the past, especially during the Cold War, human rights were highly politicized at the international level, with the polarization of some States that prioritized civil and political rights, on the one hand, and those that prioritized economic, social and cultural rights, on the other.

In 1993, a consensus was reached through the World Conference on Human Rights that recognized all rights as equally important. The Vienna Declaration on Human Rights says that “all human rights are universal, indivisible and interdependent and interrelated.” It also recognized that there is no hierarchy of human rights, meaning that civil, cultural, economic, political and social rights have equal status, and affirmed that women’s rights are human rights.
In certain cases, the equal worth and dignity of all human beings can only be assured through the recognition and protection of individuals’ rights as members of a group. The term ‘collective rights’ and/or ‘group rights’ refers to the rights of such peoples and groups, including ethnic and religious minorities and indigenous peoples. In many instances, human rights claims – to freedom of association, for example – are more effective when people act together. In some specific cases, the right in question protects a common interest rather than the right of a particular individual, such as the rights of indigenous peoples to traditional lands, which is recognized in the International Labour Organization’s Convention No. 169.

International Covenant on Economic, Social and Cultural Rights and its Optional Protocol, it forms the so-called International Bill of Rights.

A number of other human rights treaties have also been drawn up, covering issues ranging from the prevention of genocide and the elimination of torture and racial discrimination to the protection of migrant workers and their families and persons with disabilities. Among them are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). These covenants and conventions are legally binding for States that are party to them.
2 WHY WOMEN’S HUMAN RIGHTS?
Human rights are universal. They apply equally to men and women, girls and boys. Women, for example, are entitled to the same rights to life, education and political participation as men. However, in practice, these rights are violated every day in multiple ways – in virtually every country in the world.

Gender equality and women’s rights are key elements in the *Universal Declaration of Human Rights*. Yet it was later recognized that certain rights are specific to women, or need to be emphasized in the case of women. These rights are outlined in subsequent international and regional instruments, the most important of which is the *Convention on the Elimination of All Forms of Discrimination against Women*.

CEDAW was adopted in 1979 and entered into force two years later. It defines the right of women to be free from all forms of discrimination and sets out core principles to protect this right. It also establishes an agenda for national action to end discrimination and provides the basis for achieving equality between men and women. It does so by affirming women’s equal access to – and equal opportunities in – political and public life as well as education, health and employment. CEDAW is the only human rights treaty that affirms the reproductive rights of women.

By February 2010, CEDAW had been ratified by 186 States – more than most other international treaties. The Optional Protocol to CEDAW, which entered into force in December 2000, lays out procedures for individual complaints on alleged violations of the Convention by States parties. It also establishes a procedure that allows the Committee that monitors implementation of the Convention to conduct inquiries into serious and systematic abuses of women’s human rights in countries. By February 2010, the Protocol had been ratified by 99 States.
In spite of CEDAW and other international agreements, the denial of women’s basic human rights is persistent and widespread:
- Over half a million women continue to die each year from complications of pregnancy and childbirth that are mostly preventable or treatable.\(^2\)
- In sub-Saharan Africa, girls and women aged 15 to 24 are at least two times more likely to become infected with HIV than their male counterparts,\(^3\) in part because of their economic and social vulnerability.
- Gender-based violence kills or disables as many women between the ages of 15 and 44 as cancer.\(^4\)
- Of the 776 million illiterate adults worldwide, two thirds are women.\(^5\)
- A disproportionate number of women are impoverished in both developing and developed countries. Despite some progress in women’s wages in the 1990s, women still earn less than men, even for similar kinds of work.
- Many of the countries that have ratified CEDAW still have discriminatory laws governing marriage, land, property and inheritance.
As women’s role in the development process was increasingly acknowledged, the concept of ‘women in development’ (WID) emerged in response to women’s unequal status. The WID framework:

- Refined the concept of development to go beyond the economic dimension
- Acknowledged gender roles that recognize different needs, skills and access to resources
- Asserted that equality in gender roles was essential to equality in development.

In the 1980s and 1990s, advocacy on the part of women within the UN system, as well as among non-governmental organizations, resulted in a number of specific instruments and institutions to promote women’s rights. However, as these became operational, there was some evidence that recourse to separate, women-specific institutions contributed to the sidelining of women’s interests. In response, women began to push for the ‘mainstreaming’ of women’s concerns into the larger human rights system, as well as organizational systems and mandates. And, gradually, the term and concept of women in development was replaced by an increased focus on gender analysis and mainstreaming, combined with temporary special measures to facilitate the empowerment of women and equality in specific areas.

The strategic use of UN conferences and forums to put women’s human rights on the international agenda has resulted in many advances. Continued action is needed, however, particularly to overcome the following obstacles:

- **Failure to recognize human rights universally.** Despite progress, many women still enjoy far fewer of their human rights than men.

- **The ‘public’/‘private’ split.** In many parts of the world, human rights stop at the door of the family home, where many of the most egregious violations against women occur.

- **Neglect of social and economic rights.** Whereas civil and political rights restrain governments and have immediate application, social and economic rights are to be ‘progressively realized’ as resources permit and require government action at many levels. Thus, enforcement is more challenging. Nevertheless, these rights often have the greatest impact on women’s daily lives.

- **Weak human rights promotion, monitoring and enforcement at national and local levels.**
Although not legally binding, global conferences and summits are powerful instruments for promoting change both within countries and internationally. The 1990s saw a flurry of activity in the human rights arena, yielding results from seeds planted many years earlier. In 1993, the slogan ‘Women’s Rights are Human Rights’ became the rallying cry of the World Conference on Human Rights in Vienna. This reaffirmation – that women possess human rights – should never have been in doubt. Yet it was an important step forward in recognizing the rightful claims of half of humanity.

One year later, at the International Conference on Population and Development in Cairo, governments agreed that universally accepted human rights standards should be applied to all aspects of population and development programmes. The resulting Programme of Action, which guides the work of UNFPA, the United Nations Population Fund, had a major impact on the agency’s mission – moving its focus from demographic targets to individual needs and human rights. At that conference, 179 governments affirmed reproductive rights. They concurred that reproductive health is a basic human right and that individuals should be able to freely choose the number, timing and spacing of their children.

Promoting and protecting the rights of women through the full implementation of all human rights instruments, including CEDAW, was one of the objectives of the Fourth World Conference on Women in Beijing, in 1995. As a follow up to the conference, the United Nations Children’s Fund (UNICEF) focused on three priority areas: girls’ education; adolescent girls’ and women’s health; and children’s rights and women’s rights. The conference laid the groundwork for subsequent work on gender equality, which was furthered strengthened at a follow-up conference known as Beijing + 5.
Gender roles and expectations are often identified as factors hindering the full realization of women’s and girls' rights, with adverse consequences for entire families. Understanding how gender plays out in specific situations is therefore a necessary first step in addressing certain problems, and should generally be carried out when planning and implementing any development project. Such an analysis does not focus on women or men per se, but rather on the relationship and power dynamics between them – their differing roles, responsibilities, opportunities and needs.

