

June 19, 2002

The Committee on the Elimination of Discrimination against Women (CEDAW
Committee)

Re: Supplementary information on Mexico
Scheduled for review by CEDAW in August, 2002

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Mexico, which is scheduled to be reviewed by the CEDAW Committee during its Exceptional Session in August 2002. The Center for Reproductive Law and Policy (CRLP), an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This letter highlights several areas of concern related to the status of women's reproductive health and rights in Mexico. Specifically, it focuses on discriminatory or inadequate laws and policies related to Mexican women's reproductive rights.

Because reproductive rights are fundamental to women's health and equality, states parties' commitment to ensuring them should receive serious attention. Further, reproductive health and rights are explicitly protected in CEDAW. Article 12 requires states parties to "take all appropriate measures to eliminate discrimination against women in the field of health care," and specifies that governments should ensure access to "appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation."¹ Article 10(h) requires that women have "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning."²

The Committee's General Recommendation on Women and Health considers it the responsibility of states parties to "[e]nsure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health," and to "[p]rioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance."³

We wish to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and lives of women in Mexico:

1. Right to Health Care, including Reproductive Health Care and Family Planning (Articles 12, 14(2)(b) and (c), and 10(h) of CEDAW)

As noted above, Article 12 of CEDAW requires states parties to "take all appropriate measures to eliminate discrimination against women in the field of health care." Specifically, Article 12 requires that women have access to services related to pregnancy, confinement, and the postnatal period and have adequate nutrition during pregnancy and lactation. Article 10(h) requires that women have "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning." Articles 14 (2)(b) and (c) direct states parties to ensure that women in rural areas have access to adequate health care, including information, counseling, and family planning services, and that they benefit directly from social security programs. In its General Recommendation on Women and Health, the CEDAW Committee affirms that access to health care, including reproductive health care, is a basic right afforded to women under CEDAW.⁴

A. Unmet Need for Family Planning

The CEDAW Committee has expressed its concern to the Mexican Government regarding the large unmet need for contraceptives, particularly among low-income women in rural and urban areas, as well as among adolescents.⁵ Despite the Committee's comments, according to the General Directorate for Reproductive Health, 100,000 dispersed rural communities⁶ will not benefit from family planning coverage in the short term due to the high cost of such programs.⁷

The Health Secretariat's Strategic Plan for Reproductive Health continues to place greatest emphasis on two contraceptive methods: the intrauterine device (IUD) and voluntary surgical sterilization. Both methods force women to depend on health care providers to exercise their reproductive rights. According to the Strategic Plan, 65% of women resort to these two methods.⁸ Furthermore, only 20% of the male population use a family planning method, such as condoms, vasectomy, the withdrawal method, or the rhythm method.⁹ The limited role men have taken in family planning matters is reflective of the need to strengthen education and information programs, in order to achieve greater openness and awareness regarding the use of contraception.¹⁰

B. Maternal Mortality

Mexico has an elevated maternal mortality rate, with some estimates as high as 130 maternal deaths for every 100,000 live births.¹¹ The rates vary in the rural and urban areas of each state and according to age: the maternal mortality ratio for adolescents in 1998 was estimated at 70 for every 100,000 births.¹² According to the Health Secretariat, 1,400 women die from pregnancy-related complications in Mexico every year.¹³ The Health Secretariat intended to

cut the maternal mortality rate by 50% by the year 2000, but it did not reach this goal.¹⁴ The high maternal mortality rate is linked to inadequate access to health care services, lack of timely intervention, costs of care and the poor quality of obstetric and perinatal services.¹⁵ The government is failing to meet its obligation to guarantee proper services for women during pregnancy, childbirth and the post-partum period.

C. Emergency Contraception

This Committee has already recommended to the Government of Mexico that it authorize the use of emergency contraception (EC) as an economical and easy-to-use contraceptive method.¹⁶ To date, the government has not taken the necessary measures to give women access to EC.

