Dear Members of the Human Rights Council:

The Center for Reproductive Rights (CRR) is an independent, non-profit organization that works to protect women's reproductive rights throughout the world. Reproductive rights are fundamental to women's health and equality and are guaranteed by international law. As such, they are an explicit part of the Human Rights Council's mandate. Pursuant to HRC Resolution 5/1 of 18 June 2007, we submit this letter to draw your attention to issues of concern that pertain to women's reproductive health and rights in India. The following information is based on a letter submitted by the CRR to the CEDAW Committee in 2007, which contains further details and source citations. That letter is appended to this document for your review.

National Context:

The Indian government has formally introduced a wide range of policies and programs designed to improve women's reproductive health status by facilitating broad access to health-related services and information. However, implementation has been uneven and weak. As a result, the majority of Indian women continue to suffer from a denial of reproductive health care and denial of reproductive rights articulated in well-established human rights law. The burden of reproductive ill health borne by women in India symbolizes deep inequities and discrimination in access to health care and in the social arena.

The information in this submission seeks to assist the esteemed Human Rights Council in its evaluation of the Government of India's progress with regard to the protection and fulfillment of human rights and focuses on three interrelated issues: (1) maternal mortality; (2) illegal and unsafe abortion; and (3) child marriage.
1. **Maternal Mortality.**

Complications during pregnancy and childbirth are among the leading causes of death of women in India. Almost 50% of all women give birth without the assistance of skilled attendants, and most deliveries take place in the home. Maternal deaths account for 15% of deaths among women of reproductive age. The underlying causes of maternal mortality are poor health care facilities, lack of access to family planning services and safe abortion, and poor nutrition. These factors disproportionately affect women in rural areas, making them more susceptible to risks during pregnancy than urban women. The Government of India has failed to manage the maternal health crisis in the country. Despite the introduction of various programs and schemes, there has not been a significant decline in maternal mortality, as revealed by official studies, such as the National Family Health Survey II.

2. **Illegal and Unsafe Abortion**

Although abortion is legal in India on several grounds, access to safe and affordable abortion providers is severely limited and confined to urban centers, making illegal and unsafe abortion a prevailing public health problem. An estimated four to six million abortions are performed illegally each year. Further, each year, up to 6.7 million abortions occur outside registered government institutions, often by untrained persons in unhygienic conditions. In 2002, India amended its abortion law, the Medical Termination of Pregnancy Act, 1971, but there is no evidence that law reform has increased access to safe, legal, and affordable abortion services. On average, there are only four medically qualified, though not necessarily certified, abortion facilities per 100,000 people throughout the country.

3. **Child Marriage**

The persistent problem of child marriage sparks multiple negative consequences for adolescent girls. Adolescent girls who enter into marriage are unable to be able to protect their sexual and reproductive health and are more likely to start child-bearing at a young age, making them susceptible to a variety of risks associated with unplanned pregnancy and unprotected sex such as maternal mortality and morbidity, unsafe abortion, and HIV/AIDS. Over half of all young girls are given away in marriage before the age of majority despite the risks to their health. One in 6 Indian girls begin child bearing between the ages of 13 and 19, and less than 10% of married adolescents use contraception. Unsafe abortion is believed to account for half of all maternal deaths among girls and young women aged 15 to 19 years. Sham marriages are often performed for the purpose of facilitating trafficking of young women for sex work.

**CEDAW's Most Recent Concluding Observations on the India**

In the CEDAW Committee’s most recent concluding observations, issued 2007, they expressed serious concern about the issues discussed above. Below are excerpts from those concluding observations.
• The Committee expresses concern about maternal mortality and women’s health, including high risk of HIV/AIDS, unsafe abortions, and lack of access to family planning services. The Committee mentions how India has put into place rhetorical policies to amend these problems, but has yet to document any impact or actual implementation of the policies . . . .

• The Committee urges India to confront the prevalence of child marriages. As CRR has noted, child marriages are complicit in facilitating sex trafficking and forced prostitution, and lead to a number of health risks for adolescent girls, as well as constitute a basic rights violation.

• The Committee commends India for creating policies to improve the lives of women and reduce regional, economic, and ethnic inequalities; but notes that implementation of said policies has been lacking. The Committee calls upon the state party to prioritize and document implementation of these policies prior to its next review.

We respectfully urge the Human Rights Council to take this information into consideration as it reviews the Government of India’s performance and use it as a basis for emphasizing the urgent need to prioritize the protection and fulfillment of women’s reproductive rights as a matter of human rights and social justice.

Very truly yours,

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Melissa Upreti
Senior Legal Adviser for Asia
The Center for Reproductive Rights

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Aliya Haider
Legal Fellow
The Center for Reproductive Rights