Universal Periodic Review of Mongolia
36th Session
May 2020

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MONFEMNET is a non-profit, non-partisan and non-governmental organization, with a mission to serve as a strong driving force for the development of a national, broad-based, democratic, sustainable and transformative movement for women's human rights, gender equality, substantive democracy and social justice.

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The Asian-Pacific Resource & Research Centre for Women (ARROW) is a regional organisation that strives to enable women to be equal citizens in all aspects of their life by ensuring their sexual and reproductive health and rights are achieved. ARROW has consultative status with the ECOSOC of the United Nations.

Keywords: Adolescent; young people; sexual and reproductive health and rights (SRHR); adolescent birth rates; comprehensive sexuality education (CSE); youth-friendly sexual and reproductive health services; abortion services

Executive Summary:

1. This submission, prepared ahead of the 3rd Cycle of the Universal Periodic Review (UPR) for Mongolia, looks at the challenges faced by the adolescent and youth population in Mongolia in relation to their sexual and reproductive health and rights (SRHR), with a focus on the alarmingly high rates of adolescent pregnancies. It looks at two key factors, in particular, that affect the high adolescent pregnancy rates: i) lack of implementation of legislative and policy provisions in relation to adolescent youth-friendly sexual and reproductive health services ; ii) and lack of comprehensive sexuality education and counseling. It also provides recommendations to the state of Mongolia with respect to these key issues. The information contained in this submission is based on evidence gathered by MONFEMNET National Network.

2. While there are several legal and policy provisions around sexual and reproductive health and rights of adolescents and young people, implementation remains severely weak due to structural challenges and lack of cross-sectoral cohesion. Several elements contributed to these gaps, including: lack of adequate budgeting for CSE implementation and provision of adolescent and youth-friendly SRH services; lack of health facilities that provide adolescent and youth-friendly sexual and reproductive health (AYSRH) services, especially in the rural areas; lack of trained and sensitized staff to provide CSE and AYSRH.

3. Young people are becoming sexually active at a younger age, but due to lack of CSE and adolescent and youth-friendly SRH services, they lack awareness about safe sex and contraception. In the absence of proper access to CSE and AYSRH knowledge, information and services, they remain vulnerable to serious health risks. Contraceptive prevalence rate remains low among the young people in the country, and at the same time, an increased unmet need for contraceptive services among young people has been observed. Consequently, there has been a consistent increase in adolescent pregnancy rates and abortion rates since 2011.

General Context

4. Mongolia is one of the most sparsely populated countries. However, nearly half of the population is concentrated in the capital city of Ulaanbaatar, which constitutes only 0.3% of the country's geographical territory, making the city congested and hence giving rise to several public infrastructure related challenges, including those related to health services.
5. The population is relatively young due to sustained decline in fertility rates, especially in the 1990s. 22.3% of the total population is constituted by 10-24 year old adolescents and young people and 54.1% is constituted by 15-49 people of reproductive age.[1] 50.8% of the population is female and 49.2% is male, but the gender gap of the average life expectancy is among the highest in the world (women's at 75 years and men's at 66 years).[2]

[1] *Availability of Comprehensive Sexuality Education (CSE) and Reproductive Health Services for Youth and Adolescents in Mongolia: Key Challenges to Policy Implementation*, MONFEMNET and ARROW, 2018. Retrieved from: https://arrow.org.my/wp-content/uploads/2019/05/MONFEMNET-ICPD25-FINAL-REPORT.pdf
[2] Ibid.

