REPRODUCTIVE RIGHTS OF TIBETAN WOMEN IN THE LIGHT OF INTERNATIONAL WOMEN 'S RIGHTS

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By: Lhakpa Chodon

While the world debates the legitimacy and morality of abortions, women in Tibet are subjected to involuntary and forced abortions and sterilization. The Chinese Family Planning Policies launched in 1970’s primarily targeted to China and later implemented in Tibet, although appears to be neutral on its faces raises a serious question as to the reproductive rights of Tibetan women. How the China’s family planning policies conflict with the cultural and religious rights of Tibetan women, how these policies are targeted covertly to dilute the ethnic identity of Tibetans. To address these issues, Part I of the paper review in brief the historical status of women, and cultural and religious perspective of women’s right over reproduction. Part II will study the Chinese family planning policies and implementation. Part III will study the impact of the Chinese family planning policies on Tibetans in the light of international human rights of women and part IV will attempt to draw some observation and offer suggestions.

Tibet has a unique culture stretching back several thousand years with distinct language, script, history and an immense body of philosophical teachings. Gomsol (Goms-Srol) is the Tibetan word for habits and traditions, in the sense of collective custom or habits of a country. Lugsol, Gomshi and Shilug are other words of the same meaning. Rigzhung is the commonly used term in the Tibetan to refer to Culture of a nation and it has a strong connotation of richness in philosophical and spiritual heritage,
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because Rigzhung literally means “knowledge heritage,” a clear reference to Tibet’s rich heritage of spiritual and philosophical heritage. Culture and religion are key identity makers of a person and a collective social group such as nationality. These identity markers permeate every part and parcel of the particular experience and way of life.

The historic role of the influence of Buddhism in the culture and tradition of Tibetans way of life, both public and private, is widely accepted and adhered. Religious belief is widely imbibed in the culture and habits of the Tibetan people. One of the principal beliefs relevant to the present issue of forced abortion and sterilization, by the Chinese, in Tibet, is the strongly against Buddhism and Buddhist philosophy that the Tibetans have developed. The Buddhist view of preciousness of life and equal dignity to all life are very much rooted in the Tibetan mind.

Traditionally, Tibetan women enjoyed comparatively better status than many other women in other societies. There existed in the past, women kingdom in southeastern Tibet - a matriarchal and matrilineal system. There were times women played prominent roles in politics, administration with a woman warrior like Ngarong Chime Dolma, who was later captured and killed by Chinese forces. Marriage arrangements included monogamous, polyandrous and polygamous alliances. Divorce and remarriage are acceptable. “Polygamy was just as common as polyandry, though both were by no means widespread.” If in a marriage, husband enters the wife family, upon the death of household head, the daughter heads the family estate. Decision to have or not to have children is purely a matter between the couples, a matter of personal choice,
although religious beliefs may have an influence over it, but it is purely volition between the married couples and outside the sphere of State.

It is not uncommon for Tibetans to have a large family from pragmatic reasons, secular, economic and religious. Being Buddhists, most families send one or two children to monastery for religious study and practice. There also need of a large family to work on the estates, farms, look after cattle and business that need helping hands. Overall Tibetan women enjoyed a comparatively better status than that of many other women in the world.

Since the Chinese occupation of Tibet in 1959, the problem of Tibetans women inside Tibet has changed quite dramatically. Tibetans in general and Tibetan women in particular have become victims of various human rights violations. One such violation targeted at Tibetan women is control of their reproductive rights by the Chinese government under its so-called Family Planning Policies and Regulations. It is not merely the regulation which is at issue, the manner of the implementation of the birth control measures are illegal and not as per the norms of international human rights of women.

Birth Control Measures and Its Implementation and Consequences

In the mid-1970s, when family planning was introduced in Tibet, the targets were Han Chinese couples (mostly cadres) and Han Chinese married to Tibetans. China initiated its birth-control policy in Tibet in 1982. Constitution of People’s Republic of China imposes duties on both husband and wife to practice family planning. Since 1982,
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China has passed several regulations for the adoption of birth control policies in the Tibet Autonomous Region (TAR). One of the more significant regulations is the 1985 TAR regulation, entitled Established Guidelines Relevant to Granting Birth Permits, which allowed urban Tibetans two children and Chinese one. An urban Tibetan cadre could have a third child if the first two were of the same sex.\(^{10}\)