The authorities are obligated to update all Official Mexican Standards every five years.¹⁷ Nevertheless, the Official Mexican Standard for Family Planning Services¹⁸ currently in effect dated back to 1993. The standards should therefore be updated as soon as possible, with the inclusion of EC.¹⁹

The 2001-2006 Strategic Plan for Reproductive Health does not mention EC in its family planning component, despite the fact that the Plan sets the goal of providing the greatest possible number of contraceptive methods, taking into account technological advances that benefit users. For this to occur, the Official Mexican Standards for Family Planning must authorize EC.²⁰

The *Red de Salud de las Mujeres Latinoamericanas y del Caribe* (Latin American and Caribbean Women's Health Network) has indicated that a lack of knowledge about EC and health care providers' inability to offer the method in a timely fashion are factors that prevent women from using this resource, particularly in cases of rape.²¹ It is necessary to regulate the process for treating survivors of sexual violence, and to place the public prosecutor's office under the obligation to provide EC.

D. Abortion

According to the National Population Council, abortion is the fourth largest cause of maternal death.²² The Mexican Social Security Institute estimates that it may rank as high as the second or third largest cause and non-governmental organizations put it in third place.²³ Press agencies say that at least 1.5 million women have abortions every year.²⁴

The Federal District recently amended its Penal Code²⁵ to permit abortion when a woman's health is in danger and in cases of fetal impairment.²⁶ In April 2002, the Federal District Health Secretariat announced a new regulation²⁷ allowing women in the Federal District to exercise their right to end their pregnancy in any of the capital's 26 public hospitals, as long as they meet the grounds set out in the current Penal Code. The government is under the obligation to enforce this regulation to guarantee women's full exercise of their rights, while promoting similar reforms in the Mexican Republic's other states.

Despite the progress reflected in these changes, medical specialists agree that, in order to implement the new provisions effectively, it is necessary to establish hospital procedures in the Federal District Health Care Law and increase the budget for the health sector.²⁸ They also believe that it is necessary for future regulations to provide for free and mandatory ultrasounds for mothers in order to detect genetic malformations in the developing fetus.²⁹

The penalization of abortion is only part of the problem faced by women in Mexico. Even when women fall within the exceptions for which abortion is not punishable, they are unable to exercise their right to a safe, legal abortion because the legal and institutional mechanism required to ensure this right do not exist. Lack of regulation opens the door for local officials to act according to their personal beliefs. The case of Paulina Ramírez, which is currently before the Inter-American Commission on Human Rights, illustrates the obstacles encountered by women who are raped.³⁰ The state is under the obligation to guarantee real access to safe abortion within the public health care system.

Women's right to access abortion even in limited circumstances has come under attack, with certain sectors of civil society waging a campaign to eliminate completely the exceptions to the abortion ban.³¹

E. HIV/AIDS

It is estimated that in 1999, 150,000 adults between the ages of 15 and 49 were HIV/AIDS carriers, of whom 22,000 were women.³² Mexico does not have clear and unified guidelines regarding HIV/AIDS for doctors and patients in the various sectors of the health system. Stronger public policies are needed to reinforce the national fight against HIV/AIDS.³³

F. Adolescents

Studies show that Mexico's adolescent population, which accounts for approximately 23.2% of the country's overall population,³⁴ has limited access to health services.³⁵ In 1996, 16% of all births were to adolescent mothers.³⁶ In addition, 64% of sexually active Mexican women between the ages of 15 and 19 do not use contraceptive methods,³⁷ which is reflected in a high rate of adolescent pregnancies, many of which end in abortions performed under unsafe conditions.³⁸ There is also evidence that adolescents resort to abortion at later stages of pregnancy, posing even greater risk to their reproductive health.³⁹

2. Violence against Women (Articles 5 and 16(c) of CEDAW)

CEDAW contains several provisions requiring state intervention to prevent gender-based violence. Article 5 requires states to "modify the social and cultural patterns of conduct of men and women" in order to eliminate practices based on the idea of women's inferiority. In addition, violence against women within marriage and the family is condemned by Article 16(c), which guarantees women and men the same "rights and responsibilities during marriage. . . ."

