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Time for Change: Reproductive Rights in Latin America in the 21st Century¹
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On September 28, 2011, thousands of reproductive rights supporters marked the region's annual "Day of Decriminalization of Abortion in Latin America and the Caribbean." From Managua to Buenos Aires, advocacy groups marched, held conferences and met with government officials to call for reform of the region's restrictions on abortion.¹ In many cities, there was reason for optimism, as numerous lawmakers had introduced pro-choice legislation, called for hearings, or pledged to work with groups supporting this cause. At the same time, international bodies ranging from Amnesty International to the Center for Reproductive Rights challenged the region's leaders to respond to the urgent need for change in the interest of saving women's lives.

The struggle for abortion rights in Latin America is at a crossroads. Globalization, transnationalism, changing relationships between civil society and the state, and decentralization have all contributed to new spaces from which reproductive rights' proponents can now act. The increasing presence and influence of women with political power – while slow to contribute to a shift in abortion rights policies – have granted feminist issues a more prominent position on the region's political agenda. The impressive numbers of women legislators across the region (nearing 40 percent in some countries, compared with 17 percent in the United States) have coincided with important legal advances on women's rights. Women legislators united in multiparty alliances were responsible for passing laws on domestic violence, rape, quotas, and the reform of discriminatory civil and criminal codes. Yet the mere presence of women in power will not automatically produce policy outcomes favorable to women's interests. (Htun, 2001: 18) At the same time, civil society activists for women's rights in Latin America are forging new paths for their work, resulting in promising opportunities that cut across traditional lines of class, race, ethnicity and territory. Despite countervailing forces of religious fundamentalism and

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cultural conservatism that stubbornly obstruct progress on reproductive rights, there are signs that change is on the horizon.

The path to reform, however, is arduous and the current state of abortion rights in Latin America remains woeful. A woman's right to choose is proscribed in all but one country (Cuba), and the region suffers the world's highest rate of maternal mortality due to illegal abortions. In Chile, El Salvador, the Dominican Republic and Nicaragua, the procedure is criminalized in every case, even when the mother's life is threatened or the pregnancy is the result of rape or incest. And, according to the Guttmacher Institute, approximately one million Latin American women are hospitalized each year for treatment of complications from unsafe abortions (Guttmacher 2009). While there has been movement in some quarters toward liberalizing abortion laws to bring them in line with international human rights obligations (for example, in Colombia and Mexico City), the majority of Latin American nations have either stagnated or regressed in terms of reproductive rights legislation.

The situation in Latin America is as paradoxical as it is urgent. As a public health, economic, and human rights issue, the legalization of abortion is gaining momentum on the regional and international fronts. At the same time, more and more women make the decision to terminate pregnancy for a variety of reasons each year; the statistics speak for themselves. According to the World Health Organization, 21.6 million unsafe abortions took place globally in 2008, "nearly all of them in developing countries." In Latin America that year, the number of unsafe abortions rose from 3.9 million in 2003 to 4.2 million (WHO 2011: 1). Although the increase is mainly due to a rise in the number of women of child-bearing age overall, the rate of illegal and unsafe abortions is alarming. For example, even in Colombia – where legislation was passed in 2006 to allow abortions under certain conditions – 99.9 percent of all abortions remain illegal (Guttmacher 2011). In Argentina, unsafe abortions account for 31 percent of the maternal mortality rate (Kohen 2009:93) – and the statistics are similar across the continent. Overall, Latin American rates of death related to illegal, unsafe abortions rank among the highest in the world, and yet the region's leaders maintain a stubborn opposition to legalizing the procedure. Clearly, criminalizing abortion does not reduce its incidence. Keeping abortion illegal does ensure that its practice will be unsafe and life threatening for women and girls. Quite simply, making abortion legal is a necessary condition for making it safe.

Against this grim backdrop, this article has three principal objectives: 1) to document and analyze the current state of abortion rights in select countries of Latin America; 2) to trace the influence of stakeholders—the women's movement, the Catholic Church, political institutions, the media and public opinion, and the international human rights regime—responsible for recent, dramatic change in laws regulating abortion in those countries; and 3) to note potential opportunities for change on the horizon. Before turning to this analysis, the following section briefly frames the discussion in a historical context.

