Reproductive Health, Gender & Rights in Mongolia

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FOREWORD

We are pleased to present to you the report on Reproductive Health, Gender & Rights in Mongolia. This report was commissioned by the Ministry of Health and Social Welfare (MOHSW) and the United Nations Population Fund (UNFPA), in the framework of our joint project on Reproductive Health Advocacy. This project aims at creating a favorable environment for positive support and actions in the field of reproductive health, through advocacy with law and policy-makers and programme managers at all levels. One of the key activities of the project is to assess the legal environment in Mongolia for reproductive health and gender-related issues and advocate for changes, if needed. This report was prepared in this context.

This report provides an in-depth review of the legal environment in Mongolia with regards to a wide variety of issues related to reproductive health and gender. As such, it covers issues related to access to health services, maternity and fertility, marriage and divorce, HIV/AIDS, confidentiality, access to contraceptives, abortions, just to name a few.

This report is the result of a collaborative and participative process which included a variety of partners. The Mongolian Women's Lawyers Association (MWLA) was contracted to undertake this study. Ms Arthi Patel led the study and wrote the report, in close collaboration with N. Chinchuluun and D. Altangerel, of the MWLA. Finally, a workshop was organized with several Mongolian experts from different professional background and interests, including lawyers, medical professionals, NGO representatives, high level officials, and together they reviewed this report. The process from the very beginning was ably managed and led by the Advocacy Project Team, in particular by Dr Munkhoo and Ms Urnaa, in close collaboration with the UNFPA Office.

This report provides a critical analysis of the legal environment related to reproductive health and gender, and as such provides the necessary background to identify gaps which need to be addressed in the current laws. The workshop mentioned above provides us with a series of recommendations for such changes to be advocated for and these are presented in Appendix 1. It is hoped that this report will be a useful reference tool for Members of Parliament, for policy-makers, decision-makers and programme-managers, for NGOs, for international donors for a better understanding of the legal environment in Mongolia for reproductive health and for gender. It is also hoped that it will provide a basis for discussion and debates and that it will lead to an even more conducive legal environment for women and men's reproductive health in Mongolia.

We hope that this report will be useful to you.

Ministry of Health and Social Welfare UNFPA

GLOSSARY AND ACCRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
Aimag	An administrative unit; Mongolia is divided into 21 Aimags and Ulaanbaatar.
Bagh	An administrative unit; Each Aimag is divided into Soums and each Soum is divided into Baghs.
Civil Law	System of law, derived from Roman Law, in which laws or codes provide the principle source of rights and obligations
De Facto relationship	A marriage-like relationship without formal registration.
Delegated legislation	Regulations, by-laws, orders, ordinances, decrees and resolutions issued by the Executive, under the terms set out in laws. Delegated legislation is only valid if it is consistent with law.
Depo Provera	An injectable contraceptive for women, which is usually injected every three months and prevents ovulation.
Feldshers	Primary Health Care Providers in Baghs
FL	Family Law
FRO	Family Registration Office
GCSD	Gender Centre for Sustainable Development
HDD	Human Development Department
HIV	Human Immunodeficiency Virus
Horoo	An administrative unit in Ulaanbaatar. Ulaanbaatar is divided into nine districts and each district is divided into Horoos.
ICPD	International Conference on Population and Development, Cairo, 1994
Ikh Khural	Mongolian National Parliament
IUD	Intrauterine Device
Khural	Parliament
MAB	Medical Accreditation Body
MoHSW, formerly the MoH	Ministry of Health and Social Welfare, formerly the Ministry of Health
MPRP	Mongolian Peoples Revolutionary Party
MWLA	Mongolian Women Lawyer's Association
NCAV	National Centre Against Violence
NGO	Non-Governmental Organization
NSO	National Statistical Office
RCID	Research Centres for Infectious Diseases
RH	Reproductive Health
RTI	Reproductive Tract Infection
Soum	An administrative unit. Each Aimag is divided into Soums.
STI	Sexually Transmitted Infection
Tort	A private civil wrong or injury, that occurs outside a contractual agreement. Courts provide a remedy in the form of an action for damages

Tsets	Constitutional Court of Mongolia
UNFPA	United Nations Population Fund

INTRODUCTION

Reproductive Rights are recognised as a key to the equal participation of women in society and to development. In recent years Mongolia, along with governments around the world, made a number of international commitments to reproductive rights, most notably at the International Conference on Population and Development (Cairo 1994) and the Fourth World Conference on Women (Beijing 1995).

Laws and policies govern the way in which ordinary people live their lives. People are entitled to know about and understand the laws and policies that shape their world.

> *"In terms of reproductive health care laws and policies are essential tools used to deny, obstruct, condition availability, or promote access to services. Non enforcement of existing laws and the absence of law are equally important"* [i].

Laws can act as a barrier to reproductive health, for example by preventing access to contraceptives. Selective prosecution or non enforcement can lead to discrimination against particular groups and further lower their status and access to health care.

The extent to which laws and policies actually impact on daily life is dependent on a range of factors, which influence enforcement. However formal laws and policies do set goals and standards that set the parameters for reproductive rights. This report provides a detailed description of laws, policies, and delegated legislation and court interpretations that make up the framework for regulation of reproductive health and rights in Mongolia. The report reviews the regulation of specific reproductive health issues such as health services, contraception, abortion, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV), as well as reviewing the broader framework of conditions that determine whether women and men are able to exercise reproductive rights. The rights of women, adolescents and children and support for families are analysed in detail.

It is hoped that this report will assist advocates, lawmakers and the administration to identify areas of strength and weakness, and act to better protect reproductive rights.

Arthi Patel

Endnotes

[i] Women of the World: Laws and Policies Affecting their Reproductive Lives. Anglophone Africa, The Center for Reproductive Law and Policy, 1997, at 9.

STATISTICAL PROFILE

Population

- The total population of Mongolia is 2.4 million of which 50.4% are women[i]. The annual population growth rate for 1998 was 1.4 %, down from 2.6 % in 1990[i]. 46.5% of the population is under 20 years of age[i].
- Approximately 51% of the population live in urban areas[i].

Economy

- Gross Domestic Product per capita in 1998 was approximately US$452[i]. The annual growth rate of GDP in 1998 was 3.5 %. The growth rate has fluctuated over the last 10 years from a low of -2.5% in 1990 to a high of 6.5 % in 1995[i]. The annual inflation rate decreased from 44.6 % in 1996 to 10.0% in 1999[i].
- In 1998, the Government spent 3.3% of GDP on health care, compared with 5.5% in 1990[i].

Employment

- In 1998, there were 859,300 economically active persons, of which 809,500 were employed. Women make up 47% of the economically active population[i].
- In 1998, 64.6% of women and 72.1% of men were in the labour force. Labour force participation rates have declined since 1992 when 72.7% of women and 78.9% of men were in the labour force[i].
- The official unemployment rate for 1998 was 5.8%[i]. 52.2% of unemployed persons are women[i].

Women's status

- In 1997, life expectancy at birth for women was 67. 7 years compared to 61.1 years for men[i].
- The median age for marriage for women is 20 years. In 1998, 7% of women aged 15-19 were married or cohabiting[i].
- In 1996 women's literacy rate was 97.1% compared with 97.2 for men[i].
- According to a 1997 survey one in three Mongolian woman has experienced domestic violence[i]
- Official crime statistics record that 409 people were convicted for rape in 1998, compared with 335 in 1996 and 484 in 1990[i].
- In 1998, 10% of all households were “female headed”. The number of female headed households increased by 44% between 1993 and 1998[i].
- The number of single mothers doubled from 19 289 in 1990 to 38 670 in 1998[i].

Adolescents

- In 1998, 87% of young people aged 8-15 were enrolled in school. This is down from the enrolment rate in 1990 of 98.6%[i].
- In 1998, 195 000 young people were enrolled in Grade 1-3, 218 000 in Grade 4-8 and 34 100 in Grades 9-10[i].

- In 1998, the ratio of female to male students was

	F : M
At entry to secondary school	52:48
Graduates of 8th grade	59:41
Graduates of 10th grade	62:38

Vocational schools	55:45
Diploma and bachelor students	65:35 [i]

- An average of 9% of girls are pregnant or have their first child between the ages of 15 and 19, by the age of 21, 26% are mothers[i]. Girls in rural areas are twice as likely to begin child bearing between the age of 15-19, compared with girls in urban areas.
- 48-52% of Sexually Transmittted Infections were detected in adolescents and young people under 25 years of age[i]

Maternal Health

- The average age of women at first birth is 21.6 years, consistent with the average age of marriage which is 20.8 years [i].
- On average Mongolian women have 3 children. The length of time between births is just under 3 years[i].
- In 1998, maternal mortality was 158 per 100,000 live births[i]. Maternal mortality increased from 131 in 1991 to a peak of approximately 230 per 100,000 live births in 1993[i].
- Maternal mortality is significantly higher in rural areas than in urban areas, in 1999, 70% of all maternal death cases occurred in rural areas[i].
- In 1998, the infant mortality rate was 65 per 1,000 births[i].
- In Mongolia, 97% of all births are in hospitals or rural maternity homes, attended by health professionals. The rate is higher in urban areas (99.9%) and lower in rural areas (94.1%)[i].

Contraception and abortion

- 44% of all women including 60% of married women, use some form of contraception[i].
- Among women contraceptive users 33.4% use modern types of contraception. The most popular is the IUD 23.3%, followed by the pill 3%, condoms 2.8 % and injectable contraceptive 2.3%.[i].
- In 1998 the number of abortions was estimated as between 9,135[i] and 13,000[i], down from 31,217 in 1991[i]. The lower end of the 1998 figures represents one abortion for every 5 live births. In 1998, no deaths were recorded due to abortion[i]
- 95% of abortions are conducted by doctors[i].

STIs/HIV/AIDS

- There have been two cases of HIV detected in Mongolia, the last in 1997[i].
- From 1989 – 1998 the number of persons with STIs increased significantly. From 1989 – 1998 the number of cases of syphilis increased by 66%, gonorrhoea by 56%[i]. The prevalence of syphilis is 5.6 per 10,000 persons, gonorrhoea 16.3 per 10,000 persons and trichomoniasis 11.4 per 10,000 persons[i].

1. POLITICAL AND LEGAL FRAMEWORK

1.1 HISTORICAL BACKGROUND

In 1911, Mongolia achieved independence after three centuries of Manchurian rule. In 1919, the Chinese attempted to occupy Mongolia again, but were repelled with the assistance of the Soviet People's Republic. Power was assumed by the Mongolian Peoples Revolutionary Party (MPRP) and the Mongolian's People's Republic was declared in 1924. The MPRP, with backing from the Soviet Union, ruled as a one party socialist state until 1992. The MPRP had a close relationship with the Soviet Union during this period and Soviet aid contributed substantially to the transformation of Mongolia's social, economic and cultural life.

The process of democratic transformation started in 1990; a new democratic constitution was adopted in 1992 and the first multi-party elections were held in the same year. The 1992 Constitution provides for a parliamentary system with a directly elected President. The first election was won by the MPRP, and the second election in 1996 was won by a democratic coalition. The third election will be in July 2000. Rapid political changes have gone hand in hand with the transformation from a centrally planned economy to an open-market economy. Economic liberalization and structural adjustment have had a major impact on all areas of life, and a particularly negative impact on employment and social welfare services.

Mongolia is one of the least populated countries in the world with 2.4 million inhabitants, of which 51 per cent are women. Population density is about 1.5 persons per square km. About 51 per cent of the population live in urban areas, and urbanisation is increasing. Most people live in moveable gers, with 23% living in apartments. A third of the population is concentrated in the capital city Ulaanbaatar. 46.5% of the population is under 20 years of age[i].

Mongolia's principal ethnic group is Khalkh Mongols (86%), and 7% of the population are Khazakh. The rest of population is comprised of several ethnic minorities including Tuvans, Chinese, Buriats, Russians and Uighurs.

The dominant religion is Buddhism, which is undergoing a major revival in the new democracy after suppression during the Socialist period. The Khazakh population is Islamic. The official language is Mongolian. Russian and, increasingly, English are widely spoken.

1.2 STRUCTURE OF GOVERNMENT

The Constitution of Mongolia provides for three independent branches of government - the Executive, Legislative and Judicial.

Executive Branch

There are two parts to the Executive Branch, firstly the President and secondly the Cabinet (most often referred to as "government") and its implementing agencies.

The President is the Head of State and is directly elected. The President has the power to veto legislation but can be overruled by a two-thirds majority of the State Ikh Khural (Parliament). While the President is part of the Executive arm, s/he also employs some quasi-legislative powers, such as the power to issue decrees, which have the same status as delegated legislation. The President is Commander in Chief of the armed forces, and heads the National Security Council. The President is elected for a four-year term and can only be re-elected once[i].