On 29 May 1990, Xinhua news report announced that the Tibetan Regional Government was preparing to introduce birth control regulations throughout the Tibet Autonomous Region, as had already happened in Tibetan areas outside the TAR.\(^{11}\) In 1991, the Ganze Tibetan Autonomous prefecture issued a booklet called "The Collection of Planned Birth Documents, No. 5" which emphasized that ideological education must be the main method of implementing planned birth and must also be assisted by necessary administrative and economic methods.\(^{12}\)

Additional Birth Control Regulations were passed for the Tibet Autonomous Region (TAR) in 1992, which further defined the terms of administration and fiscal management of the policy.\(^{13}\) Street posters in Lhasa in 1993 advertised the policy with slogans such as: "Control the Population and Create a Civilized Nation."\(^{14}\) Article 25 of the regulation provides for rewards and good treatment to women who marry late and follow the family planning of one child policy with longer maternity leave and to the cadres and workers who married late with additional marriage leave. Article 30 provides additional incentives, such as refund of medical expenses and traveling expenses by half. Article 34 provides for sanctions such as giving birth to an extra child by Tibetans and
other minority nationality cadres and workers within the region with a fine of 500 Yuan. In addition, neither of the parents would be eligible for promotion, bonus, and salary raise for two years. The fine for extra child increased with every birth of a child.\textsuperscript{15}

The Maternal and Infant Health Care Law, adopted by the National People’s Congress in October 1994 came into effect from June 1995 reserved the right to Government to control marriages and births, as per the health of the parents and infant, so as to avoid "breeding" of inferior quality child\textsuperscript{16} on the grounds of hereditary diseases, legal contagious diseases or relative mental disorders.\textsuperscript{17} Article 10 of the law requires the people suffering from mental or physical illnesses defer their marriages or undergo a sterilization or tubal ligation. Legislative history of the law shows that the law was passed intending to target non Chinese population as the Minister of Public Health, Chen Minzhang, introducing the legislation, stated that "births of inferior qualities" among "the old revolutionary base, ethnic minorities, the frontier and economically poor areas, as constituting a major burden on the State."\textsuperscript{18} Most of the victims of the laws are children of political prisoners interred in psychiatric hospitals as the State perceives to be a family history of mental illness; women who gave birth to children with physical or mental disabilities; prenatal examination of fetus detected to carry a disease.\textsuperscript{19}

Most disturbing is the determination of the grounds of mental and physical stability as the correctness of the determination is highly in question. In most of the cases there is no proof that these diseases are genetic and hereditary, even the expert opinions could vary. Further China lack the medical personnel with appropriate training as “a
researcher found that two thirds of all Chinese genetics counselors thought that almost all genetic disorders were severe enough to warrant terminations. 20

In 1992, the TAR introduced family planning regulations that applied to farmers and nomads. According to the regulations "fewer births, quality births and births at intervals, and stress[ing] that couples, who already have three children no longer give birth." 21 In a speech to Tibet Autonomous Region on family planning on May 23, 1996 Gyaltsen Norbu, the then governor of Tibet Autonomous Region stated that the Party, government and family planning departments "should comprehensively implement the family planning policy, adopt effective measures, carry out family planning services right down to the peasants and herdsmen." 22 In 1998, the authorities have stepped up the enforcement where more than 85% of the region population lives 23 even despite the fact that the birth rate was below the target set for the Ninth Five-Year Plan period of 1996-2000. 24

Reasons for the implementation of Family Planning Policies in Tibet

The reasons given for the implementation of the family planning measures are to improve the quality of population by controlling the rate of growth of population. "In Xinhua report on 29 May 1990 Tashi Namgyal, the then Deputy Director of the Regional Family Planning Office, said that this reduction of population was needed in order to curb the region's fast population growth rate and to control its "population quality." 25
Measure adopted in implementation of the Policies

Enforcement and implementation of birth control regulations varies from region to region, from inside and outside Tibet Autonomous Region, from towns to rural areas, over periods of time, and depending on the discretion of local authorities. Despite the official figures indicated of the net drop of the population of Tibet Autonomous Region by 50% population control measures were imposed drastically in Tibet.  