Reproductive Rights at the Turn of the Century: An Overview

Several key elements shaped the reproductive rights debate in Latin America at the end of the twentieth century. The first was the region's transition to democracy, which allowed the women's rights movement to reconfigure its relationship to the state and civil society. While grassroots activism had previously developed outside of, and in opposition to, the political arena during the era of military governments, the return to civilian leadership in the 1980s provided a publicly visible platform for women's issues (See Htun 2003). The subsequent emergence of neoliberal regimes, however, and the accompanying retreat of the state, quickly altered the role

of the women's movement in the public sphere. The shrinking state diverted the focus from social movements to private, non-governmental organizations (NGOs).

By the 1990s, many of the groups that made up the women's movement began to evolve in order to survive and continue pursuing their goals in the new political context. There was a clear shift among the majority of women's groups toward what Hugo Hecló termed "issue networks." According to Mala Htun's analysis, issue networks have a connection to social movements, and often emerge from them, as is the case with many women's NGOs. Unlike social movements, however, issue networks focus on specific policy issues, and are not comprised exclusively of civil society actors. In the case of the NGOs that emerged from the feminist movement of the 1970s and '80s, they were fighting for specific goals like the legalization of divorce, equal treatment under the law, reproductive choice, and abortion. But the goals of a movement, per se, would be broader, and would include transforming social attitudes, behavior, and even cultural institutions. (Htun 2003:15)

The emergence of these single-issue NGOs brought to the fore the fear of many social movement activists that they would lose their agenda setting edge by cooperating with the state. (Jaquette 2003:342) Others worried that the dominance of NGOs has crowded out traditional forms of feminist mobilization, like marches in the streets or consciousness-raising groups. (Ríos Tobar 2003: 365-6)

With the return of democratic politics, and with support from international foundations and foreign governments, many women went on to found and staff professional, issue-oriented NGOs. This phenomenon was analyzed by Sonia Alvarez in her 1999 article on the Latin American feminist NGO boom. She raised concerns about the "NGO-ization," or increasing professionalization of women's movement politics, which undermined the capacity of women's NGOs effectively to monitor and critique government policy. She acknowledged the important role that NGOs played in the 1980s and '90s, and attributed their success to their ability to maintain a "hybrid nature." That is, they were able to advance a progressive feminist policy agenda, while simultaneously sustaining their relationship with their base—the broader women's movement and poor women's community organizations on the ground. She went on to argue, though, that many NGOs lost this 'hybrid nature' due to the influence of financial support and contracts from governments and international aid agencies that increasingly depended on women's NGOs as technical gender experts. These donors and state agencies came to consider NGOs as 'surrogates' for civil society in the formation of gender policy. (Alvarez 1999)

In this context, the state and donors consulted NGOs as interlocutors for larger social constituencies. But in reality, many of these groups actually lost their connections to women on the ground. Those groups that did maintain linkages to larger constituencies—poor women's organizations or avowedly feminist groups critical of the state's agenda—were not consulted because they lacked the technical capacity of the more professional NGOs. Thus the groups who truly represented the grass roots were cut out of the process of formulating gender policy altogether. Moreover, women's movement groups who were critical of the government tended not to be consulted as interlocutors or selected as partners to carry out programs. (Alvarez 1999) These trends had implications for the nature of the policies and programs enacted by governments and may be partially responsible for the failure to liberalize abortion law in many countries, including those led by left-leaning governments.

The independent voice of these expert NGOs was further undermined by their dependence on the state for financing. International donors reduced their foreign aid to countries in South America at the same time that the state was shrinking its social service activities, and

increasingly relying on professional NGOs to carry out training and other programs. According to research by Maruja Barrig in 1997, many Chilean feminist NGOs depended on state funds for 10 to 25 percent of their budgets, and Colombian NGOs for 40 to 50 percent of their budgets. So results-oriented technical NGOs that were focused on policy impact were more likely to attract funding and have an influence than the traditional women's movement groups, which were more geared to feminist consciousness-raising and anti-establishment mobilizations. (Alvarez 1999) Such social movement oriented activities may have made more headway toward changing cultural norms and attitudes toward abortion and influencing the public discourse. So with the weakening of women's movement groups, the region lost the creative, give-and-take of agenda setting that might have had the potential to transform the cultural landscape. This consequence became strikingly clear in the aftermath of the internationalization of the feminist agenda that emerged in full force in the century's final decade.

