

https://towardfreedom.org/archives/women/sovereignty-in-my-count...body-the-fight-for-women-s-reproductive-rights-in-latin-america/

fighting on both sides of the law to save lives. In Latin American countries where abortion is illegal or inaccessible, thousands of women die each year from forced life-threatening pregnancies, unsafe abortions and suicide due to pregnancy.

As María Galindo, of the Mujeres Creando anarchist/feminist movement in Bolivia, explains, "Abortion ... is simply a question of life for thousands of women, precisely for the most poor, because in Bolivia, like all over the world, she who has money resolves [an unwanted pregnancy] in comfortable private clinics. [Access to safe] abortion is a question of democracy; women can't be protected wards who are stripped of a basic right, such as sovereignty over one's own body."

When Paula looks back on her decision to abort, she says "I decided to have an abortion simply because I didn't want to be a mother, I didn't feel like it was part of me, I wasn't excited... I didn't want it ... I was not expecting it or hoping for it..." Paula was able to have a safe, chemical abortion using the drug misoprostol under the care of a doctor, which is illegal in Bolivia where she lives. Her story, though, is a happy exception to a much more dire rule; every day in Bolivia lucrative illegal clinics name exorbitant and unstable fees for unsafe services. Bolivian pro-abortion activist Julieta Ojeda has heard cases of "doctors" who demand sexual favors from their clients, or botch abortions and abandon their clients to die. Other Bolivian women give testimony of practitioners at illegal clinics who have told them that they were pregnant when they weren't, just to try to steal their money for an unneeded procedure.

Death from an unsafe abortion and complications including septic shock and internal organ perforation is the leading cause of mortality of young women in Latin America. Pro-woman politicians, doctors and activists in the region continue to work tirelessly on both sides of the law to save their family members, friends and fellow citizens from what the World Health

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June 18, 2018





African Lawsui t Could Grant Rural Comm unities Right to Reject New

Organization (WHO) calls the "persistent, preventable pandemic" of unsafe abortions.

According to the WHO, the highest regional rate of unsafe abortions per capita in the world (31 per 1,000 women, aged 15 to 44) is found in Latin America and the Caribbean, where there are an estimated 4.2 million unsafe abortions every year. But because statistics about illegal activities are difficult to obtain, the reality is probably a much higher number. Officially, one in every ten maternal deaths in Latin America is caused by complications from an unsafe abortion. Again, this number is probably an underestimate due to misclassification and underreporting: hemorrhage currently accounts for 27.1% of maternal deaths - but how many of those were actually misclassified deaths from unsafe abortions? In addition, maternal suicides, not included in maternal mortality rates, are widely known to occur in the context of undesired pregnancies where women are not able to access abortion.

# **Criminalizing Reproductive Freedom**

*"If I can't have an abortion in my country, how can we talk about freedom?"* Journalist Helen Álvarez Virreira, Bolivia.

According to the reproductive rights organization IPAS, "studies show that restrictive abortion laws neither prevent nor reduce the incidence of abortion, but rather force women to resort to unsafe, clandestine procedures. In countries where abortion is illegal, the risk of women's death and injury from abortion is 30 times higher than in countries where abortion is legal." While countries work toward UN millennium goals of lowering maternal mortality rates, many do not acknowledge the fact that lack of access to reproductive care and safe abortions are a leading cause of maternal mortality, **disproportionately among poor, rural and young** women.

Still, writes Bolivian journalist Álvarez Virreira,

Mining Project S O June 12, 2018 "Behind those facts there is another, one that reveals that we women who abort are diverse; as much in our cultural origin as in age, civil state, education; atheists, catholics, christians abort...; feminists and non-feminists, mothers and non-mothers. What we have in common is to have taken a decision to avoid an imposed maternity"

There are currently only seven countries in the world that ban abortion in all cases, even when a woman's life is at risk; five of those countries (Chile, Nicaragua, El Salvador, Honduras and the Dominican Republic) are in Latin America. In most of the continent, abortion is illegal and criminalized (meaning that a woman can be jailed for aborting) and only technically permitted in specific cases of rape, incest, risk to the mother's health or fetal malformations. Even in these cases though, the burden of proof often falls on the mother, and if law enforcement, judges and doctors deign to give authorization for an abortion to occur at all, it's often too late. There are only three locations in Latin America where a legal abortion is available on request, and only during the first trimester: Cuba (since 1965), Mexico City (since 2007) and Uruguay (since 2012). Even where abortion is legal and safe, cost and provider locations can be a barrier to poor and rural women and, in all cases, religious and societal pressure can keep women and girls from accessing safe and legal abortion.