Despite its importance, the concept of gender is widely misunderstood. Typically – and mistakenly – the term ‘gender’ is used as a substitute for ‘women’. Moreover, it is often confused with ‘sex’. Sex refers to the biological and physiological characteristics that define women and men. In contrast, gender refers to a set of qualities and behaviours expected from a female or male by a community or a society. Gender roles are learned and can be affected by factors such as education or economics. They vary widely within and among cultures and can evolve over time.

‘Mainstreaming’ gender means assessing the implications for women and men of any planned action, whether it is proposing a piece of legislation, developing a new policy or implementing a development programme. Mainstreaming is not an end in itself but a strategy for addressing women’s and men’s human rights and achieving gender equality. In 1995, governments committed themselves to an active and visible policy of gender mainstreaming at the Fourth World Conference on Women in Beijing.

GENDER ‘BUZZWORDS’

SEX refers to the biological and physiological characteristics that define men and women – male/female.

GENDER refers to the socially constructed roles, behaviours, activities and attributes that a given community or society considers appropriate for men and women – masculine/feminine.

MAINSTREAMING GENDER is the integration of gender concerns into the analyses, formulation and monitoring of policies, programmes and projects, with the objective of ensuring that they reduce inequalities between women and men to the maximum extent possible.

GENDER EQUALITY is the long-term consequence of an absence of discrimination based on a person’s sex. This can apply to laws, policies or opportunities, or to the allocation of resources or benefits or access to services.

GENDER EQUITY is fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.
WHY CHILDREN’S HUMAN RIGHTS?
Every individual has rights. However, as with women, certain rights are specific to children or need to be reinterpreted in the case of children. These rights are outlined in the *Convention on the Rights of the Child.*

The Convention was adopted in 1989 – a decade after CEDAW – and entered into force in 1990. The framers of the Convention recognized that those under 18 years of age have specific needs. Moreover, they wanted to make certain that the world recognized that children have human rights, too.

The *Convention on the Rights of the Child* spells out the basic human rights of children worldwide: the right to survive; to develop to the fullest; to protection from harmful practices, abuse and exploitation; and to participate fully in family, cultural and social life.

The four core principles of the Convention are non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child.

By February 2010, 193 out of 195 States had become party to the *Convention on the Rights of the Child* – more than for any other human rights treaty.
Despite the safeguards provided in the *Convention on the Rights of the Child*, blatant violations against children continue:

- An estimated 9.2 million children under the age of five die each year from mostly preventable causes.  
- Over 450,000 children in the developing world needed life-saving anti-retroviral therapy for AIDS in 2008, but did not receive it.
- One in four children under the age of five in the developing world are underweight, stunting their motor and cognitive development.
- Over 101 million children of primary school age are out of school; more than half of them are girls.
- One in six children in developing countries are engaged in child labour.
- Eighty-six per cent of children are disciplined in ways that are intended to cause physical pain or emotional distress, according to data from 37 countries.
- About 51 million children born in 2007 were unregistered at birth, depriving them of a name, nationality and other fundamental rights.
The legal rights of children were recognized in the late 19th and early 20th centuries, when the first legislation concerning children was drawn up. Child-labour and compulsory-education laws were established to protect children. And as the concept of welfare developed, the needs of children became an important agenda for the State.

The end of World War I drew attention to the suffering of children as innocent victims in the face of violence. One prominent child advocate, who organized emergency relief for children affected by the Allied blockade following the war, formed the foundation of what has become the International Save the Children Alliance. She also advanced the notion that children must be the first to receive relief in times of distress.

The adoption of the Universal Declaration of Human Rights in 1948 – which stated that “All human beings are born free and equal in dignity and rights” – was a turning point in the recognition of children as rights holders. The International Bill of Rights further cemented this view and became the fundamental, legally binding instruments through which effective advocacy and implementation of human rights – including children’s rights – were based. The first binding international instrument specifically focused on children’s rights was the Convention on the Rights of the Child, which was the product of 10 years of negotiation (1979–1989) among government delegations, intergovernmental and non-governmental organizations.
What are the links between the human rights of women and children?
The lives of women and children are tightly knit, as are their rights. Women and children have both been subjected to discrimination, so they share that experience. But it is also true that women’s health and social and economic status – even before a child is born – is directly related to a child’s prospects for survival and development. Historically, women have been the primary caregivers of children, and resources put in their hands are more likely to be used to benefit children than those given to men. Discrimination against women is thus detrimental not only to women themselves, but also to the next generation.

Protecting women’s rights is important in itself. But it also tends to reap benefits for their children. Conversely, protecting the rights of children – particularly girls – is the first step in promoting gender equality for women. The stereotyping of gender roles and gender-based discrimination begins in childhood. Efforts to support gender equality must start there and address the roles of girls and boys, men and women, in the household.

Advocating for women’s rights has been essential to advancing the situation of women worldwide. The same holds true for the promotion of children’s rights and improvements in their ability to survive and thrive. However, if the rights of women and children are considered together, they can reinforce each other and make mutually supportive demands on society.
Using **Human Rights** as a **Strategy For Development**

In 2003, the United Nations endorsed a *Common Understanding of a Human Rights-Based Approach to Development Cooperation*. In essence, the document states that human rights standards and principles should guide all development cooperation and programming and should lead to the realization of human rights as laid out in the *Universal Declaration of Human Rights* and other human rights instruments.

A human rights-based approach to development uses human rights legal instruments, such as CEDAW and the CRC, to hold States parties accountable. It relies on these instruments to guide development work and to assess impact. Such an approach:

- **Emphasizes programming processes as well as outcomes.** For example, it focuses on how police officers are trained to respond to complaints of gender-based violence, not just the content of the training. It asks questions such as: Does the training promote non-discrimination? Did excluded groups have say in the creation of the training curriculum?

- **Draws attention to the most marginalized populations,** including those living in extreme poverty, especially disadvantaged children and adolescents; women survivors of violence and abuse; out-of-school youth; women and men living with disabilities or HIV; women engaged in sex work; minorities and indigenous peoples; refugees and internally displaced persons; and aging populations.

- **Works towards equitable service delivery.** UNFPA, for example, advocates for universal access to reproductive health. Initially, work may focus on the most excluded populations. But the ultimate goal is to ensure that everyone has equitable access to reproductive health services, goods and information.