6. The age of sexual initiation is growing younger for adolescent boys and girls. At the same time, they don't have adequate information about sexual and reproductive health with less than 40% of them (42.8% of the girls and 32.6% of the boys) who have accurate information about contraception and family planning.[3] Less than 20% of adolescent boys and girls (17.5% of the girls and 17.3% of the boys)[4]and just over 20% of college/university students[5] (21.3% of the female and 21.6% of male college/university students) have comprehensive sexually transmitted infections (STI) and HIV prevention knowledge.
7. Nationally, the contraceptive prevalence rate declined from 59.9% in 1998 to 54.6% in 2013 while the percentage of unmet need for family planning rose from 9.9% to 16%. Family planning information, counseling and services are unavailable for sexually active adolescents. In particular, the unmet family planning need among 15-19-year-old girls is at 36.4%, which is twice as high compared to women from other age groups.[6]
8. Adolescent birth rate is high and continues to rise since 2011. In 1994, adolescent fertility rate was 36.5 promille and declined to 14.4 promille in 2005. However, from 2006, the indicator continued to rise every year, reaching 30.7 promille in 2017.[7] The adolescent birth rate per 1000 girls aged 15-19 has reached 33.1, the highest level recorded during the last 10 years.[8] Also in 2018, the fertility rate among adolescent girls has reached 42.6 per 1,000 women.[9] Mongolia's adolescent birth rate is high when compared to countries with similar religion, culture and traditions, but lower than less and least development country averages.
9. Abortion rates among adolescent and young girls are getting higher. 14.1% of the adolescent pregnancies end in abortions and 7.9% in miscarriages. Although the comprehensive abortion service standards were introduced in 2005, only 40% of the girls received counselling before the abortion whilst 80% of them received counselling after the abortion.[10]

Lack of implementation of laws and policies on adolescent and youth sexual and reproductive health and rights and high adolescent birth rate

10. Under the commitments to implement the Sustainable Development Goals, in 2016, Mongolia has adopted the "Sustainable Development Concept 2030", the long-term development strategy that reflects the implementation of SDGs. However, this strategic document does not adhere to the SDG 3.2 "by 2030, to ensure universal access to sexual and reproductive health-care services, including information and education about contraceptives and family planning and the integration of reproductive health into national strategies and programmes".
11. The Population Development Policy 2016-2025 and the State Policy on Public Health (2001) do incorporate the adolescent pregnancy issue by stating "to provide comprehensive reproduction and sexual health education to adolescent and young people to prevent the unwanted pregnancy, early delivery and abortion of adolescents" and "to enhance formal and informal training on health education of the population and on the preparation of adolescents to become a mother".

[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] Ibid.
[8] Fact sheet 4. Adolescent Reproductive Health, *Global Sustainable Development Agenda and the Mongolian Sustainable Development Vision – Linkages with Sexual and Reproductive Health and Rights*, https://mongolia.unfpa.org/sites/default/files/pub-pdf/UNFPA_Factsheet_0516.pdf, accessed on 22 September 2019
[9] NSO, UNICEF 2019
[10] *Availability of Comprehensive Sexuality Education (CSE) and Reproductive Health Services for Youth and Adolescents in Mongolia: Key Challenges to Policy Implementation*, MONFEMNET and ARROW, 2018. Retrieved from: https://arrow.org.my/wp-content/uploads/2019/05/MONFEMNET-ICPD25-FINAL-REPORT.pdf

Hence, from the review of the documents of various sectors, such as Education, Health, Social Protection and Youth Development, it can be concluded that SRHR issues are incorporated into some policies and strategies, but yet it is not clear how the programs are supported and aligned. It again demonstrates that the lack of conformity of inter-sectorial decrees and provisions, as well as budget allocation to implement policies, programs and activities related to SRHR. For instance, although the Government Health policy stipulates that the implementation of the provisions shall be allocated from the Government Action Plan and from the Annual Guidelines for Annual Economic and Social Development, in the Annual Guidelines for 2018, the budget for sexual and reproductive rights and health services for adolescent and young people has not been indicated. Likewise, as the provisions related to adolescent birth rate (ABR) reduction have not been included in the Sustainable Development Concept 2030, the budget for implementation of ABR reduction has not been incorporated in the 2017-2019 Annual Guidelines for Economic and Social Development.

