



Bogota, New York, October 3, 2019

**Secretariat of the Universal Periodic Review**  
**Office of the High Commissioner on Human Rights**  
Palais Wilson  
52, rue des Pâquis  
CH-1201 Geneva 10  
Switzerland

**Re: Report for the Third Universal Periodic Review (“UPR”) on Honduras, 36<sup>th</sup> Session of the UPR Working Group (“Working Group”) of the Human Rights Council (“Council”).**

Distinguished members of the Council:

1. The Center for Reproductive Rights (the “**Center**”) is an independent non-governmental organization that promotes gender equality and the fulfilment of women’s reproductive rights. The Center seeks to contribute to the Council’s work by providing independent information concerning Honduras’ obligations to guarantee women’s reproductive rights protected under international human rights law.
2. In light of Honduras’s upcoming review by the Council, this letter highlights the country’s failure to comply with its obligations under international human rights law to take all appropriate measures to eliminate violence against women, discrimination against women in the field of healthcare, reproductive rights and other human rights fundamental freedoms.
3. This letter highlights first, Honduras’ legislative background on the total criminalization of abortion and ban on access to emergency contraceptives; second, we set out the background on sexual violence against women of color in Honduras; third, we set out the background on the high adolescent fertility rate in Honduras which exacerbate the poverty cycle of women of color; fourthly, we explain the consequences of the total criminalization of abortion in Honduras; fifthly, we present the context of Zika and its link with the government restrictions on reproductive rights; six, we explain the violations to women’s dignity and autonomy with HIV that go through forced sterilizations without their informed consent; seventh, we include a list of recommendations that we respectfully propose the Working Group make to Honduras.

**I. Legislative Background to the Total Criminalization of Abortion in Honduras and Ban on Emergency Contraceptives**

4. Abortion in Honduras is criminalized in all cases. Under Honduran law, abortion is defined as “the murder of a human being during pregnancy or at the moment of delivery”.<sup>1</sup> This means

that abortion-related crimes are considered homicide. Women who consensually undergo an abortion procedure face between three to six years of imprisonment, as does the person who performed the procedure. Where there is no consent to the abortion the person performing it faces between six to eight years of imprisonment. In circumstances where violence, intimidation or deceit is used, a person may be imprisoned for eight to ten years.<sup>2</sup>

5. The main victims of the total ban on abortion are sexual assault victims, adolescent girls, and poor women and adolescent girls who live in rural areas. The highest number of discharges from hospital associated with an abortion are from women living in rural areas who are illiterate or only have primary level education.<sup>3</sup> Several Human Rights bodies has noted that indigenous people and Afro-Honduran communities are particularly affected by poverty.<sup>4</sup> This means that the criminalization of abortion disproportionately affects those poor indigenous and Afro-Honduran women who live in rural areas.
6. Access to contraceptives is often critical in countries where access to an abortion to prevent an unwanted pregnancy is criminalized. The World Health Organization (“WHO”) recognizes that all women and girls at risk of unintended pregnancy have a right to access emergency contraception.<sup>5</sup> Emergency contraception can prevent pregnancy in approximately 95 percent of situations and is especially effective if taken within 5 days of sexual intercourse.<sup>6</sup> WHO recommends that the use of emergency contraception be integrated into healthcare services for populations most at risk of exposure to unprotected sex, namely women and girls who are victims of sexual assault.<sup>7</sup> In Honduras, there is a ban on contraceptives, including emergency contraceptives. In 2009 the Secretary of Health issued an administrative regulation which prohibits the sale, distributions, and use of contraceptives based on the misunderstanding of the mechanism of action of emergency contraception equating it to an early abortion.<sup>8</sup> The ban on emergency contraceptives, which also imposes punishment on anyone who breaches it, was upheld by the Honduras Supreme Court in 2012.<sup>9</sup>
7. In May 2017, the Honduran government rejected the opportunity to amend the law to legalize abortion in cases of rape, fetal disability or where continuing the pregnancy would pose a risk to the life of the mother, despite significant international pressure on Honduras to amend its laws.<sup>10</sup> Honduras instead reauthorized the Penal Code.<sup>11</sup> This decision ignores the desperate need of Honduran women to access a safe abortion in a country that has significantly high rates of gender based violence.<sup>12</sup>

