

# **CEDAW Alternative Report**

## **Twins and Multiple Births Mothers' Rights: A View on CEDAW**

Taipei Twins Association (02-23974812)

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**Violation of the provisions of CEDAW:** Article 11, 12, and general recommendation No. 24: Women and Health Care.

No.24 includes resource allocation, postpartum depression, information disclosure, caregivers health, trauma treatment and counseling, describes the various choices, etc.

### **Urgent and Priority Issues:**

Being the mother to twins or triplets may make life twice—or thrice!—as nice, but that's not always true when it comes to reality. Does the government provide any special care for mother and families of twins and multiples? Any programs or policies involved inter collaboration between ministry and department? Or even statistical data to understand the needs? Twins and multiple births mothers' often encounter postpartum depression, family discord, and financial difficulties, child and mother health problem and even issues we're hardly imagine. The costs to hire babysitters are too high caused mothers have to leave work. Thus, for low-income families or with disable children, multiples mothers' birth families should receive more attention.

### **Recommendations for the authorities:**

1. The rights of mothers with twins and multiples must be clearly stated and well-planned.
2. The rights of mothers with twins and multiples to health, to work, to receive maternity care and the needs should take concern.
3. The benefits for families with twins and multiples children should be include in the [low-birth rate] policies. These include home services, health care services, parenting consultation, special childcare subsidies, microfinance services, transportation fee subsidies or other services.
4. Urge the authorities to establish statistical data of twins and multiples births, and also provide special services for multiples' mothers. Implementing programs by various inter-government programs to help and improve issues such as postpartum depression, family discord, and financial difficulties. Children and mothers' health and the high-cost of babysitters should be notice to avoid resign at work unwillingly.

### **1. CEDAW Convention and the relevant provisions and general recommendations**

Article 11, 12, and general recommendation No. 24: Women and Health Care.

No.24 includes resource allocation, postpartum depression, information disclosure, caregivers health, trauma treatment and counseling, describes the various choices, etc.

CEDAW Article 12 reads as follows:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in health care, to ensure that they get on the basis of equality of men, including those related to family planning health services.
2. Notwithstanding the provisions of paragraph 1, States Parties shall ensure to women in connection with pregnancy, childbirth and the postpartum period appropriate services, if necessary, to be free, and during pregnancy and lactation to ensure adequate nutrition.

General recommendation No. 24 of the text:

**Article 12, paragraph 1:**

9. States parties to report the most suitable in the country affect women the most critical health issues. Therefore, in order to enable the Committee to evaluate measures to eliminate discrimination against women in the field of health are appropriate, States Parties in formulating women's health legislation, plans and policies must be based on the severity of the disease, women's health and nutrition situation, a reliable sex-disaggregated data, as well as the adoption of the situation and cost-effectiveness for preventive, curative measures. Report of the Committee must be made to show that the health care legislation, plans and policies are based on those, the Department of Scientific and ethical research and evaluation needed for the national women's health status, and ethnic considerations, all regional or community variations, as well as religion, tradition cultural or customary.
11. Judging the **lack of preventive health-care system, examination and treatment services** for women-specific diseases, then such measures to eliminate discrimination against women that would be inappropriate. Where a State Party refuses to permit the provision of reproductive health services for women in the law is discriminatory.
12. States parties should report on how their health policies and measures in accordance with the understanding, from the needs and interests of women, face health rights of women, as well as the characteristics and factors that significantly differs from the following men:  
(C)there are differences between men and women psychosocial factors including depression, **postpartum depression**, especially caused by symptoms such as anorexia or bulimia;
16. States should ensure that women in especially difficult circumstances, such as: caught in situations of armed conflict and refugees, to provide adequate protection and health services, including **trauma treatment and counseling**.
17. States parties have a responsibility to realize the rights and obligations to maximize the use of existing resources, to take appropriate legislative,

judicial, administrative, budgetary, economic and other measures to ensure the realization of women's rights to health care. XXXXX protect their health, and to ensure that the terms of the provision of such services.

20. Women **consent to treatment** or research is entitled to full recognition by appropriately trained personnel, including benefits and adverse effects of proposed procedures and **available options may be caused by hidden**.
22. Parties and shall report to ensure the provision of quality health services to take measures to enable women to be accepted. The so-called acceptable service, to provide such services to women; ensure that it fully informed consent, dignity, confidentiality and to observe their needs and perspectives.

**Article 12, paragraph 2:**

26. State party report and what measures should be taken to ensure women's access to appropriate services during pregnancy, childbirth and postpartum. The report should clarify these measures to reduce the countries; the situation is particularly vulnerable groups, regions and communities of maternal mortality, morbidity.

