



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**
Forty-fourth session

Summary record of the 891st meeting (Chamber A)

Held at Headquarters, New York, on Thursday, 23 July 2009, at 3 p.m.

Chairperson: Ms. Gabr

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The meeting was called to order at 3 p.m.

Consideration of reports submitted by States parties under article 18 of the Convention *(continued)*

Seventh periodic report of Bhutan
(CEDAW/C/BTN/7, CEDAW/C/BTN/Q/7,
CEDAW/C/BTN/Q/7/Add.1)

1. *At the invitation of the Chairperson, the members of the delegation of Bhutan took places at the Committee table.*

Articles 10 to 14

2. **The Chairperson**, speaking in her capacity as an expert, said that much progress had been made since 2004 with respect to primary education and the number of girls in school. Nonetheless, she asked whether any studies had been done to examine literacy rates and what measures had been taken in that area. She also wished to know if Bhutan had a policy for compulsory secondary and post-primary education. In light of the role education played in the advancement of women and the limited funding allocated to education in developing nations, she expressed the hope that Bhutan would dedicate the necessary resources. She asked whether the cost of building schools was low enough to ensure that a sufficient number would be built and asked what was being done to address the shortage of teachers in rural schools. Further, she noted that rural schools were difficult to reach and asked whether transportation and safe boarding accommodations were available to girls. She wished to know if there were any incentives, in the form of money, free meals or certification, to help keep girls from poor families in school. With respect to early marriage, she wondered whether a girl under the age of 18 would be able to return to school after having a child.

3. **Ms. Ara Begum** said that child domestic workers, primarily young girls from poor rural families, were a problem in Bhutan. Most of them had no access to schooling, worked long hours for little pay and were vulnerable to various forms of abuse. Public education on the issue of child domestic workers and rules and regulations were needed to ensure that child workers were not deprived of their right to schooling, health care and protection from abuse and exploitation. Sexual harassment in the workplace was on the rise in Bhutan, with one study finding that 38 per cent of female respondents reported harassment from men

while 17 per cent reported having been struck by a male co-worker. Noting that Bhutan had enacted a strong Labour and Employment Law, she remarked that only one sexual harassment complaint had been filed. She asked what prevention measures had been taken and what penalties could be imposed. Finally, she asked how migrant workers could obtain a work permit and what kind of protection was available to them.

4. **Ms. Arocha Dominguez** said that the Committee would welcome more information on women's health in general and morbidity and mortality factors. Given the absence of a network of mammogram services, she asked how early diagnosis of breast cancer as well as uterine cancer was achieved and how those cancers factored into the morbidity and mortality statistics. Noting the large number of unwanted pregnancies she wished to know how reproductive health and sex education was being pursued outside of educational institutions, whether non-governmental organizations (NGOs) were involved and what community health organizations were in existence. Finally, she would welcome information or data from a national-level study regarding deaths in childbirth. She asked what kind of prenatal consultations were available to women and what emergency services for remote regions were offered in the event of complications.

5. **Ms. Pimentel** said that more information was needed regarding measures that had been taken with respect to reproductive health for young women and adolescents. She noted that confidentiality was a problem in small communities for those seeking reproductive health services. Health workers were not always able to attend to the reproductive needs of adolescents, who were not adequately informed.

6. With respect to HIV/AIDS, Bhutan reported that 30 per cent of all HIV infections were contracted by people younger than 25 years of age, with women accounting for 80 per cent of cases. Those statistics showed the urgent need for public policy and HIV/AIDS education. She wished to know what measures the Government had taken to stop the spread of infection.

7. **Ms. Halperin-Kaddari** said that poverty and its gender-specific aspects were not discussed in the report, yet poverty and the feminization of poverty was a problem in Bhutan. The Committee needed more information about the economic situation and welfare of women-led households and women in precarious

situations. Workers in agriculture, the informal sector and home workers, who were primarily women, were not covered by any social benefits scheme and she wished to know what approach the Government had taken to address the problem. Finally, in the case of matrilineal inheritance rules, women were forced to take on the responsibility of caring for their parents, thus limiting their economic and social choices. She wondered if the Government was aware of the situation.

8. **Ms. Lhamu** (Bhutan) said that the adult literacy rate was 52 per cent, lower for women than for men and lower for rural areas than for urban areas. The National Plan of Action for Gender sought to expand successful non-formal education programmes, where women accounted for 70 per cent of participants. The Tenth Five-Year Plan provided continued support for that effort. In addition, as stereotypes of women were eliminated in rural areas through the use of mass media and other means, more women would attend school. Some NGOs supported girls' education through the purchase of uniforms and supplies. Also, the Tenth Five-Year Plan included a policy to build safe boarding accommodations in order to avoid informal boarding, which had been deemed unsafe. In most cases, a student would be able to return to school after pregnancy. Programmes had also been implemented to offer counselling and information on sexual health and adolescence through the designation of certain teachers as counsellors for girls. The Plan had focused on addressing the shortage of female teachers by providing incentives for women to teach in remote areas, enabling girls to receive those counselling services. The current policy provided for boarding facilities in such areas and aimed at a significant reduction in the number of girls that still walked to school. Finally, the Population Perspective Plan for Bhutan that was being drafted included an Action Plan for adolescents and sexual health of adolescents.