## **II. Background on high rates of violence, including sexual violence in Honduras**

8. Honduras continues to rank as one of the most dangerous countries in the world.<sup>13</sup> In 2015 there were 5,148 recorded intentional homicides in the country. And, between 2017 and 2018, Honduras was the second place on femicides and women violent deaths, with numbers of 8.53 and 8.22. The numbers in the last 10 years are alarming: between 2009 and 2018, 4,742 women and girls, died in a violent way.<sup>14</sup> Between January and August of this year, 198 women have been murdered.<sup>15</sup>

9. Violent Gender-based violence is also a significant problem in the country, with Honduras recording one of the highest femicide rates in the world. In 2012, femicide was considered the second-highest cause of death for women of reproductive age.<sup>16</sup> Women of color are the main targets of domestic violence as a result of machismo cultural power dynamics. Of the 20,000 complaints received by the Public Prosecutor in 2012 related to gender-based violence, 74.6 per cent concerned domestic and intrafamily violence.<sup>17</sup> Rates of sexual violence likewise remain high and stories of sexual abuse are common.
10. In 2015, there were 18.38 rates of sexual violence per 100, 000 of the population recorded by police.<sup>18</sup> Local civil society actors, allege that in 2015 alone, 2,774 women and girls reported a sexual crime to the Public Ministry.<sup>19</sup> In the capital, Tegucigalpa, a reported 78 per cent of women have experienced some form of violence, including sexual assault in just two neighborhoods.<sup>20</sup>
11. There is no data that breaks down the ethnic or cultural background of women in Honduras who have been subject to violence, including sexual violence. However, there is evidence to suggest that violence, including gender-based violence affects indigenous women in Honduras in unique ways. Indigenous women not only experience gender discrimination but also racial discrimination due to their membership of a particular racial or ethnic group.<sup>21</sup> As a result of this, indigenous women experience violence in contexts unique from those of non-indigenous women. For example, indigenous women face violence in the context of defending human rights. According to Victoria Tauli Corpuz, the Special Rapporteur on the rights of indigenous peoples, the murder of indigenous leaders who defend their land is a common cause of complaint to the Office of the Special Prosecutor for Ethnic Groups and Cultural Heritage.<sup>22</sup> In fact, violence against indigenous women gives rise to some of the highest number of complaints to the Office of the Special Prosecutor for Ethnic Groups and Cultural Heritage.<sup>23</sup>
12. In March 2016, the indigenous and environmental rights campaigner, Berta Caceres, was murdered in her home, with accusations that the perpetrators were connected to the Honduran hydroelectric company Caceres was campaigning against.<sup>24</sup> Before her assassination, Caceres had faced smear campaigns, sexual harassment and numerous death threats. Sexual threats and acts of violence against female indigenous land rights activists have also been reported in connection with dam development projects such as the Agua Zarca project in the Rio Blanco region.<sup>25</sup>
13. The existing culture of impunity in Honduras compounds the problem of gender-based violence. Between 2012 and 2014 there were almost 5, 000 sexual violence complaints filed by the Special Prosecutor for Women, of which only 134 resulted in a conviction.<sup>26</sup> According to Rashida Manjoo, the U.N. Special Rapporteur on violence against women, the impunity rate for sexual violence and femicide crimes may be as high as 95 per cent.<sup>27</sup> Access to justice is also a problem, with local civil society actors noting that while most victims do not generally report cases of sexual violence, those that do usually withdraw a complaint due to a lack of financial means as well as fear of reprisals.<sup>28</sup>

