CENTER FOR REPRODUCTIVE RIGHTS

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

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

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Argentina, 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 Argentina. Specifically, it focuses on discriminatory or inadequate laws and policies related to Argentine 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 Argentina:

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. Absence of Comprehensive National Policies

Despite earlier recommendations made by the CEDAW Committee to the Argentine government that it should adopt a series of measures to reduce maternity-related mortality and morbidity, [5] there are no laws or policies at the national level to guarantee attention to reproductive health within the public health system, nor to guarantee equitable access to family planning services and methods. While some provinces and municipalities have sexual and reproductive health programs, it is of the utmost importance to have national laws and policies that recognize sexual and reproductive health as part of women's human rights.

A comprehensive approach at the national level requires the adoption of specific legislation. In this respect, it is worth noting that, in 1997, a draft national law creating a Responsible Procreation Program that had received initial approval by the Chamber of Deputies in 1995 lost parliamentary status in the Senate because it was not processed within the statutory two-year period. A similar draft law, which provides for the distribution of contraceptives in hospitals, social welfare associations and prepaid services, and is aimed at preventing unwanted pregnancies and promoting the sexual health of adolescents, received initial approval by the Chamber of Deputies in April 2001, and has been paralyzed in the Senate ever since.

B. Poverty and Health Services

Women's sexual and reproductive health has been affected by growing poverty and increasing unemployment, which Argentina's current economic crisis has brought to critical levels. It is estimated that 18 million persons—which represents half of Argentina's population—live in poverty[6] and approximately 3.6 million people are unemployed.[7] Over 11 million people have no health insurance coverage[8] and must rely on public health

services. An analysis of social security coverage by age group shows that persons between the ages of 20 and 29—reproductive years during which most women have a heightened need for reproductive health services—are those who receive the least coverage.[9]

C. Discrimination on the Basis of Age and Social Condition

Sexual education policies and programs are lacking in Argentina, and this is reflected in rising numbers of pregnancy among adolescents. A recent study revealed that the rate of adolescent pregnancy has increased from 3.3% in 1980 to 15.4% in 1999.[10] In other words, there are 105,546 minors whose mothers are between the ages of 9 and 19, with such births concentrated in the provinces with the highest poverty rates, such as Buenos Aires, Santa Fe, Chaco and Salta. The study also revealed that 44% of adolescent mothers live in low-income homes, mostly concentrated in the provinces of northern and northeastern Argentina. In contrast, the Federal Capital only registered 6.4% of babies born to adolescent mothers.[11]

Maternal mortality and adolescent fertility rates simultaneously highlight profound inequality in access to health and family planning services across territorial divisions and income levels. The government estimated national maternal mortality rate of 41 for every 100,000 live births in 1999 is three and four times higher in Chaco and Formosa, for example (132 and 161, respectively).[12] The adolescent fertility rate in Argentina in 1998 was 64 for every thousand births.[13] However, this rate varies in different regions of the country, and studies show that adolescent pregnancy and maternity mainly affect girls and young women with lower levels of education.[14]

D. Contraception

In Argentina, information on the prevalence and use of contraceptive methods is very limited. The only information available, which covers certain urban groups, comes from a survey of the female population carried out as part of the Permanent Households Survey in May 1994.[15] The survey showed a prevalence of contraceptive use greater than 50% among sexually active women,[16] with significant differences according to age.[17] However, as noted above, there are noticeable disparities according to income and education levels when it comes to accessing and using contraceptive methods. In all groups, there is a positive correlation between higher educational and income levels and the use of contraception.[18]

E. Emergency Contraception

Emergency contraception (EC) is legal in Argentina and there is no specific restriction on its use and distribution. However, low distribution means that the method is seldom used, making it ineffective in reducing unwanted pregnancies. In addition, a recent Supreme Court decision prohibits the sale of one brand of EC on the grounds that it is an abortifacient.[19] Fortunately, the Supreme Court decision simply reverses the authorization given by the National Drug, Food and Technology Administration (ANMAT) to manufacture, distribute and market IMEDIAT, a brand of EC that is no longer produced or sold in Argentina. The Court's decision is disturbing, however, since a similar case involving EC pills currently on the market could be brought before the Court at any time.

