



August 7, 2006

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

Re: Supplementary Information about Mexico
Scheduled for Review during the CEDAW Committee's 36th Session

Dear Committee Members:

This letter is intended to supplement the periodic report of the government of Mexico to the Committee on the Elimination of Discrimination against Women (Committee), the body that monitors the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Center for Reproductive Rights (the Center), an independent, non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in CEDAW.

Reproductive rights are fundamental to women's health and social equality, and an explicit part of the Committee's mandate under CEDAW. Specifically, article 12 requires that States Parties "take all appropriate measures to eliminate discrimination against women in the field of health care," and specifically requires that governments 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 "[a]ccess to specific educational information to help ensure the health and well-being of families."²

The Committee's General Recommendation 24 on women and health requires States Parties to "ensure 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. When possible, legislation criminalizing abortion could be amended to remove punitive provisions imposed on women who undergo abortion."³

We would like to direct the attention of the Committee to the following issues of concern that 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)

A. Maternal Mortality

The Committee has given considerable attention to the issue of maternal mortality due to unsafe abortion in numerous sets of concluding observations.⁴ The Committee has explicitly framed this issue as a violation of women's right to life.⁵

According to a recent Ministry of Health study, unsafe abortion, the most preventable cause of maternal mortality, continues to be a leading cause of maternal death among Mexican women.⁶ It is estimated that the rate of maternal mortality in Mexico is 83 deaths per 100,000 live births.⁷ However, small-scale studies conducted in Mexico suggest that maternal mortality rates may be underreported by as much as 50%.⁸

There exists a clear link between poverty and maternal mortality, with privatization of services leading to a shortage of pregnancy-related health care in rural areas.⁹ Maternal mortality is particularly high in rural areas and in areas with large indigenous populations, with 9% of all childbirth-related deaths nationwide occurring in Guerrero.¹⁰ Adolescents comprise another high-risk group, making up 9.1% of all childbirth-related deaths.¹¹ This is due in large part to their vulnerability to preeclampsia, the leading cause of pregnancy-related deaths in Mexico.¹²

The high instance of maternal mortality in Mexico is directly related to the problem of access to proper medical care, including opportunity for intervention, and costs and quality of obstetric and prenatal care.¹³ As such, it is clear that the government is not meeting its duty to guarantee women appropriate pregnancy, childbirth and postpartum care.¹⁴

B. Lack of Access to Family Planning and Contraceptive Methods

The Committee has expressed its concern to the government of Mexico regarding the high level of unsatisfied demand for contraception, particularly among poor women in rural and urban areas, and adolescents.¹⁵ Nationwide, 30% of women use no family planning methods, while an additional 10% rely on traditional methods.¹⁶ In rural areas, the lack of use is even more striking, with only 51.7% of women using modern contraceptive methods, compared with 71.4% in urban areas.¹⁷ Furthermore, 10% of rural women are unaware of contraceptive and sexually transmitted infection (STI) preventive methods.¹⁸ According to the head of the National Population Council of Mexico (CONAPO), states with high levels of poverty have the highest level of unmet demand for family planning.¹⁹

One positive development is the revised Official Family Planning Regulation, which went into effect in January 2004.²⁰ The new regulation officially sanctions the use and distribution of emergency contraception and the female condom. But while emergency contraception is widely available in all public health facilities, the female condom is only used by 1% of all users of contraceptives.²¹ Without additional education and the addition of the female

condom to the list of basic medicines available for free from public health centers, women will not fully be able to protect themselves from unwanted pregnancies and STIs.²²

Emergency Contraception²³

On January 21, 2004, the Secretary of Health issued a revision of the Official Family Planning Regulation (NOM-005-SSA2-1993) approving the prescription and use of emergency contraception.²⁴ The regulation provides that emergency contraception is appropriate in a wide range of circumstances, including after voluntary sex without contraceptives.²⁵ Emergency contraception is available following counseling on regular birth control methods and sexually transmitted infections, but without a gynecological exam.

As of November 2005, emergency contraception was part of the “Cuadro Básico,” making it mandatory for the 19,000 public hospitals and health centers in the country to stock it.²⁶ Nevertheless, this requirement was met with resistance, with some members of the PAN government seeking to remove it from the list of required medicines.²⁷ Ceasing to provide emergency contraception would imply a violation of the international agreements entered into by Mexico, in particular Mexico’s obligation under article 12 of CEDAW to ensure access to health care services related to family planning.