In the 1990s the global arena witnessed an explosion of international conferences, agreements and declarations that forced the world to wake up and seriously consider women's rights as basic human rights. Ranging from the 1994 UN International Conference on Population and Development in Cairo and 1995 UN Fourth World Conference on Women in Beijing conferences to the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) protocols, these platforms focused the international community's attention on the consequences of unsafe abortions and the public health risks that they posed. Important policies, protocols and laws were passed in defense of women's rights on the global stage, many of which had significant influence on domestic legislation.² By the end of the decade, however, it became increasingly clear that the internationalization of the gender-based agenda was a double-edged sword. On the one hand, the world's attention signaled significant progress for many critical issues. But it also implied the formation of a civil society that "mirrored the hegemonic international system and operated well within its discursive parameters" (Alvarez 2009: 179). In other words, participation in the globalized framework precluded organizations from confronting and challenging the status quo while simultaneously it caused them to neglect their neediest grassroots constituents at home.

Like a perfect storm, during that same period (the 1980s and 1990s), anti-abortion activism gained momentum – encouraged by both religious and political leaders on the world stage. The Catholic Church launched a strident rejection of liberation theology, a progressive movement that had embraced social justice and empowerment for the poor in Latin America. The Vatican replaced hundreds of progressive bishops, and discussions of reproductive issues – including contraception, family planning, and abortion rights – were summarily repressed (Hogan 2005). Accompanying the Catholic Church was a boom in evangelical Protestantism, as "born-again" Christians used their pulpits to promote an anti-choice agenda in the region's congregations and among the political elite. Religious leaders also found support in the global political arena, especially from the United States. Most damaging was President Ronald Reagan's 1984 "Global Gag Rule" that prohibited domestic or international organizations receiving US federal funds from performing or promoting abortion as a method of family planning.³ As a result of that legislation, the US government cut \$40 million of support for international family planning and defunded the International Planned Parenthood Federation and the United Nations Population Fund (Planned Parenthood n/d). It prohibited non-governmental organizations that received funds from the US Agency for International Development from advocating or providing abortion-related services or referrals, even with their own, non-US

financing. As might be expected, Latin American NGOs were particularly hard-hit by this policy, given their dependence on international development assistance.⁴

With the shrinking of state programs under the neoliberal regimes of the 1990s, feminist activists witnessed a rollback and privatization of publicly provided social and health services. Government officials cut programs designed to help poor and marginalized sectors access family planning and reproductive health care, shifting responsibility in these areas to the private sector. As public funding dwindled, the class-based repercussions of anti-abortion legislation became more acute. Middle-class and wealthy women continued to have access to safe abortion through private clinics, while their poorer compatriots turned to illegal alternatives. Consequently, legal barriers to safe abortion have become a pressing public health issue, as disadvantaged women turn to unsafe methods and inadequately trained providers. Poor women are disproportionately susceptible to complications and death from unsafe abortions. At the same time, there is a corrosion of the rule of law in countries that outlaw the procedure: women of all socio-economic groups – as well as practitioners – routinely flout the legal prohibition of abortion.

In light of these developments – the NGO-ization of advocacy organizations, the internationalization of the feminist agenda, and the rise in influence of faith-based anti-abortion forces – by the 2000s many within the women’s movement recognized the need to take a more multi-dimensional approach to the problem. Advocates began to articulate more inclusive strategies that included the “professional” NGOs, but also groups that worked with the grassroots base, with think tanks producing research and scholarly discourse, with advocacy groups promoting legislative reform, and with the international human rights community. The following sections trace the way in which these actors operationalized the approach of linking the local context with the global.⁵

Latin American Reproductive Rights Today

Abortion laws in Latin America remain extremely resistant to reform in these first decades of the new century. Despite the rather dramatic shift from market-driven reformers to “leftist” or left-leaning governments, reproductive rights either stagnated or, in some cases, regressed in many countries. The Guttmacher Institute (2012) classifies Latin American and Caribbean countries into six categories, according to a scale of abortion rights restrictions:

Reason required for a legal abortion	Countries
Prohibited altogether, no legal exceptions	Chile, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Suriname
To save the life of a woman	Antigua and Barbuda, Brazil, Dominica, Guatemala, Mexico, Panama, Paraguay, Venezuela
To preserve woman’s health (and to save a woman’s life)	Argentina, Bahamas, Bolivia, Costa Rica, Ecuador, Grenada, Peru, Uruguay
To preserve mental health (and all above reasons)	Colombia, Jamaica, St. Kitts and Nevis, St. Lucia, Trinidad and Tobago
Socioeconomic grounds (and all above reasons)	Barbados, Belize, St. Vincent and Grenadines
Without restriction as to reason	Cuba, Guyana, Puerto Rico

Source: Guttmacher Institute (2012)

As the table indicates, abortion rights vary widely within the region. Women in Anglophone Caribbean nations tend to have broader legal access to the procedure, while their Central and South American counterparts generally face the greatest restrictions. This study focuses on Spanish-speaking Latin America where, with a few exceptions, the incidence of unsafe abortions

hovers at approximately 95 percent. Of course, in almost all cases, the procedure is illegal and performed clandestinely. (In contrast, the rate of unsafe abortions in the Anglophone Caribbean has been estimated at 46 percent. See Sedgh et al. 2012.)

The right to a safe, legal abortion is one of the most loudly contested public struggles in the contemporary global arena. Yet it is stories of individual women that hold the greatest power to influence public opinion and eventually change reproductive rights laws in Latin America. Today's reproductive rights advocates operate at every level, from local organizations to national and international alliances, and from grassroots NGOs to state ministries and institutions of global governance. Although there are countless organizations engaged in the struggle for abortion rights, overt support from elected officials – while growing to some degree in this decade – generally remains elusive.

Despite dramatic gains made by Latin American women in the electoral arena, most women legislators do not even utter the words reproductive rights, let alone abortion. Those few who do have hit tremendous obstacles while advocating for abortion rights. An illustrative example that goes a long way toward explaining why most women political leaders remain mute on the subject is that of Dilma Rousseff, president of Brazil since 2010. In the final weeks of her campaign, Rousseff's past declarations favoring the decriminalization of abortion nearly cost her the election. The wife of José Serra, her competitor, went so far as to call Rousseff a “baby-killer,” and religious groups and leaders mobilized against the candidate. In the end, Rousseff declared herself opposed to abortion rights and promised not to reverse the country's laws against the procedure – a position she apparently was forced to adopt to win the presidency. (*O Globo*, October 15, 2010)

At times, a politician's pro-choice stance has consequences beyond political repercussions. On July 13, 2011 the Argentine legislature held a public hearing in which 300 organizations participated in a session organized by the National Campaign for the Right to Legal, Safe and Free Abortion (*Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito*). The meeting, which featured a bill sponsored by fifty congressional deputies, erupted in violence when anti-abortion activists physically attacked Deputy Victoria Donda (Encuentro Social y Popular). (*Clarín*, July 13, 2011) While Donda sustained no serious injuries, the incident exemplifies the extent to which the step of simply holding a hearing on the controversial issue can jeopardize a politician's professional and personal safety.

These events notwithstanding, thousands of pro-choice advocates continue to fight for abortion and reproductive rights throughout Latin America. Their actions have become increasingly sophisticated and coordinated, and differing strategies have met with divergent results. It is instructive to examine a number of contrasting cases that demonstrate the effectiveness of, and the barriers faced by, those who work for abortion rights in the region today and those who oppose them. The following sections examine six nations with recent legislative changes: Colombia, Argentina, Peru, Chile, Nicaragua, and Mexico.

