



SHADOW REPORT

THE OUTSTANDING DEBTS OF THE ARGENTINEAN STATE ON WOMEN'S HUMAN RIGHTS.

Committee on Economic, Social and Cultural Rights

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Introductory note

The current document stands as a contribution by the undersigning organizations, providing suggestions and recommendations for the Committee Experts, to help them assess the conditions experienced by women and girls in Argentina in regards to the enjoyment of their economic, social and cultural rights. Our aim is to contribute to strengthen the fulfilment of its responsibilities by the Argentinean State in regards to women's human rights and to promote the development of a country where equality and equity in effective access to rights without any discrimination based on gender, sexual orientation, ethnicity, nationality and age are respected.

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EXECUTIVE SUMMARY

Non-discrimination Principle – Article 2. 2

Indigenous and migrant women: Indigenous women are not guaranteed their right to accessing justice because of a variety of factors, including their geographical distance to Courts and the lack of recognition enjoyed by Indigenous justice systems.

Sexual diversity: Government initiatives to promote the right to sexual diversity and to combat lesbo- and transphobia and discrimination are insufficient.

Recommendations:

To acknowledge Indigenous common law in conflict resolution provided it does not violate women's human rights.

To issue norms to protect lesbian and bisexual women from all forms of discrimination and to repeal existing discriminatory laws at national and provincial levels.

Right to work - Articles 6 and 7

Wage gap and maternity/paternity leave: The labour market is horizontally and vertically segmented, affecting women's equal access. Women are concentrated in the lowest ranks of every occupation which results in lower paid and more unstable positions.

According to the law, paternity leave is still shorter than maternity leave, resulting in a de-facto unequal situation and perpetuating gender stereotypes.

Sexual harassment: It has not been identified as a specific form of violence in the context of labour relationships. Current legislation fails to effectively protect victims, and they are then discouraged to report this form of violence.

Migrant and Indigenous women: Work opportunities for migrant and Indigenous women are limited to domestic work or in the informal economy. Undocumented workers are particularly vulnerable to exploitation and abuse. Migrant women are victims of traffic for labour and sexual exploitation.

Recommendations

To build a proper database that will allow designing policies for gender equity.

To implement free childcare for pre-school boys and girls.

To grant equal paternity and maternity leave to allow an equal choice.

To include a definition of sexual harassment in the *Ley de Contrato de Trabajo* (Labour Contract Law) along with effective mechanisms for reporting and victims' protection.

Right to health

Article 12

Sexual and reproductive rights: Provincial legislation presents important gaps in the area of sexual and reproductive rights. There are major obstacles in women's access to contraception. Adolescent fertility rates are high and have increased in recent years. There are no articulated national public policies that are specific to this population.

Rural women have limited access to health services and scarce information on sexual and reproductive health issues. This results, among other things, in high maternal mortality rates in rural areas.

Sexual health policies are still being designed with heterosexuality as a paradigmatic norm, rendering invisible and failing to acknowledge lesbians' specific needs.

Abortion: Abortion is still criminalized, with only two exceptions. Health personnel and authorities refuse to perform non-punishable abortions while the Courts, instead of dismissing

the procedures requesting authorizations for non-punishable abortions, accept them and many times refuse the authorization.

Abortions are still being performed in underground and unsafe conditions, and are among the main causes of maternal death.

Violence and women's health: Failing to acknowledge violence against women as a health issue contributes to its low detection on the part of health professionals. This renders the serious and progressive deterioration endured by women subjected to chronic abuse invisible. There are no national records coordinated with the provincial ones that expose the magnitude of domestic violence and its impact on women's health and life.

Indigenous peoples, migration and women's health: Indigenous and migrant women show higher fertility rates than non-Indigenous women, due to the difficulties they experience in physically accessing health facilities and to the fact that health personnel are not qualified to respond to their culturally specific needs.

Recommendations

To design public policies in the area of health from a gender and sexual diversity perspective.

That the State fulfils its legal obligations on sexual and reproductive rights.

To guarantee women's effective right to public sexual and reproductive health programmes, without any discrimination based on socio-economic status, sex, age, ethnicity or sexual orientation.

To decriminalize abortion and guarantee proper care for non-punishable abortions.

To design prevention and comprehensive care policies for family violence.

To establish health facilities near the location of Indigenous peoples' communities and to train their staff in the different notions of health-illness held by Indigenous peoples.

Right to education

Article 13

Break-down, fragmentation and lack of maintenance of the educational system: Children in lower-income populations have access only to poor-quality schools, with less experienced teachers. Impoverished, migrant, Indigenous and rural girls often become school drop-outs. Rural drop-out rates are much higher than the country average.

Adolescent girls' drop-out rates are higher than those of adolescent boys, and pregnancy is often the cause.

Ley de Educación Sexual Integral (Comprehensive Sexuality Education Law): Serious failures have been experienced in access to Comprehensive Sexuality Education at all school levels. The incorporation of a gender perspective in sexuality education is being resisted by the more conservative sectors.

Secular education: There are no clear and uniform regulations about secular education in the public (State) school system.

Indigenous and migrant women: School facilities – and high schools in particular – tend to be placed far away from the locations of Indigenous peoples' communities. Adult illiteracy rates for Indigenous women are much higher than those of Indigenous men.

Recommendations

To assign more budgetary and professional resources to address the different existing gaps in the area of education, in a comprehensive way and articulated with all the provinces, implementing policies with gender, sexual diversity, economic-social and ethnic perspectives.

To guarantee the right to secular education and to sexuality education in public schools.

CONTEXT FOR THE FULFILLING OF RIGHTS BY THE ARGENTINEAN STATE

Fourteen years have gone by since the last report submitted by the Argentinean State to this Committee¹ in 1997. In this period, the country has made important advances in human rights, both in the law and in public policies². The State has recently signed the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, providing one more mechanism for the protection of ESCR³.

In recent years, the national context has been favourable in comparison with the 90s and early 2000; however, and in spite of the vast legislation issued and the national and provincial programmes in place, access to ESCR without any discrimination for women has not been guaranteed. In spite of the latest observations formulated by this Committee to Argentina in 1999⁴ and the recommendations by other Committees – Human Rights Committee 2000 and 2010; CEDAW Committee 2002, 2004 and 2010; Committee on the Rights of the Child 2002 and 2010 – the effective enjoyment of their human rights on the part of women and girls is still a key outstanding debt for our country, that also needs to be examined taking into consideration ethnicity, socio-economic status and sexual diversity.

Failures in public policies and lack of data

There is a systematic absence of gender and sexual, cultural or ethnic diversity perspectives in all public policies designed and implemented in all jurisdictions – national, provincial and municipal. There are only a few new partial initiatives, in some municipalities, highly isolated from other national programmes and projects. Also, and compounding the inability to produce comprehensive policies, there is a lack of statistics and official data that is sex-disaggregated and updated in an ongoing way; the little information available tends not to be reliable and some of it is hard to access. The lack of reliable, sex-disaggregated and updated census data, formulated with a gender perspective, does not allow for the design, execution and evaluation of social policies, and the management of programmes in priority areas like education, health, housing plans, social welfare, labour relations, etc. in an effective and sustainable way. This gap has been brought to the attention of Argentina in a repeated way by all human rights treaty-bodies Committees; however, the Argentinean state has not yet responded in consonance to those recommendations.

The *Instituto Nacional de Estadísticas y Censos* (INDEC, National Statistics and Census Institute) lacks updated statistics on employment, under-occupation and unemployment rates, disaggregated by occupational sector and sex, hampering the identification of women's occupation, under-occupation and employment levels, as well as their income lev-

¹ The last report submitted by the Argentinean State to the ESCR Committee resulted in the Committee's concluding observations from its 52nd Session, held on December 1, 1999. The State was scheduled to submit two more reports in 2001 and 2007, but it failed to do so.

² The latest regulations passed in Argentina with regard to the rights covered by this Covenant include: Law 25.820 to adhere to the Inter-American Convention for the Elimination of Discrimination Against Persons with Disability; Law 26.061, providing comprehensive protection to the rights of girls, boys and adolescents; Law 26.130 regulating surgical contraception procedures; Law 26.150 creating the National Programme for Comprehensive Sexuality Education; Law 26.206 for national education; Law 26.485 providing comprehensive protection to prevent, punish and eradicate violence against women in the contexts in which their interpersonal relations take place; Law 26.618 (egalitarian marriage); Law 26.657 on the right to protection for mental health, among others. It also created different subsidies programmes that have contributed to reduce the impact of poverty and its implications for basic human rights like health, education, food and housing. Some of those programmes are the "Asignación Universal por Hijo para la Protección Social" (Universal Allocation per Child for Social Protection, Decree 1602/09) and the Pregnancy Allocation for Social Protection (Decree 446/09).

³ Domesticated through Law 26.663, March 2011.

⁴ This Committee has recommended to the Argentinean State that "32. (...) adopts measures to guarantee de facto and legal equality between men and women in regards to the enjoyment of economic, social and cultural rights." Concluding observations on the Second Report submitted by the State, adopted on December 1, 1999. E/C.12/1/Add.38

els and the type of occupations they have access to⁵. To access this kind of information, the data provided by the Ministry of Labour, Employment and Social Security must be consulted; however, its sample base is partial, general and without gender, ethnicity and economic-social status approaches.

There are no updated data on women's poverty situation. The latest INDEC statistics from 2006 show that, in a total of 31 conurbations, in the 0-13 years old segment there is a 41.3% of girls against 39.7% of boys living in poverty; and in the 23-64 years old segment – the economically active population – 21.6% of women against 20.7% of men are living in poverty⁶. These structural inequalities strongly affect the enjoyment of ESCRs.

Rights protected by the Covenant

Several of the rights protected by the Covenant show specific features when analyzed from a gender perspective, revealing that some conditions of inequality and discrimination are compounded when experienced by women. The Committee remarked as a concern “25. (...) the increasing number of cases of violence against women, in particular domestic violence”⁷.

The *right of women to a life free from violence* is not an issue that actively engages the State⁸, beyond a few feeble signs of interest translated in the passing of laws and the creation of limited scope programmes, such as national programmes that are only based in the capital. In its General Observation No. 14⁹, the Committee remarked that the right to health “is closely linked to the exercise of other human rights and is dependent on those rights” (Para. 3). With regard to women and the right to health, it has indicated that promoting the right to health for women must include “reducing the risks affecting women's health, particularly lowering maternal mortality rates and protecting women against violence in the home” (Para.21).

In spite of current laws protecting women against all forms of violence, commercial media promotes and spreads stereotyped patterns about women, portraying them as sex objects. Among other factors, this has been linked to the increase in sexual violence and trafficking of women for sexual exploitation in the country. However, the State is not taking strong measures to forbid and punish TV stations, programs and magazines portraying women as objects exclusively destined to satisfying male sexual desires. It also fails to implement a comprehensive, articulated and sustained policy against trafficking in women. The levels of involvement of State agents in trafficking of persons and particularly of women for sexual exploitation, show strong complicities and their involvement in all stages of the trafficking process (recruiting, transportation and exploitation). Violence and sexual exploitation of women cause serious and irreparable damage to their health.

⁵ See: <http://www.indec.mecon.ar/economico2005/definitivos/presenta.asp>

⁶ See Indec, Encuesta permanente de hogares: http://www.indec.mecon.ar/principal.asp?id_tema=76 There are updated statistics on the poverty gaps per regions within the country for the first semester of 2011, but it is not sex disaggregated. See: http://www.indec.mecon.ar/principal.asp?id_tema=76

⁷ Concluding observations on the Second Report submitted by the Argentinean State adopted on December 1, 1999. E/C.12/1/Add.38

⁸ For instance, the Consejo Nacional de las Mujeres (National Council for Women, <http://www.cnm.gov.ar>), the Special Attorney General Office Unit on Trafficking of Persons (<http://www.mpf.gov.ar/index.asp?page=Accesos/Ufase/ufase1.asp>), the National Coordinating Commission for Actions to Design Punishment Actions for Gender Violence (<http://www.jus.gov.ar/areas-tematicas/violencia-de-genero.aspx>), the Office for Rescue and Support to Persons Affected by the Crime of Trafficking against Persons (<http://www.jus.gov.ar/areas-tematicas/trata-de-personas.aspx>), and Care for Victims (<http://www.jus.gov.ar/atencion-al-ciudadano/atencion-a-las-victimas.aspx>), are all bodies acting with professional capacity and employing criteria that follow international human rights laws but they are based in the capital and their work is limited in terms of jurisdiction and also in their interventions, due to staff and budgetary restrictions.