In light of the message sent by the Court in the IMEDIAT case, and the threat it poses to women's rights, there is a need to ensure that ANMAT abstains from applying moral or religious criteria when approving the sale of medication. It would therefore be appropriate to have more specific regulations on EC that expressly incorporate international standards and criteria on the matter.

F. Abortion

1. Criminalization of Abortion

The criminalization of abortion in Argentina is a public health problem that needs serious attention. Despite its legal prohibition in Argentina, it is estimated that between 335,000 and 500,000 clandestine abortions are performed every year, and according to figures provided by National Institute of Statistics and the Census, 37% of pregnancies end in abortion.[20]

Since abortion is illegal, the conditions under which it is performed—except when provided in private clinics—are far from safe, particularly for the poorest women. Abortion is the second cause of maternal mortality, accounting for 31% of maternal deaths.[21] According to a report by the System for Information, Monitoring and Evaluation of Social Programs, this high ratio of abortion-related deaths is due in large part to scarce medical supervision of pregnancies, the poor socio-environmental conditions in which they occur, pregnant women's nutritional and health deficit, and unsafe abortion practices in the poorest sectors of society.[22] It should also be noted that the primary cause of pathology-related hospitalization in Argentina's health services is for abortion-related complications.[23] Abortion is the second cause of hospital admission in women between the ages of 15 and 34.[24] Furthermore, the punitive legal framework discourages the treatment of abortion-related complications by health services, due to fear and/or prejudice on the part of professionals.

The CEDAW Committee has suggested that the Argentine Government adopt a variety of measures to reduce maternity-related mortality and morbidity, [25] and revise the legislation that penalizes women who undergo abortion.[26] The Argentine authorities have taken no action in this regard. Not only is there an absence of government policies addressing unsafe abortion and scarce dissemination of the data produced by medical and health authorities,[27] but there has been a marked resurgence of ideological and extremist currents undermining women's fundamental rights with regard to their sexuality and reproduction. In the current climate, there is little possibility of liberalizing laws that penalize abortion,[28] and approving national reproductive health laws. Indicative of this trend, which is rooted in the influence of the Catholic Church, is a decree promulgated by the Executive Branch in December 1998, which made the 25th of March the annual "Day of the Unborn Child."[29] There are no serious initiatives to decriminalize abortion, and draft laws aimed at promoting preventive and educational sexual health projects are still stalled in the Senate. The draft bills, all of which have been initially approved by the Chamber of Deputies, include (i) a bill establishing a National Sexual Health and

Responsible Procreation Program, (ii) a bill establishing the Plan for the Comprehensive Protection of Children and Adolescents and (iii) a bill addressing Prevention of High Risk Behaviors, focused on teaching subjects linked to preventing addiction and related topics.

2. Legal Abortion

Despite the fact that Argentina is one of the countries permitting therapeutic abortion to save a woman's life or preserve her health, the situations in which the exception applies are defined in an ambiguous manner and have not been elaborated upon in specific regulations. The result has been a pattern of exceedingly narrow interpretations of the therapeutic exception, colored by the moral and religious convictions of public officials and magistrates.[30]

Accordingly, although exact figures are unavailable, the number of legal abortions performed in the country is presumed to be very low, given the reticence on the part of legal and medical professionals to authorize or perform them. Indeed, in the public health sector, there is a deep-rooted fear of practicing legal abortion. This fear is evidenced by the fact that health care personnel routinely request legal authorization to practice a legal abortion, even though there is no such requirement in the law. When there is some indication that an abortion may be legal, seeking legal authorization usually involves a long and tortuous process, which delays a woman's access to the procedure.[31] It is imperative to establish legal and institutional mechanisms enabling women to benefit from the exceptions to the abortion prohibition.[32]