14. The systematic and historical racism and discrimination faced by indigenous women and women of color specifically affecting access to justice for this group. This is compounded by the problem that justice officials are often unaware of the languages and cultures of the indigenous peoples in Honduras.<sup>29</sup> While Honduras has established the Office of the Special Prosecutor for Ethnic Groups and Cultural Heritage, a lack of financial and human resources effects the ability of the Office to carry out its functions effectively.<sup>30</sup>

### **III. High fertility rates among adolescent girls of color in Honduras**

15. Unmet need for contraception among adolescent girls remains high in Honduras. The rate of unmet need for contraception among sexually active unmarried adolescent girls was at 4 per cent in 2014.<sup>31</sup> While up to 79.5 per cent of unmarried, sexually active adolescent girls report not wanting to have a child in the next couple of years only 46.2 per cent use a method to prevent pregnancy.<sup>32</sup> The lack of public discussion and education on family planning among adolescents contributes to the high levels of adolescent pregnancy and childbearing. This has a detrimental socio-economic effect on young women in Honduras.

16. Honduras has one of the highest fertility rate among adolescents in Latin America.<sup>33</sup> The mean age of a mother at first birth is only 20.4 years.<sup>34</sup> Furthermore, up to 26 per cent of women give birth before the age of 18.<sup>35</sup> In 2015, the adolescent fertility rate stood at 65 births per 1000 live births for girls aged between 15 and 19.<sup>36</sup> According to the think tank, Guttmacher Institute, up to 45 per cent of births for women under 20 were unplanned.<sup>37</sup>

17. While there is little analysis in this area from a human rights-based perspective, it is well documented that adolescent pregnancy exacerbates poverty and illiteracy among future generations.<sup>38</sup> Poverty and illiteracy also correlate with high rates of adolescent pregnancy, thus reinforcing the poverty cycle. Poverty and illiteracy also disproportionately affects women of color and indigenous women in Honduras.

18. According to the Special Rapporteur on the rights of indigenous peoples, illiteracy levels among the Pech and Chortí indigenous women are as high as 36 per cent and 39.6 per cent respectively. This is significantly higher than the rest of the population at 14.9 per cent.<sup>39</sup> The high illiteracy levels can be attributed to many factors, including a lack of access to adequate education due to a shortage of materials, staff, lack of access to health care, and lack of infrastructure in indigenous communities.<sup>40</sup>

### **IV. The Consequences of the Total Criminalization of Abortion in Honduras**

19. The criminalization of abortion and the ban on emergency contraceptives disproportionately affects, victims of sexual abuse, adolescent girls, and poor women. According to Centro de Derechos de Mujeres, the largest reproductive rights organization monitoring the situation in the country, despite the criminalization of abortion there are between 50, 749 to 82,135

abortions still taking place every year in Honduras.<sup>41</sup> Furthermore, estimates put clandestine abortions obtained by women and girls who are victims of rape as high as 17 per cent.<sup>42</sup> In countries where abortion is criminalized women are forced to undergo unsafe procedures.<sup>43</sup> In Honduras up to five per cent of maternal deaths are association with unsafe abortions.<sup>44</sup> This means that the criminalization of abortion and the ban on emergency contraceptive has led to preventable deaths of Honduran women.