The CEDAW Committee, in its General Recommendation 19 on Violence against Women, recognizes that gender-based violence discriminates against women and thereby denies women

enjoyment of their rights and freedoms on a basis of equality with men.⁴⁰ The Committee defines “gender-based violence” as “violence that is directed against a woman because she is a woman or that affects women disproportionately.”⁴¹ It includes acts that inflict sexual harm or suffering.⁴² The Committee emphasizes that it is concerned not only with acts of gender-based violence perpetrated by governments, but also those acts committed by private parties. Governments have a duty to act with due diligence to prevent such acts among all individuals living within their jurisdictions.⁴³

Gender-based Violence in Ciudad Juárez

Over nearly nine years, 269 homicides involving women and girls, mostly between the ages of 15 and 25, have been reported in Ciudad Juárez, Chihuahua.⁴⁴ Investigations into the murders have produced no concrete results. There are also more than 450 cases of young missing women, with legal investigations underway, but without any results. Virtually all of the victims were migrants who worked in the *maquiladora* industry or in small shops, or who were students.⁴⁵ Although the motive for these murders is unknown, it is presumed that in 50% of the cases the murders were committed along with crimes of sexual assault.⁴⁶ Other supposed motives include organ smuggling, drug trafficking, and sex trafficking, but so far, the authorities have not shed light on this situation.⁴⁷ Indeed, the government has only attempted to justify its ineffective response by arguing that the victims were immoral women who lived double lives, suggesting they brought their victimization on themselves.⁴⁸

Several international organizations have already expressed their concern over the impunity of the perpetrators of these crimes and the lack of will on the part of the Mexican Government to resolve the situation.⁴⁹ The negligence shown by the authorities, the ineffective administration of justice, and the government’s weak resolve to investigate these cases thoroughly highlight the Mexican Government’s failure to fulfill its obligation to stop gender-based violence.

3. Discrimination in the Workforce (Articles 11(2)(a), (b), and (c) of CEDAW)

Article 11 of CEDAW requires states parties to “take all appropriate measures to eliminate discrimination against women in the field of employment.” Article 11(2)(a) requires states parties to prohibit dismissal on the grounds of pregnancy or of maternity leave and Article 11(2)(b) mandates the institution of maternity leave with pay and without loss of employment, seniority, or benefits. Article 11(2)(c) obligates States Parties to “encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities. . . .” The CEDAW Committee, in its General Recommendation 19 on Violence against Women, notes that “[e]quality in employment can be seriously impaired when women are subjected to . . . sexual harassment in the workplace.”⁵⁰ CEDAW recognizes that “[s]uch conduct can be humiliating and may constitute a health and safety problem.”⁵¹

A. Pregnancy Tests

A longstanding problem in Mexico is the discrimination faced by working women, who must provide negative pregnancy tests to obtain and keep their jobs.⁵² While the practice is most

common in the *maquiladoras*, it is also suspected in other sectors of the labor market.⁵³ In its report for the year 2000, the Committee of Experts on the Application of Conventions and Recommendations of the International Labor Organization condemned this practice as employment discrimination. Cases involving this issue have also been presented under the parallel agreement on labor rights of the North American Free Trade Agreement. This requirement is clearly discriminatory and violates not only international standards, but also Mexico's own national legislation.⁵⁴

B. Domestic Employment

An important issue in Mexico is the lack of protection for women, mostly indigenous women, who earn their living through domestic employment. This sector includes over 1.7 million women,⁵⁵ 10% of whom are concentrated in the Federal District. The Federal Labor Law does not define the labor rights of this group of workers, and the Mexican Social Security Institute (IMSS) prevents them from registering for the basic health insurance plan. Consequently, women domestic workers see many of their constitutional rights abused, particularly their right to health care, and they face additional barriers to access to reproductive health services.