G. HIV/AIDS

HIV/AIDS infection in Argentina is concentrated in marginalized and low-income urban areas, and has been marked by a process of rapid feminization.[33] Proof of the feminization of HIV/AIDS is the change in the ratio of infected men to women. In 1988 it was 14:1, and in 2001 it was 3:1.[34] The total number of cases reported from the beginning of the epidemic to September 30, 2001 was 20,713. However, after factoring in a delay for information transmission, the estimate rises to 23,000 cases.[35]

Argentina is the Latin American country with the highest percentage of children with HIV/AIDS, almost 90% of whom were infected by mother-to-child transmission. This is an indication of the high HIV/AIDS infection rate among young women of childbearing age. To deal with the situation, in 1998 the Ministry of Health and Social Welfare (MSAS) formulated a draft perinatal standard on HIV/AIDS that recommended "offering voluntary serology as part of routine prenatal care, to all pregnant women at their first check-up."[36] However, stopping the spread of HIV/AIDS requires a comprehensive legal and policy framework for sexual education and the promotion of sexual and reproductive health. As mentioned above, such a framework does not exist at the national level.

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.[37] The Committee defines "gender-based violence" as "violence that is directed against a woman because she is a woman or that affects women disproportionately."[38] It includes acts that inflict sexual harm or suffering.[39] The Committee emphasizes that CEDAW 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.[40]

A. Domestic Violence

In Argentina, domestic violence affects one out of every five couples. In 42% of cases where women are murdered, the crime is committed by their partner. Thirty-seven percent of women who are beaten by their husbands have been encountering this type of abuse for 20 years or more. According to information from the Inter-American Development Bank, it is estimated that 25% of women in Argentina are victims of violence, and that 50% will experience a violent situation at some point in their lives.[41]

Information from the government of the City of Buenos Aires shows that the number of cases of family violence reported by women—in the Federal Capital alone—has increased. In 1999, there were 25,530 cases reported by battered women, two thousand more than in 1998 and ten thousand more than in 1996.[42] In 82% of cases, the perpetrators were the women's partners; and in 45% of reported cases, the abused women had been in the violent relationship for over six years. The age group hardest hit was between the ages of 25 and 34.[43]

Despite the fact that Argentina has both national and provincial laws dealing with domestic violence, legal and institutional mechanisms are generally not effective. Advocates for victims of family violence identify problems in enforcing the law, such as unduly stringent evidentiary requirements[44] and the need for periodic requests to maintain protective measures over time.[45] While the law makes it fairly easy for the victim to bring charges, it simultaneously gives judges a very slim margin for maneuver.[46] If the perpetrator fails to observe protective measures, the only alternative is to bring criminal charges, which are seldom effective.[47]

B. Sexual Violence

According to one study, an average of approximately 6,000 police reports a year for sexual offenses (rape, statutory rape, dishonest abuse, etc.) were made between 1970 and 1996. While not all of these cases fit the legal description of rape, they were all cases of coercive sexual practices.[48]

The average number of guilty sentences for these offences over the same period was 622 sentences per year. There is a glaring disproportion of reported offenses and convictions.[49] Many reported offenses do not make it to trial, and when they do, they do not always end in convictions. In both cases, the most common explanation for this impunity is lack of evidence or insufficient evidence.[50]

Rehabilitation programs for men do not exist for rapists. There are few institutions with rehabilitation groups. Shelters are also very scarce; there is one in the city of Buenos Aires and one in Greater Buenos Aires. There are, however, stopgap places (nun's residences or other institutions) that operate as transitory shelters but have neither the resources nor the conditions of a shelter.[51]

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

1. What legislation and policies have been adopted to address the barriers and social inequalities that women face in accessing comprehensive and affordable reproductive health and family planning information and services? Has the government taken any measures to speed the enactment of strategic reproductive health laws that have been delayed in the Senate?

2. What measures have been taken to institutionalize sexual education programs beyond simply recognizing the importance of these programs in the Federal Education Law?

