



June 19, 2003

The Human Rights Committee

Re: Supplementary information on El Salvador
Scheduled for review by the UN Human Rights Committee during its seventy-
eighth session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by El Salvador, which is scheduled to be reviewed by the Human Rights Committee (the Committee) during its 78th session. 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 the International Covenant on Civil and Political Rights (ICCPR). This letter highlights several areas of concern related to the status of women's reproductive and sexual health and rights in El Salvador and focuses specifically on discriminatory or inadequate laws and policies.

Because reproductive rights are fundamental to women's health and equality, States Parties' commitment to ensuring them should receive serious attention. Further, women's reproductive health and rights receive broad protection under the ICCPR. In its elaboration of equality of rights between men and women in General Comment 28, the Committee directs States Parties to report on laws as well as government or private action that interferes with women's equal enjoyment of the right to privacy in the area of reproductive health.¹ The Committee asks States Parties to eliminate any interference in the exercise of this right.² Women's lack of access to health services, and particularly reproductive health services, has been identified by the Committee as a violation of Article 3, which guarantees the right of equality of men and women.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 El Salvador:

A. The Right to Reproductive Health Care, including Family Planning and Safe and Legal Abortion Services (Articles 3, 6, 23, and 26 of the ICCPR)

The ICCPR's guarantee of the right to life in Article 6 requires governments to take "positive measures" aimed at preserving life.⁴ Such measures should respond to the needs of both women and men, in keeping with Articles 3 and 26, which guarantee the

right to equal enjoyment of the rights in the Covenant and equality before the law.⁵ Because reproductive health care is an essential condition for women's survival, these provisions collectively give rise to a governmental duty to ensure the full range of reproductive health services, including the means of preventing unwanted pregnancy, as well as safe abortion. As the Committee noted in General Comment 28, when reporting on compliance with the duty to fulfill the right to life, "States parties should give information on any measures taken by the State to help women prevent unwanted pregnancies, and to ensure that they do not have to undergo life-threatening clandestine abortions."⁶

The Committee has found possible violations of the ICCPR where women have difficulty accessing contraceptive methods to prevent unwanted pregnancies.⁷ It has recognized that women's lack of access to contraceptives, including their high cost, is discriminatory.⁸ The Committee has further called upon States to take measures "to ensure that women do not risk life because of restrictive legal provisions on abortion," i.e. being forced to seek abortions under clandestine, unsafe conditions.⁹ In this regard, the Committee has recommended liberalization of laws that criminalize abortion.¹⁰

1. Family Planning

Sixty percent of women between the ages of 15 and 49 living in unions use contraception, with fifty-four percent using a modern contraceptive method.¹¹ However, in a 1998 survey, which included divorced and single women, only 38% of all women aged 15-49 used contraceptives.¹² Rural, low-income, and less-educated women still have reduced access to contraception.¹³

Surveys also show that El Salvador has a high rate of unplanned and unwanted pregnancies.¹⁴ Furthermore, there are many women who wish to postpone motherhood and control the spacing of their children but have limited access to contraceptive methods.¹⁵ Women's ability to control their fertility may be further limited by the prevalence of powerful religious influences and male chauvinist behavior patterns that surround the issue of family planning, especially in rural areas.¹⁶ Access to family planning information and methods is even more vital in El Salvador's environment of highly restrictive abortion laws, where an unplanned or unwanted pregnancy can expose a woman to the myriad risks that accompany clandestine and unsafe abortion. In this context, the government should ensure access to family planning information and services in a non-discriminatory manner, and pay special attention to the needs of rural, low-income, less-educated, and adolescent women.

