At the Nairobi Summit, Argentina committed to stepping up efforts to mobilize resources to ensure the funding and effective, accelerated and full implementation of the ICPD and 2030 Agenda. The country committed to ensuring zero unmet need for access to and availability of contraception, as well as increasing access to and availability of information on contraception and modern, high-quality, safe and affordable contraception, including in situations of crisis or humanitarian emergency. Argentina also committed to maximizing efforts to end preventable maternal deaths. In addition, Argentina has committed to incorporating comprehensive, effective and intersectional actions on health, mental health, and sexual and reproductive rights in the programmes, policies and strategies of universal health coverage and comprehensive sex education, including the legal termination of pregnancy, in accordance with the regulatory framework in force.

Argentina
TOTAL POPULATION

45,917,100

POPULATION 24 YEARS OR YOUNGER

37.8%

200,000

74.6

LIFE EXPECTANCY AT BIRTH

81.3

11,451,400

WOMEN OF REPRODUCTIVE AGE (15-49 years)

6,980,610

POPULATION 15-24 YEARS (male + female)

WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION

BEFORE AGE 18

15.5%

BEFORE AGE 15

2.4%

I. World Population Prospects 2022

II. SDG

III. World Contraceptive Use 2022
In Argentina, unmet need for family planning is higher among unmarried, sexually active women than among married women (23.4% versus 12.5%). Among married women, unmet need for family planning is relatively the same regardless of education and household income; among unmarried, sexually active women unmet need for family planning is relatively the same regardless of education, but decreases slightly as household wealth increases. Demand for family planning satisfied by modern methods is higher among married women than among unmarried, sexually active women. Among married women, demand for family planning satisfied by modern methods is relatively the same by household income, but increases with higher levels of education. Among unmarried, sexually active women, demand for family planning satisfied by modern methods is relatively the same by level of education, but generally increases with higher levels of household wealth.

![Unmet Need for Family Planning](chart)

Source: Multiple Indicator Cluster Survey, 2019–2020
Demand for Family Planning Satisfied with Modern Methods

Source: Multiple Indicator Cluster Survey, 2019–2020
Argentina’s maternal mortality ratio has been declining from 2000 to 2020, the most recent year for which data is available when it was estimated to be 44.9 deaths per 100,000 live births. The maternal mortality ratio is one of the lowest in the region, and 1.5 times lower than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights”. In December 2020, Argentina’s Congress passed Law 27.610 permitting “Voluntary Interruption of Pregnancy” up to 14 weeks gestation, and “Legal Interruption of Pregnancy” for cases of rape or where there is a threat to the life or “integral health” of the pregnant person.

Maternal mortality ratio, 2000–2020

SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men’s full and equal access to health and rights. Argentina has achieved 100% of enabling laws and regulations that guarantee full and equal access to maternity care, contraceptive and family planning services, and to sexuality education.

Extent to which Argentina has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

Maternity Care

Contraceptive and Family Planning

Sexuality Education

Source: United Nations Population Fund, 2023
Among married women 15-49 years who had a live birth in the last two years in Argentina, approximately 98.8% of deliveries were assisted by a skilled attendant; this is one of the highest rates in the region. The proportion of births attended by a skilled attendant is relatively the same by education level and household wealth. In Argentina, most births are attended by a doctor, regardless of household wealth (61.3% among those women living in the poorest households, and 54.4% among those living in the wealthiest households). Depending on household wealth, between 5.8% to 12.5% of births are attended by nurses, while between 26.4% to 33.5% of births are attended by midwives.

![Births with Skilled Attendant](image)

![Skilled Birth Providers by Wealth Quintile](image)
In Argentina, 15.5% of women aged 20-24 years were married before age 18, with 2.4% married before age 15. Marriage before age 18 is highest among those with incomplete secondary or less education, and among those in the poorest households.
The adolescent birth rate in Argentina has decreased from 1990 to 2020 and is currently among the lowest in the region. It is highest among women with incomplete secondary or less education (5% of women aged 20-24 years had a birth before age 15 and 23% between ages 15-18 years), and among those living in the poorest households (4% of women aged 20-24 years had a birth before age 15 and 21% between ages 15-18 years). Births before age 15 and before age 18 decrease with higher levels of education and household wealth.

Source: Multiple Indicator Cluster Survey, 2019–2020

Source: World Population Prospects, 2022
Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Argentina, the percentage of youth not in education, employment or training is higher among females than males, and this has been consistent from 2004 to 2021. In 2004, 25.8% of female youth were not in education, employment or training compared with 16.1% of males; in 2021 this percentage was 18.6% for females and 13.7% for males.
SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In Argentina, the ratio of the proportion of female Members of Parliament is among the higher ones in the region, while the ratio of the proportion of young Members of Parliament is on the lower end compared with those in the region (SDG 16.17.1).

As an emerging regional leader in advancing sexual and reproductive rights, including the ICPD agenda and the Montevideo Consensus on Population and Development, Argentina has recently made progress through advanced progressive legal, policy and regulatory frameworks in sexual and reproductive health and rights and gender equality. Notable examples include the Law on Access to Voluntary Interruption of Pregnancy, a work that gained momentum with the women’s movement in Nairobi.

Argentina was reviewed at the 42nd session of the Universal Periodic Review from January to February 2023. It received 287 recommendations, of which at least 114 (40% of all recommendations) were related to the Nairobi Summit on ICPD25.

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**IV** UNFPA, Country programme document for Argentina, 2022