We hope the Committee will consider addressing the following questions to the Mexican government:

1. What is being done to address the barriers that women face in accessing full and affordable reproductive health and family planning services, particularly among adolescents, women living in rural areas and women domestic workers? What steps are being taken to address the consistently high level of maternal mortality in Mexico?
2. What has been done to follow up on the Committee's prior recommendations concerning access to safe abortion?
3. What measures has the government taken to guarantee women's right to access services and information for the prevention and treatment of HIV/AIDS and to prevent and punish discrimination against women living with HIV/AIDS?
4. What efforts are being made to address issues of impunity with respect to violence against women, including sexual violence, in Ciudad Juárez? In particular, what mechanisms have been established to ensure the investigation of violent crimes against women and the prosecution of perpetrators?
5. What is being done to protect the reproductive rights of women domestic workers and other vulnerable sectors of the labor force?

There remains a significant gap between CEDAW's guarantees and the reality of women's reproductive health and lives. We appreciate the active interest that the CEDAW Committee has taken in women's reproductive health and rights and the strong concluding observations and

recommendations the Committee has issued to governments in the past, stressing the need to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Mexican government's compliance with the provisions of CEDAW. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Very truly yours,

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Endnotes

¹ Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

² *Id.*

³ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation 24, Women and Health*, art. 12 para. 31(b), (c), U.N. Doc. A/54/38/Rev.1 (1999) [hereinafter *General Recommendation 24, Women and Health*].

⁴ *Id.* para. 1.

⁵ See CEDAW Committee, *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Mexico*, para. 394, U.N. Doc. A/53/38 (1998) [hereinafter CEDAW Committee, *Concluding Observations: Mexico*].

⁶ With the decentralization of the health sector, coverage of contraceptive methods is the responsibility of state governments, and therefore depends on the political will of state authorities. This does not, however, free Mexico from the obligation to guarantee family planning information and services to the entire population.

⁷ See *Sin cobertura en planificación familiar 100 mil comunidades rurales [No Family Planning Coverage for 100,000 Rural Communities]*, EL HERALDO DE MÉXICO, LA PRENSA, June 1, 2002, available at <http://www.gire.org.mx/home.html> (last visited June 11, 2002).

⁸ HEALTH SECRETARIAT, NATIONAL HEALTH PROGRAM 2001-2006, available at <http://www.ssa.gob.mx/docprog/pns2001-2006.htm> (last visited June 11, 2002) [hereinafter NATIONAL HEALTH PROGRAM 2001-2006]. In 1996 the National Family Planning Program covered 66.5% of women of childbearing age. The greatest progress was made among women who had not completed primary education, for whom contraceptive coverage rose from 23.7% in 1987 to 48.4% in 1995. The main methods used were bilateral tubal ligation (41.3%), intrauterine device (21.9%), traditional methods (13.4%), oral contraceptives (12.7%) and injections (4.6%). See *id.*

⁹ See *id.* Of this percentage, 1.8 percent corresponds to vasectomy, and 5.5 percent to condom use.

¹⁰ See *Casi la mitad de población femenina en México "pide permiso" para usar métodos anticonceptivos: Conapo [Almost Half of Mexico's Female Population "Asks Permission" to Use Contraceptive Methods, Says Conapo]*, CIMACNOTICIAS, Mar. 28, 2002, available at <http://www.cimacnoticias.com/noticias/02mar/02032804.html> (last visited June 11, 2002).

¹¹ See WORLD HEALTH ORGANIZATION (WHO), MATERNAL MORTALITY IN 1995: ESTIMATES DEVELOPED BY WHO, UNICEF, UNFPA 35 (2001).

¹² See SAVE THE CHILDREN, STATE OF THE WORLD'S MOTHERS 2001 35 (2001).

