



Sexual and Reproductive HEALTH in Uruguay

December 11, 2018

UPR Info Pre-sessions

Achievements

URUGUAY has made significant progress in recent years with the adoption of laws to defend sexual and reproductive rights of people:

- ▣ Law to defend the right to sexual and reproductive health
- ▣ Since 2012, abortion is legal up to 12 weeks within the health system
- ▣ Comprehensive Law against Gender-Based Violence
- ▣ Law to prevent and fight trafficking in persons
- ▣ Recently approved comprehensive law for trans people

The Situation

However, these have not been sufficient to address persistent inequalities, discrimination and violence that particularly affect women.

With regards to access to SRH services, notable inequalities are observed:

- ▣ It is harder for people in the provinces (outside Montevideo)
- ▣ Racial disparities in access and quality of care
- ▣ Trans people
- ▣ For those with lower levels of education

The Situation

- There is a wide use of contraceptive methods (women 91.7%, men 85.5%).

However:

- Levels are lower in people with less education (14.2% non use compared to 12.5% on high levels)
- Fewer resources and living in rural areas.

The Situation

Adolescent Pregnancy

- Slight decrease

2015	55/1000
2016	51/1000
2017	41/1000

- **Girls Pregnancy 2016: 123**

- Consequences of:

Low educational level

Insufficient sexuality education

Poverty

Race

The Situation

The National Prevalence Survey on Violence Based on Gender and Generations indicates:

- 68.8% of women over 15 years experienced a violent situation
- 78.2% women between 19 to 29
- 78.5% women african descendent

Previous Recommendations

2nd Cycle UPR Recommendations

123.176. Strengthen its efforts in promoting the right to health, including access to a comprehensive health care (Indonesia);

123.178. Continue the efforts of the Government to ensure the improvement of its educational and health systems, as well as progress on other socio-economic and cultural rights (Cuba);

123.65. Continue innovative education programs recognizing sexual diversity and adopt a health policy that further enhances awareness on and sensitizing of sexual orientation and gender issues amongst health personnel (Netherlands);

Previous Recommendations

CEDAW 2016

36 a) Evaluate the availability throughout the country of sexual health services and to detect the provinces and underserved municipalities, and to guarantee adequate financing;

Our Recommendation:

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

The situation

Voluntary Interruption of Pregnancy Law (2012)

- Abusive exercise of conscientious objection and denial of care by gynecologists in some cities (100%)
- Severe violations of rights

The Situation

Refusal to provide abortion services in some provinces:

- Stigma:

 - for women undergoing voluntary interruption pregnancy

 - for professionals who practice it

- women must travel significant distances in some areas to access a safe abortion

Previous Recommendations

CEDAW 2016

36 b) Adopt measures to ensure that women have access to legal abortion and aftercare, and incorporate justification requirements more strict to avoid indiscriminate use by professional doctors of their right of conscientious objection to the performance of an abortion;

Our Recommendation:



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



Thank you

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