

**SUBMISSION OF THE CENTER FOR REPRODUCTIVE RIGHTS REGARDING ZAMBIA'S
COMPLIANCE WITH ITS INTERNATIONAL OBLIGATIONS IN THE AREA OF WOMEN'S
REPRODUCTIVE AND SEXUAL HEALTH RIGHTS**

Universal Periodic Review of Zambia, April 18, 2012

In accordance with Human Rights Council Resolution 5/1 of June 18, 2007, the Center for Reproductive Rights (the Center), an independent non-governmental organization that uses the law to advance reproductive freedom as a fundamental human right, presents this submission as a non-governmental stakeholder. This submission is intended to supplement the report of the government of Zambia, scheduled for review by the Human Rights Council during its 14th session.

I. Introduction

International human rights law requires states to ensure and protect the reproductive and sexual health rights of women and girls. Despite explicit protection in various human rights treaties to which Zambia is party, these rights continue to be neglected and, at times, actively violated by the Zambian government. The Center urges the Human Rights Council to closely examine the following human rights issues with respect to Zambia: 1) women's lack of access to quality maternal health care, to family planning services and information, and to HIV services; 2) women's lack of access to safe abortion and post-abortion care services; and 3) discrimination and sexual violence against women and girls.

II. Key Issues

A. Normative and Institutional Framework

The current Constitution of Zambia fails to adequately protect women from discrimination. In 2011, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) noted that, despite recommendations in previous concluding observations, the Constitution continues to both guarantee the equal status of women (Art. 11), and simultaneously permit discriminatory laws and practices in the areas of personal and customary law (Art. 23(4)), including early marriage, sexual cleansing, and polygamy.¹ The CEDAW Committee further

noted with concern that the government of Zambia has failed to enact a general prohibition against discrimination.²

Zambia is currently drafting a new constitution, and expects the final draft to be presented by June 2012. Previous attempts have retained the existing constitution's discrimination provision, and there is no overt indication that the new drafting process will be different.

Other recent developments in Zambia's ongoing constitutional review process could severely restrict women's reproductive rights in Zambia, rather than maximize this important opportunity to promote and protect women's rights. This threat comes in the form of language in the latest version of the draft constitution, which states that life begins at conception.³ Such language, if included, may have serious, harmful repercussions for women's health and rights and directly contravenes international human rights law, which does not recognize the right to life prior to birth.⁴

In addition, the CEDAW Committee expressed concern in 2011 that the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) has not been fully domesticated into Zambian law, and therefore cannot be invoked before Zambian courts, despite repeated recommendations to hasten its full incorporation into domestic law.⁵

B. Women's Lack of Access to Quality Maternal Health Care, Family Planning Information and Services, and HIV Services

1. Lack of Progress on Reducing Maternal Mortality and Morbidity

The latest Zambia Demographic and Health Survey (2007 ZDHS)⁶ lists the maternal mortality ratio at 591 deaths per 100,000 live births.⁷ In its most recent Millennium Development Goals (MDG) progress report, the World Health Organization (WHO) reported a somewhat lower maternal mortality rate than the 2007 ZDHS, but noted that Zambia had made "no progress" in meeting the MDG for maternal mortality.⁸ Zambia has insufficiently enforced policies that would ensure the availability and quality of health care, and allocated inadequate resources to the health care system,⁹ resulting in extraordinarily high levels of maternal deaths, particularly among low income women and women who live in rural areas.

The CEDAW Committee has repeatedly expressed its concern over the high rates of maternal mortality and morbidity in Zambia and in 2011 recommended that the government of Zambia "[s]trengthen its efforts . . . to reduce the incidents of maternal mortality and to raise awareness of and increase women's access to health-care facilities and medical assistance by trained personnel, especially in rural areas."¹⁰

2. High Unmet Need for Family Planning Services and Information, and Inadequate Provision of Adolescent Reproductive Health Services

Access to contraceptive information and services is central to protecting women's and girls' rights to life and health. According to the 2007 ZDHS, 27% of all married Zambian women and 18% of all Zambian women (married and unmarried) have an unmet need for contraceptives.¹¹ This puts them at risk of unwanted pregnancies, possibly resulting in death or illness due to lack of adequate health care, or they may seek out unsafe abortions that can result in complications or death.