The Cabinet consists of the Prime Minister and nine Ministers. Under the current interpretation of the Constitution, Members of Parliament cannot be in the Cabinet. The President and the majority group in Parliament nominate the Prime Minister. The Parliament has the power to appoint the Prime Minister and other Ministers, subject to consultation with the President. In a wide interpretation of the Constitution, in recent years, the President has used this power to reject a number of nominations from Parliament.

Ministers are responsible for the implementation of laws and development of national policies. Ministers issue "Resolutions" which have the status of delegated legislation.

The implementing agencies of Cabinet are the Central Ministries and two levels of local administration. Mongolia is administratively divided into 21 Aimags (provinces) and the autonomous capital Ulaanbaatar. The Aimags are further subdivided into Soums, Soums into Baghs and Ulaanbaatar City into eight Districts and Districts into Horoos. The heads (referred to as Governors) of Aimag and city administration are nominated by the Aimag or city Khural and appointed by the Prime Minister for a four-year term. The heads of District and Soum administration are nominated by the District or Soum Khural and appointed by the respective Aimag and city governor, also for a four-year term. The respective Soum or District head nominates Bagh and Horoo heads for a term of four years[i].

The Aimag, city, district and Soum administration implement the policies of the Central ministries and the resolutions of their local Khural (see below).

Legislative Branch

The supreme legislative body is a single house, 76 member Ikh Khural which is responsible for passing laws, approving the Cabinet's program of action and the State budget. The President can veto legislation, however this veto can be overruled by a two-thirds majority of the Ikh Khural. The Ikh Khural is also responsible for supervising the implementation of laws. Members of Ikh Khural are elected for a four year term[i].

Each Aimag, Soum, City and District have their own citizen-elected Khural. In the Baghs and Horoos the citizen body is simply a general meeting of citizens. These local representative bodies make decisions concerning the socio-economic life of the local area, when there is no pre-existing law, policy, or delegated legislation. They do this by issuing resolutions, which must be consistent with the law, Presidential decrees and government resolutions. The administration in the local area is required to implement these resolutions, and the heads of administration retain the power of veto.

Judicial Branch

Judicial power is vested exclusively in the courts. Under the 1992 Constitution, the Mongolian judiciary is independent from other parts of government. Judges are required to abstain from political activity[i].

The court system consists of the Constitutional Court, the Supreme Court, City and Aimag Courts, and Soum/Inter-Soum and District Courts.

Soum and District Courts are first instance courts for misdemeanours, less serious crimes and civil matters where the amount in dispute is less than ten million tugrigs (approximately 10,000 USD). Aimag and city courts are first instance courts for serious crimes and civil matters over ten million tugrigs. They are also a court of appeal from Soum and District courts. The Supreme Court is the final appellate court for civil and criminal matters, and also issues interpretations of all laws other than the Constitution. When Supreme Court decisions are incompatible with the law, the Supreme Court shall repeal the decision, and when Supreme Court interpretations are inconsistent with law, the law will prevail[i].

The General Council of the Courts manages all courts except for the Constitutional Court. The General Council is responsible for the independence of the judiciary and for nominating judges. Nominations are presented to the Ikh Khural and approved by the President.
The nine member Constitutional Court, or Tsets, has jurisdiction over disputes about the conformity of laws, decrees, Government decisions and international treaties with the Mongolian Constitution. In addition the Tsets has jurisdiction over the conduct of elections and referenda, and the removal of the President or Members of Parliament[i]. Members of the Tsets are appointed for six-year terms. Three members are appointed by the Ikh Khural, three members by the President and three members by the Supreme Court. Matters are considered by the Court at the instigation of the Ikh Khural, the President, the Prime Minister, the Supreme Court, the Prosecutor General, on the Court's own initiative or on the basis of petitions received from citizens. At first instance a panel of five members of the Tsets hears a matter and issues a decision. The decision of the Tsets is then submitted to the Ikh Khural for approval. If the approval is refused the Tsets will reconsider the matter with a full panel of nine judges. This final decision is binding.

1.3 SOURCES OF LAW

The Mongolian legal system is based on a civil law tradition, though increasingly procedural aspects of the common law system are being introduced.

Mongolian sources of law consist of domestic sources of law and international law, both of which have an impact on reproductive rights. Domestic sources of law include the Constitution, laws, delegated legislation, interpretations of the Supreme Court, and to a limited extent general legal principles.

The Constitution

The supreme legislative document is the Constitution which states that 'laws, decrees and other decisions of State bodies and activities of all other organisations and citizens should be in full conformity with the Constitution'[i]. All laws, delegated legislation and Supreme Court Interpretations that are in conflict with the Constitution are void to the extent of the conflict. The Constitution can be amended by vote of ¾ of the members of the Ikh Khural or by a national referendum if 2/3 of the members of the Ikh Khural concur[i].

The Constitution prohibits discrimination on the basis of ethnic origin, language, race, sex, social origin and status, property, occupation and post, religion, opinion or education. The lengthy chapter on Human Rights and Freedoms provides extensive protection for both civil and political rights, and economic, social and cultural rights[i]. Several provisions directly impact on reproductive rights, such as the right to protection of health and medical care, the right to material assistance during childbirth and childcare, the right of equality between men and women in political, social, economic, cultural and family life, and the guarantee of state protection for the family, motherhood and the child[i].

The Tsets has jurisdiction over interpretation of the Constitution and claims that a law or delegated legislation is in breach of Constitutional guarantees (see above Section 1.2 Structure of Government). At the instigation of the Constitutional Court and/or the Prosecutor General, the Supreme Court can also examine and make decisions on matters related to human rights and freedoms[i]. The Tsets has presided over some human rights challenges, most notably a challenge to a law that purported to restrict religious freedom. The Tsets held that this law contravened the right to religious freedom contained in the Constitution and accordingly the relevant provisions were invalid[i]. The Constitution and other laws are unclear as to whether claims of human rights breaches can be brought in

other courts or whether remedies are available for such breaches.

Law and Delegated Legislation

The main statements of law are in the form of codes on particular topics that are passed by the Ikh Khural. Delegated legislation can include resolutions, regulations, by-laws, decrees, orders and ordinances made by the President, Ministers, the Cabinet as a whole, local Khurals and Governors[i]. Where delegated legislation issued by the President, Ministers or Cabinet is in conflict with law, the former shall be invalid. Delegated legislation issued by local Khurals or governors and local khurals must be in conformity with both laws and the higher level of delegated legislation.

In most cases the relevant code lays out the procedure for a court action. If there is no law or procedure specified and the case is a civil one, then the Civil Law enables courts to apply contents and principles of civil legislation[i].

The Supreme Court

In addition to acting as a court of supervision, the Supreme Court also issues interpretations of laws[i]. These interpretations are published by the Court and used as a guide for judicial decision making. If an interpretation is inconsistent with the law, the law shall prevail. Substantive decisions of the Supreme Court are binding on all courts and other persons as it is the final court of appeal. The Court is empowered to examine and make decisions on matters related to human rights and freedoms which are transferred to it by the Constitutional Court and the Prosecutor General[i].

International Law

International treaties are another source of law. Treaties become effective as domestic legislation upon entry into force of enabling laws OR on their ratification or accession[i]. Under the Constitution the Executive, both the Cabinet and the President, are empowered to sign treaties with the consent of and subsequent ratification by the Ikh Khural[i]. Mongolia will not abide by treaty provisions that are inconsistent with the Constitution. Almost all Mongolian Laws contain a provision stating that "If an international treaty to which Mongolia is a state party is inconsistent with the law, then the provisions of the international treaty shall take precedence" [i]. Along with Article 10 of the Constitution, this provision suggests that even if no enabling law has been passed, the treaty enters into Mongolian law with consent and ratification by the Ikh Khural, and should then become enforceable in Mongolian courts.

Many international human rights treaties protect reproductive rights. Mongolia has signed a number of major international human rights treaties that protect reproductive rights, including the International Covenant on Civil and Political Rights (ICCPR)[i], the International Covenant on Economic, Cultural and Social Rights (ICECSR)[i], the Convention on the Elimination of Discrimination Against Women (CEDAW)[i] and the Convention on the Rights of the Child (CROC)[i]. It is not clear whether treaties signed before the 1992 Constitution need to be ratified by the Ikh Khural in order to be enforceable in Mongolian courts. In 2000–2001, Mongolia is scheduled to report to United Nations Committees in compliance with ICCPR, ICECSR and CEDAW.

2. HEALTH LAWS AND POLICIES

2.1 HEALTH POLICY

Under the Constitution, all citizens of Mongolia have a right to protection of health and to medical care[i]. Health care has undergone massive changes since the transition to democracy. In particular, health spending is estimated to have declined by 50% from 1990 to 1996 [i], a user pays system has been introduced and the management of health services has been decentralised.

The National Health Policy is currently being revised, and its basic legal foundation is the Health Law[i]. The core guiding principle of the Health Law is one of prevention, a significant shift from the curative policies during the Socialist and early transition period. According to the Health Law, primary health care should be available to all citizens without discrimination, and certain services, such as those for children and women during pregnancy and childbirth, should be provided by the State free of charge. A health insurance system has been designed to eventually provide the main funding for health services. The Health Law provides for the development of private, fee charging services and these services have rapidly developed , though the majority of Mongolians still obtain health care from public facilities. The Health Law recognises both contemporary and traditional forms of medicine and seeks to regulate and licence contemporary and traditional health care professionals.

The objectives of the National Reproductive Health Programme reproductive health policy were articulated in 1997. They are to reduce infant and maternal mortality by improving ante- and post-natal care; to provide essential reproductive health services at Soum, Bagh and district levels; to reduce the rate of unwanted pregnancy and abortion by increasing use of modern contraceptive methods; to reduce the number of STIs and Reproductive Tract Infections (RTI) by improving prevention, diagnosis and management; and to increase knowledge, particularly amongst adolescents, of reproductive health by improving availability and accessibility of reproductive health information[i].

2.2 HEALTH CARE SERVICES

The Ministry of Health and Social Welfare (MoHSW) is the central implementing agency that sets national policy on health. Following decentralisation, financing and delivery of services is managed by Aimag, city, Soum and Bagh administration. Capacity to manage at these local levels is limited and the role of the MoHSW under the new arrangement is not yet clearly defined[i].

With the shift to a preventative policy, the health care system is gradually moving from hospital-based services to family medical practices and outpatient clinics. There is some resistance to the new policy amongst the public as there is a perception that better quality service is offered in hospitals. In 1996, it was estimated that there were 99.07 beds per 10,000 population and 1 doctor per 389 people[i]. Public health services are provided at four levels. Each of these four levels offers reproductive health services:

1. Feldsher posts in Baghs and family doctors in Aimag centres and the Capital: 875 feldsher posts; 974 family doctors[i],
2. Soum hospitals in rural areas. These include maternity rest homes, gynaecology and STI clinics for women. Public health centres in Aimag centres and the Capital,

which have RH and STI clinics for women. Each Soum has at least one doctor and one midwife: 345 Soum hospitals.

3. General hospitals in Aimag centres and city districts, which provide specialist Obstetric and gynaecological services: 33 Aimag and city hospitals.
4. General and specialised medical centres in Ulaanbaatar, including family planning clinics: 11 centres [i].

Private health services have been allowed to operate since 1991 and by 1998 there were 828 private enterprises, mostly concentrated in Ulaanbaatar. Private services include doctor's practices (including traditional medical practitioners), dental practices, small private hospitals and clinics (providing STI services and conducting abortions) and pharmaceutical production and sales[i].

The low population density, long distances, the severe climate and poor infrastructure has led to a dramatic difference in health care services for the rural and urban population[i]. Infant mortality is significantly higher in Soums and women in Soums are less likely to be attended by a doctor during childbirth[i]. Maternity rest homes in Soum centres attempt to meet the needs of rural women during and after pregnancy[j]. In the early 1990s, a significant number of homes closed due to financial constraints, however this trend has been reversed recently and many homes have reopened[i]. Women go to the home in their Soum a week before delivery and the birth is attended by either a doctor or midwife. 60% of eligible women in remote areas use the facility[j]. Facilities in Soums are extremely limited and they are only able to safely manage normal deliveries. There are no operating facilities and capacity to provide emergency care is limited. Staff attempt to transfer complicated cases to Aimag hospitals[i].

2.3 HEALTH CARE COSTS

Health Insurance

The health insurance system, established in 1993, is the basis for access to public health services. The system covers mostly in-patient health services and insured people are still required to pay for many out-patient services [i]. Private services represented 16.7% of national health expenditure in 1997 and are almost completely privately funded[i]. The insurance system creates three categories of people: the compulsorily insured, the voluntarily insured and the non-insured.