¹³ See Press Release, Ministry of Health, No. 022, Feb. 20, 2002.

¹⁴ According to the official newsletter of the Grupo Académico de Apoyo a Programas de Población (Academic Group to Support Population Programs), with the objective of meeting the international commitment made in the World Declaration on the Survival, Protection and Development of Children, at the World Summit for Children. See Silvia Magally, *Persisten altas cifras de mortalidad materna en México [High Rates of Maternal Mortality Persist in Mexico]*, CIMACNOTICIAS, Feb. 25, 2002, available at <http://www.cimacnoticias.com/noticias/02feb/02022503.html> (last visited June 14, 2002).

¹⁵ See United Nations Children's Fund (UNICEF)-Mexico, *Maternal Mortality Program*, at <http://www.unicef.org/mexico/programas/mortalidad.htm> (last visited June 14, 2002).

¹⁶ See CEDAW Committee, *Concluding Observations: Mexico*, *supra* note 5, para. 408.

¹⁷ See Federal Metrology and Standardization Act, OFFICIAL GAZETTE OF THE FEDERATION, July 1, 1992, art. 51, available at <http://info4.juridicas.unam.mx/ijure/tcfed/109.htm> (last visited June 11, 2002). The act states that official Mexican standards shall be revised every 5 years starting on the date they enter into effect, and the technical secretary of the National Standards Commission shall be notified of the results within 60 calendar days following completion of the corresponding five-year period. Should said notification fail to occur, the norms will lose effect and the body that issued the norms shall publish its cancellation in the Diario Oficial de la Federación (Official Gazette of the Federation). The Commission may ask the body to proceed with said cancellation.

¹⁸ See NOM 005-SSA2-1993, OFFICIAL GAZETTE OF THE FEDERATION, May 30, 1994.

¹⁹ See National Standards Program, OFFICIAL GAZETTE OF THE REPUBLIC, Mar. 25, 2002. The purpose of the Norma Oficial Mexicana para los Servicios de Planificación Familiar (Official Mexican Standard for Family Planning Services) is to fulfill the reproductive health and health protection rights, particularly in relation to family planning. Stipulations for the Health Secretariat included revision of most of the relevant NOM in health matters, including

family planning services. The authorities are under the obligation to include in the family planning NOM the option of all family planning methods with proven therapeutic effectiveness, provide them free of charge and disseminate information on said methods, including EC. *See id.*

²⁰ In September 1999, the NGOs constituting the Grupo Interinstitucional de Salud Reproductiva (Inter-institutional Group for Reproductive Health) jointly produced a proposal for including EC in the Family Planning Norms as a recommended alternate hormonal method, and making it available through medical service outlets and family planning programs in both the public and private sector. Meanwhile, other civil society groups are carrying out projects to educate and distribute EC among women workers in the *maquiladoras* of Baja California.

²¹ *See* Silvia Magally, *Persisten prejuicios y barreras legales para acceder a la anticoncepción de emergencia: RSMLAC* [There are Still Biases and Legal Obstacles When it Comes to Accessing EC: RSMLAC], CIMACNOTICIAS, Mar. 26, 2002, available at <http://www.cimacnoticias.com/noticias/02mar/02032603.html> (last visited June 11, 2002).

²² NATIONAL POPULATION COUNCIL (CONAPO), EJECUCIÓN DEL PROGRAMA DE ACCIÓN [IMPLEMENTATION OF THE PLAN OF ACTION] 162 (1997).

²³ *See* GRUPO DE INFORMACIÓN EN REPRODUCCIÓN ELEGIDA (GIRE), EL ABC DEL ABORTO [THE ABCS OF ABORTION] (1999).

²⁴ *See* Cecilia Navarro, *Iglesia Católica en Campaña: Cerrando el milenio, Arzobispo junta firmas para influir la Constitución mexicana* [The Catholic Church Campaigning: Closing the Millenium, Archbishop Gathering Signatures to Promote a Constitutional Amendment], FEMPRESS, available at http://www.fempres.cl/214/revista/214_milenio.html (last visited June 14, 2002) [hereinafter Navarro, *The Catholic Church Campaigning*].