- **Extends and deepens participation.** Even the most excluded groups are encouraged to become involved at all stages of the programming cycle. This may require building the capacity of adolescents and others so that they are capable of participating fully in programmes intended to benefit them.
Globally, the women’s movement and the agenda for children have been on parallel – and sometimes competing – tracks. For example, during the women in development movement of the 1970s, women’s productive and reproductive roles were acknowledged, but emphasis was placed on the former. The distinction was important from an ideological standpoint, since it emphasized that women are not only the producers of the next generation, but have value in their own right. The downside was that it made it difficult for women’s programmes to take into consideration women’s child-rearing role. Moreover, it hindered the design of programmes for young children that were supportive of the economic and social participation of women in a broad range of activities.

In the last 30 years, work with women evolved to focus on gender equality; programming for young children focused not only on survival but on children’s overall development. However, the two groups were rarely considered jointly. Both agendas isolated their target group (women or children) and addressed their needs and rights separately from those of the family and society.

Today, each agenda takes a more contextual approach to programming, recognizing that people’s lives are affected by local and global variables – including culture, climate, economic development and governance. However, this expanded conceptualization has not changed basic programming approaches for either children or women.

- **Promotes local ownership of development processes** through an emphasis on participation, inclusivity and accountability, and focuses on developing the capacities of both those who are claiming their rights (‘rights-holders’) and those whose duty it is to fulfil those rights (‘duty-bearers’).

- **Strengthens the accountability of all actors** by insisting on a process that builds transparency and accountability at every stage of the programming cycle.\(^{13}\)
How the **Conventions for Women and Children Complement One Another**

There are a number of reasons why the CRC and CEDAW – read together – can enrich the promotion and protection of women’s and children’s rights. First, the provisions of the CRC and CEDAW overlap in many areas and reinforce each other. Second, in some instances, one convention addresses an issue of concern to women or children that the other does not. Consequently, reading the two conventions together provides a more comprehensive picture. Finally, as noted earlier, while the protection of women’s rights is important in itself, it is also important for the achievement of children’s rights. The converse is also true. Thus the two conventions are complementary and mutually reinforcing.

Both conventions, for example, contain provisions ensuring equal access by women and girls to health-care services and education. Yet only CEDAW explicitly encourages affirmative action to right historical wrongs with regard to inequality and discrimination. Since CEDAW is not age-specific, its provisions apply to females throughout the life cycle – from infancy to old age.

One of the most important features of the CRC is the protection it offers girls. The CRC is the only major human rights instrument currently in force that consistently uses both male and female pronouns, making it explicit that the rights apply equally to girls and boys. It also confers certain rights to women in their maternal role: for example, it obliges States parties to provide pre- and post-natal care to expectant mothers along with family planning education and services. The CRC also promotes gender equality by emphasizing the common responsibilities of both parents for the upbringing and development of the child.
Both CEDAW and the CRC reach into the public and private spheres and recognize that certain situations demand state intervention. Article 16 of CEDAW, for example, provides for equal rights in marriage and family life. Articles 18-20 of the CRC recognize parents’ primary responsibility for raising their children, but assert that the State has secondary responsibility should parents neglect their duties.

Among the principles shared by both conventions are:

- **Accountability.** Duty bearers (primarily the State, but also parents, teachers and others) need to be held accountable for their obligations and responsibilities. Systems of accountability may include legal redress, but can also be promoted more broadly by fostering transparency and a free media.

- **Universality.** All people, by virtue of being human, are holders of human rights.

- **Indivisibility.** All rights have equal status and are interdependent. The promotion of one right does not justify violation of another right.

- **Non-discrimination.** All individuals are entitled to human rights without discrimination of any kind on the basis of race, colour, sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status.

- **Participation.** All individuals are entitled to active, free and meaningful participation in the fulfilment of their rights.
Monitoring Compliance with the Two Conventions

To monitor compliance with the various human rights treaties and to investigate alleged abuses, treaty bodies and other mechanisms have been set up. Treaty bodies are committees of independent experts, nominated and elected by States parties, that monitor implementation of international human rights agreements. These treaty bodies include the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child.

The Committee on the Elimination of Discrimination against Women

Composed of 23 independent experts, the CEDAW Committee monitors progress for women in countries that are party to the Convention. During its annual sessions, the Committee reviews national reports submitted by States parties within one year of ratification or accession, and every four years thereafter. Non-governmental organizations may also submit parallel ‘shadow’ reports for consideration by the Committee.

In discussions with government officials, Committee members are given the opportunity to comment on national reports and obtain additional information, as necessary. The Committee then makes concluding observations with specific recommendations aimed at redressing gender inequalities in all areas covered under the Convention, including political participation, education, sexual and reproductive health, and the situation of women in rural areas. The Committee also makes general recommendations on any issue that implies discrimination against women or that affects the implementation of the Convention. For example, in a 1989 session, the Committee requested information from all countries on the incidence of violence against women. In 1992, the Committee adopted General Recommendation 19, which recognized that gender-based violence is a form of discrimination that inhibits women’s ability to enjoy their rights and freedoms on a basis of equality with men. It recommended that States take appropriate and effective measures to overcome all forms of gender-based violence,
whether by public or private act, and to ensure that laws against family violence and abuse, rape, sexual assault and other forms of gender-based violence give adequate protection to all women, and respect their integrity and dignity.14 As of February 2010, the Committee had adopted 26 general recommendations.

An Optional Protocol to the Convention, which entered into force on 22 December 2000, recognizes the competence of the Committee to receive and consider communications from individuals or groups on alleged violations of CEDAW.

The Committee on the Rights of the Child monitors compliance with the CRC and implementation of two Optional Protocols: one on the involvement of children in armed conflict and the other on the sale of children, child prostitution and child pornography.

All States parties to the CRC are obliged to submit regular reports – within two years after ratifying the Convention and then every five years. The Committee examines each report and addresses its concerns and recommendations to the State party in the form of concluding observations. It also reviews additional reports that must be submitted by States that are party to the two Optional Protocols. The Committee cannot consider individual complaints, although child rights violations may be raised before other relevant committees that do so.15

The Committee has vigorously addressed gender in the context of children’s rights by requiring that data in country reports be disaggregated by sex and by holding special sessions on issues related to girls. It has also raised issues specific to girls when considering States’ reports, including the legal equality of girls, inheritance rights, teenage pregnancy rates, the situation of girls in single-parent female-headed households and maternal health care.
This section applies the principles contained in CEDAW and the CRC to finding solutions to four major interlinked development challenges that are central to the work of UNFPA and UNICEF: promoting the human rights of adolescent girls, eliminating child marriage, preventing the spread of HIV, and reducing maternal mortality. Tackling these problems can be complex since they tend to reflect deeply rooted discrimination against women and girls. Addressing them, therefore, requires a thorough understanding of why they are occurring in a particular society.