The compulsorily insured group is made up by employees, sole proprietors, self-employed herders and students in professional institutions, all of whom are required by law to pay the premium themselves[i]. Also in this group are "vulnerable people" for whom the State pays insurance premiums. This group of "vulnerable people" includes children under 16 years of age, pensioners, parents at home caring for a child under two, people with severe disabilities, military personnel and those in receipt of social assistance[i]. The health care costs of disadvantaged people who fall outside the category of "vulnerable people", such as the unemployed and homeless, are to be borne by the city/Aimag administration [i]. It is not clear which proportion of the population has their insurance premium paid by the State but it is likely to be significant[i].

Voluntarily insured people include Mongolian citizens not mentioned above, stateless people and foreign citizens, who can choose to be insured[i].

The insurance premium is determined annually by the Government, and should not exceed 6% of a contributor's salary (50% paid by the employer and 50% by the worker)[i]. Employers are required to pay their part of the health insurance premiums directly to the health insurance fund. There are a number of instances where private businesses have failed to pay the 50% share of health insurance premiums, leaving employees without cover[i].

According to the law, failure to pay monies, or to delay in payment, shall result in fines for the employer[i], however there is little information available regarding enforcement.

Health Care Costs

The health insurance system does not cover all health care costs. Users are still required to pay 10% of treatment costs. As well as this, if their treatment exceeds the government prescribed upper limit for treatment costs for employees, then the employee shall pay any costs beyond that limit. Finally, insurance does not cover costs for cosmetic services, orthopaedic devices (such hearing aids, glasses, false teeth and wheelchairs); or the full cost of drugs from pharmacies[i].

According to law some services in State institutions are to be provided to a person regardless of whether they are insured. This includes health examinations, emergency services, hygiene and epidemiological services, immunisation, pre- and post-natal care, treatment of tuberculosis, brucellosis, HIV/AIDS, genetic diseases, diabetes; treatment of some cancers and mental diseases, and treatment of people injured in a natural disaster, a rescue attempt or in self defence[i]. If a person receives free medical care after attempted suicide, damaging his/her own health or commission of a crime s/he shall be liable to repay the costs[i]. Unfortunately in some cases the State has been unable to fund services adequately, and shortages have required patients to purchase drugs and dressings privately[i]. According to the Health Insurance Law if a person is not insured they shall pay the costs of receiving treatment themselves, *after* receiving the treatment[i].

Accessibility of Health Care

The process of decentralisation has given Governors of Soums, Districts and Baghs the responsibility to make primary health care accessible to citizens without discrimination[i]. The system is administered through registration of each person living in a Soum or District, and the local administration assesses whether the person falls into the group of "vulnerable persons".

Registration documents (often called passports) determine entitlements to all State services, not only health care. In order to access health services (without paying up front fees) a person must be registered in the local area, and that registration is marked on their passport. If they change residence they must register in the new area. For people moving to Ulaanbaatar a fee of 26,000 tg for adults and 13,000 tg for children has to be paid to change registration[i].

People who do not have appropriate registration are denied access to health care, at times even in emergency situations[i]. The situation is particularly serious for homeless people, especially children who may have no evidence of registration of their birth or any other registration. In the insurance based system, health institutions record each patient by his or her registration, so that a claim can later be made on the insurance fund. At present there is no process for determining registration of homeless people including children, or for providing services to people who are not locally registered.

The system of registration is a major barrier to access to health care, which particularly affects internal migrants, the poor and disadvantaged. The system appears to be in contravention of the Constitutional guarantees of non-discrimination, health care and protection of motherhood and children[i].

2.4 REGULATION OF HEALTH CARE PROVIDERS

The Health Law provides a regulatory framework for determining who is entitled to provide health services, and for ensuring quality of care. The Law creates a process of licensing for public and private health services. The Ministry of Health and Social Welfare is responsible

for licensing organisations with nationwide operations, while City and Aimag administrations are responsible for licensing regional operations[i]. These agencies also have the authority to cancel licences if the health service is in breach of law or regulations[i]. The law does not indicate when licences expire, or the process for renewal.

In order to obtain a licence, services should have articles of association, qualified and licensed medical personnel, financial resources and meet standards of technology, safety and sanitation in buildings and equipment. According to the Law, organizations have a duty to maintain quality, however this term is not defined[i]. Traditionally Mongolia relies on structural standards of quality, including educational requirements, patient/doctor/bed ratios, equipment standards and treatment protocols. The emphasis is on inputs rather than outputs, and patient views tend not to be considered. It is recognised that clinical quality is low and there is an urgent need for modern systems of quality assurance to be developed[i].

All doctors, nurses, pharmacists and traditional medicine practitioners must be licensed by the Medical Accreditation Body (MAB), which was established in 1998[i]. For professional licensing an applicant must have graduated from an approved medical, nursing or pharmacy institution, and successfully passed a professional exam[i]. Traditional medicine practitioners who have not received a professional medical education can be licensed after passing an exam set by the MAB[i]. At first instance licenses are issued for three years, or five years for professionals with postgraduate training. Doctors and pharmacists with 20 years of practice can be given permanent licenses. The law does not create any specific requirements for updating knowledge.

The Ministry of Health and Social Welfare can suspend medical licenses from 6 -18 months, where there is a serious violation of ethics, or professional failure has resulted in death or serious damage to health. At the expiration of the period of suspension the person can apply for reinstatement of their license[i]. Fines of 40,000 – 50,000 tg (40 - 50USD) shall be given for a violation of licensing[i]. It is a criminal offence for a person without proper medical education to practice medicine, punishable by a term of correctional work, or a fine up to 50,000 tg[i].

2.5 PATIENT RIGHTS

The Health Law sets out a number of rights for both patients and practitioners. Citizens have the right to receive medical care from organisations and doctors of their choice, and the right to refuse treatment, other than in cases of communicable diseases. They have the right to obtain information concerning their health condition from doctors and health organisations[i]. The Law also states that they have the right to complain about health services and medical professionals, however there is no clear complaints procedure or remedies[i]. Medical professionals (doctors, nurses, and traditional practitioners) should provide patients and their families with accurate information on diseases and illness[i]. The Health Law states that in order to perform a complicated diagnostic procedure or surgery, permission shall be obtained from patient or their guardian[i]. Where any delay may endanger a patient's life the doctor or health organisation may perform a procedure without consent[i].

Doctors, nurses, pharmacists and traditional medicine practitioners are entitled to refuse to give treatment where they determine treatment would be harmful to the health of a patient, or contradict their legal obligations[i]. They are required to provide medical care to people whose lives are seriously endangered and to pregnant women and they have the right to choose treatment for a patient in a serious and dangerous condition.

Under the Civil Law a person who causes damage to life or health of another is obliged to compensate for that damage, unless they can prove the damage was not his or her fault[i].

Courts can determine the amount of damages according to the lost income of the injured person, as well as any reasonable expenses such as maintenance, food and treatment expenses. If a person does not work s/he can make a claim based on lost ability to work, which is calculated at a rate not less than the minimum wage[i]. There does not appear to be any provision for damages on the basis of pain and suffering recognised in the Civil Law, as is the case in the common law tort of negligence.

Infliction of grave or minor bodily harm by negligence is an offence under the Criminal Code[i]. Grave bodily harm includes injury resulting in loss of sight, hearing, or any other organ, dysfunction of organ, permanent disfigurement of the face, termination of pregnancy, mental illness or any other impairment resulting in a 30% loss of work capacity. This is punishable by imprisonment for three to eight years[i]. Minor bodily injury is that which results in 10-30% loss of work capacity, and is punishable by imprisonment up to three years, or 18 months correctional work[i].

The Health Law states that doctors, nurses and traditional medicine practitioners shall maintain patient confidentiality[i]. Certain information about a person's health status is also protected in the Law on Personal Secrets and the Law on the Prevention of HIV/AIDS (see below). A "personal secret" includes information about a person's physical disabilities and sicknesses except for information about publicly dangerous infectious diseases[i]. Unlawful disclosure of a personal secret can result in fines of 20,000 – 50,000 tg (20 – 50USD)[i]. Under the Criminal Law, if personal or family secrets are disclosed by a professional, and this results in serious damage, the person shall be liable to imprisonment for up to three years, a fine of 20,000- 80,000 tg, and/or deprivation of professional rights[i]. While the law contains strong protections

for patient confidentiality, this concept is not strongly entrenched in medical practice. In reproductive health services, patient records are filed in open shelving[i]. There are frequent breaches of confidentiality by health professionals and the media, most notably with the public disclosure in the media in 1999 of the identity of a person with Acquired Immunodeficiency Syndrome (AIDS)[i].

3. POPULATION AND FAMILY PLANNING

3.1 POPULATION AND REPRODUCTIVE HEALTH POLICY

Population and Reproductive Health Policy are to be found in the National Population Policy ("Population Policy") and the National Security Policy ("Security Policy").

The Population Policy adopted in 1996 provides a framework for the provision of reproductive health services. Until 1976 the Government pursued pro-natalist policies with restrictions on access to contraceptives and financial and other incentives to fertility. This has changed gradually during the 1980's and since 1989 a range of modern contraceptives have been introduced into Mongolia. The Population Policy of 1996 reflects this shift.

The Population Policy sets goals for the period up to 2010 – 2015:

- annual population growth rate not less than 1.8%;
- reduce infant mortality by one third;
- reduce maternal mortality by half; and
- increase life expectancy at birth[i].

Decrease of infant and maternal mortality is seen as a key feature of population growth. The Population Policy states that education, information and medical services should be provided

to avoid early and inappropriately spaced births. The Population Policy also requires social benefits to support mother and child care. The Population Policy prohibits the promotion of abortion as a method of family planning, but states it should be available, regulated by law, and performed in safe conditions.

The Population Policy states a clear commitment to the implementation of principles in the Constitution and various international instruments, including the Convention on the Rights of the Child, the Beijing Platform of Action for the Improvement of the Status of Women, the Vienna Program of Action concerning the Elderly, the Declaration on the Rights of Disabled People, the Cairo Program of Action on Population and Development, and the Copenhagen World Summit on Social Development. The Population Policy also states that it supports the development of the family and particular social groups such as children, youth, women, the elderly and people with disabilities. It sets out various goals for supporting the family, including the elimination of discrimination, violence and abuse, promotion of male responsibility in the family, and medical insurance coverage for all persons under 18.

The Security Policy also contains a number of provisions relating to reproductive issues because the small population in Mongolia, scattered over a large territory, is considered to be a major national security issue[i]. The Security Policy states that the Mongolian "gene pool" must be protected against threats from disease, inbreeding leading to increases in the number of mentally retarded people, spread of alcohol and drug addiction, imbalances in the sex and age of the population, famine and shortage of water, breach of sanitary standards in production of foodstuffs, and a breach of safety rules in handling chemicals. To address these threats the Security Policy states that a revival of family genealogy is necessary. It also states that it is essential to ensure early diagnosis and prevention of mental diseases. This is to be achieved partially through regular controls over the frequency cycles of genetic diseases, anomalies and mental deficiencies. This is further elaborated in the Health Law, which specifies that measures should be taken to prevent pregnancy and conception of people with hereditary mental illnesses and disorders[i], however, the Health Law and delegated legislation do not specify how this is to be achieved.

3.2 CONTRACEPTIVES

Since 1976 access to contraceptives has gradually increased and in the 1990s a range of different contraceptives were made available in Mongolia. 44% of all women, including 60% of married women, use some form of contraception[i]. Among female contraceptive users 33.4% use modern types of contraception, the most popular is the Intrauterine Device (IUD) 23.3%, followed by the pill 3%, condoms 2.8 % and injectable contraceptives 2.3%[i].

The National Drug Council, co-ordinated by the MoHSW, reviews and makes recommendation on drug standards, introduction of new drugs, importation and usage[i]. The MoHSW maintains a list of essential drugs and medical equipment that must be in supply nationwide[i]. The list contains various forms of contraceptives including hormonal preparations (depo-injection, tablets), IUDs and condoms. Most of the available contraceptives are supplied as development aid by the United Nations Population Fund (UNFPA) and are distributed free of charge through all levels of the health care service. People with health insurance are entitled to a partial reimbursement if they purchase prescription drugs from a pharmacy[i]. It is not required to have a prescription to obtain contraceptives[i], nor is there any requirement for spousal consent.

Most drugs are required to be registered by the State Drug Registry of the MOHSW before they can be produced, imported, advertised, used or sold[i]. Penalties for breach of the law range from 20,000 tg for individuals, to 200,000 tg for businesses[i]. The exceptions to the

requirement for registration are humanitarian aid drugs, bio-preparations, vaccines, serums and re-agents that have been received in small quantities and once only[i]. The MoHSW determines the use of humanitarian aid drugs in health care, despite this there have been some concerns about poor quality aid drugs being distributed[i].