12. Furthermore, Mongolia has ratified a number of important international treaties related to the promotion, implementation and protection of SRHR.[11] In accordance with these commitments, the Government of Mongolia has adopted the Program of Action at the International Conference on Population and Development (ICPD) and passed several critical documents pertaining to reproductive health and rights.[12] However, implementation of these decrees and treaties remain significantly weak.
13. With legal and policy gaps and lack of specified implementation roadmap, the issue of adolescents' SRHR is not fully addressed yet. Consequently, some of the sexual and reproductive health and rights are not exercised, for instance, teenagers and young people do not have access to comprehensive SRH information and services and are not able to make informed decisions on their part, and therefore, it increases the vulnerability and risks associated with SRHR, and consequently, to the increased number of ABR.
14. Our qualitative research shows that when adolescents and young people are facing urgent reproductive health issues, they fear to share with their parents, teachers and doctors due to highetened stigma, and mostly prefer to talk to their friends,[13] and instead, turn to private clinics and pharmacies when in need of SRH services. This translates into an additional burden for this financially challenged age group and contributes to the increase of unwanted pregnancies.[14] It is unfortunate that the youth and adolescents and their parents heavily rely on education and health organizations rather than take ownership and actively exercise and protect their sexual and reproductive rights.[15]
15. Abortion is a widespread method to terminate unwanted pregnancies. However, information and awareness about safe abortion service are not readily available to girls and young women. Many girls and young women in our qualitative research reported that they chose abortion in clinics and hospitals through their social connections. Most of them are concerned about the confidentiality of the cases of pregnancy or abortion. In addition, post-abortion family planning services are poor and ridden with stigma, as 'doctors primarily advise not to engage in casual sex'.[16]

[11] UN Convention of the Elimination of All Forms of Discrimination against Women (1979); UN Convention on the Rights of the Child (1990); Convention on the Rights of People with Disabilities

[12] The Comprehensive National Development Policy 2008-2019, the State Policy on Population and Development 2016-2025, the State Law on Health (2011), the Law on Supporting Youth Development (2017), the State Policy on Public Health 2001, the National Program on Reproductive Health 2012-2016, the National Strategy on Combating STIs and AIDS (2005), the Program on Maternal, Child and Reproductive Health (2017) and the National Program on Supporting Youth Development (2018)

[13] Summary and Discussion, p. 32, *Availability of Comprehensive Sexual Education and Reproductive Health Services for Youth and Adolescent in Mongolia: Key Challenges to Policy Implementation,* 2019, MONFEMNET, National Report, ARROW, Asia-Pacific resource & research center for women

[14] Ibid.

[15] Ibid.

[16] P.33, ibid

16. The increasing number of adolescent birth rates are also directly associated with the misconceptions around use of contraceptives, lack of knowledge on sexual and reproductive health and rights, shortage of availability, accessibility, affordability and quality contraceptive and family planning services.
17. It is unfortunate that the youth and adolescents and their parents heavily rely on education and health organizations rather than taking ownership and actively exercising and protecting their sexual and reproductive rights.[17]
18. Due to an increase in the rural to-urban migration has also caused great constraints in the access of SRH services. Many of the migrants are unregistered, do not have health insurance, and are poorly equipped with information on availability of SRHR services in cities.[18]
19. While reproductive health services are incorporated into all levels of health delivery system, there remains a big gap in the integration and quality of the services. SRHR services are not widely promoted, due to shortage of education information. Lack of confidentiality, shortage of trained human resources, and stock out of contraceptives contribute to the low quality of SRH services, which, in turn, lower the motivation of users to seek those services. At the secondary and tertiary level, the fact that doctors are not authorized to prescribe pills covered by social health insurance poses additional barriers for users to access SRH services. Abortion is a chargeable service and medical doctors are financially incentivized to perform the service[19].
20. Human resources for health in Mongolia are disproportionately concentrated in urban cities, with overall oversupply of doctors but a shortage of nurses and midwives. Further, providers are not well equipped with updated knowledge and skills to deliver SRH services, and adolescent youth SRH and family planning is not systematically included in in service training. Half of providers interviewed did not receive any adolescent and youth SRHR and family planning training in the last five years. The high turnover of personnel and lack of investment to strengthening medical staff's capacity jeopardize the sustainability and quality of SRH services, and fulfillment of SDGs for universal access to reproductive health services and gender equality by 2030.[20]
21. Due to the absence of financial data, health spending on SRH services is not available. In terms of financing contraceptives, as Mongolia moves to an upper mid-income country, the country needs to take more financial responsibility to fund its sexual and reproductive health and family planning services and commodities. The government's contribution to contraceptives has been increasing, but it is not adequate to meet the current needs. The government health budget is disproportionately spent on in-patient care. Health Insurance Fund only covers certain types of pills while condoms, injectable, and implant are not included in the current public insurance plans. Out of pocket spending is the major source of private health spending on family planning. As a result of financial constraints, free contraceptives have been given to vulnerable populations, and the government relies on the private market to address the shortage of contraceptives.