Sexual and reproductive health information and services for adolescents remain drastically inadequate in Zambia. Many young adults choose to purchase contraception from chemists and pharmacies because traditional clinics lack youth-friendly contraceptive services, thus creating financial barriers to access because they feel obliged to pay for contraception in the private sector rather than obtain it for free in public clinics.¹² Research demonstrates that adolescents who initiate sex at an earlier age are typically at higher risk of becoming pregnant, which carries adverse health and education consequences for adolescent girls, and of contracting STIs than those who delay first sexual intercourse.¹³ In Zambia, more than half of young women (58.5%) and men (51.1%) age 18-24 have reported first having sexual intercourse before age 18.¹⁴ Furthermore, additional research suggests that up to 80% of all women in Zambia who seek treatment for complications from unsafe abortions are under the age of 19.¹⁵

The lack of critical adolescent sexual and reproductive health information and services also contributes to Zambia's high adolescent pregnancy rate, which the 2007 ZDHS noted is "a major health concern because of its association with higher morbidity and mortality for both the mother and child" and because it often exacts negative consequences on "female educational attainment."¹⁶ Currently, the rate of adolescent pregnancy in Zambia stands at nearly 28% for girls aged 15-19.¹⁷ Among 19-year-old women, 54.6% have already begun childbearing.¹⁸

These problems were also underscored by the CEDAW Committee in 2011, which expressed concern over "lack of access for women and girls to reproductive health care and information, including contraception . . . , especially in rural areas" and recommended that Zambia "[s]trengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and ensure that women and girls, especially in rural areas, do not face barriers to accessing family planning information and services."¹⁹

3. Inadequate Health Care for and Treatment of Women Living with HIV

Zambia still faces a generalized HIV epidemic. The 2007 ZDHS showed an overall HIV prevalence rate of 14.3%, and women still faced a higher overall rate (16.1%) than men (12.3%).²⁰ This disproportionate risk to women is rooted in social and cultural factors that lead

to women beginning sexual activity at younger ages, often due to early marriage, as well as the prevalence of coerced sex and age disparities between young girls who have sex with older men.²¹

In 2011, the CEDAW Committee expressed concern “that women and girls may be particularly susceptible to infection owing to gender-specific norms and that the persistence of unequal power relations between women and men and the inferior status of women and girls may hamper their ability to negotiate safe sexual practices, thereby increasing their vulnerability to infection,”²² and called on Zambia to “[u]ndertake continued and sustained measures to address the impact of HIV/AIDS on women and girls.”²³

C. Women’s Lack of Access to Safe Abortion and Post-Abortion Care Services

1. Unsafe Abortion and Post-Abortion Care

Unsafe abortion is one of the most easily preventable causes of maternal death and disability. According to hospital-based records, unsafe abortions are estimated to be the cause of approximately 30% of maternal deaths and one of the top five causes of maternal mortality in Zambia.²⁴ Given the gravity of the problem, it is of particular concern that Zambia has failed to act in response to recommendations made by the CEDAW Committee in 2002.²⁵ This failure led the Committee in 2011 to reiterate its concern for the State’s failure to implement appropriate reproductive health programmes aimed at reducing maternal deaths and disabilities resulting from unsafe abortions.²⁶