3.3 VOLUNTARY MALE AND FEMALE STERILISATION

There are currently no legal provisions regarding voluntary male or female sterilisation. In practice, female sterilisation is only performed in cases of health risk, and not as a contraceptive choice. There is no practice of male sterilisation[i].

3.4 FERTILITY ENCOURAGEMENT

Until the 1990s, Mongolia pursued a pro-natalist policy and there were extensive incentives for women to bear or care for many children, including financial rewards and recognition by the State. The emphasis has now changed to ensuring safe motherhood[i], however some of the benefits from the old system remain. There are a number of social welfare payments given to people with large families, regardless of their income. Women or single fathers who have and raise four children receive a once only payment of approximately 60,000 tg (60USD)[i]; for five or more children under 16 mothers or single fathers receive 2,000 tg (2USD) per child per year[i]. For multiple births the social welfare fund will make a once only payment of 20,000 tg (20USD) per child[i]. Women who have reared four or more children qualify for the age pension at the age of 50, rather than the usual 55 (men receive the age pension at 60)[i].

Since 1957, Presidential awards have been given to women with many children. Women who give birth to and raise eight or more children receive "the First Degree Order of Mother's Honour" accompanied by 40,000 tg (40USD) and those who give birth to and raise five to seven children receive the "Second Degree Order of Mother's Honour" accompanied by 20,000 tg (20USD) (amount for 1999).

There are a range of other measures designed to protect women during pregnancy and childbirth such as maternity and childcare leave which are discussed below in Section 4 on Women's Legal Status and Relationships.

3.5 ACCESS TO INFORMATION AND CHOICE

The Constitution of Mongolia states that citizens have the right to search for and obtain any information except for State secrets[i]. The Health Law contains some general provisions about the right of citizens to obtain information concerning their health condition from doctors and health organisations, however does not specifically state that this extends to information about contraceptive choices[i]. The Drug Law sets the parameters for advertising, stating that drug information should be accurate[i]. A number of national programs make the provision of information about reproductive health, including contraceptive choices, a priority[i].

There are no laws prohibiting the advertising of contraceptives, however there are prohibitions on the advertisement or dissemination of pornography[i] and debauchery[i]. The Supreme Court has interpreted the term "pornography" as "the sale, copying or distribution of materials on unnatural forms of sexual desire, aimed at involving persons under 16 years of age in sexual relations for profit"[i]. The Law on the Fight Against Debauchery defines the term 'debauchery' as "the conduct of sexual intercourse to arouse desire, to be read or heard;

the showing of human genitals in publications, books, films, audio and video cassettes"[i]. Under this Law it is prohibited to "advertise debauchery" in the media, or to sell, dispense, import or export debauchery. It is conceivable that some contraceptive information could be in breach of this law, however no prosecutions have been reported. The penalty for dissemination of pornography is a fine of 10,000 tg (10USD)[i]. Penalties for advertising debauchery include fines from 40,000 tg (40USD) for individuals to 250,000 tg (250USD) for businesses, and short terms of imprisonment if the advertising materials are brought over a border[i].

3.6 ABORTION

Legal abortion has been available in Mongolia since the late 1980s. In 1998, the number of abortions was estimated as between 9,135[i] and 13,000[i], which represents a significant reduction since 1991 when 31,217 abortions were recorded[i]. At the lower end of the scale, the 1998 figure represents one abortion for every 5 live births. 95% of abortions are conducted by doctors[i].

The National Population Policy states that abortion is not a method of family planning, but should be provided according to lawful criteria and in safe conditions. Performance of abortion is only allowed in medical facilities that have the capacity to treat possible complications, and by obstetricians/gynaecologists. Abortions must be conducted in the first three months only and is prohibited if certain medical conditions are indicated. Abortions are to be performed with the written consent of the woman herself, there is no requirement of partner's consent. Where a pregnancy is causing risk to a mother's life or health, or she is HIV positive, the abortion is compulsory with the direction of the Medical Commission of the MoHSW[i]. Women who intend to have an abortion must have a HIV test[i]. There are no legal or policy provisions addressing pre- or post-abortion counselling and such counselling is only provided at Government facilities in Ulaanbaatar[i].

Abortions are conducted in both public and private facilities. Abortion is not listed in the list of services that are excluded from Health Insurance[i], however in practice there is no health insurance available for abortion. Fees for abortion range from 4,000 tg (4USD) in some state health institutions to 60,000 tg (60USD) in private institutions[i]. Abortions required by the Medical Commission are free[i].

Illegal performance of abortion by a doctor is punishable by up to two years imprisonment; correctional work of 18 months or deprivation of registration for up to three years. Performance of abortion by a person without higher medical education and not in a hospital is punishable by imprisonment for up to five years, or correctional work up to 18 months. Repeated commission of the above offences, or acts resulting in the death of the victim, or grave consequences for health of the victim, are punishable by imprisonment of three to eight years, and/or deprivation of professional registration[i].

3.7 STIs, HIV AND AIDS

In recent years the rapidly increasing rate of sexually transmitted infections (STIs) has become a major health concern. From 1989 to 1998, the number of cases of syphilis increased by 66% and gonorrhoea by 56 %[i]. The prevalence of syphilis is 5.6 per 10,000 persons, gonorrhoea 16.3 per 10,000 persons and trichomoniasis 11.4 per 10,000 persons[i].

There have been only two reported cases of HIV infection, the last in 1997[i]. There is, however, significant concern that risky sexual behaviour is prevalent in Mongolia and the population is very vulnerable to the spread of HIV. High STI rates, increases in the number of women engaging in sex work, alcoholism, changing sexual behaviour amongst young

people, low condom use, and increase of travel are all considered factors making the country vulnerable to the HIV epidemic[i]. In response to this perceived risk there has been considerable legislative and policy activity. In 1992, a National AIDS Committee was formed and a National Program on AIDS ("AIDS Program") was developed. In 1998, this program was expanded to include STIs. A Law on the Prevention of AIDS (AIDS Law) was passed in 1994. The AIDS Program seeks to provide the community with information and education to promote safer behaviour, to ensure the availability and promote the use of condoms, and to improve the availability of effective STI treatment[i].

Detection and Prevention of STIs/HIV and AIDS

The MoHSW, local Khurals and the media have the obligation to undertake AIDS prevention work[i]. Research Centres for Infectious Diseases (RCID) are responsible for working with high risk groups and disseminating information[i]. Information is to be provided to the general public, to health professionals and it is to be introduced into the curriculum of all levels of schools throughout the education system. MoHSW resolutions give the task of information dissemination to reproductive health clinics and family doctors.

Most of the law and policy around STI/HIV and AIDS concerns detection, especially amongst people in risk groups. Under the AIDS Law the MoHSW is responsible for identifying people at risk of infection and for detecting incidents of HIV/AIDS[i]. There are three MoHSW resolutions on the identification of risk groups and regular compulsory testing. It is not clear which of the resolutions is currently in effect.

The first resolution, Resolution of MoHSW No A/16 of 1994, creates two categories of people who are subject to examination and testing for HIV: "high risk" and "lower risk". The high risk group includes: homosexuals, sex workers, persons with multiple partners, persons with STIs and their partners, intravenous drug users and persons who have multiple blood transfusions. The lower risk group includes: women who have an abortion, permanent blood donors, recipients of blood/blood products; persons with TB, and users of alcohol and narcotics. High risk people *may voluntarily* have an examination and HIV test once a year, and people of lower risk once every two years. However the Resolution goes on to say if persons in these groups refuse to have a "voluntary examination and test" they shall be forced by the local administration[i]. In addition to this, people in these groups, along with residents in high density areas, areas with high rates of STIs, areas with a person with HIV or AIDS, areas with night clubs, prisons, transport hubs, border relations and tourist sites are subject to testing on demand from health authorities, at specified times[i].

This resolution gives the primary responsibility for sample testing and detection to RCIDs. . Their role includes liaising with high and lower risk groups to encourage behaviour change, teaching about prevention, and encouraging awareness about the need to take voluntary health examinations[i]. They are required to act with respect for human rights.

The second resolution, Resolution A/249 of 1997, lists groups at risk of STIs, who are subject to monthly and six monthly testing[i]. Persons subject to monthly sample testing include sex workers, homosexual men, people with multiple partners, drug addicts, mentally retarded adolescent and youth. Persons subject to six monthly sample testing include employees of restaurants, bars and hotels, military servants, students of colleges and universities, and year 7-10 secondary school students.

This resolution gives family doctors the responsibility for keeping lists of people in risk groups, and reproductive health clinics the responsibility of providing an anonymous fee-based detection and treatment service. Doctors in clinics are required to "make tests for HIV and STIs", and if necessary send samples for cultivation tests or serological tests.

The third resolution, Resolution A/81 of 1998, gives health institutions and family doctors the responsibility for conducting detection examinations for STIs/HIV/AIDS amongst

all persons aged between 15-40, and ensuring mandatory check-ups for all pregnant women[i]. If a patient presents at the health institution/doctor with inflammatory diseases of the bladder, or reproductive organs, urological diseases, tumour, diseases of the epidermis, TB, or they are first time visitors to a gynaecologist, the resolution states that they should be sent for a STI/HIV/AIDS detection test.

In addition to the Resolutions of the MoHSW it is reported that a decree of the Ministry of Justice in 1998, requires testing of all prisoners for STIs including HIV, the provision of disposable syringes in the prison hospital, and controls on prison visitors[i].

In addition to these policies, there is a widespread practice of requiring medical certificates for employment and entry to university, regardless of the job or the course of study. Standard forms to be completed by applicants include questions about STIs, HIV and AIDS[i].

The confusing and expansive resolutions regarding testing have come under criticism as unrealistic, misleading and coercive. There are some reports that in practice high risk groups, in particular sex workers are subject to testing every three months, and lower risk groups every six months[i].There are calls for legal reform to shift the emphasis from the identification and testing of risk groups, to awareness raising about risky behaviour amongst the whole community and encouragement of voluntary examination and testing[i]. Treatment and diagnosis services are mainly provided to women at present[i].

According to these Resolutions, RCIDs, family doctors, reproductive health clinics, and health institutions have a responsibility in the testing, detection or treatment of STIs/HIV and AIDS. They charge fees for out patient services such as examination, testing and treatment for STIs other than HIV[i]. These out-patient services are not covered by the Health Insurance system, however in some cases free treatment will be offered on an in-patient basis[i]. There are some concerns that fees for STI testing and treatment are prohibitive, and that these services should be provided free of charge[i]. (UNFPA provides some STI drugs, provided free of charge by the public system).

Rights and Obligations of People with STIs, HIV/AIDS

The Constitution and other laws do not explicitly prohibit discrimination on the grounds of disability or health status[i]. The AIDS Law contains some protections against discrimination on the basis of HIV/AIDS unless that discrimination is provided by law[j]. Penalties for unlawful discrimination range from fines of 2,000 – 10,000 tg for individuals, to 10,000 – 100,000 for organisations. Unfortunately there are many areas, such as medical testing, treatment and employment, where discrimination against people with HIV/AIDS is authorised by law.

The AIDS Law and a subsequent Resolution prohibits employment of people with HIV or AIDS in certain jobs including a range of medical professional jobs, beauty salons and child care.

People with HIV/AIDS must provide full and true information on transmission; undergo testing as required by health authorities; strictly follow instructions; notify about infection whenever seeking medical care; refrain from blood donation; and refrain from acts and relations that may spread the infection[i]. A pregnant women with HIV can be required to terminate a pregnancy[j]. People can be forced to undergo examination and treatment if they do not co-operate voluntarily, and those who are "unable to control themselves" can be held in isolation[i]. Penalties for breach of these provisions include fines from 10,000 – 80,000 tg (10-80SUD) and, in the case of concealment of an STI or refusal to have treatment, imprisonment for up to two years[i].

In 1997, following fear about spread of AIDS infection, the Ulaanbaatar City Mayor issued a decree that all female residents of the city aged 15-40 should compulsorily be tested for STIs,

including HIV, over a two week period in October 1997[i]. After criticism these measures were dropped in favour of voluntary testing[i].

A specific instruction on the behaviour of HIV positive people has been issued by the MoHSW. HIV positive people are required to refuse sexual relations, use a condom and inform a sexual partner; refrain from passing used needles, syringes, toothbrushes or razors; refrain from becoming pregnant or giving birth; and refrain from being employed in jobs prohibited for people with HIV/AIDS[i].

People with HIV or AIDS are required to inform border authorities of their status upon entry into Mongolia[i]. Foreign nationals who refuse to follow the demands of health authorities, including in relation to HIV/AIDS status, can be deported[i].