Why is access to abortion so restricted in Latin America compared to other parts of the world? According to Comparative Reproductive Politics Scholar **Cora Fernandez Anderson**, "While feminist movements swept Europe and North America during the 1960s and 70s, Latin American countries were busy fighting dictatorships and civil wars. It is not that women did not organize, but rather they did so to oppose the brutal regimes and to address the needs of poor populations hit by the recurrent economic crises. Reproductive rights just had to wait." In 1990, safe abortion advocates at the Fifth Latin American and Caribbean Feminist conference in San Bernardo, Argentina, named September 28th the "Day of Action for Access to Safe and Legal Abortion." In the 25 years since, women across Latin America have continued to fight for full access to their reproductive rights.

## Abortion Bans: A Contemporary Handmaid's Tale

Perhaps nowhere is the current struggle over abortion rights more dire than in El Salvador, where, at present, abortion is banned in all cases. While laws in many countries demand prison sentences for women who have abortions, these laws are not often enforced. Not so in El Salvador. Though the Salvadoran law specifies a six-year sentence for women convicted of having abortions, currently dozens of women have been sentenced with 30-40 year terms, corresponding with homicide convictions.

The cases of seventeen of these women were identified by the women's reproductive rights organization Agrupación Ciudadana por la Despenalización del Aborto (Citizen's Group for the Decriminalization of Abortion) as containing enough evidence to prove that these convicted women had actually had miscarriages. Unsurprisingly, women who have been detained for abortion-related charges are overwhelmingly economically disadvantaged and often young, single mothers. In late January, due to pressure from the Agrupación and international organizations, Guadalupe, one woman of "the 17" was freed. Another woman was denied pardon due to testimony that she had consumed alcohol during her pregnancy. This situation has brought much attention to El Salvador's restrictive laws. Women's advocates are rallying internationally to put pressure on Salvadoran legislators to change the law. Nationally, activists are pledging to continue to rally for the remaining imprisoned women, and to visit all jails in the country to find out how many women are imprisoned on abortion-related charges.

# The Letter of the Law vs. Lives on the Street: The Legal Battle for Access to Reproductive Rights

# *"Men above talking; women below dying" –* Graffiti by Mujeres Creando, Bolivia



The fight for reproductive justice takes many forms. Legislative proposals get the most media attention, and if bills are approved, not contested, and actually enacted, new laws can create sweeping changes. In the last decade, successful legal battles have won limited expansions to abortion access across South America.

The first step toward legalizing abortion many countries take is to legalize the procedure in cases of rape, incest or risk to the life of the mother. As of 2006, Colombia, which previously had an absolute ban, now allows abortion in limited cases. However, even women who become pregnant under these circumstances are presented with often insurmountable obstacles to accessing their legal right to abortion. According to the **Guttmacher Foundation**, "In Colombia, the narrow terms of the law reform preclude any notable impact on the incidence of safe and unsafe abortions or on related maternal mortality or morbidity."