#### **V. Reproductive rights in the context of Zika**

20. With more than 32,385 suspected cases registered in Honduras as of January 2018 according to the to the Pan American Health Organization (“PAHO”),<sup>45</sup> Honduras has maintained its stance against abortion and reproductive rights even in the face of the Zika virus outbreak, which the Centers for Disease Control and Prevention concluded is a cause of neurological disorders (including microcephaly) in foetuses.<sup>46</sup> Existing high rates of clandestine unsafe abortion in effected countries have risen correspondingly, thereby further increasing risks of complications and related maternal mortality and morbidity. The New England Journal of Medicine published a report in June 2016 showing that requests for abortion pills increased 36 to 108 percent in many Central American countries, including by 75.7 percent in Honduras, following the PAHO’s November 2015 epidemiologic alert for Zika.<sup>47</sup> Although Honduras’s February 2016 declaration of a state of emergency was a step in the right direction, protecting women’s reproductive rights is a permanent concern particularly in the context of emergency contraception.
21. Honduras should adopt a human rights-based response to the Zika virus that respects, protects and fulfils women’s human rights in accordance with international human rights law and standards and international public health guidance and good practice. This response should take a holistic and comprehensive approach to the provision of sexual and reproductive health services by ensuring that such services and information are widely available and accessible throughout rural and urban areas. It also should include measures to reform laws and policies that criminalize and restrict access to safe abortion services and emergency contraception.

#### **VI. Reproductive Rights Violations and Forced Sterilization for Women HIV Positive**

22. A woman’s right to make informed decisions regarding her sexual and reproductive health—free from any kind of coercion, discrimination, or violence—is paramount. Specifically, denying women access to complete information regarding health risks during pregnancy and childbirth is a clear and flagrant violation of their reproductive rights, which is only aggravated when these violations are the result of discrimination against women living with HIV. In Honduras, women living with HIV do not have adequate access to reproductive health information. As a result, these women have become the subject of forced sterilization. Rather than inform these women about contraception in order to preserve their health, they are pressured to use contraceptives or told that sterilization is their only option.<sup>48</sup>

23. Women living with HIV in Honduras are reportedly pressured or forced to use contraceptives. Despite the fact that science and medicine have progressed to prevent mother-to-child transmission of HIV,<sup>49</sup> healthcare providers in Honduras continue to misinform these women about the probability of such transfer. According to a recent study, 11 percent of the women living with HIV who participated in the study indicated they had been pressured by healthcare providers to use contraceptives due to being HIV positive.<sup>50</sup>
24. A thin line exists between pressuring women to use contraceptives on the one hand and campaigns for the prevention of HIV transmission and unplanned pregnancy on the other. However, in Honduras, healthcare providers specifically and explicitly pressure women who are HIV positive to use contraception when they seek medical attention.<sup>51</sup>
25. Women living with HIV in Honduras also have reported pressure to undergo sterilization once they discover they are HIV positive.<sup>52</sup> Such cases range from basic intimidation to forced sterilization – and healthcare providers play a key role. Healthcare providers tell these women that due to their condition as HIV-positive patients, they cannot have children and therefore must consent to sterilization.<sup>53</sup> Twenty percent of Honduran women living with HIV who participated in a Central American-focused study reported being victims of forced sterilization due to misinformation or lack of informed consent.<sup>54</sup> Additionally, women living with HIV have been subject to sterilization without their consent during caesarean procedures. This position has been rejected by the International Federation of Gynecology & Obstetrics, which highlights the importance of informed consent prior to undergoing sterilization and the obligation to respect a woman’s decision, even in cases where refusal could be harmful to her health.<sup>55</sup> Forced sterilization has been widely condemned and rejected worldwide in all circumstances and under all conditions.
26. As a result of the lack of public sources of information and sexual and reproductive education in Honduras, women living with HIV rely on information provided by healthcare providers about their condition as HIV positive and their alternatives concerning reproduction and prevention of mother-to-child transmission of HIV. Healthcare providers’ responsibility is even more critical, as the lack of complete information or the communication of erroneous information becomes a key factor in these women’s decisions to undergo sterilization. This should be a cause of concern for the Committee and necessitates the design and implementation of public health policies to inform the population about HIV and reproductive options, including policies targeted specifically at women.