A recent resolution requires family doctors and health institutions to trace sexual encounters of persons with STIs; maintain information on the movements of people who are being treated for STIs/HIV/AIDS and advise health authorities in the new place of residence. It also requires these authorities, with police, to organise activities against violators of the laws combatting HIV/AIDS and STIs, who intentionally spread infection or avoid treatment[i]. Knowing transmission of an STI other than HIV can result in imprisonment for up to three years[i]. Knowing transmission of HIV can result in imprisonment for up to five years[i]. Transmission of HIV by a medical professional is also a criminal offence punishable by imprisonment up to four years.[i]

Confidentiality

The Law on Personal Secrets does not protect information about "publicly dangerous, infectious diseases"[i]. In direct conflict, the AIDS law states that persons who, by virtue of their position, are aware of HIV/AIDS infection shall be prohibited from divulging this information to the public[i]. Family doctors and health institutions are required to keep strict confidentiality about patients, their sexual contacts and STI/AIDS[i]. There are no penalties in the AIDS law for breach of confidentiality.

Health care users express concern about seeking treatment for STIs because of a lack of confidentiality in health care services, particularly in Aimag centres and rural areas[i]. Patient information is kept in open shelving, and extensive lists are made noting the incidence of STIs, including identifying details of patients[i]. Recently the names and other personal details of an HIV positive person were widely published in the media, following his death[i].

If a person disseminates information that damages reputation or dignity, and this information is untrue, then a civil claim for compensation can be made (it is not possible to make a claim if the information is true)[i]. In addition the person can be subject to fines up to 100,000 tg, and imprisonment up to four years[i]. Other attacks on personal reputation are punishable by fines up to 80,000 tg, or correctional work for up to 18 months[i].

4. WOMEN'S LEGAL STATUS AND RELATIONSHIP

The Mongolian Constitution contains a prohibition on discrimination against women[i], and guarantees equality between men and women in political, economic, social, cultural and family life[i]. Further the Constitution states that the family, motherhood and the child shall be protected, and that there is a right to assistance in old age, disability, childbirth and childcare[i]. It is a crime to obstruct a woman from participating equally in political, economic, social, cultural and family life, punishable by a fine of up to 100,000 tg, or up to three years imprisonment[i].

These Constitutional guarantees reflect the tremendous changes in women's status achieved during the Socialist period. This period was characterised by a high level of women's labour force participation with the support of extensive childcare and maternity leave, and high participation of women in all levels of education.

Since transition to democracy women's status has undergone dramatic change. Their participation in education has remained high, however women have been increasingly affected by poverty[i]. Childcare services have closed, health services have deteriorated and women's employment is increasingly in the informal, unregulated sector. Women continue to be poorly represented in politics and at senior levels of the bureaucracy. Domestic violence has come to be recognised as a major form of discrimination against women that went largely unrecognised during socialism.

In 1996, following the 1995 Beijing Women's Conference, the Mongolian Government adopted a National Program of Action for the Advancement of Women ("Women's Program"). That Program set goals for women status in relation to poverty and economic development, rural life, education, reproductive health, the family, decision making, violence, and the media. The Program established the National Women's Council, made up of government and non-government representatives to monitor implementation. The main implementing agency is the MoHSW, which has allocated responsibility for implementation to one person in the Human Development Department[i]. Aimag, City, District and Soum administrations also have responsibility for policy formulation and implementation in their regions. Four years after the Program was created the government has come under criticism for a lack of commitment to implementation[i]. The Program is given low priority, status and limited funding. In 1998, the government committed 30 million tg ($30,000 USD) but only delivered 1.2 million tg ($1,200 USD). In 2000, the Government has committed 10 million tg ($10,000 USD)[i]. Many of the actions identified in the Program are carried out by Non-Government Organisations (NGOs) with the support of international donors.

4.1 MARRIAGE

Arranged marriage was prohibited in 1925, shortly after the communist revolution and is no longer a common feature of Mongolia life. A new Family Law enacted in 1999 reiterates this prohibition and states that the basic principles of marriage are mutual consent and equal rights, and there shall be no restrictions based on race, nationality, religion or language[i]. Marriage is only valid if both parties are at least 18, of opposite sexes, not currently married to another person, not immediate relatives (parents, grandparents, grandchildren), and not guardian, ward, adopter, or adoptee[i]. There are no provisions for marriage before the age of 18. The median age for marriage for women is 20 years. In 1998, 7% of women aged 15-19 were married or cohabiting[i]. Between 1989 and 1998, the total number of registered marriages dropped by 10%[i].

It is a criminal offence to compel a woman into marriage, or obstruct her marriage, punishable by fine of up to 50,000 tg or up to one year's imprisonment [i]

Applications for marriage are made to the Family Registration Office. Prior to registration applicants should have health checks[i] and if there are indications of HIV, venereal or tubercular disease, or mental disease there should be a detailed examination. The results should be discussed with both applicants and advice given on family planning[i]. Applications for marriage will be refused where one or both applicants suffer a chronic hereditary mental disease[i].

Spouses undertake to be true to each other, care for children, respect and maintain each other and their family members, and not coerce each other or violate each other's rights[i].

The Family Law states that spouses have equal rights in marriage, including family planning, choosing a residence, profession and property ownership. Common property can only be dealt with or disposed of with the consent of both parties. Common property includes property and money accrued *after* marriage as a result of labour or commercial activities, property transferred by individuals into the common property, profits from joint family ventures and property needed for the household consumption of family. Common property does not include property, property rights or money which is acquired by a spouse *before* marriage, were transferred to a spouse as an inheritance or gift, were designated for the individual consumption of a spouse, intellectual property, income derived from individual talents, capabilities and achievements, or property acquired by a spouse which is necessary for his/her profession. Spouses may use and dispose of this property at their discretion and must meet any obligations arising from this property themselves[i].

In Mongolia, people use their father's given name, their own given name and more recently the "cognomen" or tribal name[i]. Women do not take their husband's name, however the Family Law specifies that children of a marriage must be given their father's name[i].

If a spouse dies without a will, his/her property will be divided between the surviving spouse and any children. If a will exists but excludes the surviving spouse and minor children, they will still be entitled to claim a share of the property if they are unable to work and were dependent on the deceased[i].

4.2 DIVORCE

The total number of official divorces has remained almost static over the last 10 years, whilst the number of marriages has dropped by 10%. The number of single female households with children under sixteen has doubled over the same period[i].

Under the new Family Law it is possible to dissolve a marriage by an administrative process or through a Court[i]. Dissolution is not permitted when the wife is pregnant, or when a child is under one year, or when the respondent is ill[i]. Forcing a woman to divorce is punishable by up to one year of imprisonment, 1.5 years of correction work or a fine of up to 100,000 tg[i].

A divorce can be issued by the Family Registration Office when there is mutual consent, no children under 18 and no property dispute[i]. In all other cases divorce should be determined by a court[i]. Either spouse can bring a suit for divorce and the Court can take measures to attempt reconciliation. Proceedings can be suspended for up to three months for this purpose. There are currently no marriage counselling services available in Mongolia. If reconciliation is not successful, the court must proceed to hold a hearing in the presence of both spouses and dissolve the marriage[i]. Where there is a real threat to any child's health, the health of the other party or life or health of other family members, the Court should not postpone proceedings and must proceed to dissolve the marriage immediately.

If parties cannot come to agreement on issues of custody of children, maintenance for a spouse, and division of common property, the Court will determine these issues. In deciding these matters the court can take into account the age of children, "parental prudence",

economic circumstances and prospects, morality and whether any violence has occurred. If a child is aged seven or over her/his opinion shall be considered[i].

While the number of single parent, female households with children under 16 has almost doubled since 1993, the number of women receiving child support from ex husbands and/or fathers (see 4.3 below) has halved[ii]. Separation or divorce does not bring parental responsibility to an end[i]. The duty to support a child exists until the child reaches adulthood *and* has the ability to earn a living[j]. Separating parents can come to an agreement about child support, however that agreement should not be lower than the amounts below[j]. If parents cannot agree the Court has discretion to make a decision, again according to the follow guide to child support amounts:

- For children under 11 years, 50% of the regional minimum living costs (poverty line); and
- For children aged 11-16 years (or 18 if student) the minimum living costs (poverty line)[j].

The Court can amend the child support amount if the payer has other children, has lost his/her income or if the payee has an adequate income[i]. Child support deductions cannot amount to more than 50% of a person's salary[j]. Child support can be paid periodically or in one lump sum, and can be in the form of money or property[j]. The Judicial Execution Authority is responsible for collecting payments, and can garnish an employee's wages[i]. In practice, the process of collection and distribution seems complicated and hampered by a lack of resources. Women report having to go to the Judicial Execution Authority repeatedly before any action is taken to find the payer and organise to garnish wages. In some cases action is only taken if women provide transport to Judicial Execution officers[i]. This situation may go some way to explaining the low numbers of women receiving child support from ex-husbands. Malicious failure to pay child support is punishable by a fine of up to 50,000 tg, or a term of correctional work of three years[i].

Where spouses cannot agree, decisions on division of common property are made by the Court, after consideration of the labour and property contributions of each spouse, health of the spouses, the interests of the children, whether common property was used for undue purposes or hidden, and whether the dissolution of marriage was due to either party's wrongdoing [i]. It is not clear whether the term "labour" includes both paid and unpaid household work. A separating member of the household can take his/her share of common property, however, the property that is essential for the further operation of a household business cannot be removed[i]. Property that is owned individually will not be subject to division on divorce.

Spouses are obliged to maintain each other during marriage and a spouse who is in need of care can sue for this[i]. This obligation for material support remains valid on divorce if one of the spouses has lost the ability to earn a living before divorce, if within one year after divorce s/he is unable to earn a living due to violence or conditions created before the divorce, ifs/he is unable to earn a living due to care of child under three or care for a disabled child; or if s/he has reached pension age by the time of divorce[i].

4.3 *DE FACTO* RELATIONSHIPS

There is no recognition of *de facto* relationships in the Family Law. General provisions in the Civil Law about joint property will apply to people in *de facto* relationships, but provisions on common or family property do not apply. If partners separate the process for division of property can be lengthy and difficult, and it is extremely difficult for a partner who does not formally have title to property to claim rights over it[i]. If a person dies without a will, their *de*

facto partner will only be entitled to a share in property if they were dependent on the deceased for at least one year and are unable to work. In contrast, a registered spouse will be entitled to a share regardless of whether they are dependent, or cohabiting[i]. A *de facto* partner can be treated as a lessee, with rights to occupy and enjoy, if s/he is dependent on the main lessee, has been living with him/her for not less than one year and they have a common subsistence[i].

Children born out of marriage have the same rights and obligations as children born in marriage[i]. Parental duties to children arise as soon as a child is born, and do not cease if parents separate. Step-parents also have parental duties towards step children[i]. The rules regarding child support, listed above (see 4.2 Divorce), also apply to children born out of marriage. Both parents have a duty to support the child and if they cannot come to an agreement about support application can be made to a Court for a decision.

The Family Registration Office registers the birth of a child and notes parentage on registration documents. An application for registration can be made by one parent[i]. Where paternity is in dispute, application can be made to a court to establish parentage, and medical examinations and other evidence shall be used[i]. In practice evidence includes information about the mother's sexual relationships, and blood tests. DNA tests are not used.

4.4 HOMOSEXUAL RELATIONSHIPS

Homosexuality was a criminal offence prior to 1986[i], and strong public attitudes of hostility remain. Lesbians, gays and transsexuals remain hidden and fearful of violence, ridicule, loss of employment and ostracism from family and friends[i]. There are two open transsexuals in Ulaanbaatar who frequently face violence on the streets, they receive no police protection[i]. There is no open recognition of homosexual relationships in Mongolian law, or protection against discrimination for gays, lesbians or transsexuals. The only specific references in the Mongolian law to gays or lesbians or to homosexual sex is the identification of homosexual men as a high risk group for HIV/AIDS[i]. The Constitution does prohibit discrimination on the grounds of sex and other social status, and also protects privacy. In International Law it has been decided that "prohibition of discrimination on the basis of sex" extends to sexual orientation[i], though this avenue has not yet been explored in Mongolia.

In some property disputes it may be possible to use provisions in the Civil Law with respect to division of joint property, however the process is complicated and may require disclosure of sexual orientation in court (see above 4.3 *De Facto* Relationships).

