



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

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

Summary record of the 1042nd meeting

Held at Headquarters, New York, on Tuesday, 10 July 2012, at 3 p.m.

Chair: Ms. Pimentel

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Convention (*continued*)

*Combined seventh and eighth periodic reports of the Cooperative Republic
of Guyana (continued)*

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The meeting was called to order at 3.05 p.m.

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

Combined seventh and eighth periodic reports of Guyana (CEDAW/C/GUY/7-8) (continued)

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

Articles 7 to 8

2. **Ms. Bareiro-Bobadilla** asked what portion of the 30 per cent of parliamentarians who were female were indigenous, whether women's participation in regional democratic councils and in labour unions had increased, and what support was given to women's non-governmental organizations (NGOs). Parity in representation of women should be the ultimate goal, in her view.

3. **Ms. Manickchand** (Guyana) said that there were a number of active women's NGOs. The Guyana Legal Aid Clinic and Help & Shelter, which worked with women victims of violence and human trafficking, were Government-funded and a number of women's arms of political parties functioned as NGOs and received funding from their parties and the National Assembly. Such organizations were at times critical of the Government but worked in partnership with it. For example, the Domestic Violence Act No. 18 had been drafted by NGOs in collaboration with the Government.

4. For the first time in history a woman was at the helm of the Guyana Trades Union Congress. Women made up the largest percentage of public sector employees and they were active in the union, although they were still under-represented at the executive level. Elections for local government and regional democratic councils had not been held for many years, but women's participation would be encouraged in the next round. Women held 63 of 210 elected seats on those councils; there had been no women chairs between 2000 and 2006.

5. Regarding indigenous representation, the first female Tousehaos had been elected chair of the National Tousehaos Council; six of its 20 members were women. Five Amerindian women held posts in Parliament and the first female Minister of Foreign Affairs, who was also the first Amerindian to hold the post had been

appointed. The Minister of Amerindian Affairs and the Minister of Education were Amerindian women. Two Amerindian women served on opposition parties.

Articles 9 to 12

6. **Ms. Bailey** expressed concern about gaps in information on education, in particular the absence of data disaggregated by sex and location, making it difficult for the Committee to resolve contradictions in the information available and assess whether parity had been achieved.

7. While the report provided no data on the dropout rate, outside sources reported that it was higher for males than females at the secondary level. The reverse was true in region seven and in particular region eight however, and she wished to know why region eight deviated from the pattern so greatly. She wondered whether adolescent pregnancy was a contributing factor to girls' lower primary school completion rates, and requested information on the re-entry policy for teen mothers. Outside sources reported the net primary school enrolment for females as 88.8 per cent and 68.6 per cent for secondary school. She asked whether the difference pointed to a lack of capacity and, if so, what other routes girls could take towards economic independence.

8. There was no information on female enrolment in Government and NGO-run youth vocational training programmes. Outside sources indicated that girls were concentrated in stereotypical fields. What measures were there to move females into fields with better pay? She would welcome further information on measures to combat stereotyping in education.

9. **Ms. Patten** asked how the Government addressed the horizontally-segregated job market and how it intended to combat traditional attitudes in respect of occupational segregation. She wished to know what measures had been taken to bring about the structural change often necessary to guarantee women's access to well-paid positions, whether targeted programmes were in place for the advancement of women in the labour force, and whether there were measures to protect working mothers and create equality in family responsibility.

10. Regarding the persistent wage gap between men and women, it was important to understand that lower wages were a product not only of direct gender discrimination, but also of horizontal segregation in

labour markets and the fact that feminized professions were paid lower wages. Job evaluation was a crucial part of proving that work performed by women was of equal value to that performed by men and she asked about any measures in place to promote it. She wondered whether Guyana offered training for labour inspectors, judges, workers and employers on the principle of equal pay for work of equal value.

11. There was little information about women in the informal sector and she wished to hear the perspective of the Ministry of Labour on how to ensure the application of general labour standards to women working in it. It would also be helpful to have more information on micro-loan schemes and how many women had benefited from them. On the question of Amerindian women, she asked if there were measures and a national strategy to address inequalities they faced in the labour market. She would welcome information on specific measures to address the perception that discrimination in employment and economic activities was an endemic problem.

12. **Ms. Rasekh** asked if the Ministry of Health had a sex-disaggregated data collection programme on women's health, in particular reproductive health. Outside sources pointed to a poorly-funded, low-capacity, low-quality health care system and reported that poor women had no access to quality health care because they could not pay. Had financial and technical assistance from international organizations been sought to address those issues? She wondered if the professional "brain drain" Guyana was experiencing affected its ability to provide quality health care services for women because of the loss of medical staff. There had also been allegations of corruption in that sector.

13. While abortion was not mentioned in the report, there seemed to be a high rate of maternal mortality owing to unsafe abortion services. The maternal mortality rate in general was high, and she requested information on specific programmes, in addition to those mentioned in the report, that addressed it. She asked how the Government planned to address the great discrepancy in access to skilled care during and after childbirth between the coastal and interior regions.