**V. International calls on Honduras to reform its restrictive reproductive laws and policies**

27. In August 2017, the U.N. Human Rights Committee recommended to Honduras:

*“The State party should, as a matter of urgency, amend its legislation to help women prevent unwanted pregnancies and to ensure that they do not have to seek clandestine abortions that could endanger their lives and health. In this connection, the State party should ensure*

*access to safe, legal abortions, particularly in cases where the woman's life or health is in danger and in cases of rape, incest or fetal unviability due to an abnormality, and consider decriminalizing abortion. The State party should lift the ban on the emergency contraceptive pill. It should also keep precise statistics regarding the impact of restrictions on abortion and the emergency contraceptive pill on the life and health of women and girls and increase the number of programmes designed to provide full access to sexual and reproductive health services and contraceptives and raise awareness of sexual and reproductive health among men, women and children throughout the country.*"<sup>56</sup>

28. In November 2016, the U.N. Committee on Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) recommended that Honduras look into positive experiences and practices of countries in the region that have reviewed their restrictive interpretations of therapeutic abortions and accepted abortions be decriminalized in cases of rape or incest, threats to the life and/or health of the mother and severe fetal impairment. The CEDAW Committee also expressed concern on:

*"the prohibition of the promotion, use, sale and purchase of emergency contraception, any policy or programme related thereto and the free or paid distribution and commercialization of emergency contraception, including when pregnancy results from rape or incest, and that the Supreme Court declared the constitutionality of this prohibition in 2012."*<sup>57</sup>

29. In July 2016, the U.N. Committee on Economic, Social and Cultural Rights, expressed concern that the criminalization of abortion, and the ban on emergency contraceptives affects Honduran women and adolescent girl's rights to exercise their sexual and reproductive health. It recommended that Honduras:

*"[r]econsider its ban on abortion with a view to ensuring compatibility with other fundamental rights, such as women's right to health and life, and to respecting women's dignity, in particular within the framework of the Criminal Code reform that is currently under discussion... [l]ift the ban on the distribution of emergency contraceptives and take the necessary steps to ensure the accessibility, availability and affordability of emergency contraception to all women and adolescents in the State party"*.<sup>58</sup>

30. At Honduras' last U.N. Human Rights Council Universal Periodic Review in May 2015, Norway recommended that Honduras consider legalizing abortion in cases of rape or incest.<sup>59</sup>
31. In 2015, the Special Rapporteur on violence against women expressed concern that the absolute prohibition of abortion has led to women and girls who become pregnant as a consequence of rape or incest to resort to unsafe and clandestine abortions.<sup>60</sup> In some instances this has led to fatal consequences.

32. Despite the international clamor for change, Honduras' discriminatory laws remain in place.

**VI. Recommendations for Honduras**

33. We respectfully suggest that the Council make the following recommendations to Honduras:
1. To rapidly approve legislation that would reform its current law imposing a total abortion ban to recognize and guarantee access to abortions at minima in the following exceptions:
    - a. When the pregnancy endangers a woman's life or health;
    - b. When the pregnancy is the result of rape, incest or artificial insemination without the woman's consent.
    - c. When the pregnancy is not viable
  2. To rapidly derogate the Ministerial agreement 24-77 that prohibits the use of Emergency Contraception (PAE) and to approve legislation granting access to comprehensive reproductive health care services, including the access to emergency contraception.
  3. To urgently approve and implement the Protocol of Integral Attention for Victims and/or Survivors of Sexual Violence.
  4. To approve and to implement legislation enhancing effective protection for female victims of domestic and sexual violence and improving access to the justice system.
  5. To formulate and actively implement policies to provide widespread dissemination of accurate family planning to allow women (and in particular adolescent girls and women HIV positive) to exercise their reproductive rights without discrimination.
  6. To improve data collection and analysis of incidents of violence against women, including sexual violence, and to also include in that data information related to the race and ethnic origin of victims.
  7. To effectively protect human rights defenders and investigate all complaints of crimes perpetrated against them.
34. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.