One year after the new regulation went into effect, six out of 10 women in Mexico were still unfamiliar with emergency contraception, and only one in 10 had requested emergency contraception in a health clinic.²⁸ In addition, there is a general lack of understanding regarding the difference between emergency contraception and RU-486, which may be contributing to a reluctance to use emergency contraception.²⁹

Access to Safe Abortion

In March 2006, the Mexican government signed a friendly settlement agreement in the case of *Paulina Ramírez v. Mexico*, before the Inter-American Commission on Human Rights.³⁰ Paulina was raped at the age of 13 and then denied a legal abortion due to the personal and religious beliefs of justice and health authorities in Baja California.³¹ The case garnered a great deal of attention nationally and internationally. In addition to providing monetary indemnification and other reparations as compensation for the violations of Paulina’s human rights, the Mexican government pledged to issue a decree regulating guidelines for abortion access for women who have been raped.³² By signing the friendly settlement, the government recognized its duty to ensure that the right to access a legal abortion is not violated.

Though the *Paulina* case was a positive step toward ensuring and protecting the right to access a legal abortion, women continue to face many barriers in realizing this right in Mexico. For example, all state penal codes make it a crime for a woman to procure an abortion, and also penalize the health professional who provides the necessary services.³³ Criminal sanctions are waived in all states in cases of rape, and some states allow waivers for other reasons, such as where the abortion is: 1) the result of negligent behavior on the part of the pregnant woman, 2) necessary to save the life of the pregnant woman, 3) to terminate a pregnancy in which the fetus has serious genetic malformations, 4) necessary to protect the

health of the pregnant woman, 5) to terminate a pregnancy which is the result of non-consensual artificial insemination, and 6) for economic reasons where the woman already has three other children (valid only in Yucatan).³⁴ However, sanctions can be severe when imposed. Individuals who are prosecuted for the crime of abortion serve sentences of six months to five or six years.³⁵

Absent in the majority of Mexican health laws is the regulation and recognition that public institutions cannot object to performing legal abortions. This absence is important because so-called “conscientious objection” can be a fundamental factor in affecting access to legal abortion. One exception is the health code of the Federal District (article 16, para. 7) which regulates conscientious objection, for the first time in Mexico, with the aim of protecting the rights of women.³⁶ This law makes it clear that conscientious objection cannot be institutional, and that therefore the Department of Health of the Federal District must guarantee the permanent availability of doctors who are not conscientious objectors. The parameters established regarding objection are clear: 1) public institutions should provide the woman with a doctor who is not an objector, and 2) doctors cannot claim conscientious objection in urgent cases, such as when the health or life of the woman is endangered. Further, the existence of this law provides doctors who are not objectors with the legal and institutional endorsement to carry out a legal abortion.

C. HIV/AIDS

From the beginning of the epidemic until December 31, 2004, there were 93,979 reported cases of AIDS in Mexico.³⁷ According to the most recent estimates of the National Center for AIDS Prevention and Control (CENSIDA), it is estimated that there are more than 183,000 HIV cases in the country.³⁸ Although Mexico’s AIDS epidemic is currently more prevalent in high-risk sub-populations,³⁹ the government must take prevention seriously in order to protect women as a population at risk for HIV infection. The director of Salud Integral de la Mujer (SIPAM), Pilar Muriedas, states that 80% of Mexicans living with HIV contracted the virus while in a long-term relationship, and questions the Mexican authorities who insist that HIV is prevalent only in cases of men having sex with men.⁴⁰ Because of gender inequality, violence against women, and the general physiological vulnerability of women to contracting HIV from an infected sexual partner, the state cannot remain inactive and must become increasingly proactive to prevent the spread of HIV/AIDS among women in Mexico.

In addition, the Mexican government does not draw clear or unified lines to guide doctors and other professionals in distinct sectors of the health-care system. The state must clearly define the political aims and will to fight the spread of AIDS and direct the health-care system to adequately manage the epidemic.⁴¹

D. Adolescents

Mexico’s 30 million adolescents, representing about one quarter of the total population, have limited access to health services and experience high rates of unwanted pregnancy, maternal mortality, unsafe abortion and STIs compared to the general population.⁴² In 2004, 17.2% of

registered births were to mothers between 15 and 19 years of age.⁴³ Lack of information, as well as poor access to and low usage rates of contraception, are the leading causes of unwanted pregnancy among adolescents.⁴⁴ For example, 64% of Mexican girls who are sexually active between the ages of 15 and 19 do not use contraception.⁴⁵ Many of these girls become pregnant and a significant number of these pregnancies are aborted under unsafe, late-term, high-risk conditions.⁴⁶

Adolescents in rural areas and those with limited education are disproportionately affected by teen pregnancy. Two out of every three girls with a primary education or less give birth before the age of 20.⁴⁷ Moreover, the fertility rate among girls aged 15 – 19 is 53% higher for girls in rural areas than urban ones.⁴⁸ These numbers indicate that girls in rural areas likely have significantly less access to birth control methods, a conclusion that is supported by the general inaccessibility of reproductive health care in rural areas.