2. Abortion

Contrary to the Committee's recommendations and the global trend toward liberalizing abortion laws, El Salvador has enacted one of the most restrictive abortion laws in the world.¹⁷ The new Penal Code, which came into effect in April 1998, eliminated the legal grounds that had previously permitted abortion under limited circumstances – such as in cases of rape or danger to the pregnant woman's health – thereby prohibiting abortion altogether.¹⁸ As part of the tendency to restrict women's access to legal abortion, Article

1 of the Constitution was amended in January 1999 to protect the right to life from the moment of conception.¹⁹

Abortions performed in high-risk conditions are the second highest cause of maternal mortality in El Salvador,²⁰ where the maternal mortality rate is one of the highest in the region: 300 maternal deaths per 100,000 live births for the period from 1990 to 1997.²¹ Statistics from the Ministry of Public Health and Social Assistance (MSPAS), which monitors the number of hospital admissions due to abortion in the health centers under its jurisdiction, show that, in 1998, the MSPAS recorded 7,346 abortion-related hospital admissions nationwide,²² and 3,766 such admissions in the first half of 1999.²³ However, these figures can only be seen as an indication of the prevalence of abortion and do not reveal the full extent of the practice of clandestine abortion in El Salvador because of inconsistent record keeping.²⁴ Furthermore, women generally avoid going to the hospital when they suffer complications from an unsafe abortion because they fear being reported to the authorities.²⁵

The country's restrictive abortion laws are particularly harsh for low-income women who cannot afford a costly abortion under safe conditions in El Salvador or abroad. Poorer women are forced to have clandestine abortions, often at the hands of untrained practitioners, who may exploit their vulnerability.²⁶ In a context in which abortion is illegal and society condemns it, health care providers' response to complications arising from clandestine abortions is discriminatory, accusatory, and guilt-inducing. Despite legal and professional norms upholding patients' rights to confidentiality in accessing medical treatment, many complaints of abortion are made by public and private hospitals.²⁷

National and international NGOs and prominent attorneys have been collaborating on an appeal urging legal reform to permit therapeutic abortion.²⁸

3. HIV/AIDS

The number of people living with HIV/AIDS in El Salvador has risen consistently since the first AIDS cases were reported in 1984. UNAIDS estimates that 24,000 people were living with HIV/AIDS at the end of 2001, while 2,100 adults and children died of AIDS in the same year.²⁹ For cases analyzed through 1999, heterosexual intercourse was the most frequent means of transmission (77.2%),³⁰ and there is a trend towards the "feminization" of the rate of infection reflecting broad societal discrimination and the lack of specific services especially for women.

In October 2002, the Legislative Assembly removed a 2001 legal provision requiring job applicants to take HIV tests, in response to concern that mandatory testing encouraged discrimination against infected persons and hindered their ability to find employment.³¹ However, despite these improvements, there is evidence that HIV-positive persons continue to be discriminated against both professionally and socially and that mandatory HIV testing continues in certain contexts.³²

4. Adolescent Reproductive Health

Adolescents are a particularly vulnerable segment of El Salvador's population. Adolescents have been hit particularly hard by the HIV/AIDS epidemic,³³ and El Salvador's teenage pregnancy rate is one of the highest in Latin America.³⁴ In fact, 20% of all births are to women under 20, and 41.6% of women have already had their first child before the age of 20. The low rate of contraceptive use among adolescents is also noteworthy; only 4.4% of women between the ages of 15 and 24 used contraceptives during their first sexual relations.³⁵ Forty-eight percent of births to adolescent mothers were unplanned.³⁶

In 1998, MSPAS established the Regulations on Health Care for Adolescents (RHCA). Objectives included care for high-risk groups like pregnant adolescents, those at risk of contracting STIs, including HIV/AIDS, and adolescent victims of violence. In addition, the regulations include guidelines for the provision of different types of contraceptives according to the situation of the particular adolescent.³⁷ Despite these improvements, adolescents still face discrimination and have limited access to reliable information and high quality care.³⁸

B. Violence Against Women and Girls and Sexual Harassment (Articles 3, 6 & 7)

Article 7 of the ICCPR states that no one shall be subjected to torture, inhuman or degrading treatment, or punishment. Article 6 ensures the individual's right to life. Both of these rights are violated when women have no protection from rape and domestic violence. Article 3, which provides for the equal enjoyment by both sexes of the Covenant's rights, is violated where governments fail to enact and enforce laws protecting women's physical safety and integrity.

