



February 3, 2001

The Committee on the Elimination of Racial Discrimination (CERD)

Re: Supplementary information on Argentina
Scheduled for review by CERD during its 58th Session

Dear Committee Members:

The purpose of this letter is to provide some independent information regarding Argentina scheduled to be reviewed by CERD during its 58th session. Non-governmental organizations, such as the Center for Reproductive Law and Policy (CRLP), can play a central role in providing the committee with information that is reliable, accurate and independent concerning the rights covered by the International Convention on the Elimination of All Forms of Racial Discrimination (Convention on Racial Discrimination). This letter will highlight several particular areas of concern related to the status of racial and ethnic minority and indigenous women's reproductive rights in Argentina. Specifically, our assessment will focus on discriminatory or inadequate laws and policies related to the reproductive health and lives of Argentine women who are members of these groups.

Reproductive rights are fundamental to women's health and equality. CRLP believes that state parties' commitment to ensuring these rights should receive serious attention. Further, reproductive health and rights are an explicit part of the Committee's mandate. Article 5 (e) (iv) of the Convention on Racial Discrimination mandates that state parties ensure that all people, without distinction as to race, national or ethnic origin or color the right to "public health, medical care, social security and social services." In General Recommendation 25, the Committee has recognized "that some forms of racial discrimination have a unique and specific impact on women" and "may have consequences that affect primarily or only women." The committee has identified coercive sterilization, sexual violence, and forced pregnancy resulting from rape as examples of discrimination that have a

disparate impact on women. Closely related examples of discrimination include women's inability to access reproductive health care services, such as family planning information and services, sexual education and pregnancy-related care.

In researching the status of Argentine women's reproductive health and lives generally, CRLP has found that women in Argentina's Northwest and Northeast regions are least likely to have access to comprehensive reproductive health services and are more likely to suffer negative health consequences as a result. The inequality in access is particularly apparent in the provinces of Chaco, Formosa and Jujuy, which, as indicated by the Argentine Government's report to the committee, are also home to a substantial portion of Argentina's indigenous population. Rural and poor women likewise suffer from a lack of access to such services. Unfortunately, existing information and statistics regarding Argentine women's ability to access reproductive health care services is rarely disaggregated by race, ethnic background or migrant status. This woeful lack of specific data impedes efforts to effectively evaluate the implementation of the Convention on Racial Discrimination's provisions concerning reproductive health.

CRLP has identified for the Committee the following issues of concern, which directly affect the reproductive health and lives of women in Argentina:

1. Access to Reproductive Health and Family Planning Services (Article 5(e)(iv))

a. Access to Reproductive Health and Family Planning Services

While lack of access to health services, care and information on family planning is a problem throughout Argentina, available data indicates considerable inequality in access to such services according to social class and region. As indicated by the Argentine government's current report to the Committee, indigenous populations are disparately poor and have the highest level of unmet needs. Poor and indigenous women are least able to access affordable, safe, and effective contraceptives.

b. Maternal Mortality

In 1997 the national reported maternal mortality rate was 38 per 100,000 live births.¹ This rate, however, varies greatly amongst Argentine provinces, with substantially higher rates reported in areas with large indigenous populations. In Chaco the maternal mortality rate is over three times the national average, with 126 maternal deaths per

¹ NATIONAL STATISTICS AND CENSUS BUREAU, ANUARIO ESTADÍSTICO DE LA REP. ARGENTINA [STATISTICAL ANNUAL OF THE REPUBLIC OF ARGENTINA] (1999).

100,000 live births.² In Jujuy, San Juan, and Formosa, the incidence of maternal mortality is almost as high.³ Notably, these statistics are likely higher since up to 50% of all maternal deaths go unreported.

² Mónica Gogna et.al, *Los Retos de la Salud Reproductiva: Derechos Humanos y Equidad Social* [*Challenges for Reproductive Health: Human Rights and Social Equality*], LA ARGENTINA QUE VIENE [THE ARGENTINA TO COME] (Aldo Isuani and Daniel Filmus (eds.), 1998).

³ Mabel Bianco, *Aportes para la Salud* [Contributions to Health] (May 2000, mimeograph).

c. Unsafe Abortion

Unsafe abortion is an endemic public health problem of alarming proportions. Argentina's highly restrictive abortion law has led to a thriving industry of underground abortion providers performing the procedure under unsafe conditions. Botched abortions account for 43%⁴ of all maternal deaths. These rates are double in the northwest and northeast regions, where unsafe abortions comprise 85% and 89% of maternal deaths, respectively.⁵

2. Domestic Violence (Article 5(b))

According to the Inter-American Development Bank, it is estimated that 25% of Argentine women are victims of violence and that 50% will encounter a violent situation at some time in their lives.⁶ Regrettably, no official data exists as to the impact of violence against indigenous or minority women. Given the high rates of violence against women, it is particularly alarming that there is only one shelter for victims of violence in the city of Buenos Aires and one additional shelter in the greater Buenos Aires region. Consequently, victims of violence outside of this urban area have little or no access to counseling and services.

The Committee should also consider addressing the following questions to the government of Argentina:

1. What efforts are being made to collect accurate information on indigenous women's social and economic indicators, especially in the area of health? (General Recommendation 25)
2. Given the government's acknowledgement in paragraph 94 of its 1998 report to CERD that areas in which "indigenous communities are found are the areas with the highest levels of unmet basic needs," what legislative and policy measures have been adopted to address barriers to access to reproductive health and family planning services? (Article 5(e)(iv))
3. What efforts are being made to address the issue of unsafe abortion, currently the primary cause of maternal mortality in Argentina, especially in areas with large indigenous populations? (Article 5(e)(iv))
4. In light of the high unsafe abortion rate, unequal access to contraceptives and uneven access to information, especially amongst indigenous populations, what legislative and policy measures are being taken to ensure that these groups have access to sexual education programs? (Article 5(e)(iv) & (v))

⁴ *Id.*

⁵ MARIA CORREIA, LAS RELACIONES DE GÉNERO EN LA ARGENTINA. UN PANORAMA SECTORIAL [GENDER RELATIONS IN ARGENTINA. A PANORAMA BY SECTOR] (World Bank, Dec. 1999).

⁶ Consejo Nacional de la Mujer [National Women's Council], *Statistics on Violence* (visited on July 1, 1999) <<http://www.cnm.gov.ar>>.

5. What efforts are being made to collect specific data on the extent of violence against indigenous, migrant and minority women? Are there plans to increase the number of shelters for women faced with violence within the family in areas that will enable minority women's access? (Article 5(b))

Finally, for the Committee's reference we have enclosed a report, co-authored by CRLP and the Instituto de Género, Derecho y Desarrollo in Argentina, entitled *Women's Reproductive Rights in Argentina: A Shadow Report*, which was presented to the 70th session of the Human Rights Committee in October 2000.

There remains a significant gap between the provisions contained in the Convention on Racial Discrimination and the reality of women's reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of women in the past and the Committee's recognition that racial discrimination does have a unique impact on women.

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

Very truly yours,

Luisa Cabal
Staff Attorney
Latin America and the Caribbean

Kathy Hall Martinez
Deputy Director
International Program