2. Right to Freedom from Violence (Articles 5 and 16(c) of CEDAW)

CEDAW contains various provisions that require state intervention to prevent gender-based violence. Article 5 requires States Parties “[t]o modify the social and cultural patterns of conduct of men and women” with the view toward eliminating prejudices, customs and practices that promote the idea of inferiority of women. Furthermore, family and domestic violence against women is condemned by Article 16(c) which assures women and men the “same rights and responsibilities during marriage”

In General Recommendation 19 regarding violence against women, the Committee recognizes that gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on the basis of equality with men.⁴⁹ The Committee defines “gender-based violence” as “violence that is directed against a woman because she is a woman or violence that affects women disproportionately.”⁵⁰ It includes acts that inflict physical, mental or sexual harm or suffering.⁵¹ The Committee emphasizes that CEDAW is not limited to acts committed by governments or in their names, but also regulates third-party practices. Governments have the obligation to adopt measures with due diligence to prevent such acts by individuals who live in their jurisdictions.⁵²

A. Femicide in Ciudad Juárez

Over 350 women have been killed in Ciudad Juárez, Chihuahua, over the past decade.⁵³ The majority of these women were migrants between the ages of 15 and 25 who worked in the maquiladora industry or small businesses, or attended school.⁵⁴ After years of inaction, the government has established a \$30-million (USD) fund for victims’ families and a special prosecutor’s office to investigate the murders.⁵⁵ Perhaps in response to this recent action, 2004 saw only 18 murders, a significant decline from prior years. This progress was not maintained, however, as at least 28 women were murdered in 2005.⁵⁶

Serious doubts remain about the legitimacy of the investigations. Several of the alleged murderers were exonerated after the government re-opened their cases.⁵⁷ And despite

promises to the contrary, the government has not taken action against those who committed improprieties in the original convictions.⁵⁸ There is deepening concern that there were improprieties by the government in either protecting or failing to prosecute the perpetrators of these murders. Meanwhile, the factories outside Ciudad Juárez remain open and continue to leave women exposed to abuse.

The femicide problem has spread to other cities. Attorney General Daniel Cabeza de Vaca established a special prosecutor's office to investigate the murders. Establishing such an office would restore legitimacy to the investigations that have been fraught with allegations of coerced confessions and torture of witnesses. However, without investigations into the activity of prior prosecutors, without police interrogators, and without officials with oversight, establishing such an office will accomplish little for the victims' families.

B. Domestic Violence

In 2002, according to a study funded by the government, over 2,700 women died as a result of domestic violence.⁵⁹

The data found in the 2003 National Survey on Violence against Women reveals that at least 60.4% of Mexican women have experienced domestic violence in their lives, whether by the hands of their partners or their relatives, and that 21.5% of Mexican women presently live in situations of violence with their partners.⁶⁰ In spite of its prevalence, only about 18 of the 32 states of the federation have reacted to domestic violence with vigorous measures. These measures are of penal character in 17 states,⁶¹ of administrative type in 18 states⁶² and of civil character in 12 states.⁶³ Currently there are 16 states⁶⁴ that do not include domestic violence among the causes to request a divorce.

C. Rape

In Mexico, a girl or woman is raped every four minutes.⁶⁵ Few rape cases are ever reported to the authorities, and even fewer rapists are ever held responsible for their crimes.⁶⁶ Underreporting, inadequate legal frameworks for protection, prevention and punishment, and little implementation of existing legal frameworks contribute to the impunity. While some enforcement mechanisms are in place, there is a dearth of safe houses and protection programs for women who need to flee their husbands. As a result, many suffer in silence. This failure of the Mexican government to investigate and protect women demonstrates its lack of will to comply with its international obligations under CEDAW.

In spite of some jurisprudential advances that provide for the protection of victims' rights in sex-crime cases⁶⁷ and instruct that sexual crimes may be investigated even in the absence of a medical certificate,⁶⁸ authorities responsible for the investigation of these crimes continue to be prejudiced against the victims. Experts believe that, as in other countries, this is the main reason why only one in 10 violations is denounced in Mexico.

In November 2005, through judgment 9/2005-PS, the National Supreme Court of Justice modified the then existing jurisprudence that if the sexual aggressor was the husband, the act

of sexual violence would not be considered rape. The Court established that the identity of the sexual aggressor is irrelevant in determining whether or not the act constitutes rape. In spite of this progress, there are still obstacles to women accessing justice in such cases, given the absence of real guarantees of protection for the victims and officials who do not enforce the new jurisprudence.

