



January 24, 2014

CEDAW Secretariat
Office of the High Commissioner for Human Rights (OHCHR)
Palais Wilson
52, rue des Paquis
CH-1201 Geneva - Switzerland

Re: Supplementary Information on Sierra Leone, scheduled for review by the U.N. Committee on the Elimination of Discrimination against Women during its 57th Session (February 2014)

Honorable Committee Members,

This letter is intended to supplement the periodic report submitted by Sierra Leone, which is scheduled for review by the U.N. Committee on the Elimination of Discrimination against Women (“the CEDAW Committee”) during its 57th Session in February 2014. As independent non-governmental organizations, the Center for Reproductive Rights (“CRR”), headquartered in New York with offices in Colombia, Nepal, and Kenya, and Legal Access through Women Yearning for Equality Rights & Social Justice (“L.A.W.Y.E.R.S”), based in Sierra Leone, hope to further the work of the CEDAW Committee by providing independent information concerning the rights protected in the Convention on the Elimination of Discrimination against Women (“CEDAW”).¹ This submission highlights Sierra Leone’s obligation to guarantee all women reproductive autonomy, including by fulfilling their rights to substantive equality and non-discrimination and to reproductive health services, including maternal health care, contraceptive information and services, and safe abortion.

I. Reproductive Autonomy and the Rights to Substantive Equality and Non-discrimination

As the hallmark international convention on women’s rights, the Convention on the Elimination of Discrimination against Women (CEDAW) provides significant protections for a range of women’s human rights, including their reproductive rights and their rights to equality and non-discrimination. Recognizing the inextricable link between women’s reproductive rights and their other human rights, the CEDAW Committee has made clear that providing access to reproductive health services is essential to ensuring that women can equally exercise their human rights.²

The CEDAW Committee has affirmed that to fulfill women’s human rights, states must use all appropriate means to promote substantive equality, including by adopting temporary special measures.³ The CEDAW Committee has noted that “the Convention requires that women be given an equal start and that they be empowered by an enabling environment to achieve equality of results” and that “[t]he position of women will not be improved as long as the underlying causes of discrimination against women, and of their inequality, are not effectively addressed.”⁴ Furthermore, the CEDAW Committee has explicitly called on Sierra Leone to “take a holistic approach to law reform that will ensure women’s de jure equality as well as substantive (de facto) equality”⁵ and has urged the state “to establish concrete goals, such as quotas and timetables to accelerate achievement of substantive equality between women and men for each area.”⁶

To attain substantive equality for women, it is critical that Sierra Leone fulfill women’s reproductive rights and guarantee women the ability to exercise reproductive autonomy – that is, to make meaningful decisions about their lives and their bodies without undue influence or coercion, including the right to determine the number and spacing of their children. As the CEDAW Committee recognizes, the burden of childrearing disproportionately falls on women, which affects their rights to education and employment, amongst others, as well as their physical and mental health.⁷ Indeed, the CEDAW Committee recognizes that the disproportionate burden women carry in relation to childcare is one of the most significant factors inhibiting women’s ability to participate in public life⁸ and that reduced domestic burdens enable women to engage more fully in activities outside the home.⁹ Additionally, the CEDAW Committee has noted that women’s ability to voluntarily control their fertility improves their and their families’ health, development, and well-being.¹⁰

II. Lack of Access and Disparities in Access to Maternal Health Services

CEDAW contains robust protections for the right to maternal health care, and explicitly recognizes the right to safe and healthy pregnancy as a component of the right to health, stating that “States Parties shall 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.”¹¹ The CEDAW Committee has routinely expressed concern over States’ high maternal mortality rates,¹² framing the issue as a violation of the right to health¹³ and the right to non-discrimination.¹⁴ While state parties are required to reduce their maternal mortality rates through safe motherhood services and prenatal assistance,¹⁵ simply reducing their overall maternal mortality rates does not fulfill their obligations under CEDAW. States are required to provide adequate interventions to prevent maternal mortality, including appropriate health services that meet the distinct needs of women and are inclusive of marginalized sectors of society.¹⁶