Colombia

In 2006, Colombian attorney Monica Roa won a lawsuit she brought before the Constitutional Court, claiming that the country's total ban on abortion was in violation of the fundamental rights of women to life and health as laid out in international human rights treaties of which Colombia is a signatory. As in every achievement regarding abortion rights, this victory represented the culmination of decades of work by hundreds of advocates – both locally and internationally. As a result of the suit, Colombia was obligated to change its laws to allow abortions in cases where a mother's life is in danger, in cases of fetal impairment incompatible

with life outside the womb, or when pregnancy is the result of rape or incest (Forero 2006, Barraza Morelle and Gómez López 2009). This example was significant for several reasons, namely, the Court's 5-3 decision changed abortion legislation despite opposition from political and Catholic Church leaders at both the local and national levels; the suit was backed by Women's Link Worldwide, a Spanish non-governmental organization; and, finally, the judiciary ruled favorably on the case to be in compliance with Colombia's participation in international human rights treaties. Indeed, the Colombian case became a model, in both its strategy and tactics, for other challenges to existing laws in the region.⁶

“This decision of the Constitutional Court of Colombia warrants wide and serious attention. It sets a new standard for jurisprudence that respects the human rights of women. Courts in Colombia and beyond will want to consider the reasoning with great care, and how the Colombian Constitutional Court applied international human rights obligations and jurisprudence to guide its reasoning. Governments considering the use of punitive powers will need to read and re-read this decision to ensure that they apply the punitive powers of the state only compatibly with the dignity of women. Legislatures, sovereign under the rule of law, will no longer be able to place disproportionate restrictions on the legally protected constitutional and human rights of women, including their reproductive rights.”

(Rebecca J. Cook, Foreword, *Excerpts of the Constitutional Court's Ruling that Liberalized Abortion in Colombia*.)

What makes this case most worthy of note is how the advocates for liberalizing Colombia's abortion law used the courts to circumvent the politicized legislature and to overcome the strong sway of the Catholic Church over public opinion. They did this by going directly to the Constitutional Court, noted for its reputation as neutral and independent. This is not to say that such a success story can be emulated elsewhere, since many countries of the region do not enjoy such independent, transparent judiciaries, but rather have court systems prone to corruption and cronyism, as we will see in the case of Nicaragua. (Reutersward, Zetterberg, et al: 805-6)

Another important element of the Colombia case is the strong push by advocates to force the abortion debate onto the public stage. Like domestic violence in past decades, abortion had rarely been discussed in polite society or by politicians in the public square. The coalition of activists who supported Roa's lawsuit were well aware of the importance of public opinion and carried out a vigorous media and social mobilization campaign that encouraged public participation in the debate and managed to move the discussion out of the realm of religion and morality and to cast it as a public health issue. This effort was supported by widespread media coverage of the impact of the abortion ban on the lives of real women and girls. National polls confirm the success of this campaign – public opinion changed to reflect a majority support for reform of the total abortion ban. (Reutersward, Zetterberg, et al: 813-14).

As in every country, each victory contributes to overall progress on abortion rights, but the path to unfettered legalization remains arduous. Despite liberalization of Colombia's abortion laws, the nation's statistics on unwanted pregnancies and illegal abortions have shown little improvement. According to the Guttmacher Institute (Prada et al 2011: 6-7), an estimated 44 percent of all unintended pregnancies end in an induced abortion, and “[t]here are currently 52 abortions for every 100 live births, a substantial increase from 35 per 100 in 1989.” The Guttmacher report documents the persistently high levels of illegal and unsafe procedures, attributing this phenomenon to strong religious and moral condemnation of abortion, traditional

stigmas and legal barriers, and “daunting” bureaucratic and institutional obstacles presented by health facilities. The legislative struggle continues as well: in October 2011 the Constitutional Commission of the Colombian Senate narrowly defeated (9-7 vote) a proposed amendment that would have created, once again, a total ban on abortions.⁷

Argentina

The struggle for abortion rights in Argentina has been long and difficult, but recent legislative actions give advocates cause for cautious optimism. It has been a challenging decade for pro-rights activists: according to Human Rights Watch (2005), in the mid-2000s there were approximately 500,000 illegal abortions performed annually, accounting for 40 percent of all pregnancies. The country has had a pervasive and long-standing lack of family planning and contraception services, and the results have been dire.⁸ As noted above, nearly one-third of maternal deaths can be traced to illegal abortion procedures. Anti-abortion forces have also been highly influential in Argentine politics and society, regularly mobilized by strong leadership from the Catholic Church.