²⁵ Abortion is illegal in Mexico, although the penal legislation of all states contains grounds on which abortion is not punishable under certain circumstances. *See* THE CENTER FOR REPRODUCTIVE LAW AND POLICY (CRLP) & ESTUDIO PARA LA DEFENSA DE LOS DERECHOS DE LA MUJER (DEMUS), WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES—LATIN AMERICA AND THE CARIBBEAN 152 (1997).

²⁶ The amendment also decreases the maximum sentence for the abortion offence, and establishes procedures for obtaining abortion in rape cases. *See* Decree reforming and adding various provisions to the Penal Code for the Federal District, and the Code of Penal Procedure for the Federal District, August 2000, Legislacion Federal de Mexico, available at <http://www.exploramexico.com/legal/> (last visited June 14, 2002).

²⁷ Despite the regulation, which has only recently been published in the Official Gazette of the Federal District, doctors in the public sector are entitled to make objections of conscience, should they refuse to practice the procedure. *See* Silvia Magally, *Reglamentan hospitales públicos del DF la interrupción del embarazo* [Government Regulates Abortion Procedures for Public Hospitals in Mexico City], CIMACNOTICIAS, Apr. 26, 2002, available at <http://www.cimacnoticias.com/noticias/02abr/02042605.html> (last visited June 14, 2002).

²⁸ *See* Rafael Maya, *Pide comunidad médica reglamentos hospitalarios para aplicar Ley Robles* [Medical Community Seeks Hospital Regulations to Apply Robles Law], CIMACNOTICIAS, Feb. 15, 2002, available at <http://www.cimacnoticias.com/noticias/02feb/02021502.html> (last visited June 14, 2002).

²⁹ *See id.*

³⁰ Paulina was the victim of rape at the age of 13, and despite having the right to an abortion under the law, she was refused an abortion. The case was submitted to the Inter-American Commission on Human Rights on March 8, 2002, and is awaiting a response from the Mexican Government.

³¹ *See* Navarro, *The Catholic Church Campaigning*, *supra* note 24.

³² *See* UNITED NATIONS JOINT PROGRAM ON HIV/AIDS (UNAIDS), REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC 5 (2000), available at http://www.unaids.org/epidemic_update/report/TableSpan_Xcel.xls (last visited June 5, 2002).

³³ Each institution follows its own guidelines, and doctors do not always follow the same steps within a given institution. Treatment changes according to where the patient goes, without clinical considerations. A clear example of the disorder reigning in this area, and its dire consequences is the case upon which the National Commission on Human Rights issued recommendation No. 9/2002 on April 22, 2002, to the Governor of Yucatan, Patricio José Patrón Laviada, for medical negligence and discrimination against two HIV-positive persons who died in 2000. These persons did not receive proper public health care services from the staff of the O'Horán General Hospital, from the Health Secretarial and the Department of Health Services of the State of Yucatan.

³⁴ *See* FEDERAL EXECUTIVE BRANCH, NATIONAL PROGRAM FOR WOMEN: 1995-2000 4 (1996).

³⁵ Sixty-four point eight percent of men and 65.1% of women between the ages of 12 and 24 do not have access to health services. *See* *Juventud mexicana, grupo de alto riesgo frente a ETS y embarazo* [Mexican Youth, High-Risk Group When it Comes to STIs and Pregnancy], CIMACNOTICIAS, Jan. 21, 2001, available at

<http://www.cimac.org.mx/noticias/01ene/01012101.html> (last visited June 11, 2002) [hereinafter *Mexican Youth, High-Risk Group when it comes to STIs and Pregnancy*].

³⁶ See Pan-American Health Organization, *Country Health Profile: Mexico*, at

<http://www.paho.org/Spanish/SHA/prflMEX.htm> (last visited June 10, 2002).