The Committee has urged States to promulgate laws providing effective protection against rape, sex abuse, and violence against women.³⁹ The Committee's numerous comments to States Parties on domestic violence⁴⁰ reinforce state responsibility by placing a strong emphasis on the need for legislation to criminalize this violence.⁴¹ The Committee has further commented that acts of discrimination, such as sexual harassment in the workplace, should "be an offence punishable by law."⁴²

1. Domestic and Sexual Violence

While laws are in place that criminalize domestic and sexual violence, they are undermined by lack of implementation and an inadequate government response. Domestic violence is addressed in two legal instruments, the Law Against Domestic Violence (LVI), passed in November 1996, and the Penal Code, which came into effect in 1998 and defines the crime of domestic violence in Article 200.⁴³ The LVI establishes the state's obligation to prevent, punish, and eradicate domestic violence.

Despite these efforts, domestic violence remains a serious and often deadly threat for the women of El Salvador. The Institute for the Advancement of Women (ISDEMU) received reports of 3,725 domestic violence cases in 2002 and 3,423 cases in 2001.⁴⁴ According to statistics compiled from media reports by the women's NGO Instituto de Estudios de la Mujer "Norma Virginia Guirola de Herrera" (CEMUJER), 238 women died at the hands of intimate partners in 2002.⁴⁵ Between January 1 and 29, 2003, eight women were killed by intimate partners.⁴⁶

Sexual violence also blights the lives of many women and children in El Salvador despite efforts to improve support services and legal remedies for its victims. As a result of Criminal Code reforms in 2001, a victim's pardon can no longer nullify a rape charge.⁴⁷ Spousal rape is not addressed in the law but if the actions meet the Criminal Code's definition of rape, it can be considered a crime.⁴⁸

As with domestic violence, the underreporting of sexual violence makes it difficult to assess the true magnitude of the problem. In 2001, the ISDEMU received 386 cases of sexual aggression and 451 cases in 2002.⁴⁹ These alarming statistics do not reflect the full scope of the problem, as incidents of domestic and sexual violence are underreported for a host of reasons including societal and cultural pressures against the victim; authorities' poor response to victims; and doubt that reporting will actually yield a beneficial result.⁵⁰

2. Sexual Harassment and Pregnancy Discrimination

Disturbing reports of sexual harassment and pregnancy discrimination within the National Civilian Police (PNC) raise concerns about whether the institution is protecting the rights of women, both in the force and society at large. According to a 2000 survey conducted by CEMUJER, sexual harassment was pervasive, with almost 60 percent of female sergeants reporting that they had been victims of violence within the police force.⁵¹ In addition, independent observers have reported that the expedited disciplinary procedures, which are intended to rid the PNC of wrongdoers, have been used by some supervisors to remove pregnant employees who are innocent of any crime.⁵²

The measures taken by the government to remedy sexist practices within the PNC seem more likely to invite discrimination against pregnant women than to alleviate it. Pregnant women are required to wear formal maternity clothing from the third month of pregnancy on; are relegated to administrative positions; and can only work specified and limited hours.⁵³ Chiefs of police units are required to help ensure that pregnant women under their command have a monthly obstetrical exam,⁵⁴ which violates women's privacy and suggests that women's pregnancies are being closely monitored.

Within El Salvador's Export Processing Zones (EPZs), the International Confederation of Trade Unions has reported cases of sexual harassment, and mandatory pregnancy tests as a prerequisite for hiring along with dismissals of workers who later become pregnant.⁵⁵

The Committee should consider addressing the following questions to the Government of El Salvador:

- 1) What steps are being taken to address the high level of maternal mortality in El Salvador? What is being done to address the barriers that women face in accessing full and affordable reproductive health and family planning services?
- 2) What measures are being taken to address the issue of unsafe and illegal abortion, one of the primary causes of maternal mortality? What governmental efforts exist to ensure post-abortion care for complications as well as for reproductive health counseling? What measures are being taken to ensure that women who develop complications are not doubly victimized by both the health care and the criminal justice system?
- 3) Since abortion is illegal even in cases of rape and incest, are suitable measures being taken to ensure that victims of sexual violence have access to emergency contraception? Is the government responding to the concerns of those who seek to reinstate the exceptions for therapeutic abortion?
- 4) How successful are government efforts to ensure that all persons living with HIV/AIDS have access to comprehensive medical services? Is the government suitably addressing the problem of the “feminization” of HIV/AIDS? Are the measures that have been taken to combat discrimination against persons living with HIV/AIDS efficacious and are they being suitably implemented and enforced? What additional legal protections should be provided for those living with HIV/AIDS?
- 5) How successful have government programs been in ensuring that adolescents have access to reproductive health services, and what efforts have been made to ensure that adolescents’ rights to privacy and confidentiality are respected when seeking such services? Are the needs of adolescents in rural areas being adequately addressed?
- 6) What governmental efforts have been made to enforce the state’s policies and address the continuing problem of impunity with respect to sexual and domestic violence against women? Are there plans to increase the number of shelters for women faced with violence within the family? What efforts are being made to create adequate institutional infrastructures that conduct proper investigations for sexual crimes?

Finally, we will be providing the following supporting documentation for the Committee’s reference:

- ◆ *Persecuted: Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis* (Center for Reproductive Rights, ed. 2001).
- ◆ The El Salvador chapter in *Women of the World: Laws and Policies Affecting Their Reproductive Lives, Latin America and the Caribbean*, (Center for Reproductive Rights and DEMUS, Estudio para La Defensa de los Derechos de la Mujer, 1997)
- ◆ The El Salvador Chapter in *Women of the World: Laws and Policies Affecting Their Reproductive Lives, Latin America and the Caribbean, Progress Report 2000* (Center for

Reproductive Rights and DEMUS, Estudio para La Defensa de los Derechos de la Mujer, 2000)

There remains a significant gap between the provisions of the International Covenant on Civil and Political Rights 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, 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 the government of El Salvador's compliance with the ICCPR. If you have any questions, or would like further information, please do not hesitate to contact us.

Very truly yours,

Luisa Cabal
Legal Adviser for Latin America
and the Caribbean

Laura Katzive
Legal Adviser for Global Projects

¹ Human Rights Committee, General Comment 28, Equality of rights between men and women (Article 3), 68th Sess., 1834th mtg., para. 20, U.N. Doc. CCPR/C/21/Rev/1/Add/10 (2000) [hereinafter HRC, General Comment 28].

² *Id.*

³ See, e.g., *Concluding Observations of the Human Rights Committee: Ecuador*, 63rd Sess., 1692nd mtg., para. 11, U.N. Doc. CCPR/C/79/Add.92 (1998) [hereinafter *HRC Concluding Observations: Ecuador*]; *Concluding Observations of the Human Rights Committee: Poland*, 66th Sess., para. 11, U.N. Doc. CCPR/C/79/Add.110 (1999) [hereinafter *HRC Concluding Observations: Poland*].

⁴ Human Rights Committee, General Comment 6, Right to Life (Article 6), 16th Sess., para. 5 (1982).

⁵ International Covenant on Civil and Political Rights, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc A/6316 (1966), art. 3, art. 36, 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976) [hereinafter Civil and Political Rights Covenant].

⁶ HRC, General Comment 28, *supra* note 1, para. 10.

⁷ UNITED NATIONS CENTER FOR HUMAN RIGHTS, MANUAL ON HUMAN RIGHTS REPORTING 120, para. 239, U.N. Doc. HR/PUB/91/1 (1991).

⁸ See, e.g., *HRC Concluding Observations: Poland*, *supra* note 3, para. 11(b).

⁹ *Report of the Human Rights Committee*, Vol. 1, 52nd Sess., Supp. No. 1, para. 167, U.N. Doc. A/52/40 (1997) [hereinafter *HRC Report*].

¹⁰ See, e.g., *Concluding Observations of the Human Rights Committee: Chile*, 65th Sess., 1740th mtg., para. 15, U.N. Doc. CCPR/C/79/Add.104 (1999) [hereinafter *HRC Concluding Observations: Chile*].