Despite the protections surrounding safe pregnancy and childbirth under CEDAW, Sierra Leone has one of the highest maternal mortality rates in the world, at 890 deaths per 100,000 live births.¹⁷ Although in 2010, Sierra Leone introduced an initiative to provide free health care to pregnant women and girls, lactating women, and children under five years old,¹⁸ substandard quality of care, disparities in access to care, and informal user fees hinder the program’s effectiveness.¹⁹ Access to and quality of maternal health services in Sierra Leone, and the likelihood of surviving maternity, mirror the country’s socioeconomics,²⁰ with women in rural

areas, women in the northern part of Sierra Leone, and women with lower educational levels receiving fewer and lower quality maternal health services. Women in rural areas and women in the northern part of Sierra Leone, where poverty is most widespread, are less likely to receive antenatal care from a skilled provider and to survive childbirth.²¹ Furthermore, on average, women in rural areas attend fewer antenatal care visits, begin antenatal care later in pregnancy,²² and are half as likely as their urban counterparts to deliver in a health facility.²³ Similarly, women with lower levels of educational attainment and lower wealth statuses are less likely to receive antenatal care from a skilled provider.²⁴ Furthermore, only 19% of women without any education deliver in health facilities, while 46% of women with secondary educations deliver in health facilities.²⁵

To comply with its obligations under CEDAW, it is critical that Sierra Leone address the geographical and socioeconomic disparities in access to and the receipt of maternal health services. The CEDAW Committee has previously expressed concern about women's lack of access to adequate prenatal and post-natal care in Sierra Leone, particularly in rural areas.²⁶ It has further expressed concern about women in rural areas' lack of access to adequate health services and the fact that they are disproportionately affected by poverty, urging Sierra Leone to pay special attention to the needs of rural women and ensure that they have equal access to health services.²⁷ For Sierra Leone's maternal health services to be in line with its obligations under CEDAW, they must be distributed equitably in a manner that provides for all sectors of the population, including marginalized populations, such as rural women, women living in poverty, and women with low levels of formal education. In addition to the equitable distribution of services, the services must be of good quality, enabling women to safely experience pregnancy and childbirth.²⁸ Furthermore, measures must be taken to ensure that health facilities do not charge informal user fees from women seeking maternal health services.²⁹ In order to fulfill its obligations under the right to health and the right to substantive equality, it is critical that Sierra Leone prioritize and take affirmative measures to both ensure women in these populations equitable access to quality maternal health services and address the underlying disparities in access to resources faced by women in these groups.

III. Lack of Access to Contraceptive Information and Services

The CEDAW Committee recognizes that the right to contraceptive information and services is rooted in the rights to equality and non-discrimination, education, health, and to determine the number and spacing of one's children.³⁰ Where women are unable to adequately access contraceptive information and services, the inability to control their fertility has repercussions on all facets of their lives. While the failure to guarantee all individuals access to contraception affects both men and women, it disproportionately affects women by both limiting women's opportunities and by exacerbating the discrimination and inequalities that women already face. Biologically, women must physically bear the burden of an unplanned pregnancy. For women who carry an unplanned pregnancy to term, the physical burden during pregnancy can affect all facets of their lives, including their ability to work and to care for their families. Additionally, due to women's socialized role as the primary caregiver, an unplanned pregnancy disproportionately affects women's lives in terms of both the time spent caregiving and in the resulting limitations to seeking education and employment and the ability to enter public and political life.³¹

Sierra Leone's contraceptive prevalence rate is extremely low, at only 12.1%,³² and 28% of women seeking to delay or avoid pregnancy not using a modern form of contraception.³³ The state recognizes that disproportionate distribution of service providers, with providers concentrated in urban areas; high illiteracy rates; and disempowerment of women are key factors contributing to the low contraceptive prevalence rate.³⁴ Other factors include religious beliefs or traditions discouraging the use of contraception and lack of confidentiality in the provision of health care.³⁵ Among women using contraception, there are socioeconomic disparities, as the likelihood of contraceptive use increases with both educational attainment and wealth status.³⁶ For example, only 6 percent of married women with no education use contraception while 22 percent of married women who have attended secondary school use contraception.³⁷ Furthermore, only 4 percent of married women in the lowest wealth quintile use contraception while 20 percent of those in the highest wealth quintile use contraception.³⁸ Contraceptive use also varies by place of residence, as women in urban areas are three times more likely to use contraception than women in rural areas, as 16% of urban women and 5% of rural women use contraception.³⁹

In order to guarantee women's reproductive autonomy and health and the rights to substantive equality and nondiscrimination, it is critical that Sierra Leone guarantees access to a full range of contraceptives for women across all sectors of society. Additionally, Sierra Leone must ensure that women have confidential access to contraceptive information and services, as lack of respect for confidentiality violates women's human rights and deters women from accessing such services.⁴⁰ Lack of access to contraceptive information and services prevents women seeking to avoid or delay pregnancy from being able to plan for their futures without the great possibility of facing an unplanned pregnancy. Furthermore, the disparities in contraceptive uptake based on education, wealth and place of residence demonstrates the exacerbated inequalities experienced by particular groups of women in Sierra Leone. For Sierra Leone to guarantee all women reproductive autonomy and to fulfill women's rights to substantive equality and nondiscrimination, it must ensure *all* women access to available, acceptable, and quality contraceptive information and services.