Implementation of previous UPR recommendations in relation to SRHR of adolescents and young people:

1. Mongolia has committed to address issues related to the rights of women and girls with disabilities, including their reproductive rights.[21]

[17] Ibid.
[18] p. 29 Conclusions and Recommendations, *Situation Analysis of Family Planning in Mongolia,* UNFPA, Ministry of Health, 2016
[19] Ibid.
[20] Ibid.
[21] 108.158. Consider giving special attention to the rights of women and girls with disabilities, including their reproductive rights, the right to be free from violence, to work, to receive education and to participate in decision-making (Thailand), *UNIVERSAL PERIODIC REVIEW MIDTERM PROGRESS REPORT BY MONGOLIA ON ITS IMPLEMENTATION OF RECOMMENDATIONS*

2. The UPR mid-term progress report found out that increased number of adolescent birth rate.[22] The recommendations include the provision of health and comprehensive sexuality education through formal and informal education.

Recommendations for Action

1. The government should prioritise public awareness raising, through various means including innovative and creative use of social media, on sexuality and reproductive health and rights and perception change on SRHR, especially adolescent and youth SRHR, with an aim to increase awareness and address stigma;
2. The government should allocate specific budget for comprehensive sexuality education and adolescent and youth sexual and reproductive health services in education and health sector budgets. The government should take all necessary measures, including through policy, programming and financing, to ensure access to comprehensive sexuality education for under-served groups, especially rural herder youth, youth and adolescents with disabilities and unemployed youth and adolescents, via increasing and supporting the participation of local voluntary groups; and expand youth and adolescent-friendly SRH services;
3. The government should implement a comprehensive sexuality education program in line with UNESCO's technical guidance on CSE released in 2018 that recognizes the diversity of people and their different and specific needs, emphasizes the interconnectedness of rights and aims at all age groups, seeking to transform their knowledge, attitudes and behavior;
4. Government should assess whether the content of the newly introduced secondary school SRH program, methodology, teaching, teaching aid and other educational materials, and the educational environment are age-appropriate, gender-sensitive and meet the specific needs of the students, and continuously improve and reinforce the program content and quality, test and pilot;
5. Government should undertake human-rights-based training and advocacy activities to enhance the skills and capacity of doctors to provide services that meet the specific needs of people with disabilities, including by improving their communication and counselling skills and influencing their attitudes;
6. Government should ensure meaningful participation of youth and adolescents and civil society and other NGO stakeholders in planning, implementation and evaluation of SRH information and services;
7. Government should increase access by strengthening a service and referral system that meets the specific needs of youth and adolescents and respects sexual and reproductive rights at all levels of the healthcare system, especially at the level of primary healthcare;
8. Government should ensure that all health service providers, both public and private, strictly adhere to the adolescent-friendly reproductive health service standards and ensure the privacy and confidentiality of individuals, thereby addressing the fear and stigma and encourage them to seek medical assistance and return for follow-up services;
9. Government should take all necessary measures to increase the variety of contraceptives supplies and services at adolescent reproductive health centres, include high quality and safer

Report by the Human Rights Forum, 2018 https://www.upr-info.org/sites/default/files/document/mongolia/session_22_-_may_2015/upr_midterm_report_human_rights_forum_mongolia.pdf, accessed on 20 September 2019;

[22] 108.146. Continue efforts to promote the rights of women and children, and address the still high level of maternal mortality (Nepal), *UNIVERSAL PERIODIC REVIEW MIDTERM PROGRESS REPORT BY MONGOLIA ON ITS IMPLEMENTATION OF RECOMMENDATIONS Report by the Human Rights Forum*, 2018 https://www.upr-info.org/sites/default/files/document/mongolia/session_22_-_may_2015/upr_midterm_report_human_rights_forum_mongolia.pdf, accessed on 20 September 2019;

contraceptive supplies and services in health insurance schemes, ensure sustainable public funding, its transparent distribution and accounting, and strengthening of monitoring and evaluation;

10. Government should take all necessary measures to review current practice of data collection and reporting on contraceptive use among women of reproductive age at primary health facilities and to strengthen supervision and coordination from the upper level of the administration to health facilities on health information reporting and management.