9. **Ms. Chophel** (Bhutan) said that educational participation was low at the secondary level but that it was improving and was close to reaching gender parity. In primary education, the number of community schools for grades one through six established had increased since 2004. The work of NGOs in reproductive health education complemented Government services and focused on advocacy and training through workshops, mobile units and "edutainment". She noted the important role members

of the Royal Family were playing in the advocacy programme.

10. **Mr. Wangchuk** (Bhutan) said that two studies had been conducted to examine access to education and the factors impacting the enrolment of women in secondary schools. Health and education received the highest allocation of resources in Bhutan, and health services and education remained free of charge.

11. The Ministry of Health was developing a policy that included breastfeeding, maternity and paternity leave and flex-time for breastfeeding. Many such policies had already been put in place for female employees in the civil service and private sector, and he expressed the hope that they would achieve broader application. The Labour and Employment Act addressed those issues and the Ministry of Labour and Human Resources was pursuing broader monitoring and application of rules in that regard. He acknowledged the issue of sexual harassment in the workplace, though its harmfulness had not been fully appreciated in Bhutan. Measures had been taken to address the problem, as it would become more pressing in the future. As women asserted their rights, it was his hope that a better understanding of the issue would emerge.

12. Foreign workers were all men and came without their families primarily to work in the construction industry. Government agencies were monitoring the protection of their rights.

13. Bhutan had nearly universal health-care coverage and 90 per cent immunization rates. It had a good network of outreach clinics in remote areas, and a study showed the need to shift focus to urban areas. Morbidity and mortality rates for women had been improving and were in line with the targets of the Millennium Development Goals (MDGs). Breast cancer screening had been less developed than uterine and cervical cancer, the latter having been one of the leading causes of death among women. Consequently, a network of cytopathology laboratories had been created, and screening services in nearly all district hospitals had been made available.

14. People in remote areas had access to good primary health-care services but had limited access to such pregnancy-related services as prenatal checkups and high-risk pregnancy monitoring. Health workers had been trained to identify high-risk pregnancies, and minimal care centres and district hospitals were

available to accept high-risk cases. Bhutan was expanding a telemedicine project, examining ways to improve ambulance services, increase the number of trained physicians in district hospitals and establish emergency obstetrical care centres.

15. HIV/AIDS had been recognized as a threat to the reproductive health of adolescents and the general population. Bhutan had an established network of volunteer counselling and testing centres. Since 2006, the Government had opened health information centres in larger population centres that provided volunteer counselling and testing services, anti-retroviral therapy and support to people living with HIV/AIDS. Other centres offered free condom distribution, sex education and counselling, screening for sexually transmitted diseases (STDs) and hotlines for questions related to STDs, HIV and AIDS.

16. In the context of poverty and female-headed households, he stated that the Tenth Five-Year Plan had focused on the issue of poverty elimination as one of its central themes and had undertaken studies and analyses of poverty. Social insurance schemes were not available in Bhutan due to insufficient skills and other limitations. However, the focus on poverty elimination was evident through outreach programmes.

17. **Mr. Norbu** (Bhutan) said that the law was clear with regard to the equal right of women to inherit property from their family regardless of marital status. The concerns voiced by the Committee had not manifested themselves in the cases that had come before the courts.

18. **Mr. Tshering** (Bhutan) said Bhutan had the goal of spending as much as possible on health care and education. It expected to see a drop in donor funding as it prepared to graduate from the list of least developed countries in the near future; nevertheless, the Government had decided to continue to increase spending in those areas.

19. Bhutan had found it hard to bring schooling to the last 20 per cent of students, largely due to the remoteness of certain areas. The goal was to have no child walk longer than one hour in each direction in order to go to school. Another challenge was the shortage of teachers in rural areas. Bhutan had been hiring teachers from abroad and extending the amount of time its teachers were working in remote areas. Transportation and hostelling for students was being developed along with youth activities to ensure

children were occupied during school breaks. The best possible materials were being used to build student accommodations and schools. In addition, with better cell phone coverage, the feeling of separation from family experienced by students far away from home would be reduced.

20. The Government was committed to ensuring that the young domestic or agricultural workers were paid the best possible wages and that their well-being was assured. Despite the associated challenges, the Government had pledged to continue providing health care services free of charge. When care was not available in Bhutan, citizens were being taken to nearby countries for treatment at the Government's expense. Bhutan's commitment to Gross National Happiness required it to consider various aspects of social needs and called for the continuation of the highest level of service in education and health care, which would be a challenge in view of diminished resources.

Articles 15 and 16

21. **Ms. Halperin-Kaddari** noted that in the event of divorce, the mother was given preference in custody of children under the age of nine, while children over the age of nine had to choose between their parents to determine custody. The custody decision should be made in the interest of the child and no automatic preference should be accorded to the mother, just as the child should not be made to choose between parents. She urged the Government to reconsider that policy.