IV. Sierra Leone's Restrictive Abortion Law

Recognizing the harmful impacts that restrictive abortion laws have on women's lives and health, the CEDAW Committee has repeatedly urged states to amend their abortion legislation to remove punitive provisions on women who undergo abortions.⁴¹ The CEDAW Committee has made clear that "it is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women."⁴² As only women become pregnant, laws denying women the ability to determine whether to carry a pregnancy to term compel women to become mothers, thereby undermining women's agency in crucial decisions affecting their lives, limiting their opportunities, and denying women reproductive autonomy. Restrictive abortion laws are based on the notion that women themselves are not competent to make informed, rational decisions about their bodies; in this sense, they demean women as decision-makers.⁴³ Furthermore, such laws institutionalize and perpetuate the discriminatory stereotype that women's primary role is parenting.

Abortion in Sierra Leone is regulated by the English Offences Against the Person Act of 1861, which imputes criminal liability on women who unlawfully induce abortion, without any explicit

exceptions.⁴⁴ In England, in the case of *Rex v. Bourne*, the Offences Against the Person Act was interpreted to permit abortion where continuing the pregnancy would cause the woman to become “a physical or mental wreck,”⁴⁵ which created an exception permitting legal abortion where pregnancy posed a risk to women’s lives or physical or mental health. This interpretation of the Offences Against the Person Act has not been tested in case law in Sierra Leone and therefore it remains unclear whether women terminating a pregnancy on such grounds would be criminally liable.⁴⁶ While there is a lack of statistics and data on the incidence of unsafe abortion in Sierra Leone and its contribution to the state’s maternal mortality rate, the state acknowledges that unsafe abortion likely accounts for at least 13% of maternal mortalities and that 25% of these may occur in adolescents.⁴⁷ Further, the World Health Organization recognizes that where abortion is restricted, safe abortion becomes a privilege of the rich, while poor women are forced to resort to unsafe providers.⁴⁸

In 2007, the Law Reform Commission of Sierra Leone drafted a revised abortion law modeled after the law currently in force in Great Britain, which permits abortion on broad socioeconomic grounds.⁴⁹ To date, the draft law has not yet been presented to the Cabinet. As such, the Offences Against the Persons Act of 1861 remains in force, denying women their reproductive autonomy by failing to permit them to decide whether to carry a pregnancy to term.

To comply with the human rights norms surrounding women’s rights to equality and non-discrimination, it is critical that Sierra Leone reform its abortion legislation to enable women to exercise their reproductive autonomy in making decisions surrounding the number and spacing of their children. Recognizing the importance of women’s ability to determine whether to carry a pregnancy to term, the CEDAW Committee has previously urged a state permitting abortion where pregnancy poses a risk to the woman’s physical or mental health and in instances of rape or incest to amend its abortion law “to ensure women’s autonomy to choose.”⁵⁰

V. Recommendations

There remains a significant gap between the rights protected under CEDAW and the rights afforded to women in Sierra Leone. We respectfully suggest that the Committee issue the following recommendations to Sierra Leone:

1. Urge the state party to ensure that all reproductive health services address the specific needs of women, and differing needs between women, and that they are not prevented from accessing such services due to lack of confidentiality, lack of comprehensive and accessible information, long distances in reaching services, and formal and informal user fees.
2. Urge the state to address gender based stereotypes and socialized gender roles which inhibit women’s access to reproductive health services by conducting information campaigns on the importance of gender equality in both the public and private spheres and on accessing reproductive health services.
3. Urge the state party to further reduce maternal mortality by ensuring that women’s right to free maternal health care, as guaranteed under the 2010 healthcare initiative, is fully and equitably implemented in line with human rights standards on the right to maternal

health services. To this end, the state party should take targeted measures to eliminate informal user fees and ensure maternal health services are of good quality. Furthermore, the state party should take affirmative measures to address the current socioeconomic and regional disparities in women's access to and the quality of maternal health services.