14. **Ms. Manickchand** (Guyana) said that the information contained in the report only covered the period up to 2010, and of course, required updating.

Data collection was a problem across the board, however, and specific efforts had been made to address it, including disaggregation by sex and location. While universal enrolment in secondary school had not been achieved, the President had made a commitment to that goal and had begun making significant investment in education. The country's challenging geography had required creative solutions in order to provide access, including building dormitories by district for the widely-scattered students in the hinterland, a solution within the financial means of the country. The figures concerning access to education and suggestion that fewer girls completed primary school than boys were inaccurate. Indeed, even at the secondary level more girls completed their education than boys, and Guyana was studying how to address the alarmingly low male completion rates.

15. The dropout rate was 3 per cent at the primary level and comprised more boys than girls. There had been no study on the impact of adolescent pregnancy on school completion; the Government was studying Jamaica's system as a model for reintegration of teenage mothers in school. Efforts were made to include more females in well-paid fields and to provide alternatives for those who did not complete school. Two new technical vocational schools, one for motor vehicle repair with 90 students, 39 of whom were girls, and the other targeting non-traditional students and dropouts with 198 students, of whom 43 were women, were examples of those efforts.

16. Data collection in the health sector was also being addressed, and the changes would be reflected in the next report. While most hospitals were public, six private hospitals located on the coast were not accessible to hinterland populations. Access to quality health care should be considered in relation to Guyana's resources. The Government was increasing the numbers of specialists in women's health by recruiting from abroad.

17. Abortion was legal in Guyana; no data suggested that maternal mortality resulted from unsafe abortion, or that abortion was used as a contraceptive. Abortions were performed in public hospitals to the extent capacity and resources allowed. One death from an unsafe abortion had been reported since its legalization. While the maternal mortality rate had decreased significantly it was still unacceptable, and the Government had introduced measures to review every such case in an effort to reduce it.

18. While she did not know of any complaints of corruption that had affected the delivery of health care services, she recognized that some health care providers might be corrupt. It was not an endemic issue; individual complaints were sporadic and swiftly addressed. The hinterland represented the largest part of the country's geographical area, but contained only 5 per cent of its population. Measures adopted to address the difficulties in providing services there were detailed in the report. The majority of Guyanese were served by the public health system and there was no evidence that only those who could pay had access to quality health care. Full and free coverage was available to prevent mother-to-child transmission of HIV/AIDS and 100 per cent of those who tested positive for HIV had access to free anti-retroviral treatment.

19. **Ms. Webster** (Guyana) said that the Government would continue to empower women economically and support their entrepreneurship. The Ministry of Labour was compiling, disaggregated data and its Board of Industrial Training had initiated a series of development programmes, some specifically to train women in non-traditional areas. In addition, the United Nations Development Programme country programme document for Guyana (2012-2016) identified key areas for advancement, including human and social development, and would provide funding for women's empowerment programmes for hinterland communities. The initiatives emphasized a green economy and modern technology, and would train women in areas that met Guyana's specific needs. The Ministry of Labour planned to implement ongoing training programmes for its officers on international conventions and had established a committee to implement job evaluations and review employer practices. The National Assembly had adopted a number of orders to set the minimum wage for workers without trade union representation. Comprehensive labour legislation offered adequate protection against discrimination. The National Insurance Scheme was a contributory pension plan that included the self-employed. Plans were underway to expand it to cover self-employed persons who did not contribute. Contributors who reached the age of 60 were eligible to receive a pension.

20. **Ms. Ameline** said that a United Nations source had indicated that Guyanese nurses were leaving the country owing to low salaries. She wondered how

Guyana intended to prevent the migration of skilled workers.

21. **Ms. Rasekh** said that the information on the health care system she had cited came from credible sources, including United Nations and NGO reports. Guyana's report itself had indicated both that there were problems and that there was excellent access. Health care challenges were not surprising in a developing country. Capacity was an issue, as was the low number of qualified providers. Seeking qualified professionals abroad was a short-term solution; she wished to know how the country intended to overcome the dearth of qualified personnel in the long term, and whether mental health services were available for women.

22. **Ms. Bailey** asked what percentage of Amerindian girls of school age were enrolled. The information on the dropout rate for girls in region eight had come from Guyana's Digest of Education Statistics; she asked once again why that region deviated from the norm. The Digest also suggested that the rate of completion of primary education was much lower for girls than for boys.

23. **Ms. Murillo de la Vega** said that she wished to know what measures had been taken to combat corporal punishment in schools and whether sexual and reproductive education programmes were available. Turning to domestic workers, she asked what protections they enjoyed. She asked what support was given to entrepreneurial women who had accessed micro-credit, and if there were special temporary measures to allow access to soft credit. Lastly, she requested information on measures to address and prevent natural disasters and their effects on health.