But even in countries where abortion is permitted to save a life, even the discussion of legal measures to save

women whose lives are seriously threatened by pregnancy can be taboo. Over the last decade, the Center for Reproductive Rights has brought two cases against Peru to the United Nations Human Rights Commission, one in 2005 and another in 2009, both times representing minors who were pregnant due to rape committed by a family member and whose lives and health were endangered by unwanted pregnancies, but to whom hospitals refused to administer abortions. In 2013, the UN called on Peru to relax its abortion laws. In June of 2014, when Peru's Ministry of Health published a "National Technical Guide for Therapeutic Abortion," to be used only in cases in which pregnancy puts a woman's life in jeopardy, opposition called it a "Death Guide." Brenda Álvarez, of the Center for Promotion and Defense of Sexual and Reproductive Rights (Promsex), who attended a pro-guide protest outside the Health Ministry, disagreed "This is an act of the re-vindication of the rights of women... This is a guide for life and the health of women. It will save our lives." Tellingly, ex-Health Minister Óscar Ugarte disputed anti-guide allegations that the guide would open more possibilities for abortions to occur. "No, the opposite," he said. "What the protocol does is legislate to limit the possibilities for abuse of the law. They are specific cases."

In Brazil, abortion is permitted in cases of rape, but there are still over a million unsafe abortions and 200,000 hospitalizations from complications annually. It is estimated that every two days a woman in Brazil dies trying to end a pregnancy. Gangs run many dangerous illegal clinics, like the one in Rio de Janeiro that **mutilated, dismembered and charred Jandyra Magdalena dos Santos Cruz's body beyond recognition** in September, 2014, an event that plastered the papers but which **presidential candidates refused to mention.** Given this context, last year, Recife resident Juliana had decided that her best option to end an unwanted pregnancy was to falsely report that she had been raped in order to access a legal and safe abortion at a public hospital. When she later received a satisfaction survey, she noticed that her free service had cost the state less than \$75 US Dollars – up to a tenth of the amount dangerous illegal clinics usually charge. "The system is corrupt," **she told Al Jazeera**. "... If we can lie [to get a safe abortion at a hospital], then we should do it, because it's the safest way."

In Argentina and Bolivia, high courts made important modifications to abortion legislation in 2012: The Argentine Supreme Court ruled that the state will no longer prosecute women who have an abortion after being raped, and that in the future, women won't have to get a judge's permission to get an abortion in the case of rape. They will still need to present a sworn statement given to a doctor. The same year, Patricia Mancilla, legislator and indigenous community member, challenged the constitutionality of penal code articles that specifically target women. Her challenge resulted in a February 2014 ruling from Bolivia's Constitutional Court ruled that women do not need a judge's authorization to access an abortion in cases where it is permitted by law, though she will still have to file a police complaint. One year later, the Ministry of Health has mandated that all public and private health-care facilities comply with the ruling.

Chilean President, Michelle Bachelet, just introduced a bill to permit Chilean women to have an abortion during the first 12 weeks of a pregnancy in cases of rape, fetal impairments and life-endangerment (though not health risk) with the permission of two doctors. If passed, this would be a landmark law in Chile, which is one of the 5 of 7 countries in the world that currently holds an absolute ban on abortion, and Bachelet deserves enormous credit for following through on her promise to decriminalize abortion for the women of Chile, and for continuing to fight for reproductive rights, as she has since her first presidency.

While these laws and bills show important progress, in

many cases, they may not actually change the reality of most women seeking abortions in these countries, at least not right away. Malena Morales, who leads **IPAS in Bolivia**, explains that the new Bolivian law only does so much. "While the court's ruling is legally binding and mandatory, some professionals are opposed and continue to be a barrier for women who need and are entitled to safe abortions," she says. "That's why we're investing so much time and energy in training and education. It's the best way to make the court's ruling a reality for women."

The commentary of **Mónica Arango**, regional director for Latin America and the Caribbean at the Center for Reproductive Rights regarding Bachelet's new bill could be applied to most pro-abortion legislation in Latin America in recent years: "While this proposed legislation is a positive step toward guaranteeing women's rights, it falls short in protecting pregnant women's rights to health and dignity."

#### Legal Rights, But No Access

In 2007, Mexico City legalized abortion in cases of up to 12 weeks of pregnancy, and required hospitals to provide free abortions to city residents. The ruling meant that many women began to travel from all over the country to Mexico City for abortions, even though they were not free to non-city residents. The MARIA fund helps women who are travelling from outside the city and need money to pay for their procedures, food, travel costs and lodging.