**Recommendations for the authorities to take action:**

29. States parties should implement a comprehensive national strategy to promote women's health overall life cycle. Including intervention, prevention and treatment of diseases and problems affecting women, and respond to violence against women and to ensure universal access for all women of various high-quality and affordable health care, including sexual and reproductive health.
30. The State party should inject adequate budget, human and administrative resources to ensure that the total share of the budget allocated to the health of women and men is similar, taking into account the different health needs of women.
31. States Parties and shall:
  - (A) at the center of a gender perspective in all policies affecting women's health and programs, and to women's participation in the planning, implementation and monitoring of such policies and programs to provide health services to women;

**CEDAW Article 11 as below:**

1. States Parties shall take all appropriate measures to eliminate discrimination against women in employment, in order to ensure that they enjoy the same rights on the basis of equality of men.
  - (F) Right to health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. States Parties to make women not because of marriage or maternity and discrimination, and to ensure their effective right to work, shall take appropriate measures:

(A) prohibits the grounds of pregnancy or maternity leave to be dismissed, and the basis of marital status discrimination grounds to be dismissed, in violation of the provisions of sanctions;

(B) Maternity leave (b) leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;

(C) To encourage the provision of the necessary supporting social services, in particular through promoting the establishment and development of childcare facilities to enable parents to combine family obligations with work responsibilities and participation in public affairs;

## 2. Current Situation and Problem Analysis

### Introduction:

The birth of a baby is a major life-changing event. When more than one baby is expected and there is a multiple birth the needs of babies, mothers and partners may be complex and considerable. Recently, Taiwan is facing issue of low birth rate; the government implemented a number of parental welfare related policies as solution. However, parents with twins or multiples' do not receive special care and benefits. The health, life and the needs of employment of mothers' of twins and multiples were been neglected.

According to the birth trend analysis, parallel with data shown on the Ministry of the Interior, Department of Statistic's website (Table I). Even though the number of births dramatically declined over the years, but twins birth rates still show increasing from the year 2000 (2.42%) to (3.18%) year 2010, with approximately more than 2500 pairs new born twins each year. On the other hand, Ministry of Health and Welfare Health Promotion Administration (formerly as Health Promotion Bureau) announced a report in year 2007 on artificial reproduction enforcement. The result showed through artificial insemination, Among 2,139 live births period, 64.0% are single births, 35.2% twins and 0.8% is triplets. (See Table I the year 2007), in total of 2,926 infants (Health Promotion Bureau, 2009). 5,552 twins accounted for one fifth of all new born infants. These make huge contribution towards the problem of low-birth rate issue in the country.

But unfortunately Taiwan has seriously neglecting the rights of mothers with twins and multiples including from pregnancy, childbirth, parenting, employment, etc. Hardly any programs and benefits exist for pregnant mother and multiple births families.

Table I: Birth registration statistics

Year	The total number of	Twin	Ratio	Triplets or more	Ratio
2000	297,650	7,226	2.42	436	0.146
2001	253,890	6,246	2.46	218	0.085
2002	241,170	6,135	2.54	225	0.093
2003	221,361	5,498	2.48	211	0.095
2004	210,731	5,490	2.60	198	0.093
2005	200,392	5,335	2.66	127	0.063
2006	198,917	5,403	2.71	139	0.069
2007	198,706 (2,926 / 1.47) *	5,552 (1,030 / 18.5) *	2.79 (3.52) *	106 (24 / 22.6) *	0.078 (0.08) *
2008	193,294	5,313	2.74	126	0.065
2009	185,780	5,382	2.89	148	0.079
2010	161,637	5,146	3.18	103	0.063

\* The annual number of births assisted reproductive / ratio of all births

In government programs, there's none of them are providing supports in special care for mothers with twins and multiples, especially services intended from the beginning of pregnancy, repeated artificial insemination to conceive unsuccessfully, to grow to more than one fetus in the mother's womb, infants competition for space and nutrients, or even financial burden. Thus, the current childcare system has not yet fully engages to meet the needs. Special cares especially during pregnancy, as mothers often suffer from accident and premature caused negative impacts in child development and adaption. On the other hand, we should also take concern on the physical and mental health of twins or multiples infants and adolescents, to cope in families, communities, schools. Plus, the needs of pulling more attention from the health care system towards pregnant mother with twins and children themselves should be urged. From demographic white book (approved version), the [low-birth rate] policy and recommendation, there's no written guidance or attention to any of the mentioned concerns.

But surprisingly, in order to improve fertility, in the year 2010, doctors proposed to grant the cost of artificial insemination. In fact, as the table showed, artificial reproductive fertility produced multiple births accounted artificial reproduction, more than a third of the baby, which consisted more than 500 pairs of twins. Five thousand people (over 2500 pairs) twins are newly born every year. We haven't take initiatives to care upon twins or multiples But yet still actively promoting the act medicalization. The artificial reproduction process caused so much harm to women and mothers knew nothing about it.

