Third Cycle of the Universal Periodic Review
December 2018

INICIATIVAS SANITARIAS IPPF/WHR, URUGUAY UPR PRE-SESSION DECLARATION

On behalf of Iniciativas Sanitarias, Uruguay, I would like to thank you for this opportunity. Iniciativas Sanitarias is a civil society organization of health professionals, established in 2007, which promotes sexual and reproductive rights defense as basic Human Rights.

This review of the second report by the Uruguayan Government to the UPR lies within a context of legal progress towards the promotion, respect and fulfillment of human rights that especially affect women and populations whose rights have historically been violated.

This progress includes the adoption of the Comprehensive Law against Gender-Based Violence (2017), the law to prevent and fight trafficking in persons (2018), and the recently approved comprehensive law for trans people, in addition to other important public policies that promote the exercise of sexual and reproductive rights.

However, economic, social, cultural and geographic barriers persist and these new laws and policies are insufficient to reverse situations of inequality, discrimination and violence that particularly affect women and girls, making it difficult to comply with the commitments assumed by the government in the framework of the SDGs and the 2030 Agenda as well as the Montevideo Consensus and international human rights treaties.

<u>Current Situation of Sexual and Reproductive Health in Uruguay</u>

With regards to Access to SRH services, notable inequalities are observed. It is harder for people in the provinces (outside Montevideo), certain races and trans people for example, and also for those with lower levels of education to access

these services, even if in 2008 a law for the Defense of the Right to Sexual and Reproductive Health was passed.

For example, despite a wide use of contraceptive methods (women 91.7%, men 85.5%), levels are lower in people with less education (14.2% non -use compared to 12.5% on high levels). [1]

As to adolescent pregnancy, the figures show a little decline: from 55 and 51 adolescents per thousand in 2015 and 2016, respectively, to 41 per thousand in 2017. [2]

But the number is still not acceptable, especially because pregnancy in adolescents between 14 and 18 years is a consequence of:

- low educational level,
- insufficient sex education,
- poverty
- race.

Data collected by the National Institute of Statistics in 2014[3] shows that especially high rates of poor people and afro-descendants leave their studies early due to adolescent pregnancy and this compromises their life prospects and access to quality jobs.

In 2014 there were 169 pregnancies in girls between 10 and 14 years old and in 2016 it decreased to 123, continuing to be a problem.[4] Girls pregnancies are the result of rape or sexual abuse.

---

[1] Encuesta Nacional de Comportamientos Reproductivos en Uruguay. 2017. INE, MIDES, Ministerio Salud, Universidad de la República, Oficina de Planeación y Presupuesto, UNFPA.

[2] Como parte de esta estrategia el Ministerio de Salud (MS) ha realizado campañas por y para adolescentes; "Mi Plan adolescente" que refiere a las proyecciones que podemos tener en cada etapa de la vida y a la posibilidad de empoderar a los jóvenes mediante el conocimiento, haciendo foco en el derecho a elegir a no ser madre o padre y cuándo es el mejor momento para hacerlo. A esta campaña se suma una App desarrollada por el MS "Gurú del Sexo" que ofrece información en un formato amigable sobre temas asociados a la salud sexual y reproductiva de los y las adolescentes. Ver página del Ministerio de Salud. http://www.msp.gub.uy

[3] Atlas social demográfico de la desigualdad Fascículo 3. La fecundidad en Uruguay, desigualdad social y diferencias en el comportamiento reproductivo. Instituto Nacional de Estadística, Universidad de la República, Ministerio de Desarrollo Social, Oficina de Planeación y Presupuesto, UNFPA. http://200.40.96.180/images/F3_Atlas_Sociodemografico_y_de_la_desigualdad_del_Uruguay_-_Fecundidad.pdf

[4] Tendencias recientes de la fecundidad, natalidad, mortalidad nfantil y mortalidad materna en Uruguay. Ministerio de Salud 2017. http://www.msp.gub.uy/sites/default/files/archivos_adjuntos/Presentaci%C3%B3n_0.pdf

The National Prevalence Survey on Violence Based on Gender and Generations[5] indicated that 68.8% of women over 15 years old experienced a violent situation at some point in their life. This figure is gradually increasing among young segments of society from 19 to 29 years old (78.2%), and in women of African descent (78.5%).

We recommend:

- ***Using a human rights-based approach, ensure the training and continuous updating of human resources within the health and education sectors, on key issues of sexual and reproductive health, such as: adolescent pregnancy, child pregnancy, all methods of contraception, abortion, sexual diversity, the different expressions of violence from gender, race and ethnicity, especially among adolescents and young people.***

• Voluntary Interruption of Pregnancy (VIP)

The law of voluntary interruption of pregnancy (2012), allows access to a safe abortion, within the National Integrated Health System, under the conditions and circumstances established there during the first twelve weeks of pregnancy.

[5] Primera Encuesta Nacional de Prevalencia basada en género y generaciones, 2013
http://www.inmujeres.gub.uy/innovaportal/file/33876/1/resumen_de_encuesta_mides.pdf

However, in some parts of the country we have been witnessing abusive use of conscientious objection by gynecological doctors, resulting in severe violation of women, adolescents and girls´ rights and well- being as a result of this denial of care.

In some cities in the provinces, particularly important given the distance from the capital city, Montevideo (500 KM.), 100% of gynecologists / objectors has been detected[6].

Besides being a violation to their human rights, this refusal to provide safe and legal services guaranteed by law generates costs for women associated with the stigma: for people undergoing VIP, for professionals who practice it and overflows some health centers where this services are provided. Of course objectors do not bear this cost.

We recommend:

- ***Establish control mechanisms to regulate conscientious objection that prevent its abusive use, ensure that it is a genuine and guarantee a timely referral to all users from institutions that have objected.***

6 MYSU 2016, Observatorio Nacional de Género y Salud Sexual y Reproductiva en Uruguay. Informe sobre estado de situación de los servicios de salud sexual y reproductiva y aborto en las instituciones de salud de los departamentos de Montevideo, Rocha y Cerro Largo : http://www.mysu.org.uy/wp-content/uploads/2016/07/Informe-Observatorio-2017_MTV_2.pdf