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<sup>1</sup> United Nations Population Division, Honduras: Abortion Policy And Reproductive Health Context, Department of Economic and Social Affairs, *available at* [www.un.org/esa/population/publications/abortion/doc/honduras.doc](http://www.un.org/esa/population/publications/abortion/doc/honduras.doc) [hereinafter U.N. Population Division]

<sup>2</sup> Código Penal de Honduras [Hond. Penal Code], art. 126, 127, 128, 132 (Hond.) [hereinafter Penal Code]

<sup>3</sup> Centro de Derechos de Mujeres, Abortions in Honduras, (Feb. 11, 2016), *available at* <http://derechosdelamujer.org/abortion-in-honduras/> [hereinafter Abortions in Honduras].

<sup>4</sup> Committee on the Elimination of Racial Discrimination, *Concluding observation on the combined initial and second to fifth periodic reports of Honduras*, U.N. Doc CERD/C/HND/CO/1-5 (March 13, 2014).

<sup>5</sup> World Health Organization (WHO), Emergency Contraception, Fact Sheet, (2 Feb. 2018), *available at* <http://www.who.int/mediacentre/factsheets/fs244/en/#> [hereinafter Emergency Contraction].

<sup>6</sup> Emergency Contraception, *supra* 8.

<sup>7</sup> *Id.*

<sup>8</sup> Secretaría de Salud, Acuerdo No. 2744 (Honduras) (2009), [Secretariat of Health, Agreement No. 2744 of 2009].

<sup>9</sup> Center for Reproductive Rights, [Honduras: Sexual Violence and Total Bans on Emergency Contraception and Abortion](#), (2015) *available at*

[https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/25MAR15%20GLP\\_LAC\\_Honduras\\_Factsheet\\_Final%20AS%20FILED%20\(1\).pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/25MAR15%20GLP_LAC_Honduras_Factsheet_Final%20AS%20FILED%20(1).pdf)

<sup>10</sup> U.N. Human Rights Office of the High Commissioner, *Honduras needs progressive reform of an abortion law to advance*

women's human rights, say UN experts, (Apr. 28, 2017), available at

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21549&LangID=>.

<sup>11</sup> Center for Reproductive Rights, Honduras Reinforces Total Abortion Ban, (May. 5, 2017), available at

<https://www.reproductiverights.org/press-room/honduras-reinforces-total-abortion-ban>

<sup>12</sup> Human Rights Council, *Special Rapporteur on violence against women, its causes and consequences, Mission to Honduras*, para. 53, U.N. Doc. A/HRC/29/27/Add.1 (Mar. 31, 2015) (by Rashida Manjoo) [hereinafter Manjoo].

<sup>13</sup> United Nations Office on Drugs and Crime, Crime and Crime Justice, Honduras Homicide and other criminal offences, (last updated on 19 May 2017) <http://www.unodc.org/unodc/en/data-and-analysis/statistics.html> [hereinafter UNODC]

<sup>14</sup> Centro de Derechos de Mujeres, Numbers and Reflexions: Violence against women during 2017-2018.

Available at: <https://derechosdelamujer.org/documentos/datos-y-reflexiones-violencia-contra-las-mujeres-durante-2017-2018/>

<sup>15</sup> Available at: <https://tiempo.hn/cerca-de-200-mujeres-han-sido-asesinadas-en-2019-segun-visitacion-padilla/>

<sup>16</sup> UN Women Press Release, UN Women Calls on Member States and Stakeholders to Take Urgent Action against Femicide, (Jun. 26, 2012), available at <http://www.unwomen.org/2012/06/un-women-calls-on-member-states-and-stakeholders-to-take-urgent-action-against-femicide/>.

<sup>17</sup> Manjoo, *supra* 15.

<sup>18</sup> UNODC, *supra* 16.

<sup>19</sup> United States Department of State, Honduras Human Rights Report (2016), 24 available at

<https://www.state.gov/documents/organization/265808.pdf>

<sup>20</sup> U.N. Women, *Joining Forces with Zonta International to End Violence against Women*, (Dec. 19, 2013), available at <http://www.unwomen.org/en/news/stories/2013/12/joining-forces-with-zonta-international-to-end-violence-against-women>.