Although Zambia’s abortion law allows for abortion under a number of exceptions, lack of clarity and knowledge about the law coupled with procedural barriers impede access to safe and legal abortion. The Termination of Pregnancy Act of 1972 (TOP Act) permits a registered medical practitioner to terminate a pregnancy if the pregnancy threatens the life or physical or mental health of the woman or her existing children, or in cases of serious fetal anomaly.²⁷ It does not explicitly provide for abortion in cases of rape or incest and further contains procedural barriers that severely restrict access to safe and legal abortion services. One of the most significant barriers in a country with few doctors is that except under emergency circumstances, an abortion must be obtained in a hospital and be approved in advance by the provider and two other registered medical practitioners, one of whom must have specialized in “the branch of medicine in which the patient is specifically required to be examined.”²⁸ Despite the exceptions provided under the TOP Act, the Zambian Penal Code which criminalizes unlawful abortion, authorizing sentences of up to fourteen years in prison for women who unlawfully procure an abortion and up to seven years for the person providing the abortion,²⁹ only provides an exception for termination of pregnancy for a female child in cases of rape or defilement.³⁰

Recognizing these legal and practical barriers, the Zambian Ministry of Health published in May 2009 a series of standards and guidelines for administering comprehensive abortion care, which clarify the abortion provisions under Zambian law for medical providers.³¹ It remains unclear, however, whether health care providers are aware of either the provisions of the law or the guidelines, and some health care providers continue to stigmatize women seeking abortions and, accordingly, give them lower quality care.³²

The Zambian government should prioritize clarifying and disseminating the country's abortion law to reduce preventable maternal injuries and death. This is in line with the CEDAW Committee's recommendation that the State "[r]aise awareness among women and clinicians, including through an information campaign, about the legislation on abortion, which allows women to seek safe abortions at health centres."³³

D. Discrimination and Sexual Violence against Women and Girls

1. Sexual and Physical Violence

Gender-based violence (GBV), including sexual and physical violence, continues to be a serious problem in Zambia affecting the health and human rights of women and girls. While sexual and gender-based violence is generally under-reported in Zambia,³⁴ the 2007 ZDHS indicates that over 50% of all Zambian women have experienced either physical or sexual violence.³⁵ One in five Zambian women has experienced sexual violence,³⁶ and over 40% of all women with experience of sexual violence reported that their current husband or partner committed the abuse.³⁷ Data from the 2007 ZDHS showed that one out of three Zambian women in this group was first sexually assaulted as an adolescent.³⁸

While the CEDAW Committee commended Zambia on the enactment of the Anti-Gender-Based Violence Act (2011) and recent amendments to the Penal Code that included more stringent penalties for sexual offenses, it continued to express concern "at the high prevalence of violence against women and girls, including domestic violence and widespread incidents of sexual violence... in both the private and public spheres" with particular note that marital rape "is not explicitly recognized as a criminal offence in either the Penal Code or the new Anti-Gender-Based Violence Act."³⁹

2. Early Marriage

The minimum legal age for marriage in Zambia is 16,⁴⁰ and the cultural preference for early marriage is widespread, particularly since girls are viewed as a source of income and wealth for payment of their dowries upon marriage.⁴¹ A 2009 Population Council and United Nations Population Fund (UNFPA) report on adolescents in Zambia observed that the total number of girls age 15-24 either in unions or divorced, separated, or widowed reached 93.2%.⁴²

The CEDAW Committee has identified 18 as the appropriate legal age of marriage for both men and women and has rejected arguments in support of an earlier marriage age for girls because of the associated risks to their health and education.⁴³ Married girls often receive little or no schooling, have limited autonomy and decision-making power within the marriage, particularly when they have much older spouses, are vulnerable to increased rates of maternal mortality and morbidity, and are at greater risk for HIV infection.⁴⁴ In 2011, the CEDAW Committee expressed concern that customary law is “in fact preferred and is more likely to be applied in family and personal relations [including] marriage”⁴⁵ and requested that the State “ensure the de facto criminalization of certain harmful customary practices such as early marriage”⁴⁶