4.5 DOMESTIC VIOLENCE

Domestic violence is a new term in the Mongolian language, and is a phenomena that was hidden before the 1990s. There is now increasing recognition that violence has a major impact on all aspects of the lives of women and children. It is estimated that one in three Mongolian women has experienced violence in the home and this figure is even higher in certain groups such as the women prisoners[i]. Such violence includes physical, sexual and emotional abuse. The Women's Program commits the Government to strengthening the legal protections for victims of domestic violence, developing services such as counselling and shelters, conducting awareness raising and training, and campaigning against alcoholism. The main response to domestic violence has come from women's NGOs who, with international support, have established women's shelters in Ulaanbaatar and some provinces, commenced counselling, legal advice and representation services, undertaken research, conducted public education campaigns and drafted a Bill on Domestic Violence. This Bill makes provision for

restraining orders, victims compensation and specifies the role of police, courts and medical professionals[i].

Currently Mongolian law does not recognise domestic violence as a specific crime. The Criminal Law does contain offences for threats, beating, torture, grievous bodily harm and obstruction of a woman's right to equality in family life[i]. The Criminal Law does not currently recognise psychological or emotional harm. The Law on Administrative Responsibility penalties prohibits quarrelling, fighting, threatening and violating the peace in public places and homes. Under the law, Police are entitled to administer fines of up to 15,000 tg, or hold an offender in administrative detention for 7-30 days[i]. Where police do intervene they often use this law rather than the Criminal Law. This practice has been criticised as the families often pay the fine, rather than the offender, and in addition there is not a proper recognition of domestic violence as a crime[i]. The conditions in administrative detention are extremely poor, often worse than the conditions in prison, which can add to women's reluctance to report abusive family members to police.

There are a number of barriers to the application of both administrative and criminal penalties. Victims, family and neighbours are reluctant to report crimes of domestic violence because of shame, lack of knowledge of their rights and a feeling that it is a private matter, similarly police are reluctant to intervene in what are seen as private disputes between husbands and wives[i]. In cases that do enter the criminal justice system the Criminal Procedure Law allows for charges of beating and assault to be dropped if there is conciliation between the victim and the defendant, and the

Prosecutor does not object to the conciliation[i]. This provision can lead to pressure to drop the charges being applied on the victim, by the abusive partner or other family members[i]. The Constitution contains a provision that a family member cannot be compelled to testify against another, again making it difficult to pursue prosecutions, even if police and prosecutors are willing[i].

Under the new Family Law, violence is grounds for immediate divorce, and can be taken into account when a court is determining maintenance and division of common property[i].

4.6 SEXUAL VIOLENCE

The Mongolian Criminal Law recognises the crime of sexual intercourse without consent, which is, in some circumstances, punishable by death. While there has been a significant increase in the number of reported crimes between 1990 and 1999, the number of reported rapes has decreased[i]. It is not clear whether this reflects a real drop in rape, or a reduction in reporting or prosecution of rape crimes.

Sexual violence occurs in the home and in public places. There is some concern that with increasing economic hardship, rape crimes are settled with payments of money by the perpetrator to the victim's family, and never reach the criminal justice system[i]. In one survey almost half of all child rape victims were raped by a person known to them, including fathers, stepfathers, other male relatives or acquaintances[i]. In such cases families are ashamed to disclose the crime to police and only approach public health services to check whether the victim, usually a girl, has a STI[i]. There are some reports that girls with disabilities are particularly vulnerable to sexual violence[i].

The Women's Program commits the Government to develop services to enable women to report crimes of violence, including sexual violence. Currently such crimes are dealt with by the general police, and victims are required to have medical examinations at the Forensic Hospital[i]. There are no special police or medical services for rape victims.

The Criminal Code defines rape as “sexual intercourse by force, threats, or by taking advantage of the helplessness of a victim”[i]. The Supreme Court has issued an extensive interpretation of the rape provisions in the Criminal Code[i]. According to this interpretation the main evidence of rape is a victim's resistance, showing-non consent. "Intercourse with force" is intercourse causing injury, “intercourse with threat” includes threats to kill or injure the victim or family members. Rape is considered to occur if intercourse has started (ie penis in vagina). If an intention to commit rape has not been completed, the case shall be considered as attempted rape and determined as per a rape case[i]. Courts are required to thoroughly consider previous and future relationships between the victim and defendant, and all the physical, psychological and material losses caused to a victim. In cases of rape of a child under 14 years, the court should give special attention to whether the defendant was mistaken that the child was an adult, and if so the crime should be prosecuted under the provisions which do not carry the death penalty. If the defendant argues that the child victim consented to sexual intercourse, this will not be a defence, however if investigation firmly proves that a victim below 14 was sexually active, fully aware of the consequences of intercourse and consented then the crime shall not be rape, but shall be dealt with under the lesser offence of “sexual intercourse with a person under 16”.

Penalties for rape start with imprisonment from two to six years. If rape is committed repeatedly, by a group, or the victim suffers bodily injury, or the victim is under 16, the penalty increases to imprisonment for up to 12 years. Rape by a dangerous recidivist, resulting in death, or rape of a minor under 14 is punishable by up to 15 years imprisonment or the death penalty. There is no specific crime of marital rape, however it possible for marital rape to be prosecuted under existing provisions.

Sexual intercourse with a person under 16 years of age is a crime punishable by imprisonment up to three years, or 18 months correctional work[i]. This is used in cases where the person under 16 appeared to consent to sexual intercourse. If the person was mentally disabled or did not understand the meaning of intercourse the case should proceed as a rape case. According to the Supreme Court Interpretation, it is necessary to prove that the defendant was well aware that the victim was under 16. A victim’s general body development, and ability to produce and care for a child are relevant factors, and should be determined by medical evidence. If a defendant was confused about the actual age of the victim this will be a defence[i].

Generally only children who are 16 or over can be charged with a crime. Children aged 14 and 15 can be charged for crimes of rape but not crimes of sexual intercourse with a person under 16 years of age[i].

Forcing a person to have intercourse in an "unusual form" is a crime[i]. This includes an assault of the victim’s body in an obscene way following indecent interest[i]. The penalty is imprisonment for two to eight years.

It is a crime to force a woman to have intercourse with a person on whom she is dependent (economically or otherwise)[i], punishable by fine of up to 100,000tg, or imprisonment for up to three years. This provision is addressed at workplace threats such as dismissal, demotion, exclusion from benefits, or rewards, which put a woman under psychological pressure to consent to intercourse[i].

Some aspects of the rape provisions and their interpretations have been criticised as raising unfair barriers to the prosecution of the crime. Provisions which can unfairly favour the defendant include the requirement of evidence of resistance, the analysis of past sexual history, the reliance on a defendant’s evidence of consent, and mistaken belief about age[i].

4.7 SEXUAL HARASSMENT

Sexual harassment has recently been identified as a major problem for women, particularly in the growing private sector[i]. The Women's Program commits the Government to amending the Labour Code to prohibit sexual harassment in the workplace. Currently there is no Mongolian term for the concept. One form of harassment, forced intercourse with a woman who is economically dependent is a crime (see above Section 4.6 on Sexual Violence). There are no civil or other remedies for other forms of sexual harassment.

4.8 SEX WORK AND TRAFFICKING

Sex work and trafficking of women are features of Mongolian life in the transition period. Increasing numbers of women and girls are drawn into sex work, as a result of deteriorating living standards[i]. According to official statistics there were 1,000 sex workers registered by police in 1997[i]. It is unofficially estimated that 400 girls are working as sex workers in Ulaanbaatar[j]. The issue is briefly noted in the Women's Program, as one form of violence against women, however there are no specific program objectives in relation to sex work or trafficking.

Some health programs target sex workers for STI/HIV/AIDS education[i], and some children's NGOs provide assistance to girl sex workers living on the street. Increasingly public health services are recognising the importance of encouraging voluntary testing, and the use of condoms, however there is some conflict between these public health initiatives and the criminal justice system[i].

Sex work is illegal and sex workers are subject to administrative fines and detention as well as imprisonment. The proportion of women prisoners imprisoned for sex work has increased from 4% in 1995 to an estimated 20% for 2000[i]. Many of those held are repeat offenders.

Sex work is defined as sexual intercourse in exchange for money[j]. Administrative fines can be up to 50,000tg, plus confiscation of money earned, which can be combined with administrative detention for up to 30 days[i]. If the offence is repeated within a year it becomes a crime, carrying a sentence of up to two years imprisonment[i].

Organisation of sex work, use of hotels, rooms or vehicles for sex work, coercion of people below the legal age into sex work or the production or distribution of pornography, deception into sex work and deception involving trafficking into another country are subject to administrative detention, fines up to 400,000tg and imprisonment for up to five years[i].

There are no penalties for clients of sex workers in Mongolian law.

4.9 PROPERTY RIGHTS

Since 1992 the process of privatisation of state property, including livestock and apartments, has taken place and a whole new system of property registration has been created[i]. There are no formal legal restrictions to women's ownership of property. There is currently no sex disaggregated data on property ownership however there is a perception that women do not have equal access to economic resources[i]. 26.2% of private businesses were owned by women in 1996[i]. The Program of Action for Women commits the Government to guarantee women equal access to inheritance, ownership and control over land, livestock, apartments and other forms of property[i]. It also states that government should promote women's representation on advisory Boards of private enterprise, and institutions responsible for privatisation and share trading[i]

As noted above (see Sections 4.1 and 4.2 Marriage and Divorce) property can be owned jointly or by an individual. In the process of privatization of apartments all persons living in the apartment were listed jointly on title documents[i], though the title document records one person as the "family head". Traditionally the eldest male in a family is given this status and makes major decisions for the whole family[i]. Before the property can be mortgaged, used or sold the law requires that all people on the title agree though in practice the head of the household makes the decision[i]. Written consent by all adult family members must be given for dealings with immoveable property[i] and if such consent has not been obtained the dealing shall be invalid[i].

To date little research has been undertaken into who is registering private property interests, or how that registration impacts upon the division of property in divorce cases. There is some evidence that moveable property, such as livestock, tend to be registered in the name of the "head of a household", usually male, who is then entitled to dispose of it at will[i]. There are also cases where the head of the household was able to mortgage, or sell the family home by forging authorising of the other persons on the title document[i].

With regard to inheritance the Civil Law does not discriminate between women and men, and provides for a surviving spouse to inherit the property of the deceased spouse[i]. In practice in some instances in rural areas a deceased husband's family has made claims on the herd and other assets belonging to the deceased[i]. Overall there is scant information available about patterns of inheritance that have developed since privatization. Traditional forms of inheritance are along male lines.

4.10 LABOUR RIGHTS AND EMPLOYMENT OF WOMEN

The shift from a centrally planned to market economy has resulted in major changes to women's employment. It was relatively straightforward for government to implement strong legal guarantees for equality in employment under a centrally planned system. Many of these guarantees continue to exist but the State's ability to enforce them in a market economy is significantly reduced[i]. The process of economic reform has seen the closure of a number of States owned enterprises, particularly small scale manufacturing in rural areas, and light industry in urban areas, where women employees predominated[i]. In the major economic restructuring between 1992 and 1995, 63% of women lost their jobs compared to 37% of men[i]. The closure of state supported childcare services has pushed many women out of formal employment into the home[i]. Women are increasingly represented in the unregulated, informal sector[i]. Among self-employed herders labour conditions such as maternity leave have little meaning, as their labour is essential to care for the herd[i]. Discriminatory attitudes and practices continue to lock women out of leadership positions[i]. The new conditions have contributed to the dramatic rise of poverty amongst women[i].

The Labour Law contains a general prohibition on discrimination in employment on the grounds of nationality, sex, race, social origin or position, wealth, religion or opinion[i]. Women are entitled to equal pay for equal work[i]. It is prohibited to ask questions about marital status or pregnancy during the hiring process[i]. Violations of either of these provisions can result in fines up to 25,000 tg for officials, and 100,000tg for businesses[i]. Despite the non-discrimination guarantee there are certain occupations in which women cannot be employed, including driving heavy vehicles, glass blowing, repairing train or plane engines, logging and fire fighting[i]. Employers who employ women or children in these occupations are subject to fines of 15,000-30,000 tg[i].

Women are entitled to 120 days maternity leave[i], and mothers and single fathers who adopt an infant receive 60 days post-natal leave[i]. Pregnant women cannot be dismissed from

employment. Women and single fathers with a child under three cannot be dismissed either[i]. Employers must provide additional paid breaks of two hours per day for women with a child under six months, or one hour per day if the child is six months – one year old. Pregnant women, single mothers or fathers with a child under 16, or mothers with a child under eight, cannot be required to perform night work or overtime, or take trips away from the location of her workplace[i]. Women, single fathers and adoptive parents can get childcare leave until their child turns three. The employer must return the employee to her/his previous position. This leave is unpaid. The provisions for maternity and childcare leave do not fully extend to fathers and this has been criticised as reinforcing gender stereotypes that only women are able to care for small children[i].