³⁷ See Silvia Magally, *Métodos anticonceptivos, ignorados por la mayoría de la adolescencia* [Most Adolescents Know Nothing About Contraceptive Methods], CIMACNOTICIAS, Feb. 27, 2002, available at <http://www.cimacnoticias.com/noticias/02feb/02022703.html> (last visited June 11, 2002).

³⁸ See *Mexican Youth, High-Risk Group when it comes to STIs and Pregnancy*, *supra* note 35.

³⁹ See *id.*

⁴⁰ CEDAW Committee, *General Recommendation 19, Violence against Women*, para 1., U.N. Doc. No. A/47/38 (1992), available at <http://www.un.org/womenwatch/daw/cedaw/recomm.htm> (last visited June 14, 2002) [hereinafter *General Recommendation 1, Violence against Women*].

⁴¹ *Id.* para. 6.

⁴² See *id.*

⁴³ See *id.* para. 9.

⁴⁴ See COMISIÓN MEXICANA DE DEFENSA Y PROMOCIÓN DE LOS DERECHOS HUMANOS AC [MEXICAN COMMISSION FOR THE PROTECTION AND ADVANCEMENT OF HUMAN RIGHTS AC], REPORT TO THE INTER-AMERICAN COMMISSION ON HUMAN RIGHTS ON THE SITUATION OF WOMEN IN CIUDAD JUÁREZ (2002), available at <http://www.laneta.apc.org/cmdpdh/infinujeres.html> (last visited June 11, 2002) [hereinafter REPORT ON THE SITUATION OF WOMEN IN CIUDAD JUÁREZ].

⁴⁵ See *id.*

⁴⁶ See RED CIUDADANA DE NO VIOLENCIA Y DIGNIDAD HUMANA [CITIZEN'S NETWORK AGAINST VIOLENCE AND FOR HUMAN DIGNITY], CITIZEN'S REPORT TO THE INTER-AMERICAN COURT OF HUMAN RIGHTS ON FEMICIDE IN JUÁREZ, (2002).

⁴⁷ See REPORT ON THE SITUATION OF WOMEN IN CIUDAD JUÁREZ, *supra* note 44.

⁴⁸ See *id.*

⁴⁹ The Special Rapporteur on Summary, Extrajudicial or Summary Executions, Asma Jahangir, who visited Mexico in 1998; The Special Rapporteur on Women's Rights of the Inter-American Commission on Human Rights, Marta Altolaguirre Laredondo, who also visited Mexico in 1998; and the Special Rapporteur on the Independence of Judges and Lawyers, who also visited the country in May 2001. See Press Release, Inter-American Commission on Human Rights, Feb. 13, 2002.

⁵⁰ *General Recommendation 19, Violence against Women*, *supra* note 40, para. 17.

⁵¹ *Id.* para. 18.

⁵² See HUMAN RIGHTS WATCH, SIN GARANTÍAS: DISCRIMINACIÓN SEXUAL EN EL SECTOR DE MAQUILADORAS DE MÉXICO [NO GUARANTEES: DISCRIMINATION BASED ON SEX IN THE MAQUILADORA SECTOR OF MEXICO] (1996), available at <http://www.hrw.org/spanish/informes/1996/mexico.html> (last visited June 14, 2002).

⁵³ See Ken Guggenheim, *MEXICO: Women Subject To Illegal Pregnancy Test*, AP/PHILADELPHIA INQUIRER, Nov. 7, 1999.

⁵⁴ Article 133(I) of Mexico's Federal Labor Law expressly prohibits discrimination based on sex. See Federal Labor Law, OFFICIAL GAZETTE OF THE FEDERATION, Apr. 1, 1970.

⁵⁵ See Instituto Nacional de Estadísticas, Geografía e Informática (INEGI), available at <http://www.inegi.gob.mx> (last visited June 14, 2002).