As part of the 1994 constitutional reform process, the Catholic Church joined the government of then-president Carlos Menem to push for a clause in the amended constitution stating that life begins at conception. This would have made abortion illegal in all cases. An alliance of over 100 women’s groups managed to defeat this effort. But they were unable to counter Menem’s fierce opposition to liberalizing Argentina’s abortion laws. Moreover, the following year, Menem allied with the Vatican and Iran at the UN Fourth World Conference on Women in Beijing to fight against pro-abortion language in the final Platform for Action. (Htun 2003: 161)

Despite formidable obstacles, abortion-rights proponents have garnered increasing support from their elected representatives, achieving an important milestone on November 1, 2011. On that day, in a 7 to 5 vote, Argentina’s Commission on Penal Legislation of its lower house of Congress approved an initiative to decriminalize abortions in the first twelve weeks of pregnancy. The vote came as a result of intense efforts by the National Campaign for the Right to Legal, Safe and Free Abortion with sponsorship by Congresswomen Cecilia Merchán and co-signed by more than fifty other congressional representatives. (*Clarín*, November 1, 2011) Significantly, the signatories represent a wide cross-section of the nation’s political parties and ideological divisions. And, as of this writing, the bill passes to two other commissions, those of Family and Health.

The November 2011 victory can be attributed to decades of work by the women’s movement, legislators, international organizations, and especially the organizing authority of the National Campaign for the Right to Legal, Safe and Free Abortion. The Campaign enjoys the support of over three hundred organizations from throughout civil society, ranging from anarchist groups to political parties, gay rights groups to urban taxi drivers. Broadly reflecting Argentina’s decentralized federal structures, the Campaign includes representative organizations from throughout the country’s provinces. It is a good example of the “issue networks” that were effective in influencing the institutions of the Argentine state and political society after the nation’s 1980s return to democratic rule. (Htun 2003) Echoing efforts by their precursors, the recent pro-choice network consists of lawyers, activists, lobbyists, political party members and others who joined forces to achieve the specific goal of reforming abortion rights legislation. Their success contrasts somewhat with results recently obtained in Peru, but the two nations share a common history of organized activism – and urgent need for change.

Peru

Less than a week after the Argentine congressional vote, the UN body that implements CEDAW ruled that Peru must alter its current law to allow women to obtain abortions in cases of rape and sexual assault. (Current law allows only for abortion in cases in which the mother's life or health is in danger.) The decision resulted from a case brought to the UN committee by a Peruvian organization, PROMSEX (*Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos*) and the Center for Reproductive Rights. As in the Colombian case, the suit was brought on behalf of a minor. Known as "L.C.", the victim was a thirteen year-old girl who, after being repeatedly raped for two years, became pregnant. Upon becoming aware of her pregnancy, L.C. threw herself off of the roof of a building and broke her spine. Although paralysis could have been avoided if she had received adequate medical attention, Peruvian doctors refused to operate on her because she was pregnant. As a result, L.C. is now a paraplegic, confined to a wheelchair for life.

The CEDAW ruling ordered Peru to pay reparations to L.C., but its scope extends far beyond this individual case. According to the Center for Reproductive Rights, it is the "first UN decision in history requiring a country to protect women's health and human rights by changing its abortion laws. And for the first time in history, the UN has called the denial of legal abortion what it is: discrimination." (CRR 2011) In addition to this precedent-setting decision, the lawsuit illustrates many of the most positive elements of the pro-choice agenda in Latin America today. It demonstrates the efficacy of partnerships among local organizations, international organizations, and institutions of global governance. When Lima-based PROMSEX joined forces with the Center for Reproductive Rights, they were able to bring the case to the United Nations. In issuing this verdict, the UN reiterated a ruling it had made in an earlier case (*K.L. v. Peru*, 2005), in which a seventeen year-old was forced to carry an anencephalic fetus to term after having been denied an abortion. That suit – also resulting in a favorable decision for the victim – had been brought before the UN Human Rights Commission by Peruvian NGOs DEMUS and CLADEM along with the Center for Reproductive Rights. Although the Peruvian government has yet to alter its abortion rights legislation in accordance with these international mandates, it is clearly facing increasing pressure for reform.