Framing development problems in the context of human rights can be a delicate matter, especially in discussion with governments. Nevertheless, when the underlying dynamics and full impact of issues such as child marriage are revealed, the human rights implications become impossible to ignore. Once an argument has been made, action – whether in the form of advocacy, programming or the establishment of new policies, legislation or budget priorities – becomes an imperative. The case is bolstered even further by combining the moral force and legal precedence of CEDAW and the CRC.
5. Promoting the Human Rights of Adolescent Girls
Adolescence, defined as the period from age 10 to 19, is a time of rapid transition. As children approach adulthood, they experience physical, cognitive and social changes, including sexual and reproductive maturation. They establish their emotional and psychological independence, learn to understand and manage their sexuality, and consider their future role in society. As they grapple with these changes, adolescents must also cope with external forces over which they may have little or no control. Demands of culture, globalization and poverty, as well as the crushing impact of AIDS on vulnerable families, have pushed millions of adolescents prematurely into adult roles and responsibilities.¹⁶

The cultural rules and social norms that influence the behaviour of females and males are often felt most acutely as a young person moves into adulthood. The double burden of being both young and female relegates millions of adolescent girls to the margins of society where their rights are disregarded and their safety is denied.

Girls, in general, face a host of disadvantages. Although many more girls are receiving a basic education, they are often denied the same opportunities as boys, treated as inferior and socialized to have low self-esteem. At the onset of puberty, or even before, many girls are pulled out of school and forced into early marriage and pregnancy. Some will become victims of harmful practices – such as female genital mutilation/cutting, dowry–related violence or ‘honour’ killings. Others will be forced into exploitative labour as a means of survival. The damage is often compounded by the fact that girls across the globe are more likely than boys to experience sexual abuse.

Addressing gender discrimination faced by adolescent girls is crucial to their development and to the realization of their rights.
Why the Human Rights of Adolescent Girls Are Being Violated

Adolescent girls face rights violations on several grounds – as children in an adult world, as females in a masculine world, and as young people going through puberty. Violence and discrimination against them is fundamentally related to the same norms and practices that cause violence and discrimination against women – the norms that grant males more power, control and resources than females. The particular vulnerabilities of girls, however, are also related to the fact that, in many settings around the world, children are not accorded their full rights and entitlements.

The multiple grounds for violation often result in multiple violations. The United Nations Inter-Agency Task Force on Adolescent Girls has identified groups of girls who are at particularly high risk of human rights abuses. These include girls who are affected by harmful practices; belong to minority populations; live in areas that are hard to reach or made vulnerable by conflict, natural disasters or generalized violence; lack protection at the household level; are excluded from education; or are living with physical or mental disabilities.

Girls in these groups often experience various forms of abuse and numerous threats against their rights. But they remain largely unaccounted for in research, statistics, policy and programme interventions. The cause of their invisibility is often their low status, stigma against them, gender stereotyping, the nature of their work and livelihoods, their enforced seclusion and, at times, being held in detention or captivity.
The Links Between the Rights of Women and Adolescent Girls

The adolescent girls of today will become tomorrow’s women. The discrimination they suffer as children and young adults can have irreparable consequences, establishing a course in life for which there is no turning back. Conversely, fulfilling the rights of adolescent girls – to health, education and protection from violence and abuse – is the best way to ensure that they achieve their physical, emotional and social potential, and go on to become empowered women.

But the links between women’s and child’s rights extend even further. Today’s adolescent girls will or have already become mothers. It is widely known that mothers who are educated are in a better position to take decisions on the education of their children, especially daughters. Similarly, they tend to have fewer, healthier babies. Mothers also play a substantial role in determining the attitudes and norms that their children eventually take on. Thus, in many ways, these young women will shape the goals and aspirations of the next generation.

Women’s rights are also closely linked to those of their adolescent daughters. Empowered women who enjoy the same rights as their husbands or partners are important role models and are more likely to safeguard their daughters’ rights. Typically, it is economic, social and cultural subordination within the family that inhibits many women from claiming even their most basic civil and political rights. Thus, the importance of eliminating discrimination against women is paramount, especially in the private sphere of the home.
Using the Two Conventions to Safeguard the Rights of Adolescent Girls

The CRC reminds us that, despite their growing capacities and sometimes daunting responsibilities, adolescents are still children. They are entitled to all the rights set forth in the Convention on the Rights of the Child, including the right to information, life and livelihood skills, education, health services, recreation, fair juvenile justice, an environment free from exploitation and abuse, and the right to express their views freely. The Convention also asserts that adolescents remain largely dependent on the actions of adults – in particular their families – to fulfil and protect their rights.

In contrast to the CRC, which looks at discrimination from many perspectives, CEDAW examines human rights through the lens of gender. It also recognizes the differing needs of women and girls at various stages of their lives and patterns of discrimination that affect their day-to-day reality. As noted earlier, since CEDAW is not age-specific, the rights it sets out for women apply equally to adolescent girls.

The issues of immediate concern to most women cover the areas of private as well as public life, such as autonomy within the family; access to sexual and reproductive health information and services that are high quality, acceptable and available; education; and the economic means to preserve their dignity. Fulfilment of these same rights is a precondition for adolescent girls to successfully transition to adulthood and to become empowered economically and socially.

Following are some of the benefits of linking CEDAW and the CRC to promote and fulfil the rights of adolescent girls:

- **Emphasizing a holistic approach.** Programmes that are holistic and integrated can more successfully address the multiple challenges faced by adolescent girls in realizing their rights. Such programmes focus on enabling adolescents to develop their full capacities – physical, psychological, spiritual, social, emotional, cognitive and cultural – within a safe and positive environment that guarantees fulfilment of their rights. A holistic approach to programming and policies emanates from the comprehensive application of the provisions of the CRC and CEDAW. It is further strengthened when the two conventions are used together and take into account specific vulnerabilities based on age and gender.
Protecting rights in the private sphere. The protection of rights in the private sphere is one of the strongest mutually reinforcing features of the two conventions. This is especially important since many violations of children’s rights and most violations of women’s rights occur at the hand of private individuals, often behind closed doors. The risk of sexual abuse and violence at home, in the community and in educational settings is greater for girls than for boys, especially during adolescence. Both CEDAW and the CRC recognize that certain situations demand state intervention in the private sphere. States are therefore responsible for taking measures to protect women and children (including adolescents) from private violence and discrimination and can be held accountable for failing to do so. Article 19 of the CRC says that “State parties shall take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence...including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” The scope of this article includes what happens within the family home and within other ‘caring’ situations.