3. Has the government presented any measures to ensure the availability of EC?

4. What measures are being taken to reduce the maternal mortality rate? Has the government taken any initiative to address the issue of unsafe abortion? Has the government taken any measure to expand the exceptions to the criminal law on abortion?

5. How has the initiative taken by the MSAS in 1997 to deal with the mother-to-child HIV transmission been implemented? Are there any indicators that measure its success or failure? Have other policies been adopted in order to reduce the high rate of mother-to-child HIV transmission?

6. Has the government taken any steps to offer legal protection to providers who do not seek judicial authorization for legal abortions?

7. How has the government addressed the marked disparity between the number of reported sexual offenses and the number of convictions for these crimes?

8. With respect to domestic violence, what legal remedies are available to women whose abusers fail to obey protective measures?

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 for steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Argentine 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] CEDAW Committee, *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Argentina*, 17th Sess., 355-356th mtgs., para. 318, U.N. Doc. A/52/38/Rev. 1, Part l (Aug. 12, 1997) [hereinafter CEDAW Committee, *Concluding Observations: Argentina*].
[6] *See* Cambio Cultural, *La Pobreza en Argentina* [*Poverty in Argentina*] (May 10, 2002), *available at* http://www.cambiocultural.com.ar/actualidad/pobreza.htm (last visited June 14, 2002).
[7] *See* Ismael Bermúdez, *La desocupación llegaría al 25,2%* [*Unemployment Reaches 25.2%*], CLARÍN, June 1, 2002, *available at* http://www.old.clarin.com/diario/2002/06/01/e-00701.htm (last visited June 14, 2002).
[8] *See* Paula Andalóm, *Las deudas históricas que tiene el sistema de salud en la Argentina* [*Historical Debts of the Health System in Argentina*] CLARÍN*,* Apr.8, 2002, *available at* http://old.clarin.com/diario/2002/04/08/s-03601.htm (last visited June 14, 2002).
[9] *See* Mabel Bianco, *¿Qué servicios y para quienes?* [*Which Services and for Whom?*], *in* MUJERES SANAS, CIUDADANAS LIBRES (O EL PODER DE DECIDIR) [HEALTHY WOMEN, FREE CITIZENS (OR THE POWER TO DECIDE)] 77 (Mabel Bianco, et al. eds., 1998) [hereinafter Bianco, *Which Services and for Whom?*].
[10] *See* Sibila Camps, *De cada 100 bebes, 15 son de madres niñas o adolescentes* [*15 out of every 100 Babies are Born to Girl or Adolescent Mothers*], CLARÍN, Apr. 18, 2001, *available at* http://old.clarin.com/diario/2001/04/18/s-03904.htm (last visited June 14, 2002).
[11] *See* NATIONAL HEALTH STATISTICS PROGRAM, MINISTRY OF HEALTH, ANUARIO DE ESTADÍSTICAS VITALES [VITAL STATISTICS YEARBOOK] 24 (1999), *available at* http://www.unicef.org/argentina/datos_estadistica.php3 (last visited June 14, 2002) [hereinafter NATIONAL HEALTH STATISTICS PROGRAM, VITAL STATISTICS YEARBOOK].
[12] *See id.* at 23.
[13] THE WORLD BANK, WORLD DEVELOPMENT INDICATORS 2000 98 (2000).
[14] For example, in 1995 the early fertility rate (10-14 years of age) ranged from 0.7 per thousand in the Federal Capital to 4.6 per thousand in Chaco; whereas the later fertility rate (15-19 years of age), ranged from 25 per thousand in the Federal Capital, to 102 per thousand in Formosa. *See* Mónica Gogna*,* et al.*, Retos de la salud reproductive: derechos humanos y equidad social* [*Reproductive Health Challenges: Human Rights and Social Equality*], *in* ARGENTINA QUE VIENE: ANÁLISIS Y PROPUESTAS PARA UNA SOCIEDAD EN TRANSICIÓN [ARGENTINA TO COME: ANALYSIS AND PROPOSALS FOR A SOCIETY IN TRANSITION] 336 (Aldo Isuani & Daniel Filmus eds., 1998).
[15] This survey not only covered just a few of the country's urban centers, it also failed to provide information on the types of methods used and the motivations for their use. *See id*. at 345.
[16] Paraná was the urban area with the lowest prevalence (53.2%) and Greater Buenos Aires showed the highest prevalence, 64.6% (with 72.8% in the Federal Capital and 62% in the surrounding urban area). *See id.* at 345-346.
[17] In all cases there were significant differences according to age: in the 15-to-9 age group (adolescents) the proportion varied from 31% y 45%, whereas for the rest of the women of childbearing age, the proportion ranged from 53% to 68%. Adolescents in Buenos Aires showed atypical results, with a contraceptive-use prevalence rate of 86%. This high percentage may be due to the existence of the Responsible Procreation Program, which provides access to contraceptive methods. *See* Teresa Durand and María Alicia Gutiérrez, *Cuerpo de mujer: Consideraciones sobre los derechos sociales, sexuales y reproductivos en la Argentina* [*A Woman's Body: Thoughts on Social, Sexual and Reproductive Rights in Argentina*], *in* MUJERES SANAS: CIUDADANAS LIBRES (O EL PODER PARA DECIDIR) [HEALTHY WOMEN, FREE CITIZENS (OR THE POWER TO DECIDE)] 27 (Mabel Bianco, et al. eds., 1998).
[18] *See* Gogna, *supra* note 14, at 346-347. *See also* Silvina Ramos, *¿Qué son los derechos reproductivos y sexuales?* [*What are Reproductive and Sexual Rights?*], *in* TRIBUNAL PERMANENTE POR LOS DERECHOS DE LAS MUJERES A LA SALUD [STANDING TRIBUNAL FOR WOMEN'S RIGHT TO HEALTH] 103 (Permanent Forum for Women's Rights, eds., 1997).
[19] It is worth mentioning that, with this decision, Argentina's highest court ignored the prevailing position in the international medical community, including the World Health Organization, which has stated that EC does not end