III. Cooperation with Human Rights Mechanisms

While the Center acknowledges the government of Zambia’s collaboration with United Nations bodies, such as the United Nations Children’s Fund (UNICEF) and UNFPA, and other international human rights organizations, such as the Young Women’s Christian Association (YWCA) and CARE International, as well as with domestic bodies such as the Zambia Society for Prevention of Child Abuse and Neglect (ZASPCAN) in the development of centers and initiatives to provide care to victims of gender-based violence and training of judges and prosecutors on issues of sexual and domestic abuse,⁴⁷ it is concerned by the continuing failure to implement several recommendations made repeatedly by the CEDAW Committee and other treaty monitoring bodies.

The government of Zambia has ratified the nine major international human rights instruments,⁴⁸ but has failed to fully incorporate these international obligations into domestic law, a concern noted by both the CEDAW Committee and the Committee on Economic, Social and Cultural Rights in the 2008 Universal Periodic Review (UPR) of Zambia.⁴⁹ In fact, some domestic customary law directly contradicts Zambia’s obligations under regional and international treaties, such as the legal age of marriage and the customary practice of child marriage. In the 2008 UPR of Zambia, it was recommended that the government review all child-related legislation and bring it into conformity with Convention on the Rights of the Child (CRC) and the African Charter on the Rights of the Child, a process that has still not taken place.⁵⁰

The government still has not ratified several Optional Protocols, despite repeated recommendations to do so by treaty monitoring bodies.⁵¹ The CEDAW Committee in particular has repeatedly encouraged the government of Zambia to adopt the Optional Protocol to CEDAW, a process the government of Zambia claims has been ongoing for several years.⁵² In the last review by the Human Council in 2008, the government of Zambia pledged to “accelerate the processes” to ratify the two Optional Protocols to the CRC and the Optional Protocol to CEDAW; however, the government of Zambia has failed to fulfill this pledge.⁵³

IV. Best Practices

The Center commends the government of Zambia on having taken some steps towards reducing maternal mortality, including “recruiting more qualified health personnel to ensure increased supervised deliveries . . . , construct[ing] 28 maternity annexes . . . , refurbish[ing], rehabilitat[ing] and extend[ing] health training institutions in order to scale up the training of mid-wives . . . , [and] procur[ing] ambulances and radio communication equipment to facilitate referral of patients needing specialised attention, especially for those residing in rural areas.”⁵⁴

In addition, the government of Zambia reported in 2010 to the CEDAW Committee several important administrative measures on health, including “[e]stablishment and/or [e]xpansions of maternity wards at clinics and hospitals that also provide family planning, safe motherhood and PMTCT programmes; [i]ntroduction of Family Life Education in schools and youth friendly corners that encourage utilization of HIV and AIDS services by adolescents; [c]apacity building for Traditional Birth Attendants and Community Health Workers to reduce on the high maternal mortality rates; [i]mplementation of capacity building programmes for integrating gender into Multi-Sectoral AIDS Programmes (MPA) and HIV/AIDS activities aimed at reducing the impact of HIV/AIDS among women and girls; [and] development of female friendly basic health care packages which positively impact on sexual and reproductive health and the reduction of maternal and infant mortality.”⁵⁵

The aforementioned legislative and policy framework to protect women and girls from gender-based violence has developed recently in Zambia, including the Anti-Gender-Based Violence Bill and stricter penalties for sexual offenses in the Zambia Penal Code, and is a commendable effort to curb the high rate of sexual and physical violence against women and girls.

V. Questions

We respectfully suggest that the States consider asking the following questions during the interactive dialogue with the Zambian Government:

1. What effort is being made to, in accordance with the CEDAW Committee’s request, repeal contradictory constitutional provisions which prohibit sex discrimination but make exceptions in particular matters of family and inheritance as well as customary law, where women are most adversely affected?
2. What efforts are being made to eliminate language in the current draft Constitution stating that life begins at conception, language that would be in direct contradiction with international human rights law which does not recognize the right to life prior to birth?