## Case and Problem analysis

Case I:

After Mrs. Chang knows she's pregnant with twins, she had the joy for only one week. After that, they had begun to worry. "Will my baby be a conjoined twin?" Her friends would share her happiness and reminds her consequences if she'll receive a conjoined twin at the same time.

Her attending doctor and nurses did not provide any twin pregnancy details or information and just reminds her that she should continue to come to the hospital for prenatal care. Her worries continue to grow day after day. Mrs. Chang's body weight's increased rapidly; doctors concerned are just towards preterm. She knew that she have to control her weight but doctors didn't provide any guidance or recommendation to follow, this caused more anxiety and restless. Her stomach grows bigger and bigger, taking the public bus to commute to work daily is challenging, she has to take taxi for safety concern. At daily basis, she can't squad down to clean her own feet and needed aid from others. It's hard for her to buy groceries, and often her husband would be out of town for 3-5 days and she's left alone with a helplessly.

As we know, multiples' mothers have a high risk during pregnancy, they need more precise maternal care includes more frequent ultrasound check-ups, but these are all under self-pay service. After giving birth, Mrs. Chang's parents and in-laws are elderly, can't be there to help taking care of the twins. Taking care of 2 children is dramatically challenging, especially when the two of them are sick, definitely put extra strain on Mrs. Chang and her family. She almost fall apart and always in tears. She doesn't get any supports from the hospital or community health center, even the head of the district has no idea about it. As condition getting worse day by day, Mr. Chang realized that they should seek for help. He contacted Taipei Twins Association to for more information and understands that social supports could help postpartum depression.

#### Problem analysis:

Violation of provision CEDAW No.12 and No. 24 general recommendation of 11, 12C, 20, 26, 29-31.

The lack of friendly environment for multiple births pregnant mothers to commute and transportation fee is costly nowadays. Thus, we're facing insufficient information related for pregnancies and childbirth from the health care system. For mothers, they are left without any aid and supports, but only intimidation or being blamed. "Be careful for premature delivery!" or "Who told you to eat that innutritious food?" are often told. There are no nutritionist dietary guidelines and lack of physician recommendations on how to avoid premature delivery and nurses who will assist in teaching self-care skills or provide family support way. In Taiwan, shortage of pregnancy related knowledge for prenatal mothers of multiple births and post-natal care (postpartum depression) should be taken concern. The authorities shall the put in more efforts in orienting medical care services with more health budgets.

#### Case II

During pregnancy, Madam Chu was constantly being advised by friends and family elders that she should quit her job. She had to face heavy life pressure. Taking care of twin children need double up the expenses and she already had a 2 year old son before her twin daughters. Madam Chu works as a civil servant, she likes her job and unwilling to give up the opportunities to continue with self-development and the chance to serve the people. Her condition is just depressing. Her parents and in-laws already too old and stay far away from them in the southern

part of Taiwan. She doesn't wish to stay apart with her children, but both of them have to work to pay the household loan. Thus, the hiring babysitter to take care of three children is very costly. It's difficult to afford and to cope with all the challenges. She's always in tears and her relatives still blame her why not just resign the job.

The couple had negotiate for a long time and the babysitter of the son is very kind to offer taking care of 3 children for NT25,000 per month, sum up with money for health care, other groceries, approximately NT700,000 – NT800,000 are needed to cover all kind expenses. Later on, adding in the tuition fees for 3 children the financial burden is causing a huge burden. Previously, they thought of hiring a maid (foreign labor) to save some money, but knowing that their house doesn't have a room for her. Thus, in order to qualified for the application, a family with 3 less than 3 years old or 2 less than 3 years old with 1 elderly. These rules are too harsh, if the elderly is disable need to help in feeding or suctioning, the maid doesn't have time to take care the toddlers. In Madam Chu's case, she might only have the maid for 1 year, when her son reach 3 years old, not conform with rules any more.

#### Problem analysis:

Violation of Article 11 of CEDAW, and the Taiwan government population policy agenda in 2008 the Ministry of Interior announced that there are four basic concepts, of which the first three are closely related with twins and multiple birth families, but for this population policy agenda, it failed to meet the needs of families with twins and multiples. The country failed to show appreciation upon the contribution of the families to the growth of national population. Sadly there's insufficient aids were to offer in order to create a growth friendly environment. Even low-birth rate issues had been addressed with several strategies, include the provision of maternity leave, parental leave, maternity allowance on other aspects, but all had not notice to the special needs of multiple births. A special design should be proposed.