Sterilization program was launched in 1997 in purely nomadic, farmer, mixed farming and nomadic area at full swings.” Women, who refused to undergo sterilization, on the ground of their religious beliefs or want of more hands to help in their farm, were charged for defying government policy and opposing socialism. A Tibetan former nomad accounted that the birth control program launched in Chamdo County targeted all women irrespective of the size of their families. Women were summoned by the authorities and given an option to undergo birth control measures and pay 1000 Yuan (US$118) fine, which amounts to approximately two-thirds of the average per capita net annual income for farmers and herders in the TAR and which cannot be afforded by Tibetan farmers and herders.  

In order for a Tibetan or a Chinese woman to have a child, she must be married and between the ages of 25 to 35. A Tibetan woman desiring a second child must wait four years before becoming pregnant again. Women who become pregnant outside of these parameters must have an abortion and/or be sterilized, or face severe social and economic sanctions. Tibetan women forced to undergo abortion and/or sterilizations
are given reasons that they are too young or too old to have children, too poor or unemployed.\textsuperscript{32}

Two types of birth control teams operate in Tibet. While birth control units in Chinese hospitals implement birth control policies for Tibetans living by a hospital, mobile birth control teams carry out birth control regulations for Tibetans living in rural villages and nomadic areas. Both teams have a monetary incentive to perform abortions and sterilizations on as many women as possible. The more names the doctors collect, the more money they get from their government and from the women who are charged for the operation.\textsuperscript{33} The women's wing of the Lhasa County Hospital had organized medical teams to go into the townships to carry out the family planning measures.\textsuperscript{34} Mobile birth-control teams comb the countryside and pastoral areas where they round up women for abortion and sterilization. Even women well advanced in their pregnancy are forced to undergo abortion, followed by sterilization.\textsuperscript{35} The surgery generally performed without anesthesia and proper post medical care. A monk named Tashi recalls the mobile birth control team to a village in Amdo in 1987:

I watched a mobile birth control team set up their tent next to my monastery. First the villagers were informed that the team had arrived, and all women had to report to the tent or there would be grave consequences, like fines of 1000 yuan ($US200) to women who did not comply. The team also said that sterilization was part of a world constitution; women all over the world have this done. The women who went peacefully received medical care. Women who resisted were rounded up by the police and taken by force. No medical care was given.\textsuperscript{36}
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Furthermore, information on an easier access to condom and other forms of contraception is rarely made available, and authorities present sterilization and abortion as the only solutions to unwanted and unplanned pregnancy.\(^{37}\) Local officials and doctors have quotas that they must fulfill and are rewarded monetarily. Even women who are permitted to have another child are sometimes tricked or forced into "birth control operations" to enable these quotas to be met.\(^{38}\) Although the methods of implementation of family planning policies varied from area to area but all policies regulate the number of children, spacing between the children, permissible age of the mother.\(^{39}\) Various kinds of birth control measures are used; such as surgical in form of abortion and sterilization, infanticide is widely practiced.\(^{40}\)

Abortion is most frequently used in Tibet as it is supposed to be more effective and much surer solution of sterilization.\(^{41}\) Abortions are carried out widely and openly without proper medical equipments or anesthetic, and in unhygienic conditions resulting in complication and taking life of women were common occurrence.\(^{42}\) Tibetan women were given a choice of "being inserted with loops [IUD], sterilization, injection or tubal ligation."\(^{43}\) Women undergoing a birth control measures do not always know the procedure that has been carried out - for instance, whether they have had a coil (IUD) fitted or whether they have been sterilized.\(^{44}\) Mrs. Lhankar, a Tibetan woman born in eastern Tibet, accounted that

In 1988, Chinese took me by force and sterilized me. Since I had had more children than was officially allowed, my children were designated as illegal and
deprived of all rights of citizenship as dictated by Chinese ideology. We were no longer eligible for ration cards, resident registration or travel permits. In reality, my children became non-entities. Along with me, nearly thirty other women were sterilized at the same time. I can say that seventy percent of women aged eighteen and above, in my village have been sterilized. They (the Chinese) treat us like animals and use crude methods. My sister-in-law was aborted before her husband's eyes. She was four months into pregnancy when they took her to the clinic by force. They bound her hands and legs. A doctor, wearing gloves, put his hand into her vagina and seemed to squeeze the fetus. She became delirious and bled profusely. Many other pregnant women, some at seven months, were given injection in the stomach. The women wailed in agony and delivered dead fetuses. While operating, medical staff often made incisions without anesthesia and with little consideration for the pain that was being inflicted. I have witnessed these terrible things with my own eyes.  