3. What steps is the government taking to prioritize and properly fund maternal health care with a view to eliminating preventable maternal mortality?
4. What measures are being taken to ensure women's access to sexual and reproductive health services and affordable contraceptive methods, particularly in rural areas?
5. What steps are being taken to ensure that women and clinicians are knowledgeable about the legislation on abortion, allowing women to seek safe abortions at health centers?
6. What effort is being made to educate adolescents on sexual and reproductive health and rights, specifically the prevention of early pregnancy, and the control of STIs, including HIV/AIDS?
7. What steps are being taken to effectively implement the Anti-Gender-Based Violence Act and the Penal Code and what efforts are being made to ensure that marital rape is explicitly criminalized?
8. What effort is being made to mitigate the impact of HIV/AIDS on women and girls and to curb the cultural and societal norms that place them at greater risk?
9. What steps are being taken to prevent early marriage and to raise the legal age of marriage for boys and girls to 18, in line with internationally accepted standards?

IV. Recommendations

We respectfully suggest the Human Rights Council consider making the following recommendations:

1. Fully domesticate CEDAW, and adopt the Optional Protocol to CEDAW.
2. Strengthen efforts to reduce maternal mortality, in line with the CEDAW Committee's recommendation in 2011, and allocate adequate resources to the healthcare sector ensuring that sufficient money within this allocation is set aside for maternal and reproductive health.
3. Take steps to increase knowledge and awareness of, and access to, family planning services without discrimination, with a particular emphasis on adolescent and rural women.
4. Ensure that the new Constitution fully protects the right to safe, legal abortion, and eliminate language defining life as beginning at conception.
5. Ensure that both women and health care providers are aware of the legislation on safe, legal abortion, and that such legislation is enforced without discrimination.
6. Effectively implement the Anti-Gender-Based Violence Act and ensure that marital rape is explicitly criminalized both in the Act and the Penal Code to ensure enforcement.
7. Undertake and sustain measures to address the impact of HIV/AIDS on women and girls, and to empower women against harmful cultural practices that place them at greater risk of infection.

We hope this information is useful during the Universal Periodic Review of the Zambian government's compliance with its human rights obligations.

If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,



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¹ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations, Zambia*, ¶ 13, U.N. CEDAW/C/ZMB/CO/5-6 (2011).

² *Id.*

³ CONST. BILL OF ZAMBIA, art. 40 (2010).

⁴ In other countries where such language has been constitutionally adopted, the primary objective has been to restrict further a country's existing abortion law & to ensure both that any future liberalization of the law is rendered more difficult & that an expansive interpretation of the existing law in the courts is precluded. See Rhonda Copelon et al., *Human Rights Begin at Birth: International Law & the Claim of Fetal Rights*, 13(26) REPRO. HLTH. MATTERS 120-29 (2005).

⁵ CEDAW Committee, *Concluding Observations, Zambia*, ¶¶ 9-10, U.N. CEDAW/C/ZMB/CO/5-6 (2011).

⁶ CENTRAL STATISTICAL OFFICE [ZAMBIA] ET AL., ZAMBIA DEMOGRAPHIC & HLTH. SURVEY 2007 (2009), available at <http://www.measuredhs.com/pubs/pdf/FR211/FR211%5Brevised-05-12-2009%5D.pdf> [hereinafter 2007 ZDHS]. The 2007 ZDHS is the most recent demographic & health survey in Zambia, although it is expected that a more current ZDHS will be produced sometime this year (2012). *Zambia: Demographic Health Survey Vital in Country's Progress – Permanent Secretary*, TIMES OF ZAMBIA (Aug. 27, 2011), <http://allafrica.com/stories/201108292050.html>.

⁷ 2007 ZDHS, *supra* note 6, at 253, tbl. 15.4.