In the case of domestic violence against underage women, the vulnerability of the victims, the pressure of relatives and the lack of systematic notification by health professionals are responsible for the limited knowledge that authorities have regarding this problem, and subsequently limits the procurement of justice.⁶⁹

3. Discrimination against Women in the Workplace (Article 11(2)(a), (b), and (c) of CEDAW)

Article 11 of CEDAW requires that States Parties adopt “all appropriate measures to eliminate discrimination against women in the field of employment.” Article 11(2)(a) requires that States Parties prohibit dismissal on the grounds of pregnancy, maternity leave, or on the basis of marital status, and Article 11(2)(b) establishes maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances. Article 11(2)(c) obliges States Parties to “encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities” In General Recommendation 19 concerning violence against women, the Committee emphasizes that “equality in employment can be seriously impaired when women are subjected to gender-specific violence, such as sexual harassment in the workplace.”⁷⁰ CEDAW recognizes that “such conduct can be humiliating and may constitute a health and safety problem.”⁷¹

A. Sexual Harassment

Sexual harassment is prevalent in Mexico. A survey by the International Labor Rights Fund revealed that in 20% of reported cases of sexual harassment the harassment was initiated by union leaders, and in 7% of the cases the harassment was initiated by police officers. In 23% of the study’s reported cases the harassment occurred between colleagues of the same level in the workplace. Overall, 47% of respondents in the study reported that they had suffered some form of sexual harassment in the workplace.⁷²

B. Maquiladoras

Women constitute the majority of the labor force in the multi-national factories that often cluster along the border.⁷³ Discrimination against women on the basis of pregnancy is common and takes various forms in the factories.⁷⁴ While the government has attempted measures to prohibit employers from forcing workers to test negative for pregnancy in order to retain employment, this practice continues.⁷⁵ There are no laws currently in place to prohibit employers from requiring negative pregnancy tests as part of the hiring process, and this form of discrimination against women occurs frequently in the factories.⁷⁶ According to

the International Labor Rights Fund survey, 70% of maquila workers reported experiencing sexual harassment of some kind.⁷⁷

C. Domestic Workers

According to the International Confederation of Free Trade Unions, Mexico has approximately 1.5 million domestic workers.⁷⁸ Females and indigenous Mexicans make up many of these workers. The Federal Law for Workers does not define the labor rights of this group of workers, and the Mexican Social Security Institute (IMSS) prevents their official registration. As a result, these and other labor laws do not generally cover these workers, who often make less than minimum wage, and are unable to form unions to protect their rights.⁷⁹

We hope that the Committee will consider addressing the following questions to the government of Mexico:

- What is the government doing to eliminate public and private barriers that women seeking reproductive health and family planning services face, particularly among adolescents and women living in rural areas?
- What measures has the government taken to confront the high level of maternal mortality in Mexico?
- What steps has the government taken to educate women about emergency contraception and the female condom? What has the government done to ensure that women have access to these contraceptive methods in areas where there is political opposition to their use?
- What has the government done to ensure that health-care providers have the necessary capacity to respond promptly and appropriately to physical, psychological, and emotional violence, as well as discrimination suffered at the hands of health care providers and in health care facilities? What measures have been taken to guarantee that women will have universal and equal access to quality health-care services?
- What has the Mexican government done to institute mechanisms to follow the Committee recommendations regarding revising legislation which criminalizes abortion? How does the government propose to follow through with its promise to enact regulating guidelines in the case of abortion after rape?
- What steps has the government taken to overcome the cultural, political and legal barriers that continue to perpetuate a culture of impunity with regard to sexual and domestic violence against women? Do mechanisms currently exist to file a complaint and document cases of sexual and domestic violence, in order to be able to coordinate efforts to ensure protection and punishment for those found guilty of such crimes? What additional proactive steps does the government propose to protect the women of Mexico from domestic violence?

- What measures has the government taken to guarantee access to information and services for the prevention and treatment of HIV/AIDS? What steps is the state taking to ensure that mechanisms are in place to prevent discrimination against those women who are infected with HIV/AIDS? Has the government taken action to confront the factors that increase the vulnerability and risk for contracting HIV/AIDS such as the inequality between men and women in society and the social subordination that women face?
- What enforcement mechanisms is the government using to prevent employers from discriminating against women by requiring pregnancy tests for continued employment? What measures does the government intend to take to sanction those employers who use pregnancy tests in the hiring process?
- What national or local measures does the government intend to use to address the problem of sexual harassment, especially in the workplace, and to inform women of their rights and provide access to legal remedies in cases of such harassment?

There exists a significant and serious gap between what is established in CEDAW and the realities of life and reproductive health for women in Mexico. We appreciate the active interest that the Committee has taken in reproductive health and rights and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need for governments to take steps to ensure the realization of these rights.

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

Sincerely,

Center for Reproductive Rights

¹ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N.GAOR, 34th Sess., Supp. No. 46, at 193, art.12(2), U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981).