⁹ E/C.12/2000/4, ESCRC.

In its Observations (1999) the Committee also signalled to Argentina its concern about “24. (...) pregnant women’s health, and particularly about the relatively high maternal mortality rates and the high rates of teenage pregnancy”¹⁰.

Sexual and reproductive rights continue to be another area in which the State fails to provide a strong and satisfying answer to ensure equality and equity for women¹¹. In spite of the existence of a few laws and national or provincial programmes in the area, there are high rates of unwanted pregnancies, teenage pregnancy and maternal deaths due to unsafe abortion. Implementing sexuality education at all levels of the school system is still left to the criteria of local authorities¹². Health workers feel uncomfortable¹³ when caring for sexual health and reproductive rights¹⁴. In the public sectors, they hide behind the “right to conscientious objection” when it comes to performing legal practices that benefit mostly women such as non-punishable abortion, tube ligation, placement of intrauterine devices, prescription of some contraceptive methods, prescription of the “morning after pill”, advice on and prescription of contraceptives to adolescents, etc.

Abortions performed in a clandestine and unsafe manner, as well as the denial to perform non-punishable abortions, are still a problematic and complex issue that the State does not seem to be seriously committed to address.

In terms of their opportunities for professional growth, women still need to overcome different obstacles that become barriers in the absence of adequate employment policies formulated with a gender perspective. In this sense, *the right to work* faces different hurdles. One is the traditional sexual division of labour, that results in most of the unpaid domestic labour being still performed by women. A strong persistence of traditional patterns linking women closely to having children and taking care of them becomes a strong conditioning factor at the time of looking for paid employment. There is inequality in access to higher ranked positions, both in the public and private sectors. Women’s lesser access to registered (formal) work does not allow them to enjoy social security benefits. Care work done by women is still ignored in public policies making the execution of public policies to revert this situation very difficult. Labour inequities affect women’s possibilities for personal autonomy, making them dependent on others and, most often, on their partners.

In terms of *right to education*, the 2010 census shows that, among the total 10 years old and above literate and illiterate population of the country, there are 319,467 illiterate men as compared to 322,361 illiterate women¹⁵. Even though the difference between both sexes is not relevant, it constitutes one more evidence of the cross-cutting nature of gender inequities.

¹⁰ Concluding observations on the Second Report submitted by the Argentinean State adopted on December 1, 1999. E/C.12/1/Add.38

¹¹ See: “Persisten barreras a los derechos sexuales en argentina”, <http://www.conders.org.ar/>; “Se coloca el DIU en menos de la mitad de los dispensarios”, [http://www.diaadia.com.ar/content/se-coloca-el-diu-en-menos-de-la-mitad-de-los-dispensarios](http://www.diaadia.com.ar/content/se-coloca-el-diu-en-menos-de-la-mitad-de-los-dispensarios;); “La trampa del aborto no punible”, <http://www.ela.org.ar/a2/index.cfm?fuseaction=MUESTRA&codcontenido=722&plcontempl=12&aplicacion=app187&cnl=3&opc=5>

¹² Comprehensive sexuality education is the responsibility of the Ministry of Health. On its website (<http://portal.educacion.gov.ar/enlaces/ministerios-provinciales>) it can be seen that several provinces lack Ministries and manage the right to education through lower bodies. This has an impact on the degree of political commitment to implement laws on education. Mendoza only has a General Schools Directorate, <http://www.mendoza.edu.ar/>; Entre Ríos and Santa Cruz have Provincial Councils on Education (<http://www.entrerios.gov.ar/CGE/2010> and <http://www.santacruz.gov.ar/educacion>)

¹³ See “Todo Bien? Adolescencias y Servicios de Salud Sexual y Reproductiva”. Insgenar, Rosario, 2010 “Con todo al aire 2. Reporte de Derechos Humanos sobre atención en salud reproductiva en hospitales públicos”. Cladem and Insgenar, Rosario, 2008.

¹⁴ See “Percepciones, prácticas y actitudes de los profesionales médicos en la atención del aborto. Un estudio en el subsector público de salud de la Provincia del Neuquén” http://www.despenalizacion.org.ar/evidencia_estudios.html

¹⁵ See “Cuadro P7. Total del país. Población de 10 años y más por condición de alfabetización y sexo, según provincia o jurisdicción”. Año 2010, <http://www.censo2010.indec.gov.ar/definitivostotalxpais.asp>

With regard to Indigenous populations, in 2004 the Committee for the Elimination of All Forms of Racial Discrimination recommended to Argentina to guarantee access to justice and recognize the legal personality of Indigenous peoples. Even though the National Constitution acknowledges the ethnic and cultural identities of its Indigenous peoples, their right to land and to bilingual education, among others, these rights remain unprotected at regional and provincial level.

ICESCR's VIOLATED PRINCIPLE AND RIGHTS

Non-Discrimination Principle

Article 2.2

No plans of action, comprehensive policies or strategies to revert the different forms of formal and substantive discrimination, in the public or private sector, related to the rights protected by the Covenant exist¹⁶. This means that the State not only fails to comply with domestic regulations (National Constitution and lesser laws) but has also not responded in a satisfactory manner to this Committee's comments. In its General Comment 20¹⁷ (2009) on Non Discrimination, the Committee on Economic, Social and Cultural Rights states that "Discrimination undermines the fulfilment of economic, social and cultural rights for a significant proportion of the world's population (...)" (Para.1). Discrimination is experienced by all women because of their gender and this is sometimes being compounded by other factors like socio-economic status or class, ethnicity and nationality; a situation that has been defined in the referred General Comment as a case of multiple discrimination (Para.17).

Indigenous and migrant women

As highlighted by UNICEF (2010)¹⁸, many Indigenous boys and girls face difficulties to have their birth registered and to be granted their *Documento Nacional de Identidad* (DNI, National Identity Card). The lack of legal ID papers causes other rights violations and new vulnerabilities: it hampers school registration, access to healthcare facilities and inclusion in welfare social plans, among other procedures requiring the national identity card.

Indigenous women see their right to access justice hampered by lack of physical accessibility to Justice resources, as well as by the lack of recognition of Indigenous justice system. Another discriminatory factor is the lack of proper interpretation or translation services available at all stages of the judicial process to assist those speaking a language that is different from the national one.

In many cases, provincial and municipal laws have not been adjusted to the national and international migration laws. The National Ministry of Health's *Plan Nacer* (Being Born Plan) provides health care to pregnant women and children up to 6 years old lacking health insurance. Having an ID Card is one of the requirements to access this plan, and even though when neither the children nor their parents or legal guardians have ID Cards they are still allowed to access health care in a provisional way, this is clearly discriminatory against those migrants in an irregular situation¹⁹.

¹⁶ See Asamblea Permanente por los Derechos Humanos <http://www.apdh-argentina.org.ar/desc/index.asp>; "Discriminación por género" http://www.adc.org.ar/sw_seccion.php?id=63

¹⁷ Non-Discrimination and Economic, Social and Cultural Rights E/C.12/GC/20.

¹⁸ UNICEF (2010). Hoja Informativa sobre Protección de la Niñez Indígena. Online: <http://www.unicefninezindigena.org.ar/pdf/situacion/Proteccion.pdf>

¹⁹ Resolution 481/2009 from April 17, 2009.

Women and sexual diversity

Recognition of women's rights in the area of sexual diversity is becoming more visible. However, most provinces and municipalities lack State initiatives to reinforce the promotion of rights related to sexual diversity and to combat lesbo- and transphobia and discrimination²⁰. Likewise, the State fails to execute programs to guarantee the elimination of bias and practices based on stereotypical notions about women and men in the media, reinforcing discriminatory attitudes towards LBT women. Law 23.592 on Discriminatory Acts does not include discrimination based on "gender, gender identity and expression, sexual orientation"; an amendment aimed at including these categories in the law has been passed by the Lower Chamber (Deputies) but not yet by the Senators, as the discussions around it have been repeatedly delayed.

Our country has several provincial laws (*Códigos de Faltas*, Misdemeanour Codes) and police regulations allowing the arrest of those "wearing clothes that are not adequate to their sex", for "indecent assault" or "offences to public morals and good customs". The vagueness and broad character of these offences, as well as of the rights protected in the Misdemeanour Codes, allow for almost any behaviour standing outside the narrow parameters of "normality" established by a heterosexist culture to be included. Thus, many lesbian or bisexual women can for instance be arrested for "wearing the clothes of the opposite sex" or for their affectionate behaviour towards each other. Police usually uses these regulations to arrest lesbians in the streets, or when reported by neighbours or by the owners of commercial establishments, bars, etc²¹.

Recommendations

- *To recognize Indigenous common law in conflict resolution within their communities, as far as it does not violate women's human rights, as established in the ILO Convention 169.
- *To create suitable and effective administrative and judicial bodies in marginalized rural areas.
- *To implement training policies for lawyers and other justice personnel on the recognized rights of Indigenous peoples and migrants.
- *To widely circulate the contents of the national law on migrations and to amend all those norms that are discriminatory according to national and international regulations.
- *To repeal any existing law that, because of its contents but also of the way in which it is applied, affects the rights to equality and to sexual and affectionate diversity.
- *To promulgate norms to protect lesbian and bisexual women against any form of discrimination based on sexual orientation.

²⁰ Legal advances in Rosario city (Santa Fe province) are exceptional (i.e. Local Ordinance 8.746, March 2011 and other previous ones)

²¹ See: Informe sobre Códigos contravencionales y de Faltas de las provincias de la República Argentina y la Ciudad Autónoma de Buenos Aires en relación con la discriminación y la represión a gays, lesbianas, bisexuales y trans. http://www.lgbt.org.ar/archivos/codigos_contravencionalesyfaltas.pdf

Right to work Articles 6 and 7

In the Concluding observations formulated by this Committee to Argentina in 1999 on the right to work, discrimination against women was highlighted: “(...) particularly in regard to employment and equal pay” (Para 17)²².

In spite of this observation, the State continues to present figures that – even being fragmented and not very reliable – clearly show the persistence of discrimination and inequity between women and men in this regard. The Ministry of Labour, Employment and Social Security (MTESS, in Spanish)²³ indicates that, among the total urban population surveyed, the under-employment rate for women during the last quarter of 2010 reaches 55% of the total under-employed group. A cautious note: this sample is taken from the *Encuesta Permanente de Hogares* (Ongoing Household Survey) that lacks a gender perspective. For the same period, the rate of women’s registered (formal) employment in the private sector is of 31.5%. In regards to the employment rates for the total population surveyed during the last quarter of 2010, they were of 68.1% for men and 42.2% for women. For the same period and the same population, the non-registered (informal) employment rates were of 31% for men and 36.4% for women.

Wage gap and maternity/paternity leaves

The labour market is very segmented, both horizontally and vertically. In relation to the latter, women are concentrated in the lowest ranks of every occupation which means lower paid and more unstable jobs in the private sector. In the report “Mapa de género de la Justicia Argentina” (Argentinean Justice’s Gender Map), issued by the Women’s Bureau of the Supreme Court²⁴, it is mentioned that women occupy 54% of Justice jobs against 46% of men. However, the highest positions fall mostly on men, which reveals the presence of a “glass ceiling”²⁵ for women. Statistics show that the percentage of women in the higher position decreases. For instance: there are 85 female appeal judges against 319 men; and 250 male judges against 127 female ones²⁶ in the entire Federal Justice system. In short: women occupy more than 50% of positions – a percentage that follows the sex rates among Law Students – but the number of women is larger in lower ranked positions.