⁸ WORLD HEALTH ORGANIZATION (WHO) ET AL., TRENDS IN MATERNAL MORTALITY: 1990-2008, 32, annex 3 (2010) (reporting a rate of 390 deaths per 100,000 live births in 1990, which peaked at 600 in 2000 & dropped to 470 in 2008), available at <http://www.who.int/reproductivehealth/publications/monitoring/9789241500265/en/index.html>.

⁹ Although the CEDAW Committee commends the government of Zambia for its increased allocation of resources to the health sector, it continues to express concern about the high rates of maternal mortality & morbidity. CEDAW Committee, *Concluding Observations: Zambia*, ¶ 33, U.N. CEDAW/C/ZMB/CO/5-6 (2011).

¹⁰ *Id.* ¶ 34(b).

¹¹ 2007 ZDHS, *supra* note 6, at 106, 108.

¹² See WHO ET AL., AN ASSESSMENT OF THE NEED FOR CONTRACEPTIVE INTRODUCTION IN ZAMBIA 10, 31-33, 37 (1995), available at http://www.who.int/reproductivehealth/publications/family_planning/HRP_ITT_95_4/en/index.html; POP. COUNCIL, EMERGENCY CONTRACEPTION IN ZAMBIA: SETTING A NEW AGENDA FOR RESEARCH & ACTION 9-11 (1998), available at <http://www.ecafrique.org/pubdetail.php?subcat=23>; POP. COUNCIL ET AL., TESTING ALTERNATIVE CHANNELS FOR PROVIDING EMERGENCY CONTRACEPTION TO YOUNG WOMEN 14-17 (2001) (also citing to same WHO study), available at <http://www.ecafrique.org/pubdetail.php?subcat=23>; see also Brenda Zulu, *Family Planning Helps Prevent Unplanned Pregnancies*, TIMES OF ZAMBIA (Mar. 9, 2011), <http://allafrica.com/stories/201103100163.html>.

¹³ 2007 ZDHS, *supra* note 6, at 214; see also MINISTRY OF HLTH., GOV'T OF THE REPUBLIC OF ZAMBIA, STANDARDS & GUIDELINES FOR REDUCING UNSAFE ABORTION MORBIDITY & MORTALITY IN ZAMBIA vi (2009) [hereinafter STANDARDS & GUIDELINES FOR REDUCING UNSAFE ABORTION].

¹⁴ 2007 ZDHS, *supra* note 6, at 214, tbl. 13.16.