² *Id.*

³ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation 24: Women and Health*, 20th Sess., para. 31(b)(c), U.N.Doc A/54/38 (1999) in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, U.N. Doc. HRI/GEN/1/Rev.6 at 271 (2003) [hereinafter CEDAW Committee General Recommendation 24].

⁴ See CENTER FOR REPRODUCTIVE RIGHTS & UNIVERSITY OF TORONTO PROGRAMME ON REPRODUCTIVE AND SEXUAL HEALTH LAW, *BRINGING RIGHTS TO BEAR: AN ANALYSIS OF THE WORK OF U.N. TREATY MONITORING BODIES ON REPRODUCTIVE AND SEXUAL RIGHTS* (2002). This is supported by the Committee's Concluding Observations to the following countries as cited in this publication. See, e.g., **Argentina**, 23/07/97, U.N. Doc. A/52/38 Rev.1, Part II, ¶ 304; **Azerbaijan**, 14/05/98, U.N. Doc. A/53/38, ¶ 73; **Belize**, 01/07/99, U.N. Doc. A/54/38, ¶ 56; **Bolivia**, 31/05/95, U.N. Doc. A/50/38, ¶¶ 82–83; **Burundi**, 02/02/2001, U.N. Doc. A/56/38, ¶ 61; **Chile**, 31/05/95, U.N. Doc. A/50/38, ¶ 152; **Chile**, 09/07/99, U.N. Doc. A/54/38, ¶¶ 209, 228; **Colombia**, 04/02/99, U.N. Doc. A/54/38, ¶ 393; **Dominican Republic**, 14/05/98, U.N. Doc. A/53/38, ¶ 337; **Georgia**, 01/07/99, U.N. Doc. A/54/38, ¶ 111; **Kyrgyzstan**, 27/01/99, U.N. Doc. A/54/38, ¶ 136; **Madagascar**, 12/04/94, U.N. Doc. A/49/38, ¶ 244; **Mongolia**, 02/02/2001, U.N. Doc. A/56/38, ¶ 273; **Morocco**, 12/08/97, U.N. Doc. A/52/38/Re v.1, ¶ 68; **Myanmar**, 28/01/2000, U.N. Doc. A/55/38, ¶ 129; **Namibia**, 12/08/97, U.N. Doc. A/52/38/Re v.1, Part II, ¶ 111; **Nepal**, 01/07/99, U.N. Doc. A/54/38, ¶ 147; **Nicaragua**, 31/07/2001, U.N. Doc. A/56/38, ¶¶ 300–301; **Paraguay**, 09/05/96, U.N. Doc. A/51/38, ¶¶ 108, 131; **Peru**, 08/07/98, U.N. Doc. A/53/38, ¶¶ 300, 339; **Peru**, 31/05/95, U.N. Doc. A/50/38, ¶ 443; **Romania**, 23/06/2000, U.N. Doc. A/55/38, ¶ 314; **Venezuela**, 12/08/97, U.N. Doc. A/52/38/Rev.1, ¶ 236; **Zimbabwe**, 14/05/98, U.N. Doc. A/53/38, ¶ 159.

⁵ See *id.* This is supported by the Committee's Concluding Observations to the following countries as cited in this publication. See, e.g., **Belize**, 01/07/99, U.N. Doc. A/54/38, ¶ 56; **Colombia**, 04/02/99, U.N. Doc. A/54/38, ¶ 393; **Dominican Republic**, 14/05/98, U.N. Doc. A/53/38, ¶ 337.

⁶ SECRETARÍA DE SALUD, *MORTALIDAD MATERNA EN MÉXICO 2002, 2003, 2004* [MATERNAL MORTALITY IN MEXICO] (Secretaría de Salud, 2004).

⁷ UNICEF, *At a glance: Mexico*, http://www.unicef.org/infobycountry/mexico_statistics.html (last visited August 2, 2006).

⁸ Carla AbouZahr & Tessa Wardlaw, *Maternal Mortality at the end of a decade: signs of progress?*, 79 BULLETIN OF THE WORLD HEALTH ORGANIZATION, 561, 563 (2001), available at http://www.childinfo.org/eddb/mat_mortal/whobulletin62001.pdf.

⁹ *Analizan las "razones profundas" de la muerte materna*, CIMAC, Oct. 19, 2005 (citing the Red de Salud de las Latinoamericanas y del Caribe), available at <http://www.cimacnoticias.com/noticias/05oct/05101906.html>.

¹⁰ Miriam González, *Muerte Materna: El precio de Ser Madre*, CIMAC, Mar. 13, 2006, available at <http://www.cimacnoticias.com/noticias/06mar/06031312.html>.