¹¹ United Nations Population Fund (UNFPA), Population and Reproductive Health Country Profile: El Salvador at <http://www.unfpa.org/profile/salvador.cfm> [hereinafter UNFPA Profile].

¹² THE CENTER FOR REPRODUCTIVE LAW AND POLICY (CENTER FOR REPRODUCTIVE RIGHTS), PERSECUTED: POLITICAL PROCESS AND ABORTION LEGISLATION IN EL SALVADOR: A HUMAN RIGHTS ANALYSIS, (2001) [hereinafter PERSECUTED] at 23, *citing* ASOCIACIÓN DEMOGRÁFICA SALVADOREÑA (ADS) [SALVADORAN DEMOGRAPHIC ASSOCIATION] CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ENCUESTA NACIONAL DE SALUD FAMILIAR: 1998 [NATIONAL FAMILY PLANNING SURVEY: 1998] (1999) [hereinafter NATIONAL FAMILY PLANNING SURVEY], at 6.

¹³ PERSECUTED, *supra* note 12 at 23. See also UNFPA Profile, *supra* note 9.

¹⁴ *Id.* at 23.

¹⁵ *Id.*

¹⁶ *Id.* at 24.

¹⁷ PERSECUTED, *supra* note 12, at 7, 11.

¹⁸ *Id.* at 7.

¹⁹ *Id.*

²⁰ *Id.* at 11.

²¹ *Id.* at 23 *citing* WORLD BANK, WORLD BANK DEVELOPMENT INDICATORS 1999, 98.

²² *Id.* at 25 *citing* MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL (MSPAS) [MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE], DIRECCIÓN DE LA ATENCIÓN A LA PERSONA [OFFICE OF PRIMARY HEALTH CARE], CUADRO DE HOSPITALIZACIÓN, ABORTOS Y MORTALIDAD MATERNA [ABORTIONS AND MATERNAL MORTALITY] (Jan.-Dec.1998) (on file with CENTER FOR REPRODUCTIVE RIGHTS archives).

²³ *Id.* at 25 *citing* MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL (MSPAS) [MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE] CUADRO DE HOSPITALIZACIÓN, ABORTOS Y MUERTES MATEERNAS [HOSPITAL ADMISSIONS, ABORTIONS, AND MATERNAL DEATHS] (Jan.-Jun.1999) (on file with CENTER FOR REPRODUCTIVE RIGHTS archives).

²⁴ *Id.* at 25.

²⁵ *Id.*

²⁶ *Id.* See also, *Clinicas ilegales al descubierto [Illegal Clinics Exposed]* EL DIARIO DE HOY, May 19, 2003, available at <http://www.elsalvador.com/noticias/2003/05/19/nacional/nacio10.html> for a description of illegal and clandestine abortion clinics. According to those providing abortion services, clients ranged from girls as young as 12 who were often victims of rape to office workers.

²⁷ PERSECUTED, *supra* note 13, at 25. See also, *Maternidad, sin abortos provocados [Maternity, without induced abortions]*, EL DIARIO DE HOY, May 20, 2003 available at

<http://www.elsalvador.com/noticias/2003/05/20/nacional/nacio10.html> wherein the head of the state maternity hospital reports that when there is a confession or a strong suspicion that a woman has had an abortion, the hospital will contact the Fiscalía, which then decides whether to initiate proceedings.

²⁸ Press Release, Instituto de Estudios de la Mujer “Norma Virginia Guirola de Herrera” (CEMUJER), *Noticias sobre Salud Sexual y Reproductiva [Sexual and Reproductive Health News]* (June 2003) (on file with CRR).

²⁹ UNAIDS, EPIDEMIOLOGICAL FACT SHEETS ON HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS: EL SALVADOR: 2002 UPDATE, 2 (2002).

³⁰ *Id.* at 6.