Abolishing harmful practices. Both conventions reinforce each other in terms of protection related to harmful practices. Article 24 of the CRC says that “States parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” Similarly, article 5 of CEDAW asks governments to abolish traditions and practices that are discriminatory to women and girls and to modify social and cultural practices based on the notion of female inferiority. Five of eight harmful practices identified in the UN Secretary-General’s report on violence against women directly affect adolescent girls: dowry-related violence, crimes in the name of ‘honour’, female genital mutilation/cutting, early marriage and forced marriage.
The Work of the Treaty Bodies

Although CEDAW contains no specific provision on violence, the Committee on the Elimination of Discrimination against Women (‘the CEDAW Committee’) has issued several general recommendations, including no. 19, which states that gender-based violence is a form of discrimination. Among other things, the Committee requests States parties to take appropriate and effective measures to overcome all forms of gender-based violence, whether by public or private act. It also asks that they ensure that laws against family violence and abuse, rape, sexual assault and other forms of gender-based violence give adequate protection to all women, and respect their integrity and dignity. This issue is of special concern for adolescent girls because, according to the Secretary-General’s report on violence against children: “sexual violence predominantly affects those who have reached puberty or adolescence. Boys are at greater risk of physical violence than girls, while girls face greater risk of sexual violence, neglect and forced prostitution.”

Protecting the human rights of adolescent girls is not only a moral imperative. It also makes good economic and social sense. Investments in the development of adolescent girls translate into significant long-term benefits for society as a whole:

- Each year of secondary schooling increases a girl’s future wages by 10 to 20 per cent.  
- Secondary education is also singularly effective in delaying the age at which a young woman first gives birth.  
- An extra year of schooling for girls cuts infant mortality by 5 to 10 per cent.  
- Increasing the share of girls with secondary education by 1 per cent boosts annual per capita income growth by 0.3 per cent.  
- When women and girls earn money, they reinvest 90 per cent of it into their families (versus 30 to 40 per cent for men).
The most powerful statement supporting the rights of adolescents to date is General Comment No. 4, issued in 2003 by the Committee on the Rights of the Child (‘the CRC Committee’), which is dedicated to adolescent health and development. In it the Committee expresses concern that States parties “have not given sufficient attention to the specific concerns of adolescents as rights holders and to the promotion of their health and development.” It also issued guidelines to governments on how to apply the provisions of the CRC to adolescents, citing 25 articles that have particular applicability.

Through the conventions themselves as well as their treaty bodies, CEDAW and the CRC share a number of basic principles in relation to protecting the rights of adolescent girls. Both conventions:

- Can be applied to the particular needs of girls as the most vulnerable members of any society
- Recognize the important role of the family within society
- Attach particular importance to health, including sexual and reproductive health 26
- Stress the right to education
- Call for the eradication of gender-based abuse and neglect and of harmful practices
- Seek to empower women and children through participatory rights.
ELIMINATING CHILD MARRIAGE
Child marriage represents one of the most prevalent forms of sexual abuse and exploitation of girls. It is a violation of human rights whether it involves a girl or boy. But in the vast majority of cases, it is girls who are affected.

More than 64 million women between the ages of 20 and 24 were married or in union before they were 18 years of age; this represents over a third of women in that age group in developing countries. The consequences can be devastating.

When a girl is married at a young age, especially without her consent, she often becomes separated from her family and friends and socially isolated. She also may be denied the freedom to participate in community activities and to attend school. At worst, child marriage can result in bonded labour or enslavement, commercial sexual exploitation and violence. Because she may feel powerless to refuse sex or insist on condom use, a child bride can be exposed to health risks such as premature pregnancy and sexually transmitted infections, including HIV.

A pregnancy that occurs too early – when a woman’s body is not fully mature – constitutes a major risk to the survival and future health of both mother and child. In fact, girls aged 15 to 20 are twice as likely to die during pregnancy or childbirth as women in their twenties. Among the risks to teenage mothers is obstetric fistula, a disabling injury of childbearing, and other complications of pregnancy.
Although the minimum legal age for marriage in most countries is 18, some 10 million teenage girls are wed every year. In places where child marriage is practised, girls rarely have a say in when and whom they marry, and some have little understanding of sex or reproduction. Most married adolescents will not complete secondary education, and are often under extreme pressure to prove their fertility.

Married adolescents often face greater reproductive health risks than adolescents who are single. Research conducted in Kenya and Zambia shows that young married girls are more likely to be HIV-positive than their unmarried peers because they have sex more often, use condoms less often, are unable to refuse sex, and have partners who are more likely to be HIV-positive.

Child marriage is most common in Africa and South Asia, where 42 per cent and 48 per cent of girls, respectively, marry before age 18.

Married girls face a higher risk of sexual and domestic violence at the hands of their husbands than women who marry later. Girls are also more likely to believe that a husband may sometimes be justified in beating his wife.
Even under the best of circumstances, parents may genuinely feel that their daughter will be safer and better off with a regular male guardian. Child marriage then becomes a way of ensuring that a wife is ‘protected’ by placing her firmly under male control. Another impetus for marrying girls off at an early age is that it helps prevent premarital sex. Many societies prize virginity before marriage and this can manifest itself in a number of practices designed to guard a girl from unsanctioned sexual activity.

In the private sphere particularly, women and girls are often considered a burden. They are essentially regarded as the ‘property’ of others – of their parents as girls and of their partners later in life. Thus, there is the urge to pass on the burden as soon as possible.

The Links Between Women’s and Children’s Rights

Eliminating child marriage requires a comprehensive approach that analyses and addresses the links between the human rights of women and children. As noted above, child marriage is a poignant example of how gender discrimination that begins in childhood continues to mark a woman for life. Bringing an end to the root causes of discrimination against women and girls is therefore a key area of action in raising the age of marriage.

Promoting equality between women and men in marriage is another human rights issue that can be used as a lever to end this harmful practice. This means that women (and girls) must be given the same rights as their partners in relation to decision-making powers in the family, consent to marriage, child care, division of labour, child custody, alimony, divorce and other issues. Inequality between women and men in marriage increases the risks that their daughter will marry early, with all its attending consequences.

Finally, child marriage is a form of violence and sexual exploitation against girls. Efforts to prevent child marriage, particularly with respect to laws, policies, attitudes and customs that promote or condone the practice, should therefore aim at eliminating all forms of violence against women. It is important to note that violence against women is a major contributing factor to the incidence of violence against children.
Using the Two Conventions to Prevent Child Marriage

Combining the strengths of CEDAW and the CRC can go a long way in helping to frame laws, policies and social action to eliminate this harmful practice.

CEDAW is the more explicit of the two conventions on the issue of child marriage. Article 16 of CEDAW states that women should have the same right as men to “freely choose a spouse and to enter into marriage only with their free and full consent.” It goes on to say that “The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage....” In subsequent discussions on the issue, the CEDAW Committee has made it clear that the minimum age of marriage for both boys and girls should be 18.