In spite of labour laws establishing equal paid for equal work, the ILO places the wage gap between men and women as 39%.

According to data provided by the MTESS²⁷, wage gaps are bigger in the service sector (social and health services, housing services, etc.) a market sector in which most workers are women. Bigger gaps have also been observed in sectors where most workers are men (auxiliary financial services, renting transportation equipment and machinery, informatics, etc.).

²² Concluding observations on the Second Report submitted by Argentina, adopted on December 1, 1999. E/C.12/1/Add.38

²³ Boletín de Estadísticas de Género y Mercado de Trabajo. Sección 1. Participación en el mercado de trabajo. <http://www.trabajo.gov.ar/left/estadisticas/descargas/genero/Boletin%20de%20genero.xls>

²⁴ Available at <http://www.csjn.gov.ar/om/mapa.html>

²⁵ A structural situation in the labour market in which women constitute a considerable number of workers in the commercial, business and other sectors but very few of those in management and higher ranked positions. The expression “glass ceiling” refers to an invisible surface placed above women’s professional career that is invisible to cross and does not allow them to move forwards. See “El efecto “techo de cristal”, <http://www.territorioidigital.com/nota.aspx?c=4108941966550840>

²⁶ The Women’s Bureau stated that “When the analysis is done by position, it shows that only 20% become ministers; 30% appeal judges and 40% judges”. The total for the provinces and the Autonomous City of Buenos Aires shows similar figures: 25 female ministers against 100 male ones; 305 female appeal judges against 813 male ones; 1,245 female judges against 1,805 male judges. Op.cit.

²⁷ Boletín de Estadísticas de Género y Mercado de Trabajo. Sección III. Brechas salariales. <http://www.trabajo.gov.ar/left/estadisticas/descargas/genero/Boletin%20de%20genero.xls>

Even women who are more qualified than men face difficulties accessing higher ranked positions. This situation is influenced by gender stereotypes relegating women to subordinate positions, including those stereotypes assigning them to care and family reproduction tasks, thus damaging their careers and work or professional growth. According to MTESS²⁸, at the end of 2010 employment breakdown along hierarchical structures showed that the conditions of inequality between women and men persist (See Annex): women are concentrated in direct execution tasks, such as administrative, accounting or service production jobs, while men concentrate in middle-management and management positions.

A contributory factor discouraging many women to enter the labour market is the lack of child-care facilities for pre-school children in public and private sector workplaces. A larger number of child care facilities would help women not to see entering the labour market as something negative, or to be forced to accept part-time and thus lesser paid jobs because childcare falls exclusively on them.

Several organisms from different parts of the country have extended maternity and paternity leave²⁹. There is a bill on paternity leave that wants to extend this benefit from 2 to 5 days and is pending discussion by the National Parliament. Both this new bill and the existing laws perpetuate inequalities in detriment to the right to equal treatment for women and men. Even though in many cases paternity leaves have been extended, as the bill being currently discussed aims to do, still paternal leave affords less days than that granted to women, constituting a de-facto inequality and also reproducing gender stereotypes according to which women have greater responsibilities towards child care. Granting equal days for maternity and paternity leave would be a step forwards in formal recognition of equal responsibility for family burdens among women and men.

In spite of the existence of the Egalitarian Marriage Law, there are still difficulties in equal access to the right to maternity leave for women in same-sex marriages. Due to the lack of regulation in the area of filiation, two women who are married to each other and have children that have previously been legally registered to only one of them by the Civil Register, can not change their registration in such a way that both are acknowledged as mothers. Thus, only the woman acknowledged as mother by the Civil Register can claim leave to care for a sick child³⁰.

Sexual harassment

Women are the main victims and among them, the most vulnerable ones are young women in their first job and women head of households³¹. Even though the State has taken a few steps to address violence in the workplace³² there are no indications that sexual harassment has been identified as a specific form of violence in the context of labour relations. The creation of the *Oficina de Asesoramiento sobre Violencia Laboral* (OAVL, Advice Bureau

²⁸ Boletín de Estadísticas de Género y Mercado de Trabajo. Sección II. Participación en el empleo. <http://www.trabajo.gov.ar/left/estadisticas/descargas/genero/Boletin%20de%20genero.xls>

²⁹ Córdoba's provincial Parliament passed a law granting 6 months maternity leave to State employees in the province, as well as to public and private school teachers. Leave was also extended from 2 to 8 days for fathers in the public sector. The High Council of General Sarmiento National University extended maternity leave from 3 to 7 and a half months, and from 3 to 30 uninterrupted days for fathers after birth. In the case of adoption, University female workers will enjoy paid leave for 180 days from the time custody of the child is granted, while male workers will enjoy 30 days. The new regulation applies also to same-sex couples. Also, the High Council of Córdoba National University (UNC) agreed to extend maternity leave to 180 days and paternity leave to 15 working days, with the novelty that if the mother decides to interrupt her leave, the father can use the remaining days provided he is also a UNC worker. In the Moron municipality, Buenos Aires province, since 2009 men enjoy one month of paternity leave while women enjoy 210 days, one month before giving birth and 5 months after it.

³⁰ Soledad Vallejos. El problema de las licencias. "Cuidar a los mellizos". Diario Página12, May 15, 2011.

³¹ Violencia laboral afecta mas a mujeres jóvenes y sostenes de hogar " by Irina Santesteban (LA ARENA) Published in http://www.cainonline.com.ar/ver_noticia.php?id_noticia=961 (fecha de búsqueda 23/9/2011)

³² "Empresas se reunieron en Trabajo para prevenir la violencia laboral" http://www.trabajo.gov.ar/ampliado.asp?id_noticia=5&id_seccion=oavl (consulted on September 8, 2011)

on Violence in the Workplace), at the MTESS and the passing of Law N° 26.485 – Comprehensive Protection Law to Prevent, Punish, and Eradicate Violence against Women in the Contexts in which their Inter-personal relations take place, that incorporates sexual harassment as a specific form of violence against women. Even though these measures are important, Argentina has not yet made significant advances in addressing this issue in a comprehensive and articulated way. In terms of legislation, sexual harassment is only addressed at the national level for national public administration³³, that is for national State bodies, but without providing support to victims, safeguarding their jobs and confidentiality around their reports, contributing to discouraging women from reporting and making visible sexual harassment cases. At the provincial and municipal level there are a few insufficient laws³⁴ that are not used by women because they don't provide the safeguards already mentioned.

In spite of the recommendations formulated by the CEDAW Committee to Argentina in 1997 with regards to “criminalizing sexual harassment in the private sector”³⁵, and in 2010³⁶, urging the “State party to adopt all necessary measures to (...) promulgate legislation on sexual harassment in public and private workplaces, including effective punishment, and to provide comprehensive protection to house workers”, no specific prohibition of behaviours constituting sexual harassment, nor care and compensation for victims have been included.

The fragmented existing legislation is exclusively aimed at punishing perpetrators, and it does not contain any effective measures to protect the affected persons. The victim must remain in the same workplace together with the harasser while the procedure takes its course, and no guarantees to safeguard her job are contemplated. Another failure of the existing legislation is that, in most cases, only sexual harassment among workers of different ranks is considered as such³⁷, ignoring the fact that sexual harassment often takes place between persons of the same rank.

There are no official and centralized records, and those in existence are not updated and lack gender indicators³⁸. The absence of or gaps in statistics and records contribute to make sexual harassment as a specific form of violence in the workplace invisible, and hampers the development of well-founded public policies to prevent, eradicate and punish these behaviours. Likewise, the absence of sensitivity and prevention campaigns contributes to women ignoring this as a form of gender-based violence and thus experiencing it as a natural way for men to relate to women, that is to be endured. This reinforces the stereotypical vision of women “provoking” men's sexual aggression.

Migrant and Indigenous women

Employment opportunities for migrant and Indigenous women are limited to domestic work or the informal sector; in life conditions that are often unacceptable, without any legal guarantees, higher vulnerability to sexual harassment and abuse, physical and sexual mistreat-

³³ Decree 2.385/93 Poder Ejecutivo Nacional, Published in the Official Bulletin on November 23, 2003. Incorporación de la figura de Acoso sexual al régimen jurídico básico de la función pública. Modificación del decreto 1797/80 Art. 28. Source www.infoleg.gov.ar (consulted on September 23,2011)

³⁴ Ciudad Autónoma de Buenos Aires (Municipal Ordinance 47.506), in Buenos Aires (Law 12.764), Misiones (Law 3.307), and Santa Fe (Law 11.948) provinces, Convenio Colectivo de Trabajo General para la Administración Pública Nacional. (Decree 214/06).

³⁵ Concluding observations on the Second and Third Reports submitted by Argentina, adopted on July 22, 1997. (CEDAW/C/ARG/2 and Add.1 and 2; and CEDAW/C/ARG/3), No. 314.

³⁶ Concluding observations on the 6th Periodical Report by Argentina, adopted on August 16, 2010 (CEDAW/C/ARG/CO/6), N° 379.

³⁷ Law 11.948 on Sexual Harassment, Santa Fe Province: "SEXUAL HARASSMENT. Those who as a requirement to access work, or in a work relationships, using their higher rank, sexually harass others implicitly or explicitly (...)"

³⁸ « The data below was produced on the basis of 450 consultations received by the Advice Bureau on Violence in the Workplace (OAVL) between 2006 and 2008”http://www.trabajo.gov.ar/downloads/oavl/Estadísticas_%20Violencia%20Laboral_mujeres%20y%20varones.doc (consulted on September 23,2011)

ment. Undocumented workers are particularly vulnerable to exploitation and abuse. Migrant women are more vulnerable to become victims of trafficking of persons for work and sexual exploitation. On their part, migrant girls need to work in order to contribute to the family economics.

Recommendations

- * To implement free child-care services in the public sector workplaces and to mandate the same for the private sector.
- * To regulate maternity and paternity leaves in equal conditions and with the possibility to choose for how long each parent will make use of it.
- * To implement affirmative actions and effective equal opportunities plans in the area of work, with a gender and diversity perspective.
- * To build reliable official data and statistics, disaggregated by sex, ethnicity and age, in articulation with the provinces that will allow to follow-up labour public policies with an aim to design policies to achieve gender equity.
- * To design and implement a comprehensive policy for assistance, protection and promotion of women's rights to a life free from violence in the workplace, including references to sexual harassment in the Labour Contracts Law along with effective reporting mechanisms and adequate protection to victims.
- * To intensify controls during labour inspections to rescue victims of trafficking particularly from private addresses, *vip* or *privados* – apartments where sex is offered in exchange for money – sewing workshops and agricultural business.

Right to health

Article 12

In 1999, this Committee³⁹, recommended Argentina to “38 (...) review its policies on health, and in particular that it pay attention to the issues of mental health, maternal mortality, adolescent pregnancies and HIV/AIDS, and that it provide the Committee with comprehensive statistics in its next periodic report”; “39. The Committee urges the State party to intensify its efforts to combat the problem of violence against women, in particular domestic violence”. Likewise, in its General Comment 14⁴⁰ (2000), this Committee referred to the gender perspective and women's right to health, recommending that “States integrate a gender perspective in their health-related policies, planning, programmes and research in order to promote better health for both women and men (...) The disaggregation of health and socio-economic data according to sex is essential for identifying and remedying inequalities in health” (20).

However, in spite of both recommendations, serious problems affecting women's health in relation to their sexual rights, reproductive rights and those linked to the effects of family violence have not yet been solved.

³⁹ Concluding Observations on the Second Report submitted by Argentina, adopted on December 1, 1999. E/C.12/1/Add.38.