³¹ BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOR, U.S. DEP'T OF STATE, EL SALVADOR COUNTRY REPORT ON HUMAN RIGHTS PRACTICES FOR 2002 §5, (2003) *available at* <http://www.state.gov/g/rls/hrrpt/2002/118332pf.htm> (released Mar. 31, 2003) [hereinafter U.S. DEP'T OF STATE COUNTRY REPORT]. The Legislative Assembly removed that provision from the 2001 Law on Prevention and Control of Infection caused by the Human Immunodeficiency Virus, making testing optional rather than mandatory.

³² *Id.* According to the report, a local NGO, the Atlacatl Foundation, registered six cases of people being fired after receiving HIV diagnoses. The Foundation also asserted that HIV tests were mandatory for students pursuing health-related careers in three higher education institutions.

³³ UNFPA Profile, *supra* note 11.

³⁴ PERSECUTED, *supra* note 13, at 24.

³⁵ *Id. citing* MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL (MSPAS) [MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE], NORMAS DE ATENCIÓN EN SALUD PARA LAS Y LOS ADOLESCENTES [HEALTH CARE STANDARDS FOR ADOLESCENT GIRLS AND BOYS] MINISTERIAL RESOLUTION NO. 374, 1998, at 7.

³⁶ ALMA VIRGINIA CAMACHO HUBNER, PAN-AMERICAN HEALTH ORGANIZATION, PERFIL DE SALUD SEXUAL Y REPRODUCTIVA DE LOS Y LAS ADOLESCENTES Y JÓVENES DE AMÉRICA LATINA Y EL CARIBE: REVISIÓN BIBLIOGRÁFICA, 1988-1998 [PROFILE OF THE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG MEN AND WOMEN IN LATIN AMERICA AND THE CARIBBEAN: BIBLIOGRAPHICAL REVIEW], 26 (2000).

³⁷ THE CENTER FOR REPRODUCTIVE LAW AND POLICY (CENTER FOR REPRODUCTIVE RIGHTS) & 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, PROGRESS REPORT 2000 [hereinafter WOMEN OF THE WORLD] 44 (2000).

³⁸ UNFPA Profile, *supra* note 11.

³⁹ *HRC Report*, *supra* note 9, para. 167.

⁴⁰ *See, e.g., Concluding Observations of the Human Rights Committee: Armenia*, 64th Sess., 1721st & 1725th mtgs., para. 16, U.N. Doc. CCPR/C/79/Add.100 (1998) [hereinafter *HRC Concluding Observations: Armenia*]; *Concluding Observations of the Human Rights Committee: Costa Rica*, 65th Sess., 1751st mtg., para. 12, U.N. Doc. CCPR/C/79/Add.107 (1999); *Concluding Observations of the Human Rights Committee: Guatemala*, 56th Sess., 1499th mtg., para. 33, U.N. Doc. CCPR/C/79/Add.63 (1996) [hereinafter *HRC Concluding Observations: Guatemala*]; ; *HRC Concluding Observations: Ireland*, *supra* note 11, para. 29(f); *Concluding Observations of the Human Rights Committee: Jamaica*, 61st Sess., 1641st mtg., para. 12, U.N. Doc. CCPR/C/79/Add.83 (1997) [hereinafter *HRC Concluding Observations: Jamaica*]; *Concluding Observations of the Human Rights Committee: Japan*, 64th Sess., 1726-1727th mtgs., para. 30, U.N. Doc. CCPR/C/79/Add.102 (1998) [hereinafter *HRC Concluding Observations: Japan*]; *Concluding Observations of the Human Rights Committee: Kyrgyzstan*, 69th Sess., 1754-1755th mtgs., para. 14, U.N. Doc. CCPR/CO/69/KGZ (2000) [hereinafter *HRC Concluding Observations: Kyrgyzstan*]; *Concluding Observations of the Human Rights Committee: Libyan Arab Jamahiriya*, 64th Sess., 1720th mtg., para. 17, U.N. Doc. CCPR/C/79/Add.101 (1998) [hereinafter *HRC Concluding Observations: Libyan Arab Jamahiriya*]; *Concluding Observations of the Human Rights Committee: Mexico*, 50th Sess., 1315th mtg., para. 17, U.N. Doc. CCPR/C/79/Add.32 (1994); ; *HRC Concluding Observations: Senegal*, *supra* note 11, para. 13; *Concluding Observations of the Human Rights Committee: The Former Yugoslav Republic of Macedonia*, 63rd Sess., 1696th mtg., para. 14, U.N. Doc. CCPR/C/79/Add.96 (1998) [hereinafter *HRC Concluding Observations: Former Yugoslav Republic of Macedonia*]; *Concluding Observations of the Human Rights Committee: Yemen*, 53rd Sess., 1403rd-1404th mtgs., para. 255, U.N. Doc. CCPR/C/79/Add.51, A/50/40 (1995) [hereinafter *HRC Concluding Observations: Yemen*]; and *Concluding Observations of the Human Rights Committee: Zimbabwe*, 62nd Sess., 1664th mtg., para.14, U.N. Doc. CCPR/C/79/Add.89 (1998).