Though child marriage is not specifically mentioned in the CRC, it is linked to other rights – such as children’s right to express their views freely and to be protected from all forms of abuse and from harmful practices. The subject has been repeatedly addressed by the Committee on the Rights of the Child, which has identified child marriage as both a harmful practice and a form of gender discrimination. The Committee has not taken a position on an appropriate minimum age for marriage, but it has consistently recommended that the minimum age of marriage for girls be raised to that of boys.
Both the CEDAW and CRC committees have called attention to the negative implications of the practice on the health of girls, while the latter also links it to high rates of infant mortality. In addition, the committees have recommended that all marriages be registered, since many child and forced marriages go unrecorded. In concluding comments to various States parties, the two committees have also recommended legislation to eliminate child marriage as well as awareness campaigns aimed at changing discriminatory attitudes towards women and girls, which encourage the persistence of the practice.

The CRC Committee has specifically recognized girls’ lack of empowerment as an underlying cause of child and forced marriage. Furthermore, it noted that large age differences between spouses and a lower marriageable age for girls constitute gender discrimination.

The right to ‘free and full’ consent to marriage is recognized in the Universal Declaration of Human Rights. It also notes that consent cannot be free and full when one of the parties is not sufficiently mature to make an informed decision about a life partner. Other international and regional agreements have also addressed the issue, including the Programme of Action of the International Conference on Population and Development, the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages as well as the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People’s Rights in the Rights of Women in Africa. Child marriage was identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.
PREVENTING THE SPREAD OF HIV
When AIDS first emerged in the 1980s, the identified cases were primarily among men. Today, women account for half the people living with HIV worldwide and nearly 60 per cent of the same group in sub-Saharan Africa. Due to their biology, women are at least twice as likely as men to become infected with the virus during unprotected sex. Young women are even more at risk due to their still developing reproductive tracts, whose tissues can tear easily, allowing easy access to HIV infection.

This physical vulnerability is heightened in certain situations: Evidence shows, for example, that gender-based violence – particularly rape, forced sex, sexual violence, and sexual coercion and exploitation – is a serious risk factor for HIV. In surveys in four countries, nearly a quarter of young women reported that their first experience of sexual intercourse was forced.

Women and girls are also more susceptible to HIV for social, economic and cultural reasons. Especially in conditions of extreme poverty and inequality, reducing the risk of HIV can become secondary to other, more immediate, concerns. In fact, a recent study suggests that “the impact of HIV on girls and young women is most severe where poverty has its tightest hold and where socio-economic imbalances between males and females are greatest.”

As the primary caregivers in HIV-affected families, women and girls straddle many familial, educational and paid work responsibilities. Yet with limited access to the institutions, resources and services that could strengthen their resilience in confronting the epidemic, they face an unprecedented challenge.

Millions of young people share these same challenges. They have grown up in a world transformed by AIDS, but many still lack the knowledge, skills and resources to protect themselves. The situation persists even though “access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent” was affirmed by the UN General Assembly in its 2006 Political Declaration on AIDS.
Why **HIV is Spreading**

On average, only about 30 per cent of young men and 19 per cent of young women have a comprehensive and accurate knowledge of HIV. Yet even when that knowledge is present, it does not necessarily result in behaviour change.

Many factors can contribute to the spread of HIV. They include harmful practices such as child marriage and early sexual initiation, over which children may have little or no control. Economic desperation can persuade women and young people to ‘sell’ their bodies for sex or to submit to the whims of an older partner in exchange for food, school fees or protection. Trafficking and other forms of violence can also lead to HIV infection, as can the feeling that life is simply not worth living, which often results in experimentation with drugs, alcohol and high-risk sexual behaviour.

Compounding the problem is the fact that women and young people often lack access to reproductive health information and services, including male and female condoms, the only available barrier methods that prevent both unintended pregnancy and the spread of HIV. Poor access to HIV-testing and treatment is an added problem, made worse by the stigma and discrimination that often accompany a positive diagnosis.

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**DID YOU KNOW**

- Most sexually transmitted HIV infections in females occur either inside marriage or in relationships that women believe to be monogamous.
- Young people aged 15-24 years account for an estimated 40 per cent of new HIV infections worldwide.
- In 2008, an estimated 17.5 million children worldwide had lost one or both parents to AIDS. Nearly 14.1 million of them live in sub-Saharan Africa, most of whom (an estimated 95 per cent) are living within extended families.
- Girls living outside of family care are particularly vulnerable to early sexual debut, a risk factor for HIV. In some settings, they are also more likely to be taken out of school to care for sick relatives or to be subjected to violence and abuse.
- Without any intervention, between 15 and 45 per cent of infants born to HIV-positive mothers will become infected during pregnancy, labour, delivery or breastfeeding.
- Parent-to-child transmission accounts for more than 90 per cent of all new HIV infections among children, though it can be reduced substantially through preventive treatment.
Gender norms contribute to women’s risk and vulnerability; they also influence men’s risk of infection. In many societies, being a man means acting tough, taking risks and having multiple partners. Cultural norms of masculinity often reinforce the notion that men should be independent and invulnerable, which contributes to an unwillingness to seek information, treatment and support. An effective response requires working with men and boys: as partners, fathers and brothers of women and girls, as community leaders and decision-makers, as perpetrators of discrimination and gender-based violence, and as people with their own rights and needs for HIV services.51

Structural factors also influence the spread and exacerbate the impact of HIV, underscoring the need to address legal reform and other social and economic inequities that increase women’s and girls’ risk and vulnerability to HIV. For example, criminalization of HIV transmission may deter women from getting tested, since ignorance of HIV status may be considered a legal defense. Other critical issues to be addressed include denial of property and inheritance rights, unequal access to economic assets and skills training, and inadequate linkages between sexual and reproductive health and HIV.52

On the other hand, if women and young people are sufficiently empowered, they can be fierce defenders of their rights – and those of others – especially when supported by a protective environment. An HIV-infected mother can significantly reduce the risk of passing the virus on to her newborn if she has access to accurate information and appropriate preventive treatment. In 2008, about 45 per cent of pregnant women who were HIV-positive received antiretroviral drugs in low- and middle-income countries, an increase from 35 per cent the previous year.53 Similarly, recent data have shown that women attending primary, secondary and higher education have much lower rates of HIV than girls who have dropped out of school.54 Thus, beyond actions within the health sector, a sustainable, long-term response is needed.
The Links Between Women’s and Children’s Rights

 Upholding children’s rights to education, health and dignity is an essential role of the parent. When a parent becomes sick or dies, protection of these rights suffers. Studies show that HIV infection in mothers has a strong impact on the health of her children.55

Similarly, the behaviour of men and women can profoundly affect the self-image of their child, a child’s future relationships, and his or her risk of contracting HIV. Supporting men and women in realizing their rights within relationships contributes to a positive model that future generations will emulate. Moreover, ensuring equitable access of men and women to property, wealth, education and health care builds a protective environment for the family.