Forced abortion of women at any stage of pregnancy is a rule in all cases of pregnancy without permit from the authorities; fetuses were killed by inserting a small electric device into the womb, through the vagina, which minced up the fetus. “Following this, the woman was made to take a pill and the fetus taken out in bits and pieces. The Chinese authorities do not talk publicly about this method of fetus-killing.”

Physical forces used against women are not uncommon. Two monks from Amdo, Eastern Tibet, testified before the US Congressional Delegation about the mobile birth control team in 1987, where women of all childbearing age were summoned and aborted and sterilized with or without consent. “The monks described women crying as they awaited their turn for the operation, heard their screams and watched a growing pile of fetuses outside the tent.”

Coercion and Reward is another way of implementing the family planning policies. The 1992 TAR regulation provides for rewards for late marriage and other
incentives, like longer maternity leave and benefits. Article 34 stipulates penalties for extra birth and not eligible for promotion, salary raise and bonus for a period of two years.\textsuperscript{50} Coercion was used in rural areas in the form of disincentive programs—fines and penalties for the households of women who exceed the birth limits.\textsuperscript{51} Compulsory attendance to the commune family planning meetings which would last for days and women are not allowed to leave the "struggle session," until they can "think clearly" about their pregnancy.\textsuperscript{52}

A contributory factor to the use of effective force in the birth control campaigns is the quota system where doctors are given a quota and the final implementation strategy is decided by the county level authorities, which are in turn answerable to the Party County Committee. Performance are examined by point systems and awarded accordingly and also certified with the title “Red Flag Work Unit” and those who failed to fulfill the target are criticized and reported to the provincial government.\textsuperscript{53}

**Resultant consequences for not following the Family Planning Policies**

Punishment for breaching "birth planning" regulations are not just limited to monetary fines but an important sanction is the deprivation of children born "out of plan", as the Chinese put it, from residence and ration cards resulting in non admission in state run or aided schools, housing, basic foodstuffs, medical treatment and travel pass. It also denies such children in exercise of their political rights as to voting and other rights enjoyed by citizen.\textsuperscript{54} There are other testimonies of economic force being used to compel
Tibetans to yield to abortions and sterilization. One such case is of Dr. Tashi Dolma - an obstetrician - from Amdo (Qinghai) in Eastern Tibet, who accounted that she was pressurized from the hospital when she became pregnant for second time in 1988 terming it as a political crime and that she would not only pay the fine for having the baby but her salary would be reduced by 30% followed by other consequences; not getting card and school admission and forced to opt for abortion and terminated her four month pregnancy resulted in serious emotional and physical damage with erratic menstrual flow, back pain and pain with intestines.\textsuperscript{55}

Options available to women are not really an option - to pay enormous amounts of fine or terminate the pregnancy. The fine usually constitutes the equivalent of five years' annual income (7000 Yuan), which leaves them with no choice.\textsuperscript{56} As the economic position of Tibetans is low and they generally lack contacts with Chinese officials’ necessary to equivocate restrictions, they are more likely to succumb to the pressures of control. Those who speak up against the birth control measures are criticized for "defying the Chinese government" and in one township women who had not undergone sterilization were accused at a family planning meeting of being "guilty of opposing socialism."\textsuperscript{57} Family planning policies is against the free will of women as much coercion is used such that those who adhere to the one child limit receive preferential treatment in school enrolment, medical care and employment.\textsuperscript{58}
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The Practice of Family Planning in Tibet in the light of International Human Rights of Women

Although population limitation was agreed to as an important element in development, the Bucharest World Population Conference acknowledged the right of the couple and individual to determine the number and spacing of children. In 1974 Women Conference endorsed the integrity and autonomy of women’s over her body. International human rights instruments recognized right to life and liberty. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the UN General Assembly on December 18, 1979 and entered into force as international treaty on September 2, 1981. The Convention requires the State parties to take positive measures to ensure the enjoyment of human rights of women. The Convention also concerned about the reproductive right of the women. Although the Convention do not prohibit family planning, it imposes obligation on the State to educate on the family planning process and leave the ultimate decision on the women to decide freely the number and spacing of their children and to have access to information, education, and means to enable them to exercise those rights. CEDAW imposed duties on the State “to ensure appropriate service in connection with pregnancy, confinement, and post-natal period, granting free services, where necessary.”