22. She wished to know what was considered to be joint property in the context of division of property in the event of a divorce and whether the non-financial contribution of the woman in the form of housekeeping and childcare was compensated. Lastly, given that the registration of marriage was a novelty in Bhutanese culture and many couples continued to live together without registering their union, she asked whether women in such unregistered marriages had the same right to a share of the joint property in the event of divorce.

23. **Ms. Hayashi** asked whether the traditional system for dispute resolution based on consultations with elders or the modern judicial system based on law applied to matters involving marriage. Bhutan's traditional inheritance system, where women were seen as caretakers of their parents, continued to favour

women over men. Considering that women were increasingly leaving home for urban centres in search of work, and that the law excluded those who had been living separately for more than 10 years from the right of inheritance, she asked whether women would still be able to inherit land under those conditions and what the impact of urbanization had been on women. She asked what system of dispute resolution existed among heirs and what enforcement and remedies were available. With regard to child support, she asked whether women could appeal in court in the event the father did not pay child support or disputed paternity. Finally, she asked what specific measures, in the form of public campaigns, had been taken to prevent and eliminate underage marriage, beyond the provision in the law under which sex with a minor could be considered statutory rape.

24. **Ms. Coker-Appiah**, referring to paragraph 470 of the report, asked at what point the deed of divorce, a document specifying the order of property sharing at the time of divorce, was drafted. The report also stated that adopted children would be recognized as foster children. She requested clarification of the term “foster children”, which in her understanding referred to children in the temporary care of another family.

25. **Mr. Norbu** (Bhutan) said that in Bhutan, a couple seeking a divorce had two options after a preliminary hearing in the court: they could pursue a negotiated settlement or let the court issue a deed of divorce. With respect to child custody, in Bhutan, it was believed that it was better for a child under the age of nine to stay with the mother. In the event that the father had not paid child support, the mother needed only to report that to the court and the automatic enforcement of the law would be set in motion. Because the court acted in the best interests of the child, if the mother was incapacitated, the court would make the decision to give custody to the father.

26. Joint property was defined in family, marriage and inheritance laws as any property developed over the course of the marriage. Owing to the subjective nature of evaluating the unpaid services rendered by women in the context of the marriage, they were not specifically mentioned in the law, though they would be considered by the court.

27. **Mr. Wangchuk** (Bhutan) said that the National Commission for Women and Children (NCWC) had sought to raise the issue of putting a value on the

non-financial contribution of women to family and society, and it was hoped that in the coming years, a better understanding of how to measure the contribution of women would emerge. The South Asian Association for Regional Cooperation (SAARC) Gender Database included information on the feminization of poverty, which SAARC members intended to study. With regard to measures that had been taken to prevent underage marriage, he drew the Committee’s attention to the information on preventing teenage pregnancies in the report.

28. **Ms. Ara Begum** said that she was impressed by the Gross National Happiness (GNH) theory and expected many countries to consider taking such an approach in the future. She asked whether both modern and traditional medicine were provided free of charge.

29. **Ms. Halperin-Kaddari** asked for clarification of paragraph 470 of the report and requested an answer to her earlier question regarding the protection of women in unregistered marriages.

30. **Mr. Norbu** (Bhutan) said that no distinction was made in the courts between a registered and an unregistered marriage. Unmarried couples with children would pay a minimal fee to the court for the law to apply to them in the same way as to married couples. If, according to the deed of divorce, possessions were equally divided but certain items remained in the possession of one spouse, the law stated that a case could not be further adjudicated once it had been settled by the parties. However, valid claims could still be brought before a court of law.

31. **Mr. Wangchuk** (Bhutan) said that primary and secondary health-care services were completely free and the Government paid for treatment abroad for illnesses that could not be treated in Bhutan. Cost-sharing was being introduced for tertiary health-care services due to the financial burden they had placed on the Government.

32. **Mr. Tshering** (Bhutan) said that the consideration of the periodic report had been valuable for learning about international best practices at a time when Bhutan was consolidating human rights, democracy and public policy. The Government was fully committed to the letter and spirit of the Convention and to promoting and protecting human rights and the rights of women. He assured the Committee that its recommendations would receive the fullest attention of the Government and that the required resources would

be allocated to improve the situation of women in Bhutan.

33. **The Chairperson**, in concluding the discussion, said that it was important for Bhutan to ratify the Universal Declaration of Human Rights and the two Covenants, as well as the two legally binding instruments concerning migrant workers and the disabled, along with the amendment to article 20, paragraph 1, of the Convention. While recognizing the Government's effort to harmonize national law with international law, she was concerned that national law would prevail over international law in the event of a conflict. International law was legally binding and should be considered at the same level as national law. Bhutan had achieved significant progress since 2004 in many areas and the Committee hoped to see more progress in the future.

The meeting rose at 4:45 p.m.