⁴⁰ E/C.12/2000/4, ICESCR

Sexual rights and reproductive rights

In 2003 the National Law No. 25.673 on Sexual Health and Responsible Procreation was passed. However, there are important gaps in local legislation, as some provinces have not adhered to the national law, nor have they issued their own regulations in this matter⁴¹. Regarding contraceptive methods and family planning mechanisms, there are important obstacles and hindrances of different kinds. The new mechanism for distributing contraceptive devices, through *Programa Remediar*⁴², requires one to present medical prescriptions, a national ID card and to pick up the devices in drugstores, that often discourage women from using them. Hormonal emergency contraception is not available 365 days of the year – nor close to every woman's home⁴³ and to obtain it women must present their national IDs; also some professionals still think that it has abortive effects so they refuse to prescribe or provide it⁴⁴. With regards to tubal ligation, in some jurisdictions women are subjected to requirements that are not mentioned in the law – like a particular age and number of children, or authorization by their husbands or partners⁴⁵.

Teenage pregnancy. Teenage fertility rates are high and have considerably increased in later years: “from every 100 births, more than 15 – that is, about 15.6%”⁴⁶ – happen to adolescents. There is a higher prevalence of teenage pregnancies “among those relying exclusively on the public health system for attention, that in turn shows a possible lack of prevention measures and the importance of teenage mothers receiving attention and care from the State”⁴⁷. This also shows the lack of articulated and nation-wide public policies specifically aimed at this population, highlighting the prevention of teenage pregnancy from a gender perspective and respecting diversity. There are no specifically designed programmes for youth, that is, their specific needs and interests, and how gender stereotypes and roles play out in this life stage, have not been taken into account. This shows that, in spite of the existing legal framework, it is still hard to perceive young people as right bearers when framing inclusive public policies⁴⁸. In terms of health services provided to adolescents, cultural barriers on the part of professionals still persist, hampering adolescent's access to and exercise of their rights⁴⁹.

⁴¹ Catamarca, Formosa, San Juan and Tucumán provinces lack provincial laws and in Salta rules for application of local laws have not yet been promulgated. See: Consorcio Nacional de Derechos Reproductivos y Sexuales (Conders). Monitoreo Social y Exigibilidad sobre los Derechos Sexuales y Reproductivos en Argentina - Informe Nacional 2010. This is a watch-dog report on the quality of services provided by the National Programme of Sexual Health and Responsible Procreation between September 2009 and August 2010: www.conders.org.ar

⁴² See Ministerio de Salud. Remediar + Redes. <http://www.remediar.gov.ar>

⁴³ It provides a second opportunity to avoid abortion or unwanted pregnancies after a risky sexual relationship.

⁴⁴ Consorcio Nacional de Derechos Reproductivos y Sexuales (Conders). Monitoreo Social y Exigibilidad sobre los Derechos Sexuales y Reproductivos en Argentina - Informe Nacional 2010, op.cit.

⁴⁵ The most serious situations take place in the provinces of Buenos Aires, Tucumán, Córdoba and Entre Ríos. Consorcio Nacional de Derechos Reproductivos y Sexuales (Conders). Monitoreo Social y Exigibilidad sobre los Derechos Sexuales y Reproductivos en Argentina - Informe Nacional 2010. Op. cit.

⁴⁶ Alejandra Brener; Gabriela Ramos. “La adolescencia: sus derechos y sus prácticas de sexualidad saludable”. CoNDeRS, Buenos Aires, 1st edition, 2008, page 21.

⁴⁷ Edith Pantelices y Georgina Binstock, “La fecundidad adolescente en la Argentina al comienzo del Siglo XXI”. Revista argentina de sociología. N° 9. 2007, pages 27-28.

⁴⁸ Op.cit, page. 28.

⁴⁹ For instance: “A minimum age or parent's consent is required for consultation, even though such restrictions are not mentioned in any national or provincial law. In this way, health professionals create a conflict between the young person's right and her/his parents or tutors' guardianship without taking into account the current approach to adolescents' rights”. CoNDeRS, Buenos Aires, 1st edition, 2008, page 16. “Restrictions have also been noted regarding health care for adolescent in health facilities, as the latter decided from which age and under which conditions to provide contraception to adolescents, even though no such restrictions have been established by the law. Consorcio Nacional de Derechos Reproductivos y Sexuales (Conders). Monitoreo Social y Exigibilidad sobre los Derechos Sexuales y Reproductivos en Argentina - Informe Nacional 2010. Op.cit

Abortion

In Argentina, laws on abortion have not changed since the last report submitted to the Committee; the Penal Code continues to consider abortion a crime except under a few circumstances described in Article 86 (non-punishable abortion). Its clandestine nature, added to cultural and/or religious influences that contribute to how women are perceived⁵⁰, has a strong impact on the legal and social understanding of abortion, making it difficult to accurately determine its magnitude⁵¹. Different studies show the practice of abortion is present across socio-economic conditions: between 486,000 and 522,000⁵² clandestine abortions take place in Argentina every year. Beyond these indicators, unsafe abortions have a greater impact on the health and life of lower income women, who put their lives at risk by not demanding medical care for the consequences of this unsafe practice, as they are faced with the possibility to be reported (to the police) in public health services⁵³, the only ones that lower income women have access to. According to the National Ministry of Health, unsafe abortion is the second cause of maternal death⁵⁴ in Argentina, a situation that does not correspond to the country's overall levels of literacy, medical care and socio-economic status⁵⁵. These figures show that criminalizing abortion does not discourage its practice, but rather creates an unequal practice, whose negative prevalence falls mostly on women lacking access to safe and quality health resources. The cases of women who died due to abortion reported in the media show the precarious situation in which those women who lost their lives due to unsafe abortion lived (See Annex).

In 2010, the Human Rights Committee⁵⁶, referring to this reproductive right expressed its concern about the restrictive legislation criminalizing abortion and urged Argentina to review it⁵⁷. In the same line, in 2010 the CEDAW Committee warned Argentina that “37. (...) access to sexual and reproductive health care services remains a significant problem for Argentinean women” and expressed “its concern about the high pregnancy rate among adolescents girls and about high maternal mortality, one third of which is caused by illegal abortion”, urging the Argentinean State to review the laws criminalizing abortion “(...)with serious consequences for the health and lives of women”⁵⁸. More recently, the Inter-American

⁵⁰ World Health Organization (2011) “Social and cultural beliefs against abortion are among the barriers to accessing services. Whether legal or illegal, abortion is frequently censured by religious teachings and ideologies, hidden due to fear of reprisals or because of social condemnation and restrictive laws, whether de facto or de jure”. World Health Organization (2011). Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. WHO Library Cataloguing-in-Publication Data.

⁵¹ “After reviewing more than 400 medical records in public health facilities, Buenos Aires Gynaecologists and Obstetrics Association came to the conclusion that two out of every three deaths of women due to pregnancy related cases are hidden or ‘under recorded’. Gender violence and the lack of active policies in reproductive health come out as the leading causes of young women’s deaths”. Diario Página 12. “Las Cifras Veladas” July 2, 2011. Available at: <http://www.pagina12.com.ar/diario/suplementos/las12/13-5811-2010-07-02.html>.

⁵² Edith Pantelides y otros (2006). “Morbilidad materna severa en la Argentina: Trayectorias de las mujeres internadas por complicaciones de aborto y calidad de la atención recibida”. CENEP / CEDES. Argentina

⁵³ According to the latest report produced by WHO on Unsafe Abortion (2011) laws restricting access to safe abortion services increase the risk of unsafe abortions. World Health Organization (2011). Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. WHO Library Cataloguing-in-Publication Data

⁵⁴ Dirección de Estadísticas e Información de Salud. Ministerio de Salud de la Nación. “Estadísticas Vitales, información Básica 2009”. Available at: <http://www.deis.gov.ar/Publicaciones/Archivos/Serie5Nro53.pdf>.

⁵⁵ Juan Osvaldo Mormandi “Aborto infectado y aborto séptico”. Sociedad de Ginecología y Obstetricia de Buenos Aires. Available at: http://www.sogiba.org.ar/lacomunidad/e3_aborto.htm.

⁵⁶ In 2000, this Committee formulated the following recommendation to the Argentinean State: “Women should be given access to family planning methods and sterilization procedures; and in cases where abortion procedures may lawfully be performed, all obstacles to obtaining them should be removed. Argentine law should be amended to permit abortions in all cases of pregnancy resulting from rape”. Concluding Observations of the Human Rights Committee: Argentina, November 3, 2000, CCPR/CO/70/ARG, Para. 14.

⁵⁷ “(...)The State party should amend its legislation so that it effectively helps women to prevent unwanted pregnancies and protects them from having to resort to clandestine abortions that could endanger their lives.”. Concluding Observations of the Human Rights Committee: Argentina, 31/03/2010, CCPR/C/ARG/CO/4, Para.13.

⁵⁸ Concluding Observation of the Committee for the Elimination of Discrimination Against Women, August 16 2010, CEDAW/C/ARG/CO/6, Para. 38.

Commission on Human Rights urged Argentina to review the laws in the area of sexual and reproductive health that are likely to have a negative and differentiated impact on women”⁵⁹.

Non-punishable abortions.

In its Article 86, the Argentinean Penal Code establishes two exceptions to the overall criminalization of abortion: to avoid danger to the woman’s life or health, and in the case of rape against a mentally disabled woman⁶⁰. Women who decide to exercise this right usually face difficulties because the health facilities tend to take this practice to Court, demanding authorizations that the law does not require, delaying the moment in which the pregnancy must be interrupted. Also, health facilities and Courts tend to allow Catholic fundamentalist groups to interfere, re-victimizing the woman and subjecting her to particularly difficult situations that discourage her from exercising her right⁶¹.

In spite of the concerns expressed by the Human Rights Committee in 2010 and its recommendation regarding non-punishable abortion, the Argentinean State has not introduced any favourable changes in this area⁶².

Likewise, in 2010 the CEDAW Committee pointed out that “(...) The State party should ensure that the Guide for the Integral Attention of Non-Punishable Abortion Cases is applicable in the whole country in a uniform manner so there is equal and effective access to health services to interrupt pregnancies”⁶³; in spite of this recommendation, inequalities and restrictions to the effective enjoyment of the right to legal abortion persist, as the Guide⁶⁴ is not widely known nor implemented by health professionals, beyond the goodwill of those working on reproductive health services⁶⁵.

Rural women’s situation on sexual and reproductive rights

In rural Argentina, people’s limited access to health services added to the scarce information they acquire on health-illness in general and on sexual and reproductive health in particular, creates several situations directly affecting women’s welfare. Maternal mortality rates in

⁵⁹ “(...)the IACHR reiterates that women's reproductive health should be considered a priority in legislative initiatives and national and local health programs in the areas of prevention and protection (...)The States are likewise obligated to eliminate all barriers of fact or of law that keep women from obtaining access to maternal health services they need, including criminal sanctions for seeking such services”. Annex to Press Release 28/11 on the 141st Regular Session of the IACHR. Available at <http://www.cidh.org/Comunicados/English/2011/28A-11eng.htm>.

⁶⁰ National Penal Code. Article 86: “1° If it has been performed to avoid danger to the mother’s life or health, and if this danger can not be avoided by any other means. 2° If the pregnancy is the result of rape or sexual assault against an idiot or demented woman. In this case, the consent of her legal representative must be required for the abortion”.

⁶¹ A few paradigmatic cases have even reached the level of international justice, like that of LMR a mentally disabled young woman from Buenos Aires province who was raped and then denied her right to abortion. See: <http://www.hrlc.org.au/court-tribunal/un-human-rights-committee/lmr-v-argentina-un-doc-ccprc101d16082007-28-april-2011/>. Another case worth highlighting is that of Ana Maria Acevedo, from Santa Fe province, who suffered of a lower jaw sarcoma and was denied the oncological treatment she needed because she was pregnant. As a consequence, she died victim of lack of assistance by health personnel. See: <http://www.pagina12.com.ar/diario/sociedad/subnotas/3-46450-2010-04-25.html>.