¹¹ Gladis Torres, *Embarazo, tercera causa de muerte en adolescentes mexicanas*, CIMAC, Jan. 27, 2006, available at <http://www.cimacnoticias.com/noticias/06ene/06012705.html>. Complications relating to childbirth are the third most common cause of death among adolescent girls. *Id.*

¹² *Id.*; *Se redujo muerte materna por preeclampsia-eclampsia IMSS*, CIMAC, Apr. 11, 2006, available at <http://www.cimacnoticias.com/noticias/06abr/06041105.html>.

¹³ UNICEF México, *Maternal Mortality Program* (2001), <http://www.unicef.org/mexico/programas/mortalidad.htm>.

¹⁴ UNITED NATIONS & THE GOVERNMENT OF MEXICO, *RESUMEN EJECUTIVO: LOS OBJETIVOS DE DESARROLLO MILENIO EN MÉXICO: INFORME DE AVANCE 2005* [EXECUTIVE SUMMARY: THE MILLENNIUM DEVELOPMENT GOALS IN MEXICO: 2005 REPORT] 30 (2005), available at

http://www.salud.gob.mx/pagina_principal/archivos/avance05_res_ejec.pdf [hereinafter MILLENNIUM DEVELOPMENT GOALS REPORT].

¹⁵ *Report of the Committee on the Elimination of Discrimination against Women*, 18th and 19th Sess., para. 394 U.N. Doc. A/53/38/Rev.1 (1998).

¹⁶ United Nations Population Fund & Population Reference Bureau, *Country Profiles for Population and Reproductive Health, Policy Development and Indicators 2005*, available at <http://www.unfpa.org/profile/mexico.cfm?Section=2> [hereinafter UNFPA] (last visited May 25, 2006).

¹⁷ *Id.*

¹⁸ Guadalupe Vallejo Mora, *La PAE no es solución única, falta educación*, CIMAC, July 20, 2005 (citing the Instituto Nacional de Estadística, Geografía e Informática), available at <http://www.cimacnoticias.com/noticias/05jul/05072007.html>.

¹⁹ Román González, *Muerte maternal y falta de anticonceptivos, másculas en políticas mexicanas*, CIMAC, Dec. 9, 2004.

²⁰ Resolución por la que se modifica la Norma Oficial Mexicana NOM-005-SSA2-1993, De los servicios de planificación familiar, D.O. [Resolution for the Modification of Mexico's Official Norms for Family Planning Services], 21 de enero de 2004 (Mex.) [hereinafter Family Planning Resolution].

²¹ Rafael Martínez, *El condón femenino es utilizado por menos de 1% de las mujeres*, LA JORNADA, May 6, 2005, available at <http://www.jornada.unam.mx/2005/05/06/040n1soc.php>.

²² *See id.*

²³ Emergency contraception pills are approved by the World Health Organization (WHO). The recommended dose is to be taken during the 72 hours after an unprotected sexual encounter.

²⁴ Family Planning Resolution, *supra* note 20.

²⁵ *Mexico Revises Family Planning Regulation to Include Emergency Contraception*, GLOBAL POPULATION POLICY UPDATE (United Nations Population Fund, New York, N.Y.), Apr. 27, 2004, available at <http://www.unfpa.org/parliamentarians/news/newsletters/issue23.htm>.

²⁶ *See* Gladis Torres, *Legisladoras, en favor de la píldora del día siguiente*, CIMAC, Aug. 30, 2005, available at <http://www.cimacnoticias.com/noticias/05ago/05083001.html>.

²⁷ *See id.*

²⁸ Mónica Pérez, *Desconocen mexicanas la Anticoncepción de Emergencia*, CIMAC, Jan. 21, 2005, available at <http://www.cimacnoticias.com/noticias/05ene/05012103.html>.

²⁹ *See* GRUPO DE INFORMACIÓN EN REPRODUCCIÓN ELEGIDA, HOJA INFORMATIVA: ANTICONCEPCIÓN DE EMERGENCIA Y RU-486 (2004).

³⁰ Petition 161-02, Paulina (Mexico), *Annual Report of the Inter-American Commission on Human Rights*, Friendly Settlement, (forthcoming 2006).

³¹ Press Release, The Center for Reproductive Rights, Mexico Admits Responsibility for Denying Child Rape Victim's Rights (Mar. 8, 2006), available at http://www.crlp.org/pr_06_0308MexicoPaulina.html.

³² *Id.*

³³ HUMAN RIGHTS WATCH, THE SECOND ASSAULT: OBSTRUCTING ACCESS TO LEGAL ABORTION AFTER RAPE IN MEXICO 31 (2006) [hereinafter HUMAN RIGHTS WATCH 2006 REPORT], available at <http://hrw.org/reports/2006/mexico0306/mexico0306webwcover.pdf>.