- ¹⁵ News Release, Marie Stopes Int'l, MSI Zambia launch generates frank support from government (June 16, 2009), available at http://www.mariestopes.org/News/International/MSI_Zambia_launch_generates_frank_support_from_government.aspx [hereinafter News Release, MSI Zambia]; see also *Zambia: Stigma & Bureaucracy Drive Maternal Deaths*, IRIN HUMANITARIAN NEWS & ANALYSIS (Mar. 11, 2010), <http://allafrica.com/stories/201003110859.html>; Rebecca Stewart, *Legal, but they don't know it*, THE GUARDIAN (July 23, 2009, 4:38 EDT), <http://www.guardian.co.uk/journalismcompetition/legal-dont-know-it>.
- ¹⁶ 2007 ZDHS, *supra* note 6, at 64.
- ¹⁷ *Id.* at 64, tbl. 4.9.
- ¹⁸ *Id.*; Gilbert Kaimana, *MSI Zambia out to promote family planning*, TIMES OF ZAMBIA, June 18, 2009 (on file at the Center for Repro. Rights); News Release, MSI Zambia, *supra* note 15.
- ¹⁹ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 33, 34(e), U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ²⁰ 2007 ZDHS, *supra* note 6, at 228, tbl. 14.3.
- ²¹ *Id.* at 214, 221; STANDARDS & GUIDELINES FOR REDUCING UNSAFE ABORTION, *supra* note 13, at vi.
- ²² CEDAW Committee, *Concluding Observations: Zambia*, ¶ 35, U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ²³ *Id.* ¶ 36(a).
- ²⁴ *Stigma & Bureaucracy Drive Maternal Deaths*, *supra* note 15; Stewart, *supra* note 15; Brenda Zulu, *Health Ministry on Track to Reduce Deaths From Unsafe Abortions*, TIMES OF ZAMBIA (June 8, 2009), <http://allafrica.com/stories/200906080697.html>; *State Acts to Reduce Unsafe Abortion*, TIMES OF ZAMBIA (June 6, 2009), <http://allafrica.com/stories/200906080784.html>; Rose Hoban, *Zambia: Abortion* (PRI's The World radio broadcast, Apr. 23, 2009), available at <http://www.theworld.org/2009/04/zambia-abortion/>; *Zambia: call for safe abortion*, ZAMBIA SUNDAY MAIL (Sept. 21, 2008), <http://www.ippf.org/NR/exeres/EA05DD15-4980-442B-A4C8-08B75C6A5122.htm>; see also STANDARDS & GUIDELINES FOR REDUCING UNSAFE ABORTION, *supra* note 13, at iv.
- ²⁵ CEDAW Committee, *Concluding Observations: Zambia*, ¶¶ 242-43, U.N. Doc. A/57/38 (2002).
- ²⁶ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 33, U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ²⁷ Termination of Pregnancy Act of 1972, § 3(1)(a-b) (Zam.).
- ²⁸ *Id.* §§ 3(1), (3), (4).
- ²⁹ Penal Code Act No. 15 of 2005, Cap. 87, 7 LAWS OF REP. OF ZAMBIA (1995), §§ 151-52. Notably, when the Penal Code was amended in 2005, it raised the term of imprisonment from 7 to 14 years for women who self-abort or attempt to self-abort & wholly added the penalty provisions authorizing community service or counseling for girls who do the same, where the earlier Penal Code had contained no such provision. Compare to Penal Code Act of 1995, Cap. 87, 7 LAWS OF REP. OF ZAMBIA, § 152.
- ³⁰ Penal Code (2005) (Zam.), *supra* note 29, § 152(2).
- ³¹ See STANDARDS & GUIDELINES FOR REDUCING UNSAFE ABORTION, *supra* note 13, at 5-30.
- ³² GUTTMACHER INSTITUTE, *Unsafe Abortion in Zambia*, 3 IN BRIEF 1 (2009); see also *Stigma & Bureaucracy Drive Maternal Deaths*, *supra* note 15.
- ³³ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 34(c), U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ³⁴ See News Release, Human Rights Watch, *Zambia: Enact Law to Curb Sexual Violence* (Dec. 10, 2008), available at <http://www.hrw.org/en/news/2008/12/10/zambia-enact-law-curb-sexual-violence>.
- ³⁵ 2007 ZDHS, *supra* note 6, at 289, tbl. 17.6.
- ³⁶ *Id.* at 286-287, tbl. 17.3.
- ³⁷ *Id.* at 288, tbl. 17.5.
- ³⁸ *Id.* at 288, tbl. 17.4. 15% of women who have experienced sexual violence were age 14 or younger & 20.1% were between ages 15-19 when they were first sexually assaulted.
- ³⁹ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 21, U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ⁴⁰ See Marriage Act, Cap. 50, LAWS OF REP. OF ZAMBIA, §§ 10(1)(ii), (17), 33(1); Social Institutions & Gender Index, Gender Equality & Social Institutions in Zambia, <http://genderindex.org/country/zambia> (last visited Apr. 10, 2012).
- ⁴¹ Brenda Zulu, *Poverty Perpetuating Child Marriages*, TIMES OF ZAMBIA, Mar. 9, 2011 (discussing adverse health, educational, & economic consequences for married girls), <http://allafrica.com/stories/201103100164.html>; *Marrying Off Young Girls is a Tradition Here*, IRIN HUMANITARIAN NEWS & ANALYSIS, Dec. 20, 2010 (same), <http://allafrica.com/stories/201012210896.html> [hereinafter *Marrying Off Young Girls*].
- ⁴² POP. COUNCIL & UNFPA, THE ADOLESCENT EXPERIENCE IN DEPTH: USING DATA TO IDENTIFY & REACH THE MOST VULNERABLE YOUNG PEOPLE (ZAMBIA 2007) 22, tbl. 5 (2009), available at http://www.popcouncil.org/pdfs/PGY_AdolDataGuides/Zambia2007.pdf.
- ⁴³ CEDAW Committee, *Gen. Recommendation No. 21: Equality in marriage & family relations*, (13th Sess., 1994), in *Compilation of Gen. Comments & Gen. Recommendations Adopted by Human Rights Treaty Bodies*, at 344, ¶ 36, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008).
- ⁴⁴ UNITED NATIONS CHILDREN'S FUND, EARLY MARRIAGE: A HARMFUL TRADITIONAL PRACTICE 1-2 (2005), available at http://www.unicef.org/publications/index_26024.html; POP. COUNCIL, *Child Marriage Briefing: Zambia*, Aug. 2004, available at <http://www.popcouncil.org/pdfs/briefingsheets/ZAMBIA.pdf>; see also Zulu, *supra* note 41; *Marrying Off Young Girls*, *supra* note 41.
- ⁴⁵ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 41, U.N. CEDAW/C/ZMB/CO/5-6 (2011).
- ⁴⁶ *Id.* ¶ 42(d).