⁶² “13. The Committee expresses its concern at the restrictive legislation on abortion contained in article 86 of the Criminal Code and at the inconsistency in the courts’ interpretations of the grounds for exemption from punishment set out in this article (articles 3 and 6 of the Covenant) (...) The State should also adopt measures for educating judges and health workers about the scope of article 86 of the Criminal Code”. Concluding observations on the 4th report submitted by Argentina adopted on March 23, 2010 (CCPR/C/SR.2708).

⁶³ Concluding Observations of the Committee for the Elimination of Discrimination against Women, August 16, 2010, CEDAW/C/ARG/CO/6, Para. 38.

⁶⁴ These Guides have only been implemented in Buenos Aires, Santa Fe, Neuquén and Chubut provinces.

⁶⁵ Consorcio Nacional de Derechos Reproductivos y Sexuales (Conders). Monitoreo Social y Exigibilidad sobre los Derechos Sexuales y Reproductivos en Argentina - Informe Nacional 2010. Op. cit.

rural areas show a critical situation, as they reach 65 for every 100,000 live births, while the average for the country is only 48 for every 100,000 LB⁶⁶.

Based on the available information, it is known that in these areas health care is negatively affected by a series of factors contributing to women's vulnerability, including being heads of large families; traditional division of roles and domestic-family household work; low wages, precarious and sporadic employment; and the historical invisibility of the productive and reproductive work done by women, among others. In some provinces located in the North-East and North-West of Argentina, agroindustrial employment for women typically implies occupational segregation, longer hours doing monotonous tasks that are more demanding and controlled, lower participation in hierarchical posts and, as a result, an absence of the stimuli of promotion and upward mobility⁶⁷, having a direct impact on women's lives. Rural women face several difficulties in accessing health services, not only because they lack economic resources or because health facilities are far away, but also due to accessibility barriers linked to more conservative institutional discourses and practices showing a high degree of sexism and racism.

Little qualitative information exists in relation to sexual and reproductive health of women living in rural areas, and particularly on the impact of the sexual division of labour and of gender specific roles and activities within this group of women.

Sexual and reproductive rights of lesbian and bisexual women

Regarding sexually transmitted diseases, the Human Papiloma Virus, gonorrhoea, syphilis and fungus infections (vulvitis, vaginitis, cervicitis, candidiasis, moniliasis, etc.) could apparently be transmitted between women, but no scientific research exists⁶⁸. This shows that sexual health policies continue to be designed from a paradigm vision that takes heterosexuality as the norm, rendering lesbian women invisible and ignoring their specific needs with regards to their sexual and reproductive health care⁶⁹. Regarding their possibilities to procreate, only those women with enough economic resources can access private treatments for assisted fertility, using anonymous or known donors⁷⁰.

Violence and women's rights.

Since WHO recognized violence against women as a priority public health issue in 1996, countries have been urged to intensify their efforts to detect, prevent and care for situations of violence against women. Even though this Committee pointed out in 1999 that Argentina had to "39. (...) intensify its efforts to combat the problem of violence against women, in particular domestic violence", family violence situations, including femicides, are increasing. The report submitted by Argentina in 2009 for this session⁷¹, does not mention violence against women in relation to the right to health. Even though some illnesses and symptoms

⁶⁶ Banco Mundial (1997): Salud reproductiva en el medio rural argentino. Los casos de Jujuy, Misiones y Santiago del Estero. Buenos Aires: Banco Mundial.

⁶⁷ Vazquez Laba, V. (2007): "*Arte para la vida*". Trabajo femenino y formas de desorganización familiar en la localidad de Tafí Viejo, provincia de Tucumán". Master Thesis. Universidad de Buenos Aires. Unpublished.

Vazquez Laba, V. (2008): "Desorganizando la tradicional división sexual del trabajo familiar: un estudio comparativo de familias asalariadas rurales del Noroeste Argentino". Doctorate Thesis. Universidad de Buenos Aires. Unpublished.

⁶⁸ Laura Eiven; Alejandra Sardá y Verónica Villalba. "Lesbianas, salud y derechos humanos desde una perspectiva latinoamericana. Un aporte para la discusión y la reflexión".. www.siyanda.org/docs/evien_lesbianas.doc; <http://www.rompiendoelsilencio.cl/bibliotkrs/>

⁶⁹ See Laura Eiven, "¿Infierno y discriminación o paraíso y diversidad?" http://anterior.rimaweb.com.ar/safopiensa/reflex_les/salud_leiven.html; Patricia Karina Vergara Sánchez, "Primeros Pasos Hacia Replantear la Atención Ginecológica a Mujeres Lesbianas", <http://cuadernosfem.blogspot.com/2011/05/primeros-pasos-hacia-replantear-la.html>

⁷⁰ Ibid, page. 10

⁷¹ E/C.12/ARG/3

can be better understood as a consequence of violent situations, such as sexually transmitted infections, others have not been identified as having the same origin (smoking, depression, food disorders, headaches, interruption of or irregular adherence to treatments, miscarriages, among others)⁷². Failing to consider violence against women as a health issue contributes to its low detection on the part of health personnel, and to render invisible the serious and progressive deterioration suffered by women subjected to chronic abuse.

Law 26.485, Comprehensive Protection Law to Prevent, Punish, and Eradicate Violence against Women in the Contexts in which their Inter-personal relations take place, set out measures aimed to sensitize and train medical staff in gender perspectives and to integrate the issue of violence against women in comprehensive health programmes. However, the State has not implemented enough policies to allow for a comprehensive approach to the issue on the part of the health sector.

There are no national records articulated with the provincial ones that show the magnitude of the domestic violence problem and its impact on women's health and life; the only existing records of femicides are being kept by civil society organizations⁷³.

Indigenous peoples, migration and women's health

Up to date, life and health records in Argentina are not disaggregated by ethnicity so it is not possible to have a detailed diagnosis of the situation of Indigenous peoples. However, some research has shown morbidity and mortality levels that are systematically higher than those of the non-Indigenous population⁷⁴.

Water gathering, that implies walking long distances in rural areas, erodes Indigenous women's health, impacting their overall welfare and life quality. Indigenous and migrant women show fertility rates that are higher than those of non-Indigenous women, both for the country as a whole and by sub-regions. At the national level, the general fertility rate of Indigenous populations is of 3.1 children per women, 28% higher than that of the non-Indigenous population (2,6 children per women). According to Buenos Aires Province Motherhood and Infancy Program, 58% of Bolivian women had unplanned pregnancies and only 38% employed contraception to avoid pregnancy⁷⁵.

High fertility poses health risks for the mother and child, in an immediate way as maternal or child mortality but also in the longer term, as expressed in nutritional deficiencies observed in children from large families⁷⁶.

⁷² "Violence against women", Pan-American Health Organization. <http://www.paho.org/English/ad/ge/VAWHealthSector.htm>; "Dos caras de una misma realidad: Violencia hacia las mujeres y VIH/sida en Argentina, Brasil, Chile y Uruguay" Mabel Bianco, Andrea Mariño (Comps), Buenos Aires, Fundación para el Estudio e Investigación de la Mujer, 2010.

⁷³ See Indeso Mujer: www.indesomujer.org.ar/femenicidios.html; Casa del encuentro: www.lacasadelencontro.org

⁷⁴ Galván M., Fabre A., Alonso, J., Miranda, O. (2003). Impacto de la enfermedad de Chagas en comunidades aborígenes de la provincia de Formosa – Argentina. Universidad Nacional del Nordeste. Comunicaciones Científicas y Tecnológicas; Lanza, N. Peláez, N., Valeggia, C. (2007). Primeras estimaciones demográficas de una población Toba del oeste formosenseño. Huerta Grande, Córdoba: IX Jornadas Argentinas de Estudios de Población; Lanza, N. Valeggia, C.R. (2007). Poblaciones Toba del Gran Chaco Argentino: Situación Demográfica, Epidemiológica y Nutricional. Instituto de Investigaciones Geohistóricas, Resistencia. Chaco.

⁷⁵ Rodríguez Vignoli, J. (2003). "La fecundidad alta en América Latina y el Caribe: un riesgo en transición"; CEPAL – CELADE (2002). "Vulnerabilidad sociodemográfica: viejos y nuevos riesgos para comunidades, hogares y personas; síntesis y conclusiones". Santiago de Chile: CEPAL.

⁷⁶ Del Popolo, F.; Oyarce, A. y Ribotta, B. (2007). Sistema de Indicadores Sociodemográfico de Poblaciones y Pueblos Indígenas de América Latina – SISPP. Santiago de Chile: CELADE/CEPAL- Fondo Indígena; Del Popolo, F.; Oyarce, A. M. y Ribotta, B. (2009). "Indígenas urbanos en América Latina: algunos resultados censales y su relación con los Objetivos de Desarrollo del Milenio". Revista Notas de Población, no. 86, pp. 101-140. Santiago de Chile: United Nations, CEPAL/CELADE.

The scope of high fertility and morbidity in Indigenous women has to do with the physical difficulties to access health facilities that are located away from Indigenous communities but also with the fact that health assets and services are not culturally appropriated and do not take into account language or ethnic specificities. Health personnel are not qualified to identify and respond to the concrete needs of Indigenous peoples and migrants in relation to preventive care, curative practices and traditional medicines.

In relation to migrants, mainly due to lack of information on the part of the staff that is in charge of first welcoming people in health facilities, cases of denial of care due to irregular migratory situation are still being reported.

Recommendations

- * To fulfil its legal obligations in the area of Sexual and Reproductive Rights as established in provincial and national current legislation, as well as in women's human rights treaties.
- * To ensure that all health professionals and teachers know and implement National Law No. 25.673 creating the National Program for Sexual Health and Responsible Procreation and Law No. 26.150 of Comprehensive Sexuality Education.
- * To guarantee women's effective access to public sexual and reproductive health programmes, without any discrimination based on socio-economic status, sex, gender, age, ethnicity or sexual orientation.
- * To decriminalize abortion in order to avoid women dying from that cause.
- * To guarantee proper and free care for non-punishable abortions in public health services.
- * To apply the Technical Guide for Non-Punishable Abortion Care in all the country's provinces through a comprehensive and national compulsory policy.
- * To implement and execute effective post-abortion and non-punishable abortion care protocols in all public health services.
- * To train health personnel on sexual and reproductive rights and non-punishable abortions, integrating these issues also in the health professional's training curriculum.
- * To design, assign enough budget and execute comprehensive prevention and care policies for family violence, as a mechanism to guarantee women's rights to live free from violence and as an effective way to guarantee women's right to health and life.
- * To train health personnel on the different notions of health-illness and healing held by migrant and Indigenous peoples.
- * To create health centres near Indigenous peoples' communities.
- * To promote intercultural mediation in the field of health.
- * To design public health policies with a gender and diversity perspective that includes the specific needs of women, regardless of their sexual orientation or gender identity.
- * To promote sensitivity and education campaigns aimed at health personnel and students of health-related careers, to integrate a diversity perspective in care.

Right to education

Article 13

While referring to Non-Discrimination and Equal Treatment, this Committee in its General Comment 13⁷⁷ has stated that “31.The prohibition against discrimination enshrined in article 2 (2) of the Covenant is subject to neither progressive realization nor the availability of resources; it applies fully and immediately to all aspects of education and encompasses all internationally prohibited grounds of discrimination”. In spite of this General Comment and of the recommendations formulated by other Committees, the Argentinean State continues to have deep deficiencies in the area of education that perpetuate discrimination and lack of equitable access to the right to education.

Breakdown, fragmentation and lack of maintenance of the educational system

In relation to access to the Argentinean educational system, even though the Universal Allocation per Child, has contributed to girls and boys entering school in better conditions of equality than before, there are important differentiated circuits for access to education. Children from lower-income families have access to poor-quality schools, with less experienced teachers who also have few tools to manage the multiple problematic situations they must solve, as their students come from unfavourable environments. According to a 2010 Report,⁷⁸ “Argentina’s scores in the latest test show some issues for concern (...) Argentina is placed below the average score of OECD’s developed countries and even lower than those of other countries in the region”.