⁴¹ *See, e.g., HRC Concluding Observations: Armenia*, *supra* note 41, para. 16; *Concluding Observations of the Human Rights Committee: Costa Rica*, 65th Sess., 1751st mtg., para. 12, U.N. Doc. CCPR/C/79/Add.107 (1999) [hereinafter *HRC Concluding Observations: Costa Rica*]; *HRC Concluding Observations: Guatemala*, *supra* note 41, para. 33; *Concluding Observations of the Human Rights Committee: Ireland*, 69th Sess., 1858th mtg., para. 29f, U.N. Doc. A/55/40, paras. 422-451 (2000) [hereinafter *HRC Concluding Observations: Ireland*]; *HRC Concluding Observations: Jamaica*, *supra* note 41, para. 12; *HRC Concluding Observations: Japan*, *supra* note 41, para. 30; *HRC Concluding Observations: Kyrgyzstan*,

supra note 41, para. 14; *HRC Concluding Observations: Libyan Arab Jamahiriya*, *supra* note 41, para. 17; *HRC Concluding Observations: Russian Federation*, *supra* note 41, para. 14; *Concluding Observations of the Human Rights Committee: Senegal*, 61st Sess., 1640th mtg., para. 13, U.N. Doc. CCPR/C/79/Add.82 (1997) [hereinafter *HRC Concluding Observations: Senegal*]; *Concluding Observations of the Human Rights Committee: The Former Yugoslav Republic of Macedonia*, 63rd Sess., 1696th mtg., para. 14, U.N. Doc. CCPR/C/79/Add.96 (1998) [hereinafter *HRC Concluding Observations: Former Yugoslav Republic of Macedonia*] para. 14; and *Concluding Observations of the Human Rights Committee: Yemen*, 53rd Sess., 1403rd–1404th mtgs., para. 255, U.N. Doc. CCPR/C/79/Add.51, A/50/40 (1995) [hereinafter *HRC Concluding Observations: Yemen*].

⁴² *HRC Concluding Observations: Chile*, *supra* note 10, para. 249.

⁴³ WOMEN OF THE WORLD, *supra* note 37, 43-44.

⁴⁴ U.S. DEP'T OF STATE COUNTRY REPORT, *supra* note 31, §5.

⁴⁵ Jaime Garcia, *Matan 246 Mujeres [246 Women Killed]* EL DIARIO DE HOY Jan. 31, 2003 available at <http://www.elsalvador.com/noticias/2003/1/31/nacional/nacio10.html>.

⁴⁶ *Id.*

⁴⁷ U.S. DEP'T OF STATE COUNTRY REPORT, *supra* note 31,5.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ *Id.*

⁵² *Id.* at §1c.

⁵³ *Report of the Government of El Salvador before the Human Rights Committee*, 78th Sess., para. 187, U.N. Doc. CCPR/C/SLV/2002/3 (2002).

⁵⁴ *Id.*

⁵⁵ U.S. DEP'T OF STATE COUNTRY REPORT, *supra* note 31,6b.