Benefits during maternity leave are paid from social insurance contributions and in some cases from the social welfare fund (see below family support). A woman is eligible for maternity benefits from the social insurance fund if she has been paying into the fund for no less than 12 months prior to maternity leave. Payments for the last six months must be uninterrupted[i]. Women in formal employment (who have to make compulsory contributions to the Social Insurance fund) are entitled to four months maternity benefit that is equal to 70% of their average wage during preceding 12 months. Voluntarily insured mothers are entitled to three months benefits and this benefit is calculated according to number of days worked[i]. If a woman takes childcare leave, and then give birth during that leave, she will only be entitled to maternity benefits for the second birth[i].

People who receive a retirement pension may also work as an employee[i]. Retirement pensions are paid from the Social Insurance fund for people who made contributions. Men are eligible from the age of 60 and women from 55[i]. People not entitled to a pension from social insurance may receive a benefit under the social welfare law (see below). Many women aged 38-55, who had and raised four or more children were forcibly retired under inequitable retirement laws; while these laws have now been amended most of the women forced to retire are living in poverty and receiving very low levels of social insurance, or social welfare[i].

Failure to implement rules of labour protection is a criminal offence, punishable by fines up to 100,000 tg, or imprisonment for up to one year[i].

4.11 ACCESS TO CREDIT

Women and children have been identified as some of the main victims of poverty during transition. The National Poverty Alleviation Program ("Poverty Program") was established in 1994 to address this growing poverty, and access to credit for women were identified as a key strategy. While no specific laws limit women's access to credit, bank loans are difficult for women to secure, as they do not have any capital or security and because of corruption in lending practices. Microcredit schemes have been operating since 1996 to target the credit needs of poor people and several target women in particular[i]. There are some concerns that schemes place an overemphasis on the ability of a woman to repay the loan. Accordingly loans tend to be given to employed, well-educated women rather than the more disadvantaged women. Schemes were also criticised for failing to assist women to undertake business planning[i].

4.12 ACCESS TO EDUCATION

The Constitution of Mongolia guarantees the right of citizens to education[i]. In the transition period economic hardship and family dysfunction has led to an increase in numbers of school

drop outs, particularly amongst boys. Women's participation in education is equal to that of men at entry to secondary school, and higher than men in tertiary education:
In 1998 the ratio of female to male students was

	F : M
At entry to secondary school	52:48
Graduates of 8th grade	59:41
Graduates of 10th grade	62:38
In vocational schools	55:45
Diploma and bachelor students	65:35 [i]

According to the Law on Education, primary and secondary education should be provided free of charge in public institutions, and dormitory living for rural children should also be free[i]. In practice, due to economic constraints, schools charge parents 50% of dormitory costs[i]. According to the Law on Education there shall be no discrimination in education based on nationality, race, age, sex, social origin, social position, wealth, job or post, religious belief, or personal views; all citizens have equal right to get education in their native language[i].

5. FAMILY SUPPORT AND SOCIAL WELFARE

Transition has placed many pressures on families. Increased stress on personal relationships is associated with domestic violence, family breakdown, suicide, as well as poverty, unemployment and excessive employment burdens, especially when coupled with child rearing duties[i]. The Constitution guarantees protection for families, mothers and children. Legal protections are contained in the Social Welfare Law, which seeks to provide basic maternity, unemployment, child support, disability and age benefits. These benefits are set at the official poverty line of 13,800 – 17,600 TG, depending on location[i] and are criticised as being too low. Complicated bureaucracy often acts as a barrier to access, and at times payments are delayed by months as the Government does not have adequate funds[i]. Increasingly state policy seeks to shift the emphasis from the provision of state funded benefits for all, to social insurance benefits for those who make contributions[i].

The Social Welfare Fund, under the Social Welfare Law, provides maternity payments for four months to mothers who do not have social insurance. This includes women who are unemployed, informally employed and students[i]. The amount of this benefit is equivalent to the poverty line. Women in employment, whose income is lower than the poverty line, and unemployed poor women are eligible for childcare benefits, until their child turns two[i]. The amount of the benefit is equal to the poverty line[i]. Women with four or more children are awarded benefits of amounts specified in the Law, regardless of their income (see above Section 3.4 Fertility Encouragement).

Other people eligible for the social welfare benefit include: poor men over 60 and women over 55, people with at least 70% disability, single mothers over 45 and fathers over 50 whose income per capita is equal to or less than 40 per cent of the minimal living cost and who have four or more children[i].

Documentation is required to access social welfare benefits. For example, applicants must have an internal passport, an application letter, medical certificate of pregnancy plus a birth certificate (within four weeks of birth) for a maternity benefit[i]. The childcare benefit requires submission of a letter of proof from the local administration that the household is extremely poor, a letter from the employer (if the woman is employed) that she has leave from work, for students a letter from their school, plus the birth certificate. Due to the costs of changing registration, poor migrant women are often not registered in the local area (particularly in Ulaanbaatar) and may also not be registered with the local family doctors. Without registration, they are unable to get a birth certificate, medical certificate or letter from the local administration.

The new Family Law attempts to address the issue of family support by creating obligations of maintenance between family members. The Law contains legally enforceable maintenance obligations for parents to a child, for a child to parents, and for relatives to each other[i]. Children who are able to earn a living have an obligation to maintain their parents, stepparents or adopted parents and a court will determine the amount. Similarly there is a duty for siblings and stepsiblings, grandparents and stepparents who are able to earn a living to maintain an orphan child, or a child who cannot be maintained by her/his parents[i]. Grandchildren have a duty to maintain grandparents, and other relatives have a duty to maintain each other if there is no closer relative to maintain them[i]. Relatives can make a voluntary contract for maintenance, or if they cannot agree they can apply to the Courts to make a decision[i]. Where there is a contract and a party does not pay maintenance a penalty of 0.5% of the maintenance amount shall be paid per day late[i]. A maintenance obligation will cease if the receiver is an alcoholic, or has deliberately damaged him/herself so that they are

unable to work, or where parents have been deprived of parental rights. The Judicial Execution office is responsible for enforcement and can garnish wages for maintenance[i]. The Criminal Law provides that where maintenance has been ordered by a court for care of parents, failure to pay shall be subject to correctional work for up to 18 months, or a fine of 30,000 – 60,000 tg.

6. SUPPORT AND PROTECTION OF CHILDREN

37% of the Mongolian population are children. Children have been affected by the transition in a number of ways, many of them negative. The phenomena of homelessness are growing, and children face poverty, violence and malnutrition. In response to this situation a National Program of Action for the Development of Children ("Children's Program") has been adopted, and in 1996 a Law on the Protection of the Rights of the Child was passed, an implementation of the Convention on the Rights of the Child which Mongolia signed in 1990[i].

Parents have a duty, articulated in law, to raise their child, develop his/her mental ability, maintain the child, educate the child to respect national traditions, heritage, and provide basic education till the child is 17, provide some experience of work, protect a child's rights and assist him/her to fulfil duties[i]. It is prohibited for a parent to damage a child's physical or mental health or subject her/him to cruelty. Discrimination against illegitimate and stepchildren is prohibited[i].

Parents have a duty to maintain a child until the child reaches adulthood and is able to earn a living. The duty exists regardless of whether or not the child was born in a marriage. Discrimination against an illegitimate child is also prohibited (see above Section 4.3 *De Facto* Relationships, for Court ordered child support). Where a child is in foster care, parents are still liable to make child support payments[i].

Malicious evasion by parents of child maintenance shall be punished by a fine of 5-50,000 tg, or a term of up to 18 months correctional work[i].

The Law on the Protection of the Rights of the Child states that children have a right to grow up with their families, and to only be separated from their family if a court decides this is in his/her best interests[i]. The Law prohibits the encouragement of children into illegal activities such as crime, violence, use of alcohol, narcotics or tobacco. It also prohibits abuse of children, torture, abandonment, illegal adoption, detention and illegal transfer. Parents who abandon their children are liable to a fine of 50,000 tg, or 30 days detention[i].

If a parent, guardian or custodian of a child does not act in a child's interests, the Soum or District Governor has authority to remove the child and appoint a guardian to protect the child's interests[i]. Employees in kindergartens and school medical units should gather and submit information to the Governor regarding a child's welfare. The Governor must investigate the family circumstances within three days of receiving information about a child, and put the child in care if necessary. The Governor can transfer the child to another family or refer the child to an institution[i]. Courts can remove a child from parents for up to six months if the child is neglected or has been made to run away from home because of discrimination[i]. Third parties can institute court action to limit parental rights. If after six months there is no change to the situation of neglect and a child's interests have been damaged, third parties such as the Governor can apply for permanent removal of a child from parent[i]. If a child is over seven her/his opinion should be considered[i]. In determining permanent removal, the court should consider: whether parents abused their rights, were violent, attempted or committed sexual abuse, applied psychological pressure, are alcohol or drug addicted, and whether they are able and willing to undertake parental duties[i].

The Criminal Law contains crimes for abuse of duties of guardianship and abuse by officials of children in their care who are under school age. Those who are guilty shall be forbidden to work in their professional field or shall be sentenced to correctional work for up to 1.5 years[i] (Art 121). This provision does not apply to school age children, or parents who fail to fulfil

their parental duties, however, such crimes can be proceeded under general provisions on crimes of beating and torture[i].

In the only reported case of prosecution for child Mr Enkh-Amar, former Director of the Government Street Children's Care Centre, was sentenced to a period of correctional work for physically abusing two children in his care. Neither the Law on the Protection of the Rights of the Child or the International Convention on the Rights of the Child was used by the District Court Judge in making the decision[i].

7. ADOLESCENT

Adolescents form a significant group in the Mongolian population. 24% of all Mongolians are aged between 10-19[i]. Adolescents have recently been recognised as having particular health needs, different to those of the adult and child population. The lives of adolescents have undergone dramatic change during the transition period. Changes of concern include increasing pre marital sex, sexual abuse, unwanted pregnancy, abortion, increased incidence of STIs, domestic violence, alcohol and tobacco abuse as well as school drop outs, homelessness and child labour[i]. In 1997 a National Program of Action for Reproductive Health of School Age Children and Adolescents ("Children and Adolescent's Program) was adopted. Program priorities include improving education about health, the provision of health services targeted to adolescents and undertaking further studies into adolescent behaviour and health status.[i]

7.1 REPRODUCTIVE HEALTH

The National Program on Adolescent and Schoolchild health divides responsibility for adolescent health amongst the MoHSW, the Ministry of Enlightenment, health organizations and local administration.

The Law on Primary and Secondary Education specifies that school curriculum should include lessons on family life, sexual relationships and hygiene[i]. A new national adolescent sexuality education curriculum is being piloted in schools[i], which will target adolescents through formal education[i]. Various NGOs provide some limited sexuality information and education to adolescents in their care[i].

At present "Adolescents or Girls Cabinets" in district and Aimag health centres provide reproductive health services, though few girls visit these services due to a lack of confidentiality, costs and negative attitudes of staff [i]. There are no state services for boys. NGOs with international support have started to provide alternative services, which are considered to be better targeted to the needs of adolescents[i]. There is an emphasis in the National Adolescent Health Program on annual health examinations for adolescents, which are mostly physical checks conducted by staff of Girls Cabinets, through schools. Checks focus on girls sexual and physical development[i]. STI, HIV/AIDS legislation identify children in Year 7 – 10 (age 14 – 18) as a high risk group, which means that they are subject to six monthly sample testing, though in reality there is a lack of resources to carry out such testing[i]. Staff of the Girls Cabinets also attends schools to give occasional classes on sex education and STIs[i].

There are no legal prohibitions on abortion, or the use or purchase of contraceptives by adolescents, and there is no legal requirement for parental consent. In practice, health services make their own decisions about providing adolescents with access to abortion and contraceptives[i].

The Law Against Debauchery prohibits certain publications and films that affect the provision of information materials on sexuality to adolescents. (See above Section 3.5 Access to Information and Choice).

7.2 SEXUAL OFFENCES AGAINST MINORS

The age of consent for sexual intercourse is 16 years. Sexual intercourse with a person below this age is a criminal offence (See above Section 4.6 Sexual Violence)
The Law on Debauchery prohibits persons under 18 years attending erotic performances in nightclubs[i]. The sale of erotic publications, books, videos to persons under 18 is prohibited. Sale of those items on the street, square, in an office, in schools and markets is prohibited[i].