Creating such an environment can safeguard women and children from violence, exploitation and abuse. This means supporting women in becoming decision-makers. It also means adopting strategies that promote equality before the law, that ensure the enforcement of existing laws and that link the justice system to health care and support. Just as important is raising awareness of women’s and children’s rights. In a punitive environment, simply being identified as HIV-positive may marginalize women socially and economically and trigger the violation of human rights within relationships and within society at large.

Preventing HIV and mitigating its consequences also requires a continuum of treatment, care and support, along with education. This is especially important in preventing the transmission of HIV from a mother to her newborn. For adolescents, access to comprehensive sexual and reproductive health information and services, including the provision of condoms, can be life-saving, and can provide an entry point in identifying those who require HIV services.
Using the Two Conventions to **Prevent the Spread of HIV and Mitigate its Consequences**

Neither CEDAW nor the CRC mention HIV or AIDS specifically. However, they both contain pertinent human rights standards and principles that governments have the obligation to uphold and whose realization affects some of the social factors that drive the epidemic among women and girls.

CEDAW, for example, affirms women’s right to non-discrimination in education, employment and economic and social activities. In the area of marriage and family relations, it asserts the equal rights and obligations of women and men with regard to choice of spouse, parenthood, personal rights and command over property. As previously noted, these rights also apply to girls, and are key aspects of women’s empowerment.

Similarly, the CRC protects children from any form of discrimination. Furthermore, it spells out their right to survive and develop to their fullest, to education, to the highest standards of health, and to protection from all forms of physical or mental violence, including sexual abuse. It also recognizes the right of children to be protected from economic exploitation and from any work that might interfere with their education.

In their concluding observations, both the CEDAW and CRC committees have recommended the strengthening of sex education, particularly among adolescents, as a strategy to prevent the spread of HIV (the CRC Committee uses the term ‘formal and informal education’).

The CRC Committee goes further in calling for efforts to reduce discrimination against children infected or affected by HIV and for strengthened measures to prevent mother-to-child transmission of HIV (coordinated with efforts to reduce maternal mortality). It also recommends measures to address the impact on children of HIV or AIDS-related deaths of parents, teachers and others.

The CEDAW Committee calls on States to effectively implement AIDS law and policies, while the CRC Committee has more all-encompassing recommendations, ranging from education and raising awareness to a call for assistance from UN specialized agencies.
8 REDUCING MATERNAL MORTALITY
Every year, more than half a million women and girls die from the complications of pregnancy or childbirth. And for every one who dies, 20 others suffer from pregnancy-related injuries, infections, diseases and disabilities, often with life-long consequences.\textsuperscript{56} The adverse effects of maternal mortality are felt by an entire family, not least of which children who are suddenly motherless. Children who have lost their mothers are up to 10 more times more likely to die prematurely than those who have not.\textsuperscript{57}

More than 80 per cent of maternal deaths worldwide are due to five causes: haemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive disease during pregnancy. While these are the direct causes of maternal death, unavailable, inaccessible, unacceptable, or poor quality health care is fundamentally responsible.\textsuperscript{58} Research has shown that about four out of five maternal deaths could be averted if women had access to essential maternity and basic health-care services.\textsuperscript{59}

Of all health indicators, maternal mortality ratios show one of the greatest gaps between rich and poor countries. The lifetime risk of a woman dying as a result of pregnancy or childbirth in Niger is about 1 in 7, compared to 1 in 48,000 in Ireland.\textsuperscript{60}

In Millennium Development Goal 5, the international community committed to reducing the maternal mortality ratio by three quarters between 1990 and 2015. Yet figures released in a recent UN report show only limited progress in making motherhood safer, especially in the poorest countries.\textsuperscript{61}

In fact, of all eight Millennium Development Goals, improving maternal health has shown the least progress, a troubling sign of the importance accorded to women and children.\textsuperscript{62}
Women continue to die of pregnancy-related causes at a rate of about one per minute.

Ninety-nine per cent of these deaths occur in the developing world, mostly in sub-Saharan Africa and South Asia. According to studies across a number of developing countries, about 13 per cent of women suffer moderate to severe physical violence during pregnancy, resulting in multiple health risks for both mother and child.

Fewer than half the pregnant women in developing countries receive the recommended prenatal care.

An estimated 215 million women want to delay or avoid pregnancy but are not using modern methods of family planning.

Up to 100,000 maternal deaths could be avoided each year if the need for contraception was effectively met.

Family planning, skilled attendance at birth, and emergency obstetric and newborn care play a fundamental role in reducing maternal mortality.
The causes of maternal death are easy to discern. With trained health-care staff, properly equipped primary health-care and emergency facilities, and adequate medicines and supplies, most maternal mortality and morbidity could be prevented. But deeper, underlying causes keep the goal of safe motherhood out of reach for many developing countries. Most of these causes stem from the subordinate position of women. Many are unable to negotiate contraceptive use with their husbands or partners; nor do they demand the right to share in decision-making that affects their lives. This lack of power may be magnified in the face of domestic violence. Other women may be discriminated against by the health-care system because of their poverty or ethnic background. Policies and laws that perpetuate such bias go unnoticed – simply because they represent the status quo. Furthermore, the meager budgets allotted for sexual and reproductive health care are rarely challenged.

Poverty, gender discrimination, social exclusion and political insecurity all serve to deepen and solidify the direct and underlying causes of maternal mortality and morbidity. They are further exacerbated by a lack of global commitment to respond to women’s needs and to improve their status.

Preventing maternal mortality begins at an early age – by protecting girls’ most basic rights. Women and girls whose growth has been stunted by chronic malnutrition, for example, are vulnerable to obstructed labour. And the risks of childbirth rise for women who have undergone female genital mutilation/cutting, which affects an estimated 3 million girls each year, according to the World Health Organization.69

Education can diminish the likelihood of maternal death by delaying the age of marriage and pregnancy. Girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their twenties.70 Their babies’ lives are also endangered: If a mother is under 18 years of age, her infant’s chances of dying before the age of one are 60 per cent higher than those of an infant born to a mother older than 19.71
The Links Between Women’s and Children’s Rights

Ultimately, reducing the toll of maternal mortality and morbidity on women, girls and their families requires a human rights-based approach, with gender equality and cultural sensitivity at its core. This approach can be strengthened by addressing the links between women’s and children’s rights.

The interrelationship between a mother’s health and that of her newborn is obvious. However, it extends far beyond pregnancy and childbirth. Preventing a mother’s disability or death and promoting her good health is one of the best ways of ensuring children’s well-being in their formative years.

The vast majority of maternal deaths result from causes that are preventable or treatable. Reducing maternal mortality therefore requires overcoming obstacles that prevent women and girls from accessing health services and information. In many cases, this means addressing deeply rooted discrimination. In others, it means adapting health systems to ancestral traditions or confronting political systems that have implicitly deemed the lives of women (and their infant children) as not worth saving.