In the case of impoverished, migrant, Indigenous and rural girls, in many cases their school trajectories are suspended and cancelled because they must perform domestic chores, take care of younger siblings, become workers at an early age or – in other cases – because of early pregnancies due to abuse, violence and incest.

The mentioned report points out that “the critical moments in middle school trajectories are 8th, 10th and 11th year of studies, those in which overage⁷⁹ is higher than for the following school years; in rural areas, overage is much higher than in urban ones and begins a sustained descent from 8th year onwards. This shows that, after the 8th year of schooling, rural students are increasingly being excluded”. In the rural areas, overall drop-out rates are much higher than those of public (government) schools for the first years of high school; they decrease towards the end of the high school level and end up being lower than for the entire public school sector and for urban areas. This means that those students that manage to stay in school between the 7th and 9th year usually complete their studies. This reinforces the idea of high school’s early selectivity levels even in rural areas. In this context, early school dropping out for work reasons affect girls mostly.

With regards to adolescent drop-out from the education system levels, it is higher in girls than in boys. It is worth mentioning that, from the total live births in 2009, 117,000 corresponded to 15-19 years old adolescent mothers, 50% of whom had only completed primary school⁸⁰. This situation becomes worse in the most impoverished provinces, those placed in the North-East and North-West of Argentina, and in rural areas. It is also worth noticing that

⁷⁷ E/C.12/1999/10.

⁷⁸ Claudia Giacometti, 2010. Diagnóstico de la situación educativa de las mujeres en América Latina y el Caribe hispano “Más allá de las metas del milenio”. El Caso Argentino. Final report. Preliminary version, May 2010. Report produced for CLADEM in the context of the Campaign for a Non-Sexist and Anti-Discriminatory Education.

⁷⁹ This means that the person’s age is above that formally planned for the school year she/he is in.

⁸⁰ Estadísticas Vitales 2009, DEIS (Dirección de Estadísticas e información de salud). Ministerio de Salud y Ambiente de la Nación.

the lack of statistics as well as of updating of the few – and fragmented – existing ones stands as an obstacle to know exactly the nature of this problem.

Comprehensive Sexuality Education Law

Even though the passing of National Law No. 26.150 for Comprehensive Sexuality Education (see Annex) constitutes a step forwards in education about sexual health, sexual and reproductive rights, “huge failures can still be observed in access to Comprehensive Sexuality Education at all educational levels”⁸¹. “In Argentina, integrating a gender perspective in education has always faced resistance on the part of more conservative sectors, of which the Catholic Church is the main voice”⁸². This reinforces the androcentric and homophobic cultural mandates transmitted through educational models. This is one of the reasons why Comprehensive Sexuality Education programmes created by this Law have not yet even begun in many provinces, mostly in those of the North-West of Argentina⁸³.

Regarding teachers’ training, “there are multiple evidences that teachers lack the necessary training and acknowledge their difficulties to face this issue in the classroom”⁸⁴. Heterogeneity within and across jurisdictions is a very important aspect to be taken into account in comprehensive sexuality education; however, there is a need for specific strategies that take into account the needs of different groups⁸⁵. Interpreting and applying the contents of this law cannot be left to the criteria and will of public officers who might jeopardize the spirit of the law, as it is already happening. On its part, the national government appears to be unable to force provincial States to implement Law 26.051 and instead of using international human rights law and Committee recommendations to this end, the Ministry of Education says “There is no way to force them. Educational systems belong to the provinces”⁸⁶. As already mentioned, educational systems indeed belong to the provinces but human rights systems belong to the State, regardless of their jurisdiction and to enforce them is also the duty of the national State above all provincial States.

Secular education

With regards to secular education in Argentina, it is worth mentioning that the recent National Education Law No. 26.206 (2006) does not specify if State public education must be secular or non-denominational. This gap is dangerous in regards to guaranteeing equal and non-discriminatory access to education and allows the political wills of provincial governments to fill it up as they wish. So we have situations like Salta province, where the right to religious education in public schools is guaranteed to boys and girls⁸⁷.

81 See www.conders.org.ar/pdf/conders2010.pdf

82 Claudia Giacometti, 2010. Diagnóstico de la situación educativa de las mujeres en América Latina y el Caribe hispano “Más allá de las metas del milenio”. Op. cit. See “Tras rechazarlos, Salta pide textos de educación sexual”. Tres líneas, <http://www.treslineas.com.ar/tras-rechazarlos-salta-pide-textos-educacion-sexual-n-486039.html>. “Puntualmente Salta, San Juan y Mendoza se han negado a distribuir los cuadernillos dirigidos a los docentes que el año pasado elaboró el Ministerio de Educación”. “Para esas preguntas incómodas”. Diario Página 12, April 29, 2011. <http://www.pagina12.com.ar/diario/sociedad/3-167258-2011-04-29.html>

83 Only four provinces carry out CSE programmes according to the law without any distortions: Chubut, Neuquén, Santa Fe and a few districts in Buenos Aires province.

84 Alejandra Brener; Gabriela Ramos. “La adolescencia: sus derechos y sus practicas de sexualidad saludable”. Buenos Aires. CoNDeRS. 1st edition. 2008, Page 33.

85 Claudia Giacometti, 2010. Diagnóstico de la situación educativa de las mujeres en América Latina y el Caribe hispano “Más allá de las metas del milenio”. Op. cit., Page 15

86 “Para esas preguntas incómodas”. Diario Página 12, April 29, 2011. <http://www.pagina12.com.ar/diario/sociedad/3-167258-2011-04-29.html>

87 Provincial Law on Education No. 7546 (2008). Article 8.m) “To guarantee that parents and eventually tutors have the right to get religious education for their children in public schools according to their own beliefs, in consonance with Article 49 of the Salta Provincial Constitution”. Religion had already been included in the school curriculum during military dictatorship (1978). See Claudia Giacometti, Diagnóstico de la situación educativa de las mujeres en América Latina y el Caribe hispano “Más allá de las metas del milenio”. Op. cit., Pages 44- 45.

In some regions of the country, mostly in the North-West and North-East, a very entrenched Catholic tradition leads to the right to secular public education to be often violated, both in practices and in their educational laws⁸⁸.

The lack of clear and uniform regulations about secular education in the public school system violates fundamental human rights, like the right to freedom of belief, sexual and reproductive rights - to which enjoyment religious fundamentalists are constantly opposed - and the right to choose one's faith.

Indigenous and migrant women

Ethnic inequities can be identified by examining the indicators of access and educational achievements for Indigenous peoples. Inequalities in educational opportunities are linked to unequal treatment in all social opportunities and, in this context, Indigenous, Afro-descendent and migrant women are the most intensely affected by discrimination and exclusion.

Educational facilities tend to be placed far away from Indigenous peoples' communities, and particularly high schools. This has different impacts on Indigenous communities, as boys and girls complete the 7th grade when they are about 12 years old and must then migrate to urban centres where educational facilities are placed. Added to the lack of cultural appropriateness, this creates an ongoing uprooting from their families, culture and social environment that in turn generates other problems.

Another factor hampering the possibility to remain at school is socio-economic status, as many young people leave their communities to continue studying at tertiary or University level because there are no opportunities located near their communities. Some time later, they are forced to work in order to be able to afford their studies and in many cases end up dropping-out of school in order to work full time, while others go back to their communities.

Overall, in most departments in the North of the country and in Patagonia, Indigenous women show adult illiteracy rates that are higher than those for men of their same ethnic group⁸⁹.

⁸⁸ “ At the provincial level, only six Constitutions explicitly mention that public State education must be secular or non-denominational (Buenos Aires city., Chaco, Entre Ríos, Mendoza, Neuquén and San Juan)” (...) “ In the Constitution of Tucuman province, Article 144.2 acknowledges the right of parents to demand that State schools guarantee religious education”, *ibid*.

⁸⁹ Source: INDEC. Encuesta Complementaria de Pueblos Indígenas (ECPI) 2004-2005 Complementaria del Censo Nacional de Población, Hogares y Viviendas 2001.

Recommendations

- * To assign greater budgetary and professional resources to address the different existing gaps in the field of education, in a comprehensive and articulated way including all provinces and implementing policies with a gender, diversity and social-economic status perspective.
- * To execute public policies within a normative framework that legally binds provinces to implement, in a compulsory and equitable way, the general dispositions of national laws in the area and of Law 16.150 for Comprehensive Sexuality Education in particular, in order to avoid that the dispositions, principles and rights protected by those laws are left to the criteria and decisions of provincial administrations.
- * To guarantee proper sexuality education not only in public schools but also in private establishments from the formal education system and at all levels.
- * Through promulgating a national law that is compulsory for the provinces, to regulate the right to secular education in public school in order to guarantee that fundamental notions promoting full access to human rights without any kind of discrimination be taught.
- * The whole school apparatus must attend to the specific needs of Indigenous, migrant and Afro-descendent women, girls and adolescents, designing public policies from a cultural diversity perspective.
- * To implement social programmes to encourage school completion and continued quality vocational/professional training to strengthen the skills of migrant, Indigenous and Afro-descendent girls and women.
- * To implement intercultural bilingual education across the country.

A N E X O S

Right to work

Art. 6 y 7

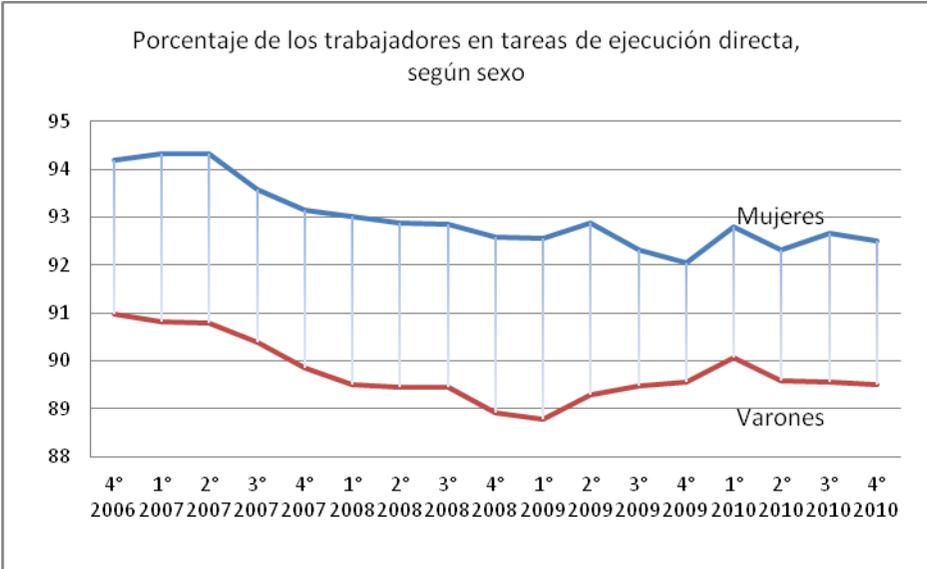
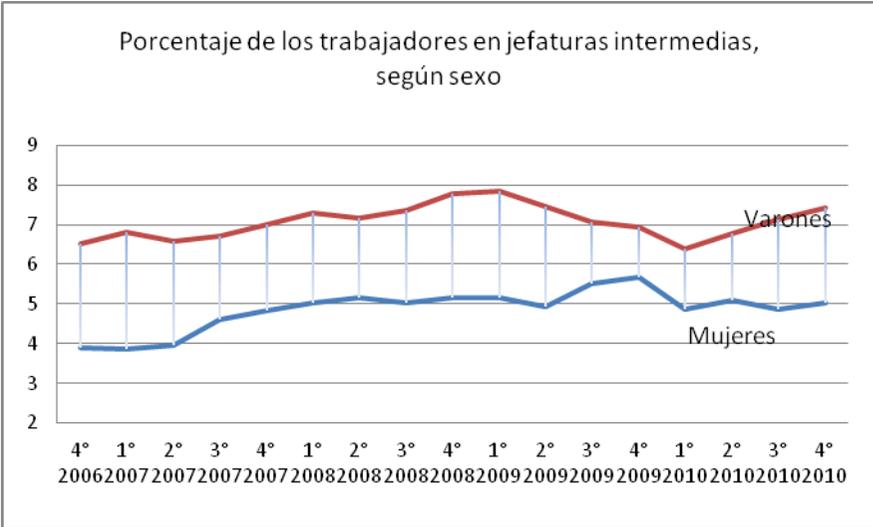
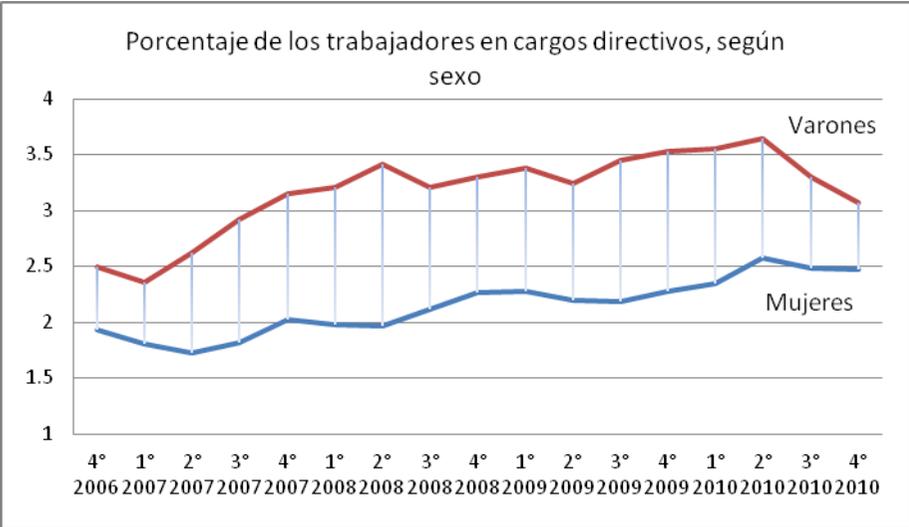
Participación en el empleo. Boletín de género y mercado de trabajo