The discrimination against women is defined as any distinction made on the basis of sex, which impairs the exercise of women in exercise of her human rights and fundamental freedom. The Nairobi Forward Looking Strategies for the Advancement of
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Women (NFLSAW) obligates governments to ensure that fertility control methods adhere to adequate standards of quality, efficiency and safety. All couples and individuals have the basic human right to decide freely the number and spacing of their children.

The 1994 United Nation International Conference on Population and Development, (ICPD) Cairo states that reproductive health encompasses informed, accessible, safe, effective, affordable and acceptable methods of family planning, free of discrimination, coercion and violence so as to enable a voluntary decision about child bearing and family planning. “Reproductive health care in the context of primary health care should, inter alia, include: family-planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery, and post-natal care.” The aim is to enable couples to determine their reproductive goal, number, spacing and timing of birth of their children. Thus, the ICPD Program of Action emphasized on human rights of individuals rather than demographic target. 1995 Beijing Declaration and Program for Action states that human rights of women include control over her reproductive health free from coercion, discrimination and violence.

Although China is not a party to Optional Protocol, China signed the CEDAW on July 17, 1980 and ratified it on November 4, 1980 with a reservation of dispute settlement and China agreed to adopt these UN policies. However, as Cong Jun, director of the department admitted to forced abortion undertaken by the State Family Planning Committee and promised to prevent it from happening. A Swedish delegation to
Tibet reported in 1994 that the number of doctors was just two per thousand inhabitants.\textsuperscript{74} Mortality rate for Tibetans is much higher than Chinese is a pointer to the poor health service and the low standards of public hygiene in Tibet. Child mortality rates are also very high in Tibet.\textsuperscript{75} In 2003, Radhika Coomaraswamy\textsuperscript{76} reported that “gender specific crimes including reproductive rights violations such as forced abortion and coercive birth control policies and the monitoring of menstrual cycles,”\textsuperscript{77} are prevalent in Tibet.

There are no strong cultural impediments to the use of contraception in rural Tibet from either an ethical or religious perspective. The exception is abortion, which is considered the taking of life and is strongly disapproved of.\textsuperscript{78} Chinese authorities make no attempt to educate Tibetan women regarding alternative and less drastic methods of contraception, and in fact no evidence exists that the Chinese have attempted any form of population control other than surgical procedure. In addition, contraceptives that exist are widely seen as dangerous and ineffective, with low medical standards. According to a Tibetan paramedic who had worked in a rural area of Ganze before 1990, "they also had birth control methods like IUD: but often, because of lack of hygiene, these insertions were followed by infections. On one occasion, two women came back after having an abortion with infections; one of them became paralyzed."\textsuperscript{79} The deficiency and non-availability of acceptable contraceptive methods in Tibet is only one of the reasons why abortion is commonly practiced. The authorities, for a start, had stated a preference for the "combined method" a term, which is believed to mean combining abortion with contraception. It appears that the combined method includes sterilization as a subsequent
element. First-hand accounts by recent arrivals in India who had four abortions before she left Tibet for India in 1989, told TIN how she had been given an injection in Lhasa "when I was five months pregnant, they aborted my child at the Main People's Hospital in Lhasa. After this injection, the child came the next day stillborn." Another testimonial account by Chime, a former nurse at the Lhasa People's Hospital, noted that women of "nine months pregnant are injected in the abdomen to induce abortion. If delivered alive, the fetus is also injected so it will die" killed at birth canal with a lethal injection.

It is evident from the above studies that Tibetan women’s right to reproduction rights are systematically violated. It is discriminatory as the measures are targeted at women only and are applied mostly without consent, and through force or coercion, which are against all acceptable fundamental norms of human rights. Equally disturbing is effects on women’s health of sterilization operation and IUD use, especially in circumstances when the women have little or no access to professional health care assistance and medical equipments. It is also imposing not just Chinese political will against Tibetan women but it is violating Tibetan women’s cultural and religious right of belief in the sanctity of human life. For Tibetans, there is a karmic connection for children to be born to particular couples. Unlike many other cultures, children take care of the parents in their old age and after their death; it is children who perform many of the death rites.

Another important considerations, which must be taken into account when examining Chinese population control program in Tibet, is the fact that Tibet is an
occupied country and China is obligated not to change the population content of Tibet under the IV Geneva Convention. Systematic application of family planning pose a serious threat to the very survival of Tibetan identity as Tibetan is already a minority in Tibet with the influx of Chinese population transfer.