7.3 ADOLESCENT RIGHTS

There is no specific statement of adolescent's rights. However rights specified under the Law on Protection of the Rights of the Child include children under the age of 18 (see above Section 6 Support and Protection of Children). Under the Family Law, the marriage age is 18. People are entitled to vote at the age of 18, and can be issued with their own internal registration papers at the age of 16. Under Civil Law, persons aged 16-18 can act as legal persons in some circumstances, and if they are under the age of 16 their parents or guardians shall be responsible for any civil liability[i]. Under the Criminal Law, criminal responsibility general begins at the age of 16, however persons aged 14 and 15 can be liable for crimes such as murder, rape, theft and property damage[i]. Punishment can be in the form of correctional work or imprisonment. Police can detain children under 16 who are not under parental control for up to seven days "in order to protect the life and health of a street child"[i].
There are no specialised children's courts, or particular procedures, though judges do have discretion to close their court to protect a victim's privacy. There have been recent calls for the introduction of criminal procedure rules, in line with the international standards, to protect the privacy of juvenile offenders and victims[i]. Juveniles are held in a separate detention facility

Employment of children under the age of 14 is prohibited. Children aged 14-16 can be employed for the purposes of vocational training, with parental consent. Children aged 16 and over can be employed without the requirement of parental consent. It is prohibited to employ children in certain jobs, and in conditions that could harm their development or health[i]. They cannot be employed on night shifts, overtime or to carry heavy loads.

APPENDIX 1

WORKSHOP ON REPRODUCTIVE HEALTH, GENDER AND RIGHTS. RECOMMENDATIONS

As part of the development of this report, a Workshop on Reproductive Health, Gender and Rights, was organised by the UNFPA, MoHSW and the Mongolian Women Lawer's Association (MWLA). The Workshop was held between 29 February and 1 March 2000. The purpose of the Workshop was to bring together people interested in reproductive rights in order to identify and analyse strengths and weaknesses in Mongolian Law and Policy compared with the International Conference on Population and Development, 1994 (ICPD) Program of Action.

These recommendations were made by workshop participants working in groups. Participants included lawyers, health professionals from NGOs and Government institutions, women's rights advocates and Administrators

RECOMMENDATIONS

Reproductive Health Care

- Urgently adopt a law on late abortion and sterilization.
- Create a legal environment for the operation of welfare hospitals and services. They should be funded by the state as a matter of state policy.
- Corrections in the Health Insurance and Health Laws to remove discrepancies, particularly: right to choose doctor and health care institution, implement all types of health care services free of charge to mothers and children (10% charge of insurance), include polyclinics (out-patient clinics) in insurance services.
- Coordinate the legal regulations that implement laws.
  Include provisions in the Press Law on family planning, adolescent health, and safe motherhood. There should be special channel funding from the state budget. Encourage media.
- Regulation from the Cabinet for implementation of reproductive health care in rural areas: training and retraining of obstetricians and gynaecologists, provide favourable socio-economic conditions for medical workers in rural areas, and training and education of adolescents.
- Doctors and medical students shall be trained in counselling. This should be included in the curriculum.
- Enact a law to put counselling on the same level with medical/health advice and health care.

- Personal Secrets Law: reproductive health shall be defined as a personal secret and disclosure of a person's reproductive health condition must be punishable under the law.
- Regulation for the health care of menopausal and post-menopausal women.
- Provide adolescents, particularly boys, with the opportunity to have one-on-one counselling. The family doctor system does not meet the needs of adolescents because

adolescents do not like to use the same doctor as their family. Boys are more likely to be outside of reproductive health services and instead receive information from peers.

STI, HIV/AIDS

- Define risk behaviour (STI/HIV/AIDS) in a more appropriate way in the law. The focus should be on risky behaviour. Education or training should be given on behaviour that leads to a high risk of contracting.
- Revise Regulations A/16 and A/249: study conditions and causes, clarify issues related to foreigners, address STIs and HIV/AIDS together in the Law, support treatment in the clinics rather than hospitalisation, free treatment based on insurance, but consider the difference if long term treatment exceeds the amount established by the government.
- Amend the Health Insurance Law with provisions on STIs/HIV/AIDS (costs of treatment and testing from the Health Insurance Funds).
- Take measures to regulate by other legislation, remove or amend.
- Obligatory abortion of HIV/AIDS person must be removed.
- STIs/HIV/AIDS Counselling Centres shall be renamed to attract more people.
- Health Law: infectious diseases shall be treated free of charge, and STIs/HIV/AIDS shall be considered the same as all infectious diseases.
- Forced examinations should be removed.
- Medical professionals should follow standard instructions for disinfecting and other sorts of prevention to ensure that they do not contract disease.
- Annual budgets for the health sector should include funds for prevention from STIs/HIV/AIDS. Funds could be derived from taxes on sale of alcohol.
- Law on Media to include provision on publicising of health related issues, particularly confidentiality.
- Personal Secrets Law: special provision on confidentiality of person with STIs/HIV/AIDS (this is currently seen as a socially dangerous disease that must be disclosed).
- Reflect in the law the integration of STI counselling and treatment in primary health care such as Family Planning, pregnancy examinations, and family doctors.
- Provision to be included "Counselling shall be an important part of health care". That is, increase the value of counselling work, and train doctors and medical students with a special course.

Abortion

- Study the links between abortion, contraception and knowledge of contraception.
- Study the causes of abortion.
- Study consequences of abortion.
- Provisions on post abortion counselling.
- Law on late abortion.
- Mini-abortion (vacuum system) should be considered as abortion and included in abortion statistics.
- Licensing of hospitals that perform abortions: only hospitals that "have beds". Issuing of licenses for abortion must be stricter and require special/better conditions. For example, there must be an increased requirement for doctors and their professional experience must be taken into account. Medical equipment must be of a high quality and sanitary.
- Art 35 of the Health Law guaranteeing free services to mothers and children is too vague and must be amended if abortion is to be considered as related to the health of mothers and children.

- Statistics from private hospitals must be collected.

Fertility Encouragement

- To eradicate the differences, amend the mother's awards; instead of first and second degree, introduce one for giving birth to five children and increase the amount of the award.
- Encourage adoption of orphans and street children by providing accommodation or assistance in acquiring accommodation or other material benefits.
- Encourage employed, middle class families to have more children (through full salary childcare leave, for example 50 percent of salary).

Access to Information about Family Planning

- Revise the Anti-Sex Work Law's definition of pornography and bring it into accordance with other laws.
- Education on family planning to all people and improve delivery of information.

Legal Status of Contraception

- Improve regulation of contraceptives by the MoHSW.
- Amend the Drug Law and Policy to exercise more control over drugs from development assistance.
- Create a law on voluntary sterilization of men and women.
- Train decision-makers and specialists in demography.
- Improve counselling services.

Relationships

- The Constitution, and other legislation should be amended to include non-discrimination on the basis of sexual orientation.
- Marriage should not be prohibited in cases of hereditary disease, instead strong counselling must be introduced into the law.
- Provisions of the Civil Law on the court procedure for the civil liability of persons under 18 may be too complicated in terms of time.
- Implementation of provisions related to underage parents is needed.
- There is a need to establish a specialised court on family matters. There is also a need to establish reconciliation counselling services.
- Need to change the legislation to include a new definition of cohabitation for couples that do not register their relationship.
- Establish provisions for property ownership and settlement of disputes and related issues for cohabitant couples.
- Is there a need to include homosexuality in the legislation? (there is a fear of spreading homosexuality which is seen as a Western thing).

Women's Status

- Include provisions on the right of both parents to childcare leave (ease women's burden and allow them to grow professionally).
- Other provisions that treat men and women differently should be revised or reconsidered.
- Agreement has not been achieved on whether men and women should have the same retirement age.

Access to Credit

- More low interest or no interest loans to poor female heads of households with children.

Domestic Violence

- Special law against domestic violence should be adopted and enforced. This law should cover all types of violence (pressure, financial, mental and psychological). It should include an order for the separation of the violator. Complexity of implementation.

Sexual Violence

- New Supreme Court interpretation of rape is needed. A procedure for the investigation of rape cases should be established.
- Need to include a provision on marital rape.
- Penalty for forced intercourse of a financially dependent person at the workplace should be stronger.
- Need a provision for psychological trauma or harm as a result of sexual harassment at the workplace.

Sex work

- If sex work is to be decriminalized, then the spread of STIs/HIV/AIDS should be prosecuted under the Criminal Law.
- If the act of sex work is a crime then it should be a crime to be a client as well.
- Poverty Alleviation Policy is needed
- Change name of STIs/HIV/AIDS cabinet.
- Education and support for voluntary testing of sex workers.
- Joint regulation of sex workers by MoHSW, Ministry of Justice, and Police.
- Encourage mass media to participate in education on STIs/HIV/AIDS, through changes in laws. Establish free television and radio program on socially important topics such as STI. Treatment of sex workers free of charge. If definition of risky behaviour is introduced then they would be treated free of charge.

Adolescent Education

- Regulate the Ministries on the implementation of the Law on Education.
- Include reproductive health issues in formal and non-formal curricula.
- Change social attitudes towards the parental role in reproductive health education of children.
- Develop attractive forms of educating people on family values according to their needs and interests.
- Organize non-formal training for children who do not attend schools.
- Introduce health education course in colleges and universities for all students.

Adolescents and Health

- Sexual education: Anti-pornography Law art 3.1.1 is contradictory: pictures of genitals are prohibited but it is not clear if educational television, video and films are covered in the definition of pornography. It is not clear whether telling a child who is not sexually active to use condoms and contraceptives is included in the legal definition of pornography.

- Problems of early marriages in rural areas.
- Problems of registering children who are born to under-aged mothers.
- Benefits for student mothers.
- Further education of young mothers.
- Social Welfare affects too many people in a negative way.
- Need to support and encourage fertility through the law.
- Need to create a legal environment for a service network for adolescents.
- Create a special provision in the law on the reproductive health of adolescents.
- Establish a legal mechanism to allow people to choose their doctor and health care organization.
- Create a legal environment for charity health care services.
- Consider patient/client evaluation of doctor's work in the renewing of professional licenses.

Family Support

- Create a compensation mechanism for children who cannot receive payments.
- Simplify procedures for getting child support

- Enable cohabitants who have lived together for three years and have children to maintain each other (unregistered family).
- Set the laws on social welfare and services to women heads of households and single parents.
- Provide payment from the government to guardians of disabled people or children.

Child Protection

- Set up a specialised court for children.
- Create a court on family matters.

Childcare and childcare benefits

- Enable fathers to get childcare leave.
- Stop limitations to benefits based on the number of children.
- Eliminate differences.

Workshop Participants

Name	Institution	Name	Institution
Ms Altanchimeg	Adolescent RH, PO6 Project	Dr Enkhjargal	NAF
Ms Altengerel	President's office, MWLA	Ms Erdenchimeg	Mongolian Women's Federation
Ms D. Amarsanaa	MWLA	Ms Heike Michel	AIFO/Mongolian Disabled People's Association
Ms Anar	Gender Centre for Sustainable Development	Ms D.Munkhoo	UNFPA RH Advocacy Project
Ms Arthi Patel	MWLA	Ms Myagmar	Ministry of Enlightenment
Dr Ayush	Adolescent Future Centre NGO	Ms Myagmartseren	UNFPA PO

Ms B. Bayarmaa	UNFPA NPO	Prof D.Naranchimeg	Otgontenger University
Ms Saruul	Mongolian Child Rights Centre	Mr Orgil	ADB Health Sector Reform
Ms Byambaa	STI/AIDS Reference Centre	Ms Semjidmaa	MFWA
Ms N. Chinchuluun Dr G.Choijamts	MWLA MCHRC	Dr Sodnompil Ms Tuya	HMIEC MNU
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APPENDIX 2

TABLE OF LAWS

Title Law on….	**Date Passed or Promulgated**	**Date of Last Amendment**
Administrative Responsibility	27.11.92	04.06.99
Alcoholism	10.01.94	22.01.98
Civil Law	01.11.94	17.06.99
Civil Procedure	09.05.94	17.06.99
Constitution	12.02.92	
Criminal Code	1994	14.05.99
Criminal Procedure	24.12.63	28.05.99
Detention of Street Children	06.07.94	19.05.95
Drugs	07.05.98	
Education	19.09.94	02.01.98
Execution of Judicial Decisions	15.11.96	20.11.97
Family	11.06.99	
Fight Against Debauchery	22.01.98	
Health	07.05.98	
Health Insurance	03.07.93	02.10.98
Individual Pension Insurance Contribution Account International Treaties	10.06.99 28.12.94	
Labour Law	01.07.99	
Minimal Living Costs (Poverty line)	08.01.98	
Pensions and Benefits Provided by the Social Insurance Fund	06.07.94	10.06.99
Personal Secrets	21.04.95	
Prevention of AIDS	01.03.94	17.04.95
Primary and Secondary Education	22.06.95	23.07.98
Protection of the Rights of Child	01.07.96	
Registration of Immoveable Property	09.01.97	28.05.99
Social Insurance	31.05.94	10.06.99
Social Welfare	01.01.99	17.06.99