pregnancy, but rather prevents it, and therefore is not a form of abortion. *See* WORLD HEALTH ORGANIZATION (WHO), EMERGENCY CONTRACEPTION, A GUIDE FOR SERVICE DELIVERY 20 (1998). WHO describes emergency contraception as a method that can be used by women during the first days following unprotected sexual intercourse to prevent unwanted pregnancy. *Id.*

[20] *See* MABEL BIANCO, APORTES PARA SALUD [INPUT FOR HEALTH] 2 (2000) (Mimeograph on file with CRLP) [hereinafter BIANCO, INPUT FOR HEALTH].

[21] *See* NATIONAL HEALTH STATISTICS PROGRAM, VITAL STATISTICS YEARBOOK, *supra* note 11, at 53.

[22] SISTEMA DE INFORMACIÓN, MONITOREO Y EVALUACIÓN DE PROGRAMAS SOCIALES (SIEMPRO) [SYSTEM FOR INFORMATION, MONITORING AND EVALUATION OF SOCIAL PROGRAMS], CONSEJO NACIONAL DE COORDINACIÓN DE POLÍTICAS SOCIALES [NATIONAL COUNCIL FOR SOCIAL POLICY COORDINATION], PRESIDENCIA DE LA NACIÓN [NATIONAL PRESIDENT'S OFFICE], DÍA INTERNACIONAL DE LA MUJER, 8 DE MARZO DE 2001 [INTERNATIONAL WOMEN'S DAY REPORT, MARCH 2001]*, available at* http://www.siempro.gov.ar/banner/INF_MUJER.doc (last visited June 14, 2002).

[23] *See Olivera va a proponer cambios a la Ley de Salud Reproductiva* [*Olivera Will Propose Changes to Reproductive Health Law*], CLARÍN, July 11, 2000, *available at* http://old.clarin.com/diario/2000/07/11/s-04001.htm (last visited July 14, 2002).