Sección II. Participación en el empleo

2.13. Composición del empleo según estructura jerárquica. Trimestres 2006-2010

Trimestre / Año	Mujeres					Varones					Mujeres			Varones		
	Directivos	Jefes intermedios		Ejecución directa		Directivos	Jefes intermedios		Ejecución directa		Directivos	Jefes intermedios	Ejecución directa	Directivos	Jefes intermedios	Ejecución directa
	Directivos	Administrativo/contables	Producción de bienes y servicios	Tareas administrativo/contables	Producción de bienes y servicios	Directivos	Administrativo/contables	Producción de bienes y servicios	Tareas administrativo/contables	Producción de bienes y servicios	Directivos	Jefes intermedios	Ejecución directa	Directivos	Jefes intermedios	Ejecución directa
4° 2006	1.9	1.6	2.3	27.8	66.4	2.5	1.3	5.2	12.6	78.4	1.9	3.9	94.2	2.5	6.5	91.0
1° 2007	1.8	1.7	2.2	29.0	65.3	2.4	1.3	5.5	12.5	78.4	1.8	3.9	94.3	2.4	6.8	90.8
2° 2007	1.7	1.6	2.3	28.2	66.1	2.6	1.3	5.3	12.8	78.0	1.7	3.9	94.3	2.6	6.6	90.8
3° 2007	1.8	1.7	2.9	30.5	63.0	2.9	1.5	5.2	14.7	75.7	1.8	4.6	93.6	2.9	6.7	90.4
4° 2007	2.0	1.8	3.1	32.0	61.1	3.2	1.6	5.4	15.1	74.7	2.0	4.8	93.1	3.2	7.0	89.9
1° 2008	2.0	1.8	3.2	33.5	59.5	3.2	1.7	5.6	15.8	73.7	2.0	5.0	93.0	3.2	7.3	89.5
2° 2008	2.0	2.0	3.2	34.0	58.9	3.4	1.8	5.3	17.1	72.3	2.0	5.2	92.9	3.4	7.1	89.4
3° 2008	2.1	2.0	3.0	30.9	61.9	3.2	1.8	5.6	15.4	74.1	2.1	5.0	92.9	3.2	7.4	89.4
4° 2008	2.3	2.2	3.0	30.9	61.6	3.3	1.8	6.0	15.6	73.3	2.3	5.2	92.6	3.3	7.8	88.9
1° 2009	2.3	2.2	2.9	31.8	60.8	3.4	1.8	6.0	15.8	72.9	2.3	5.2	92.6	3.4	7.8	88.8
2° 2009	2.2	2.2	2.7	29.7	63.2	3.2	1.8	5.7	16.0	73.3	2.2	4.9	92.9	3.2	7.5	89.3
3° 2009	2.2	2.1	3.4	28.0	64.3	3.4	1.7	5.3	15.8	73.7	2.2	5.5	92.3	3.4	7.1	89.5
4° 2009	2.3	2.0	3.6	28.0	64.1	3.5	1.5	5.4	15.3	74.3	2.3	5.7	92.1	3.5	6.9	89.6
1° 2010	2.3	1.6	3.3	26.2	66.6	3.6	1.2	5.2	14.1	76.0	2.3	4.9	92.8	3.6	6.4	90.1
2° 2010	2.6	1.6	3.5	26.7	65.6	3.6	1.4	5.4	14.3	75.3	2.6	5.1	92.3	3.6	6.8	89.6
3° 2010	2.5	1.5	3.4	25.2	67.5	3.3	1.3	5.8	13.2	76.3	2.5	4.9	92.7	3.3	7.1	89.6
4° 2010	2.5	1.8	3.2	26.1	66.4	3.1	1.4	6.0	12.8	76.7	2.5	5.0	92.5	3.1	7.4	89.5

Fuente: Observatorio de Empleo y Dinámica Empresarial, DGEyEL, SSPTyEL, MTEySS, en base a Encuesta de Indicadores Laborales



Right to health

Art. 12

Muertes por aborto

1.- “Una joven de 21 años murió tras practicarse un aborto clandestino con el consumo de distintos medicamentos, informaron hoy fuentes policiales. Se trata de Luciana Alvarez, que vivía junto a sus padres y dos hermanos, en una precaria casa del barrio Colón [Provincia de Córdoba], quien decidió poner fin a un embarazo de cuatro meses” Diario la Voz del Interior 26\06\2010. Disponible en: <http://www.lavoz.com.ar/ciudadanos/salud/murio-una-joven-tras-realizarse-un-aborto>.

<http://www.lavoz.com.ar/ciudadanos/salud/murio-una-joven-tras-realizarse-u>     Murió una joven tra...

Jueves 13 de octubre de 2011. Actualizado 13:50 Córdoba 19° / 57%

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Salud Aborto

Murió una joven tras realizarse un aborto

Ocurrió en Santiago del Estero. La chica había consumido medicamentos para inducir el aborto.

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- Santiago del Estero
- Aborto

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- Más de 15 mil mujeres marcharon por una ley de aborto
- Joven travesti grave tras ser baleado

Una joven de 21 años murió tras practicarse un aborto clandestino con el consumo de distintos medicamentos, informaron hoy fuentes policiales.

Se trata de Luciana Alvarez, que vivía junto a sus padres y dos hermanos, en una precaria casa del barrio Colón, quien decidió poner fin a un embarazo de cuatro meses.

Tras consumir distintos medicamentos para producir el aborto, la joven fue internada en la sala de urgencias del Hospital Regional "Ramón Carrillo" y murió horas más tarde a consecuencia de una infección generalizada en su cuerpo.

El juez que investiga el caso, Miguel Moreno, ordenó la realización de una autopsia y el secuestro de los medicamentos utilizados por la joven para provocar el aborto.

2.- “Una adolescente de 15 años falleció anoche en el Hospital Regional luego de permanecer durante un día en estado de gravedad como consecuencia de haberse practicado un aborto clandestino. “ Diario Pagina tres 12\09\2011. Disponible:
http://www.paginatres.com.ar/secciones.php?nombre=home&file=ver&id_noticia=0508222LC&seccion=&PHPSESSID=681e64e234beb16ed63473935e4eac86.



Jueves 13
Octubre/2011
Santiago del Estero - Argentina

BUSCAR ▶

Inicio - Locales - Nacionales - Internacionales - Deportes - Espectáculos

LOCALES

Investiga si actuó sola o con otras personas

Joven de 15 años muere tras someterse a un aborto clandestino

Una adolescente de 15 años falleció anoche en el Hospital Regional luego de permanecer durante un día en estado de gravedad como consecuencia de haberse practicado un aborto clandestino.

Facebook

Una adolescente de 15 años falleció anoche en el Hospital Regional luego de permanecer durante un día en estado de gravedad como consecuencia de haberse practicado un aborto clandestino.

La joven había ingresado al centro asistencial el jueves por la tarde con importantes pedidas hemorrágicas, por lo que fue internada en forma inmediata en el sector de maternidad, pero debido a su estado de gravedad al poco tiempo debió ser trasladada a la terapia intensiva.

De acuerdo a la información suministrada a este medio por fuentes confiables, los profesionales médicos habrían constatado que las hemorragias que sufrió la joven podrían haber sido provocadas por la introducción de una sonda en la zona uterina.

Ante la situación, la justicia de turno, ordenó la autopsia y habrió la investigación para determinar si la joven actuó sola o fue ayudada por otras personas para provocarse el aborto.

3.- “La chica llegó en estado agonizante al Hospital de Añatuya. Una chica de 16 años llegó con un hálito de vida a un hospital santiagueño, donde se constató que le habían interrumpido un embarazo”. Diario Crónica 10\08\2010. Disponible en:

<http://www.cronica.com.ar/diario/2010/08/10/39796-piba-muere-tras-hacerse-un-aborto-casero.html>

<http://www.cronica.com.ar/diario/2010/08/10/39796-piba-muere-tras-hacerse-un-aborto-casero.html>



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Policiales

10.08.2010 | 13:38

PIBA MUERE TRAS HACERSE UN ABORTO CASERO

✘ La chica llegó en estado agonizante al Hospital de Añatuya.

La chica llegó en estado agonizante al Hospital de Añatuya.

Una chica de 16 años llegó con un hálito de vida a un hospital santiagueño, donde se constató que le habían interrumpido un embarazo.

Una adolescente, oriunda de un paraje santiagueño cercano a Los Juríes, departamento Taboada, falleció antes de arribar al Hospital Zonal de Añatuya, a causa de un presunto aborto que le habían realizado en la zona donde vivía.

Según informó el jefe de la Unidad Regional N° 3, comisario Walter Castelani, Susana Díaz, de sólo 16 años, llegó al nosocomio añatuyense sin vida, de acuerdo al diagnóstico realizado por el médico de guardia que la recibió.

El diario El Liberal informó que luego, el facultativo policial que la examinó determinó que presentaba signos evidentes de haberse practicado un aborto clandestino, lo que le habría provocado una septicemia generalizada.

Ante esta situación, personal de la Seccional 48ª inició las investigaciones para conocer los pormenores que causaron su deceso y establecer quién interrumpió el embarazo.

Extraoficialmente se supo que la víctima, oriunda del Lote 27, habría dejado huérfana a una niña de dos años.

FLORIAN MAYER
DERROTO A
RAFA NADAL EN
SHANGHAI



1 de 1



La presencia de Justin Bieber en el Faena generó que el hotel tenga que estar vallado las 24 horas para evitar el asedio de las fans.

4.- “Tenía 26 años y era madre soltera de dos niños de 8 y 6 años. Estaba embarazada de 7 meses y había ocultado la gestación durante todo ese tiempo. Intentó por sus propios medios realizarse un aborto. Sufrió una perforación del útero. Murió desangrada”. Diario Pagina 12, 16/04/2010. Disponible en: <http://www.pagina12.com.ar/diario/sociedad/3-143974-2010-04-16.html>

SOCIEDAD | EN SAN JUAN, UNA MUJER EMBARAZADA DE SIETE MESES MURIO AL REALIZARSE UN ABORTO

Otra muerte del oscurantismo

Tenía 26 años y era madre soltera de dos niños de 8 y 6 años. Estaba embarazada de 7 meses y había ocultado la gestación durante todo ese tiempo. Intentó por sus propios medios realizarse un aborto. Sufrió una perforación del útero. Murió desangrada.