³⁴ *Id.* at 30.

³⁵ *Id.* at 31.

³⁶ GRUPO DE INFORMACIÓN EN REPRODUCCIÓN ELEGIDA, HOJA INFORMATIVA: LEYES SOBRE EL ABORTO EN MÉXICO: LOS AVANCES EN LA CIUDAD DE MÉXICO (2004).

³⁷ MILLENNIUM DEVELOPMENT GOALS REPORT, *supra* note 14, at 30.

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ Guadalupe Vallejo, *El VIH/Sida, un problema de salud del que no se quiere hablar*, CIMAC, Feb. 24, 2006, available at <http://www.cimacnoticias.com/noticias/06feb/06022401.html>.

⁴¹ Every institution follows its own internal regulations, and even within the same institution, doctors do not always follow the same procedures. Each place a patient visits changes its treatment procedures without clinical considerations. One clear example of these inconsistencies and their serious consequences that exists is the case in which the National Human Rights Commission in 2002 denounced the governor of Yucatán, Patricio José Patrón Laviada, for medical malpractice and discrimination committed against two HIV-positive individuals who died in 2000. These individuals did not receive adequate health care services from the personnel of the General O'Horán Hospital, from the Health Secretary, and from the Servicios de Salud of the State of Yucatán.

⁴² Population Council, *Improving the Reproductive Health of Young People in Mexico* (Dec. 2, 2005), <http://www.popcouncil.org/rh/RHYouthMx.html>.

⁴³ Instituto Nacional de Estadística, Geografía e Informática, *Estadísticas de Natalidad* (Dec. 14, 2005), <http://www.inegi.gob.mx/est/contenidos/espanol/rutinas/ept.asp?t=mpob28&c=3205>.

⁴⁴ Soledad Jarquín Edgar, *Embarazo adolescente va en aumento pero es invisible*, CIMAC, May 9, 2005, available at <http://www.cimacnoticias.com/noticias/05may/s05051001.html>.

⁴⁵ Silvia Magally, *Métodos anticonceptivos, ignorados por la mayoría de la adolescencia*, CIMAC, Feb. 27 2002, available at <http://www.cimacnoticias.com/noticias/02feb/02022703.html>.

⁴⁶ Monica Chavarría, *Juventud mexicana, grupo de alto riesgo frente a ETS y embarazo*, CIMAC, Jan. 21, 2001, available at <http://www.cimac.org.mx/noticias/01ene/01012101.html> (last visited may 27, 2006).

⁴⁷ SAVE THE CHILDREN, *STATE OF THE WORLD'S MOTHERS 2004* at 14 (2004).

⁴⁸ UNFPA, *supra* note 16. The fertility rate per 1,000 women aged 15–19 is 61.7 in urban areas, compared to 94.6 in rural areas.

⁴⁹ CEDAW Committee, *General Recommendation 19: Violence against Women*, 11th Sess., para. 1, U.N. Doc A/54/38 Rev.1 (1999) in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, U.N. Doc. HRI/GEN/1/Rev.6 at 243 (2003) [hereinafter CEDAW Committee General Recommendation 19].

⁵⁰ *Id.*, para. 6.

⁵¹ *Id.*

⁵² *Id.*, para. 9.

⁵³ Ginger Thompson, *In Mexico's Murders, Fury is Aimed at Officials*, N.Y. TIMES, Sept. 25, 2006, at A1, available at

<http://www.nytimes.com/2005/09/26/international/americas/26juarez.html?ex=1285387200&en=687b8691546fc687&ei=5088&partner=rssnyt&emc=rss>.

⁵⁴ RED CIUDADANA DE NO VIOLENCIA Y DIGNIDAD HUMANA, *REPORTE CIUDADANO SOBRE EL FEMENICIDIO EN JUÁREZ PARA SER PRESENTADO ANTE LA CORTE INTERAMERICANA DE DERECHOS HUMANOS* (Ciudad Juárez, Mar. 6, 2002), available at <http://www.laneta.apc.org/genero/femeni.html>.

⁵⁵ *Id.*; the special prosecutor's office found that over 150 of the investigations were fraudulent, with over 100 of those cases involving administrative negligent or criminal behavior. AMNESTY INTERNATIONAL, *AMNESTY INTERNATIONAL REPORT 2005: MEXICO* (2005), available at <http://web.amnesty.org/report2005/mex-summary-eng>.

⁵⁶ Public Statement, Amnesty International, Mexico: Killings and abductions of women in Ciudad Juarez and the City of Chihuahua – the struggle for justice goes on (Feb. 20, 2006), available at <http://web.amnesty.org/library/Index/ENGAMR410122006?open&of=ENG-MEX>.