In early 1980s, the Tibetan government in exile estimated that the Chinese population in Tibet was 7.5 million, which would far exceed today. Force sterilizations are still performed on Tibetan women and become a real means of majority population against minority population, restricting the ethnic content of Tibetans. Thus, family planning policy is used as another means to dilute Tibetan contents and hampers the Tibetan rights of self-determination in near future. Which is further supported by the fact of allowing Han Chinese, who as per law allowed to have one child are allowed to have two children and third child after approval, if living in Tibet, thus creating an incentive for Han Chinese to move to Tibet and dilute the Tibetan contents. The resulting birth control program has had a devastating impact on the Tibetan population, which is widely agreed, was around six million before China's invasion in 1950. The whole culture and religious practice had have been diluted by the increasing composition of Chinese inside Tibet.

The term "population quality" with China refers to the notion of eugenics measures under 1994 The Maternal and Infant Health Care Law has occasionally in “the past been extended to justify singling out people who are considered to be politically or socially undesirable.” At no point in the legislation does it consider the rights, beliefs or
needs of the mother. Decisions about the women's reproductive future are made by a
governing body of medical staff and not with the consultation of women or families,
which is a stark violation of CEDAW to which China is a party and all UN conventions
 guaranteeing reproductive right and adequate health care for women.

The above studies show that all measures are targeted at women since the Chinese
Government doesn’t make an effort to introduce other measures that could control
unplanned pregnancy, thus discriminatory. Furthermore, the issue of abortion and
sterilization raises particularly serious concerns for health and well being of women. The
above studies also attest to the health problems that are resulted from medically unsound
abortions, sterilizations or operations. The birth control measures have had been often
carried out without regard for the health or welfare of the woman, with extremely
questionable procedures, with under-qualified medical staff, poor or no equipments, and
without a woman's consent. The resultant symptoms described were remarkably
consistent and include most commonly, backache, loss of appetite with attendant gastric
problems, weakness and tiredness. There are even reports that some women have died
and others suffered chronic problems as results of such operations. Following undesirable
medical procedures, women neither received no follow-up or post-natal care; thus
problems often go unattended until they reach a critical and/or fatal stage. Thus, the
above studies clearly proved the People Republic of China not only violated CEDAW in
particular but also failed to comply with minimum International Human Rights norms. So
long as these regulations, law and policies are not amended or repealed, the human rights of women in Tibet will be subordinated and violated.

**Observations and Suggestions**

Family planning policies imposed and carried out today in Tibet has serious consequence. It not only limits the right of women over her reproductive rights but also undertaking random operation to fulfill the demand of the policies at risk and cost of women’s lives. It also interferes with the rights of religious belief of the women and making them an accomplice to the murder of unborn children and hampers her cultural rights by diluting the Tibetan ethnicity. Tibetan people can only express their culture within the bounds of Chinese law and policies.

Women in occupied-Tibet are the innocent victims of the policies of a powerful and totalitarian State that seek to completely wipe out the Tibetan national identity, designed to reduce the growth of the Tibetan population as part of a larger strategy to destroy Tibetan national and ethnic identity. Tibet already has a religious tradition of "self imposed" population control of with five to ten percent of the population - being monks and nuns. It is likely that the rich Tibetan culture and heritage will succumb under the impact of a diminishing population, strict population control, and Chinese migration. The combination of population transfer, and the implementation by stages of a coercive family planning program among Tibetans both in and outside of the TAR, places the very survival of Tibetan culture and population at risk.89
International human rights instrument guarantees minimum human rights, which ensure the dignity of human being. Women, historically, being perceived as subjugated section of society, effort should be made by all states to ensure enjoyment of these rights and alleviate the suffering of women as human beings. Family Planning policies should be inconsonance with all established norms of international human rights instrument. Primarily, it is an issue fundamentally linked to the reproductive rights of women, right over ones own body. It is high time for China, one of the permanent members of UN Security Council, a party to CEDAW and International Covenant on Social Cultural and Economic Rights (ICSCER) to abide by international human rights standards. The Government of China should amend the law, policies and regulations inconsonance with International standard and put it into practice. China should also abolish quota and coercive system of reward and punishment and hold the medical mal-practice accountable for their negligence. All eugenics provisions in the 1994 Maternal and Infant Health Care Law should be repealed. As recommended by CEDAW Committee that law, policies and regulations related to reproductive issues should be undertaken and implemented from the perspective of women’s need. China should also institute family planning program that address birth control, maternal and child health and the status of women. Tibetan women should have access to family planning education and ensure informed birth control practices that are safe, voluntary and consensual. China should permit United Nation Commission and Human Rights Organization to observe, investigate and make report.
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1 SJD, American University Washington College of Law, Washington DC.