Parenting twins and multiples take high expenses, how would a newly marriage couple could afford? Hiring a babysitter adding the cost of living and lead the mother been forced to make the decision, is either quitting her job or hiring a babysitter. This is considered a gender-based violence, the mother has the right to choose stay employed. There should be consensus within the family members, instead of carrying the traditional belief that women should stay at home taking care of the children, we should establish more concrete social support system and resources to back this challenge.

#### Case III:

Mdm. Wu gets pregnant by using IVF method, but unfortunately the child had a chromosomal abnormality. Her child spent few years undergoes countless examinations and check-up to find a cure. She herself received too much of hormone injections causing over stimulation to the ovaries. As a result, she have early menopause when she turned 46. All these risks and negative impacts to health have not been actually been proposed during the artificial reproduction process.

Mdm. Chen is also the mother of result of artificial reproduction. She has a preterm twin and also has a higher probability of occurrence of congenital heart disease. Due the financial problems caused by the subsequent medical care and one of the twin passed away causing the

couple to undergo depression, and finally end up with divorce. Even after a successful IVF artificial reproduction, when she's been referred to a general gynecologist, the physician refused to care for her because there's a higher risk in deliver twins and multiples births.

#### Problem analysis:

Violation of Article 12 of CEDAW, and the 24th General Recommendations: 11, 16, 20, 22, 26, 29 to 31. The lack of health care system to provide pregnancy and childbirth related information and supports for mothers with twins and multiples. Even the physician performing artificial reproductive, they're not considered to be responsible for educate clients about the risks and irreversible negative impacts. Their focus is just towards the formation of sperm and egg fertilized egg implanted in the mother's womb can be successfully done, so that the fetus can growth in uterus, and clients would be refer to another gynecologist. Lack of integrations between both specialties causing the duties and responsibilities are not clearly assigned. It's clearly against of the provision of CEDAW, and yet the authorities haven't taken any action about it.

#### Case IV:

Early March year 2007, as news reported, eldest child of triplets, suffer abuse by his mother in Taichung County. The reason is because the mother can't afford to take all three, so she let the eldest to stay with his grandmother. Relationship between the mother and in-law is dysfunction, and when tension occurred the mother would abuse the eldest to show displeasure.

#### Problem analysis:

Violation of Article 12 of CEDAW, and the 24th General Recommendations: 9, 11, 17, 26, 31. Against the policy addressing low-birth rate issue: Child Protection system for family with twins and multiples is clearly ineffective. Child welfare is providing several services, but it hasn't met the needs of these families. There's no statistical data show about families in need and how a sufficient resources is should be prepared. The news focus on the dysfunction relationship between the mother and her in-laws, but there's no action taken by the women or child welfare, aren't a more positive intervention needed to prevent this thing ever happen again? Taipei Twin Association sees the need of the mother and the heavy burden caused by triplets. The help from the in-law should be appreciated and probably more communication is needed between both, and maybe it's a different ways of caring the child should be given more space and time for adaptation.

While the other two triplets who witnessed the violence at home, do they also need physical and psychological consultation? The emotion, physical and mental health of the mother, should we be taking concern about it? This case draws our attention towards the needs in taking care of twins and multiples; they need more welfare supports to avoid burnouts, inter-generational childcare or even family violence which leads to tragic. But in the process, we should also take an eye to look at the role of the father in parenting. Can the social welfare provide day-care services or other alternative? Do we really learn about the needs of the family with twins and multiples? Even for raising children with separated parents have a need to adapt and prepare.

**Recommendation:**

1. We urge the government to propose programs to address the needs of mothers and families with twins and multiples children.
2. The authorities should redesign holistic approach welfare resources especially home assistance services when infant newly born till pre-school.
3. Local health units need to provide twins and multiple births pregnancy, childbirth-related health information, and educating self-care skill to prevent postpartum depression. The government should establish statistical data bank related with health and disease condition to understand better the current status and needs.
4. Provide parenting young couple's micro-finance loans to solve the need in spending on babysitting and daily life expenses.
5. Parental leave provisions and 2 years of retentions should consider extending longer.
6. The mother has the right to choose to work; more social support system should be build.
7. Parental leave for self-employed cannot fit the working class, whether specific temporary childcare, or home assistance program that provides dual multiple birth families, at least until the age of three.
8. The government should encourage male involvement in parenting and breaking the social discrimination against men in child care.
9. The government should providing sufficient welfare information regarding to the service and programs.
10. Prenatal health cares for double-multiple births families with reasonable for payments, set a reasonable number of requests for check-up. Especially in terms of double-multiple birth deliveries, the risk is higher, there should be additional supports.