<sup>21</sup> Committee on the Elimination of Racial Discrimination, *General Recommendation 25, Gender Related Dimensions of Racial Discrimination*, U.N. Doc. A/55/18, annex V at 152 (Mar. 20, 2000); Committee on the Elimination of Racial Discrimination, *Concluding observation on the combined initial and second to fifth periodic reports of Honduras*, U.N. Doc CERD/C/HND/CO/1-5 (March 13, 2014).

<sup>22</sup> Human Rights Council, *Report of the Special Rapporteur on the rights of indigenous peoples on her visit to Honduras*, para. 20, U.N. Doc. A/HRC/33/42/Add.2 (Jul. 21, 2016) (by Victoria Tauli Corpuz) [hereinafter Tauli Corpuz].

<sup>23</sup> *Id.*

<sup>24</sup> The New York Times, *Honduras Police Arrest Executive in Killing of Berta Cáceres, Indigenous Activist*, (Mar. 3, 2018) available at <https://www.nytimes.com/2018/03/03/world/americas/honduras-berta-caceres.html>

<sup>25</sup> Tauli Corpuz, *supra* 24, Annex Observation on the situation in Rio Blanco, para 19.

<sup>26</sup> Manjoo, *supra* 15.

<sup>27</sup> U.N. Office of the High Commissioner, *Special Rapporteur on violence against women finalizes country mission to Honduras and calls for urgent action to address the culture of impunity for crimes against women and girls* (Jul. 7, 2014), available at <<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14833>>

<sup>28</sup> Research Directorate, Immigration and Refugee Board of Canada, *Honduras: Domestic Violence; Legislation and Protection Available to Victim*, (Jan. 13, 2010) para 7, available at [http://www.irb-cisr.gc.ca:8080/RIR\\_RDI/RIR\\_RDI.aspx?id=452742&1=e](http://www.irb-cisr.gc.ca:8080/RIR_RDI/RIR_RDI.aspx?id=452742&1=e).

<sup>29</sup> Tauli Corpuz, *supra* 26, Annex Observation on the situation in Rio Blanco, para 30

<sup>30</sup> *Id.*, para 32.

<sup>31</sup> Guttmacher Institute, *Sexual and Reproductive Health of Young Women in Honduras*, (Jul. 2014) available at <https://www.guttmacher.org/fact-sheet/sexual-and-reproductive-health-young-women-honduras> [hereinafter Sexual and Reproductive Health of Young Women in Honduras]

<sup>32</sup> WHO, *Adolescent contraceptive use Republic of Honduras*, (Apr. 2018) available at <http://apps.who.int/iris/bitstream/handle/10665/252380/WHO-RHR-16.59-eng.pdf;jsessionid=F1F6204BE298A6580D31A0BFE1CCF772?sequence=1>

<sup>33</sup> Guttmacher Institute, *Early Childbearing in Honduras: A Continuing Challenge*, (Sep. 2006), available at <https://www.guttmacher.org/report/early-childbearing-honduras-continuing-challenge>

<sup>34</sup> CIA, *supra* 2.

<sup>35</sup> U.N. Population Fund, *Adolescent Pregnancy: Review of the Evidence* (2013) available at [https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY\\_UNFPA.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf)

<sup>36</sup> U.N. Development Programme, *2016 Human Development Report* (2016) available at [http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)

<sup>37</sup> Sexual and Reproductive Health of Young Women in Honduras, *supra* 24.

<sup>38</sup> Azevedo, Joao Pedro et. al., *Embarazo-adolescente-resumen-2013 (Teenage pregnancy summary 2013)* (2013) available at <http://documents.worldbank.org/curated/en/983641468238477531/Embarazo-adolescente-resumen-2013>

<sup>39</sup> Tauli Corpuz, *supra* 26, para 66.