3 The Tibetan Administration, National Report on Tibetan Women, Oppression and Description in Occupied Tibet for the IV World Conference on Women Beijing, September 1995. See, www.tibet.com/women/twdiirrpt.html

4 Id.

5 Id.

6 Id.

7 In Tibetan Buddhist concept, it is believed that human beings are the beings that have potential to attain enlightenment, and aborting a fetus is not just taking a life of a fetus but also preventing from such chance.

8 Melvyn C. Goldstein, Beijnian, Cynthua Beall, Phuntsog Tsering, Fertility and Family Planning in the rural Tibet; See, http://www.humanrights.cn/features/jhsy/jhsy_5.htm

9 Article 49 of the PRC Constitution, the very same wording of 1982 Constitution.

10 Supra note 2.

11 Id.

12 Id.

13 Id.

14 Id.

15 Id.

16 Id.


18 Supra note 2.

19 Id.


23 Supra note 20, quoting the statement in the same speech by Gyaltsen Norbu that “…the population constitutes 88% of the region's total.”

24 Supra note 18.

25 Id.

26 Although the reasons for drop was not certain as to the birth control or infant mortality.

27 Supra note 18.

28 Id.

29 Id.

30 Id. Testimony of nomad from Chamdo County, Chamdo Prefecture in the TAR to Tibet Information Network (TIN).

31 Supra note 2.

32 Id.

33 Id.

34 Supra note 18.

35 Supra note 2.

36 Id.


38 Id.

39 Id.
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40 Id.
41 Supra note 2.
42 Id.
43 Supra note 18.
44 Id.
45 Supra note 2.
46 Id.
47 Id.
48 Id.
49 Id.
50 Supra note 2.
51 Supra note 7.
52 Supra note 2.
53 “In April 1991, the Premier Li Peng, accompanied by the Party Secretary, Jiang Zemin, announced quota system would be announced all over China and local government would be responsible rather than Birth Control Officials. Id.
54 Id.
55 Supra note 1.
56 Supra note 35.
57 Supra note 18.
58 Id.
59 1974.
60 NEWR, Background report on Women’s Reproductive Rights.
61 Article 10 (h) of CEDAW.
62 Article 16 (e) of CEDAW.
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63 Article 12 (2) of CEDAW.

64 Article 1 of CEDAW.


67 § 7.3 of 1994 UN International Conference on Population and Development, Cairo.

68 § 7.5 (b) of 1994 UN International Conference on Population and Development, Cairo.

69 § 7.6 of 1994 UN International Conference on Population and Development, Cairo.

70 § 7.14 (a) of 1994 UN International Conference on Population and Development, Cairo.

71 Paragraph 96 of the Beijing Platform for Action.

72 Article 29 (1) of CEDAW.

73 The Department of International Relations in the State Family Planning Committee in a speech to a Sino-European Seminar on Women's Issues held on 29 October 1998.

74 Supra note 2.

75 Id.

76 The then Special Rapporteur on Violence Against Women.

77 Dr. B. Tsering, Oral Statement on behalf of Society for Threatened People, the 61st Session Commission on Human Rights, April 7, 2005.

78 Supra note 7.

79 Supra note 2.

80 Id.

81 Id.

82 Since the Chinese invasion of Tibet some 1.2 million Tibetans perished in resistance war, famine, disease and so forth.

83 There said to be 7.5 million Chinese in Tibet and 6 million Tibetans. See, www.tibet.com/glance.html

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85 United Nation General Assembly passed three resolutions, Resolutions 1353 (XIV) in 1959, Resolution 1723 (XVI) in 1961 and Resolution 2079 (XX) in 1965, attesting that Tibetans have right to self determination.

86 Id.


88 Supra note 18.

89 Supra note 2.

90 CEDAW/C/1999/I/WG.II/ WP.2/Re.1. See, Supra note 59.