⁴⁷ Gov't of Zambia, *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women: Combined 5th & 6th periodic reports of States parties: Zambia*, ¶¶ 11-12, U.N. Doc. CEDAW/C/ZMB/5-6 (2010) [hereinafter Zambia Gov't Rep. (2010)].

⁴⁸ Zambia has ratified the International Covenant on Economic, Social & Cultural Rights; the International Covenant on Civil & Political Rights; the International Covenant on the Elimination of All Forms of Racial Discrimination; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention against Torture & Other Cruel, Inhuman or Degrading Treatment or Punishment; the Convention on the Rights of the Child; the International Convention on the Protection of the Rights of All Migrant Workers & Members of Their Families; the International Convention for the Protection of All Persons from Enforced Disappearance; & the Convention on the Rights of Persons with Disabilities.

⁴⁹ Human Rights Council, Compilation Prepared by the Office of the High Comm'r for HR, in Accordance with ¶ 15(B) of the Annex to Human Rights Council Res. 5/1, Zambia (2nd Sess.), ¶ 2, U.N. Doc. A/HRC/WG.6/2/ZMB/2 (2008).

⁵⁰ Human Rights Council, Rep. on the Working Group of the Universal Periodic Review, Zambia (8th Sess.), ¶ 55, U.N. Doc. A/HRC/8/43 (2008).

⁵¹ CEDAW Committee, *Concluding Observations: Zambia*, ¶ 48, U.N. Doc. CEDAW/C/ZMB/CO/5-6 (2011); Committee on the Rights of the Child, *Concluding Observations: Zambia*, ¶ 74, U.N. Doc. CRC/C/15/Add.206.

⁵² CEDAW Committee, *Concluding Observations: Zambia*, ¶ 43, U.N. Doc. CEDAW/C/ZMB/CO/5-6 (2011); *Zambia*, ¶ 259, U.N. Doc. A/57/38 (2002).

⁵³ Human Rights Council, Summary Prepared by the Office of the High Comm'r for HR, in Accordance with ¶ 15(C) of the Annex to Human Rights Council Res. 5/1, Zambia (2nd Sess.), ¶ 1, U.N. Doc. A/HRC/WG.6/2/ZMB/3 (2008).

⁵⁴ Zambia Gov't Rep. (2010), *supra* note 47, ¶ 19.

⁵⁵ *Id.* ¶ 142.