⁵⁷ Thompson, *supra* note 53.

⁵⁸ The special prosecutor's office found evidence implicating the state prosecutor and the state head of the police, both of whom resigned, but neither faces jail time. Furthermore, the prosecutor believes that if those two men are implicated, other officials in the government would be, too. *Id.*

⁵⁹ Ginger Thompson, *Trouble in Paradise: Drug Runners and Battered Wives*, N. Y. TIMES, May 31, 2005, available at <http://www.ncdsv.org/images/TroubleinParadiseDurgRunnersBatteredWives.pdf>.

⁶⁰ The National Survey on Violence against Women was carried out in a sample of 26,042 users of health services. They responded between November of 2002 and March of 2003 to diverse public health institutions. SECRETARÍA DE SALUD, ENCUESTA NACIONAL SOBRE VIOLENCIA CONTRA LAS MUJERES 2003 (2003), *available at* http://www.mujerysalud.gob.mx/mys/doc_pdf/encuesta.pdf.

⁶¹ Aguascalientes, Baja California, Distrito Federal, Chihuahua, Coahuila, Estado de México, Morelos, Guanajuato, Guerrero, Michoacán, Nuevo León, Oaxaca, San Luis Potosí, Sonora, Veracruz, Yucatán y Zacatecas

⁶² Aguascalientes, Baja California, Campeche, Chiapas, Coahuila, Colima, Distrito Federal, Durango, Estado de México, Guanajuato, Guerrero, Michoacán, Morelos, Puebla, Quintana Roo, San Luis Potosí, Sinaloa, Sonora, Tabasco, Tamaulipas y Yucatán.

⁶³ Aguascalientes, Chihuahua, Durango, Distrito Federal, Nuevo León, Morelos, Puebla, San Luis Potosí, Sonora, Veracruz, Yucatán, Zacatecas.

⁶⁴ Baja California, Campeche, Chiapas, Estado de México, Guerrero, Hidalgo, Jalisco, Morelos, Nayarit, Querétaro, Quintana Roo, Tabasco, Tamaulipas, Tlaxcala, Yucatán y Zacatecas

⁶⁵ HUMAN RIGHTS WATCH 2006 REPORT, *supra* note 33, at 11.

⁶⁶ *Id.*

⁶⁷ LUISA CABAL, MÓNICA ROA & JULIETA LEMAITRE EDS., CENTER FOR REPRODUCTIVE RIGHTS & FACULTAD DE DERECHO UNIVERSIDAD DE LOS ANDES, CUERPO Y DERECHO: LEGISLACIÓN Y JURISPRUDENCIA EN AMÉRICA LATINA 359 (Editorial Temis S.A., 2001).

⁶⁸ Ausencia del certificado medico ginecológico respecto al delito de violación: La omisión del certificado médico ginecológico no tiene relevancia jurídica en el delito de violación, si éste se comprueba por otros medios, Séptima Época, Primera Sala, Apéndice de 1995, Tomo II, Parte SCJN, Tesis 37, at 206.

⁶⁹ Interview with Claudia Moreno & Celia Ramos, Ipas (July 15, 2005).

⁷⁰ CEDAW Committee, General Recommendation 19, *supra* note 49, para. 17.

⁷¹ *Id.*, para. 18.

⁷² INTERNATIONAL LABOR RIGHTS FUND (ILRF), A REPORT ON SEXUAL HARASSMENT IN THE WORKPLACE IN MEXICO 6 (2003), *available at* <http://www.laborrights.org/projects/women/Mexico%20report.pdf> [hereinafter ILRF SEXUAL HARASSMENT REPORT].

⁷³ Instituto Nacional de Estadística, Geografía e Informática (INEGI), Personal ocupado en la industria maquiladora de exportación según tipo de ocupación (July 28, 2006), <http://www.inegi.gob.mx/est/contenidos/espanol/rutinas/ept.asp?t=emp75&c=1811>.

⁷⁴ THE INTERNATIONAL CONFEDERATION OF FREE TRADE UNIONS (ICFTU), INTERNATIONALLY-RECOGNISED CORE LABOUR STANDARDS IN MEXICO (2002) [hereinafter ICFTU REPORT].

⁷⁵ Letter to Mexico's Chamber of Deputies, Human Rights Watch, Mexico: Fox's Labor Reform Proposal Would Deal Serious Blow to Workers' Rights (Feb. 9, 2006), *available at* <http://hrw.org/english/docs/2005/02/09/mexico10156.htm>.

⁷⁶ *Id.*

⁷⁷ ILRF SEXUAL HARASSMENT REPORT, *supra* note 72, at 8, tbl. 3.

⁷⁸ ICFTU REPORT, *supra* note 70.

⁷⁹ *Id.*