The same measures that can save mothers’ lives can often prevent the death of newborns. These include antenatal care, skilled attendance at birth, access to emergency obstetric and newborn care, when necessary, and adequate nutrition. Access to voluntary family planning is also key. Post-natal care of both mother and child is vital but neglected. For example, simple measures such as proper hygiene, feeding and care of infants can be life-saving if a mother has the knowledge and resources to act. To be truly effective, however, these interventions must take place within an environment that is supportive of women’s and children’s rights. Creating such an environment requires attention to the health and rights of both women and children in reproductive health programmes.
An enabling environment for women’s and children’s rights is free from violence. This requires not only protection from abuse, exploitation, discrimination and violence. It also implies a decent standard of living, quality education, equal participation in the home, community and political life, and greater involvement of men in the care of women and children.

Finally, women who are empowered, in both their productive and reproductive roles, tend to have a positive impact on their families, including their children. This empowerment can have a ripple effect across generations. In the context of maternal mortality, empowered women are more likely to claim their right to quality health care and education, and to understand the warning signs during pregnancy.

Death in childbirth is overwhelmingly due to three interrelated delays, which ultimately prevent pregnant women from accessing the health care they need:

1. Delay in seeking appropriate medical help for an obstetric emergency because of the cost of emergency care, failure to recognize the urgency of the problem, poor education, lack of information and gender inequality.
2. Delay in reaching an appropriate facility for reasons of distance, infrastructure and transport.
3. Delay in receiving adequate care once a facility is reached because of staff shortages or a lack of electricity, water or medical supplies.

Each delay is closely related to availability, accessibility, acceptability and quality of services, which are key elements in the right to health.72
Using The Two Conventions To Prevent Maternal Mortality

In recent years, the understanding of maternal mortality as a human rights issue has deepened. Women have the right to survive childbirth, and working towards this end is a human rights imperative. At the same time, improving maternal health can save or enhance the lives of countless children and families. In addition to links with the right to health, maternal health is closely tied to other human rights. For example, preventable maternal death often represents a violation of the right to life, to family, to education and to other rights, which should ideally be integrated into strategies to reduce maternal deaths.

An expectant mother’s right to health is guaranteed in article 12 of CEDAW, which requires States parties to “ensure to women 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.”

CEDAW’s General Recommendation on Women and Health goes further. It explains that States are obliged to change laws or policies that require women to seek the authorization of their husbands, parents or health authorities to obtain health services. It also says that States parties must take appropriate legislative, judicial, administrative, budgetary, economic and other measures to ensure that women realize their right to health. The recommendation points out that high rates of maternal mortality and morbidity and a large unmet need for contraception suggest possible breaches in the duty of States parties in regards to women’s health.

The CRC complements CEDAW by affirming children’s right to enjoy the “highest attainable standard of health.” Article 24 includes provisions that guarantee this right, such as the development of preventive health care, the provision of guidance for parents and of family planning education and services. Other articles relate to State obligations to ensure appropriate prenatal and post-natal health care for mothers.
THE DUTY OF STATES

International law does not expect States to instantaneously provide all goods, services and facilities needed to protect the right to health. Instead, States are expected to take concrete and deliberate steps to progressively realize this right through legal, policy and other measures, with the assistance of higher-income countries. What is expected of a State depends on the resources available to it. Where resources are limited, States are supposed to prioritize certain key interventions, including those that will help guarantee maternal health – emergency obstetric and newborn care, in particular.74

However, some obligations take immediate effect, including the provision of primary health care along with safe water and adequate sanitation. In delivering these services, the principles of equality and non-discrimination must be applied. This means that health care is distributed equitably, including in rural or poor communities, or areas with high indigenous or minority populations, and on a non-discriminatory basis. It has also been pointed out that “policies which promote non-discrimination and equality – as well as dignity, cultural sensitivity, privacy and confidentiality – in the clinical setting, can improve patient-provider relationships and encourage women to seek health care.”75

A human rights-based approach to maternal health requires a high degree of political commitment and community engagement if it is to be successful and sustainable. Making individuals and communities aware of their rights, and giving them the means to actively participate in their realization, is an essential step to ensuring that health services are responsive, accountable and equitable.76

A lack of cultural sensitivity – along with gender considerations – can be a barrier to realizing women’s right to quality reproductive health services. Indigenous women, for example, are often discriminated against in accessing such services. Moreover, they often have particular needs or traditions that health-care providers fail to understand – or respect. Intercultural reproductive health models that take into account the cultural dimensions of care in a particular society are proving to be valuable in reducing maternal mortality and empowering indigenous women. With a few low-cost adaptations, health systems can integrate alternative world views into their health-care models and services without compromising the quality of care.
ENDNOTES


15. Such as the Human Rights Committee, the Committee against Torture or the Committee on the Elimination of Discrimination against Women.


26. In General Comment No. 4, the Committee on the Rights of the Child urges States parties to “develop and implement programmes that provide access to sexual and reproductive health services, including family
planning, contraception and safe abortion services where abortion is not against the law, adequate and comprehensive obstetric care and counselling.” The link between reproductive rights and gender discrimination is also a concern in CEDAW. For instance, article 16 establishes that States parties shall ensure the same rights to men and women 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.”


52. UNAIDS Action Framework: Addressing women, girls, gender equality and HIV, draft conference room paper on


69. A 2006 study by the World Health Organization found that women who have undergone female genital mutilation/cutting are significantly more likely to have adverse obstetric outcomes than those who have not. Risks appear to be greater with more extensive forms of the practice. Source: World Health Organization, Department of Reproductive Health and Research, Female Genital Mutilation and Obstetric Outcome: WHO collaborative prospective study in six African countries, WHO, Geneva, 2006, p. 1.


73. CEDAW General Recommendation No. 24, para. 17.


**UNFPA**, the United Nations Population Fund, promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

**UNICEF**, the United Nations Children’s Fund, advocates for the protection of children’s rights to help meet their basic needs and expand their opportunities to reach their full potential. UNICEF is guided by the *Convention on the Rights of the Child* and strives to establish children’s rights as enduring ethical principles and international standards of behaviour towards children.

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The lives of women and children are inextricably linked. So, too, are their rights. Yet, for decades, the needs and rights of women and children have been addressed in isolation from one another. This booklet lays the groundwork for a human rights-based approach to development that considers the concerns of both groups, drawing on the strengths of the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

Written for UN and other development practitioners, the booklet shows how discrimination and other human rights violations against women affect children and vice versa. It also shows how the two international treaties and the committees that monitor them can be used to effectively address four major development issues: promoting the human rights of adolescent girls, eliminating child marriage, preventing the spread of HIV and reducing maternal mortality.