24. **Ms. Manickchand** (Guyana) said that developed countries had made immigration so easy that well-trained nurses were encouraged to leave Guyana. At some point it was to be hoped that destination countries would make some form of investment in the country's human resources in return. More binding commitments for nurses along with efforts to increase salaries would be considered, but Guyana would never be able to compete with the developed world. The report detailed the full range of health services that Guyana, as a developing country, had the financial, technical and human resources to offer, which did not include some services considered basic in other countries. A training programme based in Cuba would produce over 900

medical doctors, who would return to Guyana. In the meantime, recruitment from abroad was used to fill the gap. While access to professional mental health services could be improved, psycho-social counselling was offered by the Government, religious organizations and NGOs.

25. There was no disaggregated data in respect of enrolment in hinterland schools, but the rate of access was certainly higher than the sources mentioned had indicated. Corporal punishment, allowed in homes and in schools, was a sensitive issue. The Government was in consultation with United Nations bodies to study how to address the issue. Schools had written guidelines on when such punishment could be applied, though they were not always followed. A health and family life education programme addressing sexual relations and HIV/AIDS education was offered in schools; its goal was to reach 100 per cent of the population.

26. **Ms. Webster** (Guyana) said that under the Financial Institutions Act No. 1 of 1995, concessions were offered to banks and institutions providing low-cost housing and micro-credits to women at affordable rates. Banking institutions and EMPRETEC had implemented training programmes to teach women to manage loans and use resources to expand and improve their businesses.

Articles 13 to 16

27. **Ms. Bailey** asked what share of funds made available in loans from the Institute of Private Enterprise Development (IPED) was disbursed to women, whether micro-enterprise training programmes included a gender perspective and what was the default interest rate and the success rate for women who had commercial loans.

28. In respect of women's right to property, she would like to know the repayment rate for women who had accessed house lots, and whether childless women could also participate in the programme. Lastly, she asked whether there were plans to create a non-contributory arrangement to offer social protection to elderly women who had not contributed to the social security scheme.

29. **Ms. Jahan** asked if there were more women in the population of urban areas than men because they had been driven from rural areas by poverty and lack of opportunities for women. She would also like to know

what percentage of the national budget was earmarked for women's advancement in the hinterland, whether the Poverty Reduction Strategy Programme II (2008-2012) was gender-sensitive, and how women, in particular rural women, would benefit from it. There was little information on how the agricultural policy aimed to narrow the gender gap in rural sectors, in particular in access to land credit, and modern technology, and on how land ownership was governed.

30. Despite scheduled court sessions in the hinterland, women there still suffered from lack of access to justice. While the political participation of Amerindian women had improved, they remained under-represented. As local government was the level at which women were most likely to participate, she asked when local elections would be held. She requested information on disabled and elderly women's rights in the context of the rural economy. Lastly, she wished to know whether gender mainstreaming strategies had been included in Guyana's disaster risk management policy, and how women had been involved in the consultation process.

31. **Ms. Awori** asked for information on child marriage and legislation protecting girls living in poverty, who were particularly vulnerable. She wished to know when the Civil Law (Rights of Persons in Common Law Union) Bill 2012 would be enacted, and if it would be possible to amend it so it could be applied after five years of common law union.

32. **Ms. Webster** (Guyana) said that women and children had suffered most in the 2005 floods; the Government had, in collaboration with donor partners and the Civil Defence Commission, created a strategic plan to address drainage, infrastructure and the restoration of livelihoods. The Civil Defence Commission had a disaster risk reduction action plan that included damage and assessment, standard operational procedures, and national flood preparedness and response plans. It had also begun disaster response trials, and aimed to ensure adequate care for women.

33. She would provide the Committee with information on the proportion of women who had accessed loans as soon as possible. EMPRETEC training programmes specifically targeted women who had received commercial bank micro-credit loans. The Guyana Bank for Trade and Industry had a repayment programme; 864 women had taken out loans, over 100

had done so more than once, and there were many success stories. There was progress in providing greater access to micro-credit opportunities.

34. Most house lot loans were made in amounts averaging US\$ 90,000; mortgage rates were as low as 4 per cent. The Ministry of Housing and Water had launched an initiative to build houses for low-income families, in particular for single mothers. All women could access old-age pensions at age 65; those who had not contributed to the national insurance scheme had no provision before that age. Some widows could receive a survivor's pension.

35. **Ms. Manickchand** (Guyana) said that house lots were initially intended to provide need-based housing to families. The rules had been relaxed recently to allow childless single women and married couples to access house lots.

36. The Government had not held local elections in 2011 owing to the regional and national elections; they had been postponed the year before to allow parties to review bills but were slated to be held in the next two years. The Civil Law (Rights of Persons in Common Law Union) Bill 2012 was likely to be adopted; it addressed common law spouses whose partners had died, provided that neither partner had been married. The age of consent for marriage was 16. Girls could marry between 16 and 18 with parental consent, and before age 16 girls could appeal to the court to marry if they could prove they were pregnant. There was no evidence of widespread child marriage, although some concern was expressed by parents regarding early sexual activity.

37. **Ms. Webster** (Guyana) said that while progress had been made, much remained to be done. Guyana was committed to complying with the Convention and appreciated the opportunity to enter into dialogue with the Committee.

The meeting rose at 5.10 p.m.