Por Mariana Carbajal

Yanina Noelia Herrera tenía 26 años y era madre soltera de dos niños, de 8 y 6 años. Estaba desempleada y alquilaba una habitación muy humilde, sin baño, donde vivía con sus hijos. Murió en el Hospital de Cauçete, a 30 kilómetros al oeste de la capital de la provincia de San Juan, adonde llegó agonizando producto de una hemorragia masiva. Se presume que falleció como consecuencia de maniobras caseras para interrumpir un embarazo. La gestación llevaba alrededor de siete meses pero la había ocultado. Ni siquiera su madre estaba al tanto ni se había realizado ningún control médico en los centros de salud cercanos a su casa.

“Se ve que estaba disimulando ese embarazo, que no lo quería y no lo pudo evitar. Toda esa angustia que debió sentir esa mujer terminó en un terrible drama”, reflexionaba ayer Perla Werner, integrante del Movimiento de Mujeres Sanjuaninas, conmovida por la noticia. El caso pone en primer plano las dificultades de los sectores más postergados para impedir embarazos no planificados y la escasez de campañas de promoción de los derechos sexuales y reproductivos en la provincia, apuntó Werner. En San Juan, apenas el 45 por ciento de las mujeres en edad fértil sin cobertura médica están incorporadas al programa provincial de Salud Sexual y Procreación Responsable, de acuerdo con cifras oficiales. Son alrededor de 32 mil mujeres, precisó Claudia Noriega, coordinadora del Programa de Salud Sexual y Procreación Responsable de San Juan. Entre ellas no habría estado Yanina.

La joven vivía en el barrio Santa Rosa, en la localidad de 25 de Mayo. Su hijo mayor avisó a un vecino que les alquila la pieza, que su madre estaba ensangrentada en la cama, y se retorcía de dolor. Fue en la madrugada del miércoles. “A las 6 de la mañana la mujer fue trasladada al Hospital de Cauçete y llegó con un shock hipovolémico, es decir, con una hemorragia masiva”, informó a este diario Noriega. A pesar de los intentos por reanimarla, la gran pérdida de sangre le provocó la muerte. Noriega explicó que se investigan las causas que desembocaron en el fallecimiento. Se presume que habría querido interrumpir el embarazo en soledad o con ayuda de alguien. Según informó el director del hospital de Cauçete, Roberto Villamayor, tenía el útero perforado. Se encontraron restos de un feto en una bolsa, dentro de un tacho, en la casa. Hoy estaría el resultado de la autopsia que ayer se le iba a practicar en el Hospital Marcial Quiroga, de la capital provincial, dijo Noriega. En el caso intervino la comisaría 10ª, de 25 de Mayo. En la historia clínica de Noriega figura que en 2001 había enfrentado otro aborto.

El director del hospital de Cauçete declaró a la prensa local su “preocupación por estos hechos que son frecuentes”, en referencia a casos de mujeres que llegan a la consulta luego de someterse a un aborto. “Y no son todas las afectadas. Muchas no vienen”, agregó Villamayor. “Es común que ante casos como éstos tengamos que actuar atacando infecciones importantes, ya que las intervenciones muchas veces son practicadas en lugares inconvenientes, sin asepsia y por personas sin la menor capacidad para esa tarea”, advirtió. Por lo avanzada de la gestación, en realidad, no se podría hablar de aborto en el caso de Yanina, sino de un parto prematuro, aclaró Noriega.

En el entorno familiar de Yanina, se desconocía que esperara otro hijo. Según dijo su madre, Yolanda Britos, a medios sanjuaninos, ni siquiera ella estaba enterada. En el hospital ni en la salita más cercana a su domicilio hay registros de que se hubiera realizado controles médicos por el embarazo, precisó Noriega a Página/12. Dos signos de que no habría estado en sus planes llevar la gestación a término.

Se estima que en el país el 40 por ciento de los embarazos terminan en aborto y se practican alrededor de 500 mil abortos al año en la clandestinidad. Las consecuencias de los abortos inseguros son la principal causa de mortalidad de mujeres por gestación. Las que mueren son las más pobres. Dos proyectos presentados este año en la Cámara de Diputados de la Nación, con el apoyo de un amplio arco político, buscan despenalizar y legalizar el aborto.



El caso pone de relieve las dificultades de los sectores más postergados para impedir embarazos no planificados.

Imagen: Bernardino Avila

SUBNOTAS

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5.- “Una joven de 17 años murió anoche en el hospital Delicia Concepción Masvernat de Concordia, donde ingresó tras detectarse un cuadro infeccioso posterior a un aborto inducido.” Diario UNO. 08\09\2011. Disponible en:

<http://www.unoentrieros.com.ar/policiales/Una-joven-de-17-aos-murio-tras-practicarse-un-aborto-clandestino-20110908-0011.html>

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POLICIALES Jueves, 08 de septiembre de 2011

Una joven de 17 años murió tras practicarse un aborto clandestino

La adolescente fue internada en el hospital Delicia Concepción Masvernat de Concordia por presentar un cuadro infeccioso. Se investiga si el hallazgo de un feto de 5 meses de gestación encontrado en una alcantarilla está relacionado con el caso.

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Una joven de 17 años murió anoche en el hospital Delicia Concepción Masvernat de Concordia, donde ingresó tras detectarse un cuadro infeccioso posterior a un aborto inducido.

El informe médico figura que la mujer falleció por un "aborto séptico y falla multiorgánica", según *El Sol*. Se pidió la realización de una autopsia y el cuerpo fue trasladado a la morgue judicial.

Fuentes policiales señalaron que buscan establecer algún tipo de relación con el caso de la aparición del cuerpo de una beba abortada de 5 meses de gestación, que fue encontrada la tarde del pasado martes, por un grupo de niños en un alcantarilla de bulevar Ayuí, en las nacientes del Manzores.

En la morgue judicial los forenses determinaron que la beba falleció por un aborto inducido y que luego de extraerla del útero la arrojaron a la alcantarilla con placenta y cordón umbilical.

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Right to education

Art. 13

Ley de Educación Sexual Integral, N° 26.150.

Artículo 1°. Todos los educandos tienen derecho a recibir educación sexual integral en los establecimientos educativos públicos, de gestión estatal y privada de las jurisdicciones nacional, provincial, de la Ciudad Autónoma de Buenos Aires y municipal. A los efectos de esta ley, entiéndase como educación sexual integral la que articula aspectos biológicos, psicológicos, sociales, afectivos y éticos.

Artículo 2°. Créase el Programa Nacional de Educación Sexual Integral en el ámbito del Ministerio de Educación, Ciencia y Tecnología, con la finalidad de cumplir en los establecimientos educativos referidos en el artículo 1° las disposiciones específicas de la Ley 25.673, de creación del Programa Nacional de Salud Sexual y Procreación Responsable; Ley 23.849, de Ratificación de la Convención de los Derechos del Niño; Ley 23.179, de Ratificación de la Convención sobre la Eliminación de todas las Formas de Discriminación contra la Mujer, que cuentan con rango constitucional; Ley 26.061, de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes y las leyes generales de educación de la Nación.

Artículo 3°. Los objetivos del Programa Nacional de Educación Sexual Integral son:

- a) Incorporar la educación sexual integral dentro de las propuestas educativas orientadas a la formación armónica, equilibrada y permanente de las personas;
- b) Asegurar la transmisión de conocimientos pertinentes, precisos, confiables y actualizados sobre los distintos aspectos involucrados en la educación sexual integral;
- c) Promover actitudes responsables ante la sexualidad;
- d) Prevenir los problemas relacionados con la salud en general y la salud sexual y reproductiva en particular;
- e) Procurar igualdad de trato y oportunidades para varones y mujeres.

Artículo 4°. Las acciones que promueva el Programa Nacional de Educación Sexual Integral están destinadas a los educandos del sistema educativo nacional, que asisten a establecimientos públicos de gestión estatal o privada, desde el nivel inicial hasta el nivel superior de formación docente y de educación técnica no universitaria.

Artículo 5°. Las jurisdicciones nacional, provincial, de la Ciudad Autónoma de Buenos Aires y municipal garantizarán la realización obligatoria, a lo largo del ciclo lectivo, de acciones educativas sistemáticas en los establecimientos escolares, para el cumplimiento del Programa Nacional de Educación Sexual Integral. Cada comunidad educativa incluirá en el proceso de elaboración de su proyecto institucional, la adaptación de las propuestas a su realidad sociocultural, en el marco del respeto a su ideario institucional y a las convicciones de sus miembros.

Artículo 6°. El Ministerio de Educación, Ciencia y Tecnología definirá, en consulta con el Consejo Federal de Cultura y Educación, los lineamientos curriculares básicos del Programa Nacional de Educación Sexual Integral, de modo tal que se respeten y articulen los programas y actividades que las jurisdicciones tengan en aplicación al momento de la sanción de la presente ley.

Artículo 7°. La definición de los lineamientos curriculares básicos para la educación sexual integral será asesorada por una comisión interdisciplinaria de especialistas en la temática, convocada por el Ministerio de Educación, Ciencia y Tecnología, con los propósitos de elaborar documentos orientadores preliminares, incorporar los resultados de un diálogo sobre sus contenidos con distintos sectores del sistema educativo nacional, sistematizar las experiencias ya desarrolladas por estados provinciales, Ciudad Autónoma de Buenos Aires y municipalidades, y aportar al Consejo Federal de Cultura y Educación una propuesta de materiales y orientaciones que puedan favorecer la aplicación del programa.

Artículo 8°. Cada jurisdicción implementará el programa a través de:

- a) La difusión de los objetivos de la presente ley, en los distintos niveles del sistema educativo;
- b) El diseño de las propuestas de enseñanza, con secuencias y pautas de abordaje pedagógico, en función de la diversidad sociocultural local y de las necesidades de los grupos etarios;
- c) El diseño, producción o selección de los materiales didácticos que se recomiende, utilizar a nivel institucional;
- d) El seguimiento, supervisión y evaluación del desarrollo de las actividades obligatorias realizadas;
- e) Los programas de capacitación permanente y gratuita de los educadores en el marco de la formación docente continua;
- f) La inclusión de los contenidos y didáctica de la educación sexual integral en los programas de formación de educadores.

Artículo 9°. Las jurisdicciones nacional, provincial, de la Ciudad Autónoma de Buenos Aires y municipal, con apoyo del programa, deberán organizar en todos los establecimientos educativos espacios de formación para los padres o responsables que tienen derecho a estar informados.

Los objetivos de estos espacios son:

- a) Ampliar la información sobre aspectos biológicos, fisiológicos, genéticos, psicológicos, éticos, jurídicos y pedagógicos en relación con la sexualidad de niños, niñas y adolescentes;
- b) Promover la comprensión y el acompañamiento en la maduración afectiva del niño, niña y adolescente ayudándolo a formar su sexualidad y preparándolo para entablar relaciones interpersonales positivas;
- c) Vincular más estrechamente la escuela y la familia para el logro de los objetivos del programa.

Artículo 10. Disposición transitoria:

La presente ley tendrá una aplicación gradual y progresiva, acorde al desarrollo de las acciones preparatorias en aspectos curriculares y de capacitación docente.

La autoridad de aplicación establecerá en un plazo de ciento ochenta (180) días un plan que permita el cumplimiento de la presente ley, a partir de su vigencia y en un plazo máximo de cuatro (4) años. El Ministerio de Educación, Ciencia y Tecnología integrará a las jurisdicciones y comunidades escolares que implementan planes similares y que se ajusten a la presente ley.

Artículo 11. Comuníquese al Poder Ejecutivo.