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CAMBODIA

Submission by:

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1. ADF International is a global alliance-building legal organization that advocates for religious freedom, life, and marriage and family before national and international institutions. As well as having ECOSOC consultative status with the United Nations (registered name “Alliance Defending Freedom”), ADF International has accreditation with the European Commission and Parliament, the Organization for Security and Co-operation in Europe, and the Organization of American States, and is a participant in the FRA Fundamental Rights Platform.

2. This report explains why Cambodia must continue to protect and promote religious freedom for all, including religious minorities, and to ensure no religious persecution occurs. This is in light of the recent situation in which Christian Montagnard Refugees from Vietnam struggled to receive government assistance, and other instances of minority persecution. This report also deals with the issue of high levels of maternal mortality and morbidity in Cambodia. Additionally, it highlights why the lack of government statistics in relation to abortions performed in Cambodia is worrying.

a) Religious Freedom

3. The population of Cambodia is approximately 16 million, with 98 per cent identifying as Buddhist. The remaining population is estimated to be a mix of Muslims, Catholics, Baha’is, Jews and other Christian and traditional religions. Most of the Muslims in the country are of Cham ethnicity.

4. Freedom of religion has been enshrined in the Constitution of Cambodia since its enactment in 1993. While Article 43 of the Constitution says that Buddhism is the “State’s religion”, it also assures that “Freedom of belief and religious practice shall be guaranteed by the State, provided that such freedom and religious practice do not impinge on other beliefs or religions, on public order and security.” Additionally, it says that Khmer people “shall have the full right of belief.”

5. Religious groups are required by law to register with the Ministry of Cults and Religion in order to conduct religious events and to receive tax-exempt status. The law also prevents door-to-door religious proselytizing, but any groups who do undertake such activities have not experienced repression. However, the OSCE has provided guidelines about the registration and legal personality of religious associations, and has made clear that international human rights law affords protection to religious or belief communities regardless of whether or not they enjoy legal personality.

6. In the last years, some religious minority groups have faced hostility from either the state or private citizens.

7. In April 2016, a group of Montagnard Christian refugees who had come to Cambodia following persecution in Vietnam faced state hostility. In June of that year, the Cambodian government allowed Vietnamese police to interview the refugees. The Cambodian Government repeatedly refused to assist this group, with media reports highlighting that the government was instead considering to
send them back to Vietnam, in violation of the principle of non-refoulement.\textsuperscript{1} By August 2017, the number of Montagnard Christian refugees was 36, and the threat of deportation was still imminent.\textsuperscript{2} By October 2017, the government determined that seven of these refugees has legitimate asylum claims, but maintained that the remaining 29 would be deported.\textsuperscript{3}

8. In 2016, the Ratanakiri local government disbanded a group of Christians who had gathered for a Bible study meeting, under the guise that they had failed to obtain permission from the authorities to do so. Three of them were later detained and told to remove photos of the Bible study from their mobile phones. The authorities claimed that the group was meeting for subversive political purposes.

9. The largely Muslim Cham minority also faces significant discrimination and acts of violence. In 2016, teachers at a Cham Muslim school received death threats, with rocks and firecrackers being thrown over a wall and into the school facility. During the same year, a daily Cham radio programme, the only such broadcast in the country, was shut down by the government, without any notice or explanation.

10. To ensure that everyone has the freedom to practice their religion, either individually or in community with others and in public or private, Cambodia must contribute resources to protecting them, including by bringing to justice the perpetrators of crimes committed against them. While arresting and charging the perpetrators are necessary first steps, the justice system must also ensure they are brought to trial and sentenced.

b) Maternal Health

11. Cambodia’s maternal mortality ratio (MMR) in 2015 was 161 maternal deaths per 100,000 live births, down from 1020 per 100,000 in 1990. Every maternal death is a tragedy. It devastates the woman’s family, in particular the woman’s children, and affects the entire community socially and economically. Despite the dramatic reduction in their MMR, the relatively high number of maternal deaths in Cambodia is a pressing and urgent human rights concern.

\textit{Necessary maternal health interventions}

12. Almost all maternal deaths are preventable, particularly when skilled birth attendants are present to manage complications and the necessary drugs are available, such as oxytocin (to prevent haemorrhage) and magnesium sulphate (to treat pre-eclampsia). Problems often include a lack of drugs and


\textsuperscript{3} Handley, \textit{supra} note 1.
poor infrastructure, such as no electricity or running water and inaccessibility of hospitals due to weather conditions.

13. The World Health Organization (WHO) recommends a minimum of four prenatal visits with trained health workers, in order to prevent, detect, and treat any health problems. The UNFPA estimated that in 2013, only 59% of pregnant women in Cambodia received prenatal care four times during their pregnancies (though this is significantly up from 9% in 2000).⁴

14. UNFPA also estimated that the percentage of births during which a skilled birth attendant was present during delivery was 71%, and this number is significantly higher compared to 32% in 2000.⁵

15. These issues must be remedied, but calls to increase access to legal abortion as a necessary precondition to solving them are misguided. Legalizing abortion also does not guarantee that pregnancy and childbirth will become safer when the real problems with Cambodia’s health-care system do not involve lack of access to abortion. Providing more access to abortion will mean more women will suffer from abortion complications.

16. In line with paragraph 8.25 of the ICPD, Cambodia must focus on introducing measures to avoid recourse to abortion by way of investing in social and economic development and by providing women with support throughout and after pregnancy.

17. High rates of maternal mortality have less to do with the legality of abortion per se than with an inability to access obstetric care, lack of information, and lack of health workers, especially in the case of women living in poverty and in remote or rural areas.

18. Further, abortion can never be safe because it takes the life of the unborn child, and harms the mother through the loss of her child.

c) Recommendations

19. In light of the aforementioned, ADF International suggests the following recommendations be made to Cambodia:

   i. Ensure that the right to freedom of religion or belief is guaranteed and protected within Cambodia, and that Christians and other religious minorities are treated equally and with respect to all of their human rights and fundamental freedoms by both society and the State;

   ii. Foster an environment of religious harmony and cooperation, and do not invidiously discriminate against individuals or communities on the basis of their denominational affiliation;

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⁵ Id.
iii. Repeal all laws which place unjustifiable limitations on the legal ability of religious individuals to evangelize and share their faith with others, and refrain from enforcing any regulatory laws in a discriminatory, inconsistent, or cynical manner;

iv. Affirm that there is no international human right to abortion and that the right to life applies from conception until natural death, and as such that the unborn child should have the right to protection of his or her life at all points;

v. Resist calls to further liberalize abortion, and instead implement laws aimed at protecting the right to life of the unborn;

vi. Recognize that improving access to abortion, in a country with high levels of maternal mortality and morbidity and with problems with access to proper health-care, will not make pregnancy and childbirth any safer;

vii. Improve health-care infrastructure, access to emergency obstetric care, midwife training, and resources devoted to maternal health;

viii. Focus on safely getting mothers and babies through pregnancy and childbirth, with special attention paid to improving health-care access for women from poor and/or rural backgrounds.