4. Urge the state party to take all necessary measures to guarantee all women confidential access to a full range of contraception. In this regard, the state should take targeted measures to address barriers that may deter or prevent women from accessing contraception, including by subsidizing or covering all costs associated with accessing contraception, ensuring contraception is geographically accessible, addressing the disparities in access to contraception, and engaging religious leaders in the implementation of policies designed to increase access to contraception.
5. Urge the state party to immediately present the 2007 draft abortion law to the cabinet so that it can be passed into law, and taking further measures to guarantee women reproductive autonomy in the context of pregnancy.
6. Urge the state party to ensure that women who experience violations of their reproductive rights, such as women who are forced to pay informal user fees or whose confidentiality is violated, have access to an appropriate remedy. In this regard, the state party should explicitly recognize women's reproductive rights in domestic law, including by fully domesticating and implementing the CEDAW Convention.

We hope this information is useful during the CEDAW Committee's review of Sierra Leone. Should any questions in regard to this letter arise, or if the Committee would like further information, please do not hesitate to contact the undersigned.

Sincerely,



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¹ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, U.N. Doc. A/34/46 (1979), 1249 U.N.T.S. 13 (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

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- ² Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, paras. 11-12, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].
- ³ CEDAW Committee, *General Recommendation No. 28: The Core Obligations of States Parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, (47th Sess., 2010), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 20, U.N. Doc. CEDAW/C/GC/28 (2010).
- ⁴ CEDAW Committee, *General Recommendation No. 25: Article 4, Paragraph 1 of the Convention (Temporary special Measures)*, (30th Sess., 2004), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, paras. 8 & 10, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008).
- ⁵ CEDAW Committee, *Concluding Observations: Sierra Leone*, para. 11, U.N. Doc. CEDAW/C/SLE/CO/5 (2007).
- ⁶ *Id.* para. 19.
- ⁷ CEDAW Committee, *General Recommendation No. 21: Equality in marriage and family relations*, (13th Sess., 1994), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 21, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 21*].
- ⁸ CEDAW Committee, *General Recommendation No. 23: Women in political and public life* (16th Sess., 1997), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 10, U.N. Doc. A/52/38 (1997) [hereinafter CEDAW Committee *Gen. Recommendation No. 23*].
- ⁹ *Id.* para. 11.
- ¹⁰ CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 7, para. 23.
- ¹¹ CEDAW, *supra* note 1, art. 12(2).
- ¹² *See, e.g.*, Report of the Committee on the Elimination of Discrimination against Women, UNGA 59th Sess., Supp. No. 38, para. 380, U.N. Doc. A/59/38 (2004); CEDAW Committee, *Concluding Observations: Paraguay*, para. 30, U.N. Doc. CEDAW/C/PRY/CO/6 (2011).
- ¹³ *Alyne da Silva Pimentel Teixeira v. Brazil*, CEDAW Committee, Commc'n No. 17/2008, para. 7.5, U.N. Doc. CEDAW/C/49/D/17/2008 (2011).
- ¹⁴ *Id.* para. 7.6.
- ¹⁵ CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 2, para. 31(c).
- ¹⁶ *Alyne da Silva Pimentel Teixeira v Brazil*, CEDAW Committee, Commc'n No. 17/2008, paras. 7.6 & 7.7 U.N. Doc. CEDAW/C/49/D/17/2008 (2011).
- ¹⁷ WORLD HEALTH ORGANIZATION: GLOBAL HEALTH OBSERVATORY, MATERNAL MORTALITY IN SIERRA LEONE 1990-2010, available at http://www.who.int/gho/maternal_health/countries/en/#S.
- ¹⁸ World Report, *Mothers and infants to get free health care in Sierra Leone*, 375 THE LANCET 882 (2010), available at <http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610603716.pdf>.
- ¹⁹ Information gathered by Legal Access through Women Yearning for Equality Rights & Social Justice (L.A.W.Y.E.R.S.); *see also* Amy Maxmen, *Sierra Leone's free health-care initiative: work in progress*, 381 THE LANCET 191, 191-192 (2013), available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60074-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60074-4/fulltext).
- ²⁰ SIERRA LEONE GOVERNMENT, MINISTRY OF HEALTH AND SANITATION, REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015 2 (2011), available at <http://www.mamaye.org.sl/sites/default/files/evidence/RNCH%20Strategy%20Design.pdf> [hereinafter REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015]; STATISTICS SIERRA LEONE & ICF MACRO, SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2008 119 (2009), available at <http://www.measuredhs.com/pubs/pdf/FR225/FR225.pdf> [hereinafter SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2008].
- ²¹ REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015, *supra* note 20, at 2; SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2008, *supra* note 20, at 116.
- ²² SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2008, *supra* note 20, at 117.
- ²³ *Id.* at 121.
- ²⁴ *Id.* at 116.
- ²⁵ *Id.* at 121.
- ²⁶ CEDAW Committee, *Concluding Observations: Sierra Leone*, para. 34, U.N. Doc. CEDAW/C/SLE/CO/5 (2007).
- ²⁷ *Id.* paras. 36-37.