But even in places where abortion is legal for all women, like Mexico City, **Guttmacher** studies have shown that there is a large gap between the letter of the law and women's experience of access: "In Mexico City, the very large gap between the number of reported legal abortions and the estimated number of abortions derived from independent research suggests that most abortions are still obtained outside of officially sanctioned facilities." In October, 2012, Uruguay became the first Latin American country since Cuba (1965) to legalize abortion for any reason in the first 12 weeks of a pregnancy, the first 14 weeks in the case of rape, and at any time when a woman's life is at risk or in the case of severe fetal anomalies. However, pro-woman politicians and activists know that legislative gains are slow and small, and enormously difficult. In Uruguay, the pro-choice organization MYSU (Mujer y Salud-Uruguay) organized amazing mobilizations through word-of-mouth and social media which successfully fought off a 2014 referendum to repeal it.

However, even MYSU admits the law itself is flawed:

It requires women "to undergo intrusive measures to access abortion services, such as a consultation with a three-person panel composed of a gynecologist, psychologist, and social worker" – when many medical centers don't have the personnel to convene such panels. In addition, "30 percent of gynecologists nationwide have exercised conscientious objection to the law," and in the city of Salto, all gynecologists have objected. Add to this the fact that many women, especially in rural areas, haven't been fully informed about the change to their rights under the new law, and it's easy see how even a ground-breaking law like Uruguay's can't stem the flood of unsafe abortions.

While activists fight for increased access to abortion, winnings are scant, contested and often legal in word only. Abortion is still illegal in most countries for women who are not victims of rape, incest or likely to die from pregnancy, which is to say, every day women are still having illegal abortions in Latin America. The reality for many women is that financial resources, more than laws, dictate access to reproductive freedom. An unrepentant **Chilean ex-minister of health Helia Molina resigned/was fired** from her post at the end of 2014 after saying "many of the most conservative families [in Chile] have helped their daughters have abortions in fancy clinics in this country. The richest people don't need laws, because they have money."

# How To Have an Abortion and Not Die Trying

While laws are discussed, millions of women suffer and die. This means that many pro-abortion activists are working to create access for women beyond the legal sphere. While a false rape claim is an option, in many countries a legal case would take too long. In fact, some activists even object to legalization. In Bolivia, Mujeres Creando supports decriminalization instead of legalization due to the fact that legalizing abortion "means that the State establishes the legal rules on the body of the person who aborts, for example to what date, at what age and in what places. The debate would occur between powers of the state – Executive, Legislative and Judicial -, the churches, the medical schools and others, and not here between us women, the people who should be debating it," writes Alejandra García Castro.

In the absence of laws or money, one way that women across the globe are taking control of their reproductive health is with **self-administered chemical abortions** using abortifacient medicines misoprostol or RU-486. RU-486 is not available in Latin America, but misoprostol is. While a self-administered abortion can sound dangerous to those with access to safe abortion, in places where women do not have the option of a safe abortion, access to a self-induced chemical abortion can save a woman's life.

Since proven to be effective and safe in provoking abortion up to 12 weeks, unprescribed use of misoprostol began in Brazil in the 1980s, and spread by word of mouth across the continent and the world. Independently, and with the help of international abortion access advocacy group **Women on Web**, feminist groups across the continent of Latin America have published manuals, staffed hotlines that inform women of how to use misoprostol to self-induce an abortion and graffitied their hotline numbers on city walls. According to Peruvian journalist Celia Podestá, informed access to misoprostol is a matter of life or death for women in her country, where most women do not have access to safe abortion services. She writes in **an article** "How to Have an Abortion in Peru and Not Die in the Process" about a **misoprostol use manual** put out by Peru's Abortion Hotline. She writes, "In this moment, while you hold this newspaper and glance over it, you must know that inside some makeshift clinic, a woman is subjecting herself to an abortion. It's probable that she'll acquire infections, that she'll be raped or die. ... In Peru there are 300,000 [illegal] abortions a year. ...Now the woman you imagined ... is hemorrhaging and the State continues to criminalize her rights."

April Howard teaches and studies Latin American History and Spanish, and is a member of the editorial collective at **Upsidedownworld.org**, a website on activism and politics in Latin America.

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