[24] *See* BIANCO, INPUT FOR HEALTH*, supra* note 20, at 2.

[25] *See* CEDAW Committee, *Concluding Observations: Argentina, supra* note 5*,* para. 319.

[26] It is likewise worth adding that the United Nations Human Rights Committee, in General Comment 28, considered that States' duty to protect and ensure the right to life includes the duty to protect women who terminate a pregnancy, and asked States to take measures to guarantee that women's lives were not endangered by restrictive legal provisions on abortion, forcing them to obtain abortion in clandestine, unsafe conditions. *See* Human Rights Commitee, *General Comment 28*, *Equality of Rights between Men and Women (Article 3)*, para. 10, U.N. Doc. No. CCPR/C/32/Rev.1/Add.10 (2000). In this respect, the Committee has recommended the liberalization of laws that criminalize abortion. In Argentina's case, the Human Rights Committee expressed its concern with the discriminatory aspects of the laws and policies in effect, which result in a disproportionate number of low-income women living in rural areas resorting to illegal, high-risk abortion. *See* Human Rights Committee, *Concluding Observations of the Committee on Human Rights: Argentina*, 70th Sess., 1883-1884th mtgs., para. 14, U.N. Doc. CCPR/CO/70/ARG (Nov. 3, 2000) [hereinafter Human Rights Commitee, *Concluding Observations: Argentina*].

[27] *See* BIANCO, INPUT FOR HEALTH*, supra* note 20, at 2. *See also* Silvina Ramos, *Aportes de la investigación social a las actividades de advocia en el campo del aborto inducido en América Latina* [*Social Research's Contribution to Advocacy in the Area of Induced Abortion in Latin America*], *in* LA PROMOCIÓN Y PROTECCIÓN DE LOS DERECHOS SEXUALES Y REPRODUCTIVOS EN LA REGIÓN: SEMINARO SEMINARIO DEL 14 AL 16 DE JUNIO, 1999, SANTIAGO, CHILE [THE ADVANCEMENT AND PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN THE REGION: SEMINAR JUNE 14-16, 1999, SANTIAGO CHILE] 55 (1999).

[28] *See* Gaby Oré Aguilar, *Introducción* [*Introduction*], *in* LA PROMOCIÓN Y PROTECCIÓN DE LOS DERECHOS SEXUALES Y REPRODUCTIVOS EN LA REGIÓN: SEMINARO SEMINARIO DEL 14 AL 16 DE JUNIO, 1999, SANTIAGO, CHILE [THE ADVANCEMENT AND PROTECTION OF SEXUAL AND REPRODUCTIVE RIGHTS IN THE REGION: SEMINAR JUNE 14-16, 1999, SANTIAGO CHILE] 3 (1999).

[29] Decree No. 1406, Dec. 10, 1998, O.G.

[30] Narrow and contradictory judicial decisions in Argentina with regard to requiring legal authorization to perform an abortion and granting such authorization illustrate the obstacles and complications faced by women who wish to obtain a legal abortion. In this respect it is worth mentioning the sentence handed down by the judge of Misiones who, in the case of a 15 year-old girl raped by her father, refused to authorize the abortion, stating that "if the mother's life is not in danger, priority must be given to the life that is in the womb." *See* Instituto de Género, Derechos y Desarollo (IGDD), INFORME BORRADOR: MUJERES DEL MUNDO [DRAFT REPORT: WOMEN OF THE WORLD] 29 (1999) (on file with CRLP) [hereinafter IGDD, DRAFT REPORT: WOMEN OF THE WORLD]. Equally illustrative are rulings by the Supreme Court of the Nation and the Supreme Court of Buenos Aires, which handed down contradictory sentences in two similar cases where legal authorization was sought to induce labor for a fetus with no possibility of life outside the uterus. *See* Supreme Court of the Nation, sent., January 11th, 2001, and Supreme Court of Justice of Buenos Aires, Ac. 82.058, "B.A. Autorización Judicial" (B.A. Legal Authorization), June 22nd, 2001.

