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Executive Summary:

Shadow Report on Venezuela presented before the Committee on the Elimination of Discrimination against Women, CEDAW

Shadow report to the Ninth Periodic Report and the Responses to the list of issues and questions presented by the State of the Bolivarian Republic of Venezuela, per the provisions of Article 18 of CEDAW

I. Shadow Report preparation process

The report, presented in Spanish, analyzes the situation of sexual and reproductive rights in Venezuela according to Articles 2, 5, 12, and 16 of CEDAW, which can be asserted are currently being violated by Venezuela, in contrast to the information provided by the State in its Ninth Periodic Report and the Responses to the list of issues and questions. Also, the report provides relevant information collected independently.

The report is presented by a coalition of organizations made up of:

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II. Executive Summary

Despite the Venezuelan State's assertions that "external circumstances" are what have prevented Venezuelan women, girls, and adolescents from obtaining adequate protection, guarantee, and effectiveness of their sexual and reproductive rights, various studies and investigations of civil society allow us to know the inaction and precarious policies implemented by the State.

Although the State maintains that there was a reform in the educational curriculum, emphasizing gender equality as a fundamental element as of 2015, this policy has not been implemented constantly, much less significantly, in the Venezuelan educational system.

The State regulates and promotes access to prenatal care. However, figures for maternal mortality, deficiencies in access to prenatal care, scant prenatal education, and planning paint a poor picture. It should be noted that official maternal mortality figures are not public. Similarly, figures from civil

¹ <https://avesa.blog/>

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society indicate that 90% of women with malignant tumors have not received radiotherapy or chemotherapy, whereas 30% cannot access treatment for arterial hypertension.

Obstetric violence continues to be present in the health system, particularly with invasive and non-consensual procedures, including medicines to speed up labor and episiotomies, which put the health of the mother and newborn at risk. Coerced sterilizations are taking place as part of a state policy aimed only at women of reproductive age, which constitutes a discriminatory practice based on gender and a form of reproductive violence directly exercised by the State.

The implementation of policies that consider menstrual health part of women's rights are practically non-existent in Venezuela, just as menstrual poverty is not considered by the Venezuelan State and its institutions in any policy discussion.

Women went from constituting 20% of the population living with HIV in 2007 to represent 38% in 2015. Women with HIV do not have access to antiretroviral therapy, diagnostic tests, or milk formulas to prevent vertical transmission of HIV from mother to child after birth.

Venezuela has the third highest adolescent pregnancy rate in the region. Among the challenges women and adolescents face in Venezuela is the lack of access to free contraceptives (approximately 80% shortage).

Also, the criminalization of abortion in Venezuela is one of the most restrictive in Latin America and the Caribbean, putting the lives of women, adolescents, and girls at risk. Similarly, this legislation has also been used to criminalize the work of defenders of sexual and reproductive rights in the country. This is the case of the defender and educator Vannesa Rosales in the State of Mérida, who, in October 2020, was illegally and arbitrarily detained and subjected to judicial proceedings for supporting the case of a 13-year-old adolescent who required the interruption of a pregnancy resulting from rape, because her life was in danger. The attacker was granted probation and has since been fugitive from justice.

The criminalization of abortion also affects the mental health of women who survive clandestine abortions and are forced to travel through contexts of insecurity to access the termination of pregnancy, increasing the levels of intense fear, stress, anxiety, and distress. Illegality generates a context of insecurity and pushes women to resort to the clandestine sellers of misoprostol, who are also dedicated to the sale of illegal substances and narcotics. In addition to speculating on the prices of the medication, they do not handle adequate information and sell incomplete doses, leading to incomplete and risky abortions.

Finally, in Venezuela there are frequent periods when the Scientific, Criminal, and Criminal Investigation Corps have become the entity in charge of making the practice of abortion prevail as a crime, treating it as infanticide. The use of the crime of infanticide to persecute and criminalize women who abort is a violation of their human rights, motivated by the fact that it violates their integrity as a person, thus aggravating the judicial, criminal, legal, and social handling of the phenomenon.

The coalition of organizations presenting this report respectfully requests the Committee to expressly refer to the information specified herein in the recommendations it issues to the State, given the grave situation of sexual and reproductive health faced by women, girls, and adolescents in Venezuela.