

Information from the Grupo de Información en Reproducción Elegida, A.C.
(GIRE; Information Group on Reproductive Choice) on the
situation of women's reproductive rights in Mexico

Through information obtained via research, analysis of norms, public policies and statistics, as well as information requests to government agencies and the defense of cases of rights violations, GIRE has detected three issues of concern for the exercise of women's reproductive rights in Mexico, directly related to the fulfillment of recommendations to the Mexican State in the last Universal Periodic Review (February 2009), specifically Recommendation **8** (Brazil), **11** (United Kingdom) and **13** (New Zealand), on the harmonization of national legislation to end discriminatory practices against women as well as Recommendation **70** (Saudi Arabia, Vietnam) on access to health services and Recommendation **69** (Honduras, Holy See) related to maternal mortality rates in the country.

Below, we include a brief description of these issues, as well as a series of recommendations, that we hope the Council will take into consideration when developing the Working Group's recommendations for Mexico during its Universal Periodic Review.

1. Legislative Harmonization on Abortion and the Criminalization of Women

In Mexico, abortion is a crime with certain exceptions or indications that vary from state to state. Mexico City is the only state that permits legal abortion of pregnancy during the first 12 weeks of gestation, while the entire country allows abortion of pregnancy resulting from rape. Differentiated regulation based on women's state of residence represents discrimination against women in the effective access to reproductive health services; particularly when said services are only required by women.¹

In addition to the above, access to safe abortion under the legal indications is quite precarious or even null, particularly for survivors of sexual violence. This situation has worsened since 2008, when amendments were passed to 16 Mexican state constitutions to protect life from the

¹ CEDAW Committee, *General Recommendation 24, Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women – Women and Health*, 20th Session (1999), Paragraph 11. Available at: < <http://bit.ly/12gVp0l> > [Consulted on October 19th, 2012].

moment of conception,² generating a climate of penal persecution toward women³ and confusion among public health care providers in relation to their obligations to provide reproductive health services.

Recommendation:

Harmonize penal legislation related to abortion at the state and federal level, according to the 2011 constitutional reform on human rights, with the aim of eliminating discrimination related to the exercise of reproductive rights based on women's place of residence.

2. Access to Reproductive Health Services

In Mexico, access to services and information on contraceptives is precarious and insufficient and the lack of access to objective, reliable and timely information for young people and other sectors of the population who face increased risk of rights violations, such as indigenous women, is particularly worrying. The percentage of birth control use among women of reproductive age married or in union went from 68.5% in 1997 to 72.5% in 2009. The above indicates that, in 2009, only 12.1 million women of reproductive age married or in union used some form of birth control.⁴ In 2009, birth control coverage increased to 72.5% for all women married or in union but it was only 58.3% among indigenous women, 63.7% for women living in rural areas and 60.5% among women with little schooling.⁵

The statistics demonstrate an unsatisfied demand related to quality and adequate information and services on contraceptives.

The lack of contraceptive health services relates to the prevalence of unwanted pregnancy, a situation which is linked to restrictive legislation on abortion and the lack of access to even the limited legal abortion indications. This situation obligates many women to seek out clandestine abortion that often place their health and lives at risk. It is calculated that the rate of induced abortion in 2009 was 38 for every 1,000 women between the ages of 15 and 44, which

² Baja California (December 26th, 2008), Chiapas (January 10th, 2010), Colima (March 12th, 2009), Durango (May 31st, 2009), Guanajuato (May 26th, 2009), Jalisco (July 2nd, 2009), Morelos (December 11th, 2008), Nayarit (June 6th, 2009), Oaxaca (September 11th, 2009), Puebla (June 3rd, 2009), Querétaro (September 18th, 2009), Quintana Roo (May 15th, 2009), San Luis Potosí (September 3rd, 2009), Sonora (April 6th, 2009), Tamaulipas (December 23rd, 2010) and Yucatán (August 7th, 2008).

³ According to data obtained through requests for public information to the High Courts of Justice in Mexican states presented by GIRE, from 2007 to 2012, a total of 127 guilty sentences for the crime of abortion were declared.

⁴ Estimates based on INEGI, *ENADID: National Survey on Demographic Dynamics 2009: Methodology and Basic Tables*, Mexico, INEGI, CONAPO, 2010. Available at: <<http://bit.ly/Q9bIH8>> [Consulted on November 8th, 2012].