[31] There are some isolated rulings that, without giving an opinion on the request, have established that the application for authorization from the judicial body is not appropriate, since the law does not provide for it. *See id., citing* IGDD, DRAFT REPORT: WOMEN OF THE WORLD at 29-30.

[32] It is worth recalling the concern expressed by the Human Rights Committee in its concluding observations to Argentina that the criminalization of abortion dissuades doctors from performing this procedure without a judicial mandate, even when the law permits such a procedure in cases where the mother's health is at grave risk, or when the pregnancy is the result of rape of a women with a mental impairment. The Committee also observed that, in cases where abortion can be practiced legally, all obstacles to obtaining the abortion must be eliminated, and that national legislation should be amended to authorize abortion in all cases of pregnancy due to rape. *See* Human Rights Committee, *Concluding Observations: Argentina*, *supra* note 26, para. 14.
[33] *See* Mabel Bianco et al., *Derechos Humanos y acceso a tratamiento para VIH/SIDA en Argentina* [*Human Rights and Access to Treatment for HIV/AIDS in Argentina*], *in* SERIE, ESTUDIO DE CASOS SOBRE DERECHOS HUMANOS [SERIES: CASE STUDIES ON HUMAN RIGHTS] 20 (1999).
[34] *See* Ministry of Health, *El SIDA en la Argentina: Situación al 30 de setiembre de 2001* [*AIDS in Argentina: The Situation as of September 30, 2001*]*, at* http://www.msal.gov.ar/htm/site/lusida/separatas/separata092001/separata092001.htm (last visited June 14, 2002).
[35] *See id.*
[36] *See* Bianco, *Which Services and for Whom?*, *supra* note 9, at 88.
[37] 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).
[38] *Id.* para. 6.
[39] *See id.*
[40] *See id.* para. 9.
[41] *See* Instituto de Género, Derechos y Desarollo (IGDD), INFORME SOMBRA PRELIMINAR [PRELIMINARY SHADOW REPORT] 15 (2000) (on file with CRLP) [hereinafter IGDD, PRELIMINARY SHADOW REPORT].
[42] *See* Alba Piotto, *Capital: cada vez hay más mujeres golpeadas* [*Number of Battered Women in the Capital on the Rise*], CLARÍN, Mar. 1, 2000, *available at* http://www.ar.clarin.com./diario/2000-03-01/e-03601d.htm (last visited, Nov. 9, 2000).
[43] *See id.*
[44] See IGDD, PRELIMINARY SHADOW REPORT, *supra* note 41, at 15.
[45] *Id.*
[46] *See* EQUIPO DE SEGUIMIENTO, INVESTIGACIÓN Y PROPUESTA DE POLÍTICAS (ESIPP) [RESEARCH AND POLICY PROPOSAL FOLLOW-UP TEAM], CONSTRUYENDO CIUDADANÍA, ESTRATEGIAS DE SEGUIMIENTO DE LOS COMPROMISOS DE EL CAIRO, COPENHAGEN Y BEIJING [BUILDING CITIZENSHIP, STRATEGIES FOR FOLLOWING UP ON THE CAIRO, COPENHAGEN AND BEIJING COMMITMENTS] 24 (1997).
[47] *See id.*
[48] CENTRO DE ENCUENTROS CULTURA Y MUJER (CECYM) [CULTURE AND WOMEN MEETING CENTER], LA CONSULTA MÉDICA EN LOS CASOS DE VIOLACIÓN [MEDICAL CONSULTATION IN RAPE CASES] 11 (1997).
[49] Taking into account calculations that only 10% of cases are reported, there are 60 000 sexual offense cases a year, in other words, 16 cases a day. *See id.*
[50] *See id.*
[51] *See* IGDD, PRELIMINARY SHADOW REPORT, *supra* note 41, at 14.