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- ²⁸ CEDAW, *supra* note 1, art. 12(2); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 2, paras. 26, 27 & 31(c); Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 12(d), U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008); CEDAW Committee, *Concluding Observations: Mexico*, para. 31(c), U.N. Doc. CEDAW/C/MEX/CO/7-8 (2012).
- ²⁹ CEDAW Committee, *Concluding Observations: Armenia*, para. 36(e), U.N. Doc. CRC/C/ARM/CO/3-4 (2011) (urging the state to eliminate all informal fees for health care services that are free of charge).
- ³⁰ CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 7, para. 22; CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 2, paras. 2 & 22.
- ³¹ See CEDAW Committee, *Gen. Recommendation No. 21*, *supra* note 7, para. 21; CEDAW Committee *Gen. Recommendation No. 23*, *supra* note 8, para. 10.
- ³² REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015, *supra* note 20, at 5.
- ³³ UNFPA, *Progress Profile: Sierra Leone* (2011), available at http://www.unfpa.org/webdav/site/global/shared/documents/gprhcs/GPRHCS_SierraLeone.pdf.
- ³⁴ REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015, *supra* note 20, at 5.
- ³⁵ Information gathered by Legal Access through Women Yearning for Equality Rights & Social Justice (L.A.W.Y.E.R.S.).
- ³⁶ SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY 2008, *supra* note 20, at xxiv & 68-69.
- ³⁷ *Id.* at xxiv.
- ³⁸ *Id.*
- ³⁹ *Id.* at 69.
- ⁴⁰ See CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 2, paras. 12(d), 22 & 31(e).
- ⁴¹ See, e.g., *id.* para. 31(c); CEDAW Committee, *Concluding Observations: Japan*, para. 50, U.N. Doc. CEDAW/C/JPN/CO/6 (2009); *Kenya*, para. 38(c), U.N. Doc. CEDAW/C/KEN/CO/7 (2011).
- ⁴² CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 2, para. 11.
- ⁴³ For more information on how restrictions on women’s access to reproductive health services perpetuate discrimination and stereotypes, see Rebecca Cook, *Human Rights and Reproductive Self Determination*, 44 THE AMERICAN UNIVERSITY LAW REVIEW 975 (1995); Simone Cusack and Rebecca Cook, *Stereotyping Women in the Health Sector: Lessons from CEDAW*, 16 WASH. & LEE J.C.R. & SOC. JUST. 47 (2009).
- ⁴⁴ Offences against the Person Act 1861 (24 and 25 Vict. C. 100) sec. 58 (Sierra Leone).
- ⁴⁵ *Rex v. Bourne*, [1939] 1 K. B. 687, [1938] 3 All ER 615.
- ⁴⁶ REPRODUCTIVE, NEWBORN AND CHILD HEALTH STRATEGY 2011-2015, *supra* note 20, at 5 (further adding to the confusion surround Sierra Leone’s abortion law, Sierra Leone’s Reproductive, Newborn and Child Health Strategy states that abortion is illegal “except in exceptional circumstances such as when the life of the mother is in danger”).
- ⁴⁷ *Id.* at 5.
- ⁴⁸ WORLD HEALTH ORGANIZATION, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 18 (2nd ed. 2012).
- ⁴⁹ The text of the draft law reads that abortion is permissible where “the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing children of her family, greater than if the pregnancy were terminated,” taking into account the pregnant woman’s actual or reasonably foreseeable environment.
- ⁵⁰ CEDAW Committee, *Concluding Observations: New Zealand*, para. 35(a), U.N. Doc. CEDAW/C/NZL/CO/7 (2012).