<sup>40</sup> *Id.*, para 69.

<sup>41</sup> Abortions in Honduras, *supra* 6.

<sup>42</sup> Human Rights Watch, [Honduras Should Give Women More Access to Abortion](https://www.hrw.org/news/2017/04/24/honduras-should-give-women-more-access-abortion), (Apr. 24, 2017), <https://www.hrw.org/news/2017/04/24/honduras-should-give-women-more-access-abortion> (by Sarah Taylor)

<sup>43</sup> Ganatra, Bela et al., *Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model*, 390 *The Lancet*, 2372, 2378 (2017).

<sup>44</sup> Abortions in Honduras, *supra* 6.

<sup>45</sup> PAN AMERICAN HEALTH ORGANIZATION (PAHO), Zika cases and congenital syndrome associated with Zika virus reported by countries and territories in the Americas, 2015-2018 (Jan. 4, 2018).

<sup>46</sup> Press Release, Centers for Disease Control and Prevention, CDC Concludes Zika Causes Microcephaly and Other Birth Defects, (Apr. 12, 2016), *available at* <https://www.cdc.gov/media/releases/2016/s0413-zika-microcephaly.html>. *See also*, WORLD HEALTH ORGANIZATION, ZIKA VIRUS MICROCEPHALY AND GUILLAIN-BARRÉ SYNDROME, SITUATION REPORT 1 (Feb. 26, 2016), *available at* <http://www.who.int/emergencies/zika-virus/situation-report-26-02-2016.pdf>.

<sup>47</sup> Abigail Aiken, R.A., M.D., Ph.D. ET AL., *Requests for Abortion in Latin American Related to Concern about Zika Virus Exposure*, *NEW ENG. J. MED.* 375;4 (July 28, 2016).

<sup>48</sup> Jimena Avalos Capín, Estudio técnico-jurídico de las violaciones a los derechos reproductivos de mujeres con VIH en cuatro países de Mesoamérica, <http://fundacionlaves.org/wp-content/uploads/2015/04/Estudio-sobre-violaciones-a-los-DSR-en-Mujeres-con-VIH.pdf>.

<sup>49</sup> WORLD HEALTH ORGANIZATION (WHO), CRITERIA AND PROCESSES FOR VALIDATION: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS, (2014), *available at* <http://www.who.int/reproductivehealth/publications/rtis/9789241505888/en/>.

<sup>50</sup> Avalos Capín, *supra* note 47.

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

<sup>53</sup> Tamil Kendall, Claire Albert, *Experiences of coercion to sterilize and forced sterilization among women living with HIV in Latin America*, *JOURNAL OF THE INTERNATIONAL AIDS SOCIETY*, 18(1), 19462, (2015).

<sup>54</sup> Avalos Capín, *supra* note 47. The 20% of women living with HIV have reported being victims of forced sterilization due to misinformation or lack of informed consent represents eight reported cases.

<sup>55</sup> International Federation of Gynecology & Obstetrics, *Female Contraceptive Sterilization*, para. 15, (Mar. 2011).

<sup>56</sup> Human Rights Committee, *Concluding observations on the second periodic report of Honduras*, U.N. Doc. CCPR/C/HND/CO/2 (Aug. 22, 2017), 3.

<sup>57</sup> Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined seventh and eighth periodic reports on Honduras*, U.N. Doc. CEDAW/C/HND/CO/7-8 (Nov. 25, 2016), 12.

<sup>58</sup> Committee on Economic, Social and Cultural Rights, *Concluding observations on the second periodic report of Honduras*, U.N. Doc. E/C.12/HND/CO/2 (Jul. 11, 2016), 11.

<sup>59</sup> Human Rights Council, *Report of the Working Group of the Universal Periodic Review: Honduras*, U.N. Doc. A/HRC/30/11 (Jul. 15, 2015), para 126.7.

<sup>60</sup> Manjoo, *supra* 15, 14.