⁵ CONAPO, *Principal Reproductive Health Indicators: ENADID 2009: Birth Control Use among Women of Reproductive Age (MEFU)*. Available at: <<http://bit.ly/12GRPLR>> [Consulted on October 10, 2012].

translates into a total number of 1,025,669 induced abortions.⁶ This implies that induced abortions in Mexico have increased, from a little more than 500,000 estimated abortions in 1990 to 874,747 abortions in 2006, with a rate that increased from 25 to 38 abortions for every 1,000 women of reproductive age, one of the most elevated rates in the world.⁷

According to statistical research, only one in every six women that undergoes a clandestine abortion seeks or obtains hospital care, which means that the rest lack adequate health care.⁸ According to data from the Federal Ministry of Health, abortion represented 11% of maternal deaths in 2010.⁹ These deaths, entirely preventable, could have been avoided if women had access to safe and legal abortion. In addition to these deaths, many women suffer health complications as a result of unsafe abortion; the number of women who sought hospital care for unsafe abortion complications was 159,005 in just 2009.¹⁰

Recommendation:

At both the state and federal level, assure that all individuals have access, without discrimination, to information and services on contraceptives, particularly adolescents and indigenous women, who face increased risk of rights violations. This implies guaranteeing that health care providers do not impose conditions in addition to those required by law, such as requesting parental consent for adolescents to access birth control methods.

In all Mexican states, guarantee that women who qualify for legal abortion services are able to access safe, timely, quality and free services. This implies strengthening sexual and reproductive health services, placing special attention on the needs of indigenous women, as well as young women and girls.

3. Maternal Mortality

In Mexico, the Maternal Mortality Ratio (MMR) in 2008 was 57.2; in 2009, it was 62.2; in 2010, it was 51.5; and in 2011, it was 50.7 for every 100,000 live births.¹¹ In absolute numbers, from 1990 to 2011, 28,042 women died due to complications during pregnancy, abortion, birth or

⁶ Juárez, Fátima and Susheela Singh, “Incidence of Induced Abortion by Age and State, Mexico, 2009: New Estimates Using a Modified Methodology” in *International Perspectives on Sexual and Reproductive Health*, Guttmacher Institute, Vol. 38, No. 2, June 2012. Available at: <<http://bit.ly/TWmrRs>> [Consulted on October 17th, 2012].

⁷ *Ibid.*

⁸ *Ibid.*

⁹ Maternal Deaths (992 deaths), by cause and age group. United Mexican States, 2010 – Group from 20 to 34 years of age. See Posadas Robledo, Javier. “Maternal Mortality: Advances from the National APV Program” in *Forum: The Protection of Maternal Health from a Human Rights Perspective: Advances and Challenges for Maternal Health*, Mexico, December 2011 [Unpublished presentation].

¹⁰ Juárez, Fátima, *op cit.* (see *supra*, note 5).

¹¹ Maternal Mortality Observatory in Mexico, *Maternal Mortality in Mexico. Statistics 2011*, Mexico, 2012.

puerperium.¹² If we analyze the advances and setbacks in terms of the MMR, between 1990 and 2010, only 14 out of 32 Mexican states registered minimal advance.¹³ In accordance with the Millennium Development Goals, Mexico committed to reducing the MMR by 75% for 2015. Given the current trend, it is very probable that the Mexican State will not be able to meet this goal.

In 2010, more than 91% of the women who died due to maternal causes sought hospital care and received some type of treatment before dying. This speaks to deficient quality of care in treating obstetric emergencies in health services. In the states of Oaxaca, Guerrero and Chiapas, approximately one in four women died in her house while in Guerrero and San Luis Potosí, 15% died on the way to services, data that demonstrate a serious problem in access to health services in marginalized states.¹⁴

It is important to guarantee appropriate diligence in the investigation of cases of maternal death and its sanction, through efficient mechanisms that ensure that victims and their families have access to effective resources and judicial protection, which are necessary measures to identify and eradicate the discriminatory practices that perpetuate maternal mortality, as well as reparation of damages for the victims and the promotion of legislative and public policies measures to ensure that these cases are not repeated.

Recommendation:

Guarantee adequate judicial resources (civil, administrative and penal) to promote access to justice for the families of victims of preventable maternal death, as well as investigation into the cases, reparation of damages and penalties for those responsible.

Strengthen monitoring and accountability mechanisms on maternal health policies and programs, with emphasis on the identification of patterns and structural deficiencies. Position safe motherhood as a human rights issue and develop actions to resolve the structural causes, be they cultural, social or economic, that result in these types of deaths.

¹² See analysis by Schiavon, R., Erika Troncoso and Gerardo Polo, "Analysis of maternal and abortion-related mortality in Mexico over the last two decades, 1990-2008" in *International Journal of Gynecology and Obstetrics*, United Kingdom, Vol. 188, Supplement 2, September 2012, pp. S78-S86. Available at: <<http://bit.ly/12lqxIm>> [Consulted on October 30th, 2012].

¹³ Aguascalientes, Baja California, Baja California Sur, Campeche, Chihuahua, Coahuila, Guerrero, Michoacán, Nayarit, Quintana Roo, Sinaloa, Tamaulipas, Tlaxcala and Zacatecas.

¹⁴ Maternal Mortality Observatory in Mexico, *Maternal Mortality in Mexico. Statistics 2010*, Mexico, 2011, p. 9. Available at: <<http://bit.ly/11vmY4m>> [Consulted on January 14th, 2013].