Peruvian pro-choice organizations continue to receive support through a network of local and international advocacy groups, ranging from the International Women's Health Coalition and its local partners to Amnesty International and Human Rights Watch.⁹ Thousands of activists – from grassroots movements to professional lobbying firms have worked for decades to improve the state of reproductive rights for the nation's women. They now represent the interests of the indigenous rural population, the urban poor, and the many sectors of Peru's diverse population.

In sum, inroads have been achieved in Peru, but the overall framework remains extremely problematic for those in need of safe and legal abortion services. The country still has the second highest rate of maternal mortality, and unsafe abortions account for about one-quarter of all of these deaths. As of the late 2000s, 350,000 illegal abortions were performed annually, with nearly 65,000 resulting in hospitalization due to complications. (Huff 2007) Like many of the region's nations, Peru's urgent need for reform far outpaces its leaders' willingness to address this contentious issue.

Chile

In neighboring Chile there is a complete ban on abortion in all circumstances, one of the strictest anti-abortion regimes in the world. This has not always been the case. Abortion for

medical purposes (to save the life or preserve the health of the mother) was legal from 1931 to 1989, when General Augusto Pinochet, in a conciliatory gesture to the Catholic Church, revised the penal code to make abortion illegal without exception. Although rarely enforced today, abortion is punishable by three to five years in prison for the woman and slightly shorter sentences for the abortion provider.

Chile has not always been among the most conservative countries in the region. In fact, historically it had been progressive on an array of reproductive health issues, beyond abortion. In 1964, the National Health Service implemented a family planning program that significantly expanded the use and delivery of birth control methods. According to Lidia Casas (2004), US aid programs also promoted contraception in the region to control rampant population growth, which was considered politically destabilizing. During the early 1960s, the medical community, unlike the political elites, resisted Catholic Church pressures against the promotion of birth control because, as they pointed out, hospital blood supplies were being depleted to treat botched backstreet abortions, the maternal death rate was soaring, and taxpayer dollars were being used to treat women at emergency rooms with complications from abortion. Although there was a backlash among conservative sectors of society, family planning measures resulted in a gradual decrease in the birth rate and a progressive decline in maternal mortality caused by unsafe abortions. (Lasch, 2008)

It is interesting to note that, despite the large numbers of abortions in Chile, very few women are charged with the crime. For example, in 2008 only nine people were incarcerated in Chile for committing abortion. Doctors appear reluctant to report cases of botched abortions that end up in the emergency room—less than one-half of one percent of hospitalizations due to complications from abortions gone awry in 2001 was reported to the criminal justice system. (Shepard and Casas, 2007)

There is an apparent gap between the law and enforcement, due in part to public opinion and a particularly Catholic phenomenon common to Latin American countries – labeled “double discourse” by Bonnie Shepard. She coined this phrase to describe the situation where strict legal norms and sexual standards are verbally defended in public, while routinely flouted in private. Moreover, such transgressions are privately tolerated by society and the “sin” forgiven. (Shepard, 2006) As to public opinion, polls roundly reflect the electorate’s support for reform of Chile’s draconian laws. In a 2009 national survey (Corporación Humanas), 66 percent of respondents expressed themselves to be either in “disagreement” or “very much in disagreement” with the existing laws. The majority stated that they supported abortion rights when the mother’s life is in danger (76.4 percent), when pregnancy is the result of rape (73.6 percent), and when the fetus is deformed (68.4 percent). Only 15.6 percent supported abortion rights for “any reason that the woman decides,” and a clear majority (67 percent) reject the total ban on abortions currently in effect.

Even though abortion was made illegal in all cases by a change in the penal code in 1989, Chile has the highest number of abortions in Latin America, according to a 2004 report conducted by Dr. Aníbal Faúndez, coordinator of the Committee of Sexual and Reproductive Rights of the International Federation of Gynecologists and Obstetricians. This statistic is based on arrests, deaths, and hospital records. Because of the ambiguity of these sources, the actual number of illegal abortions is impossible to know. According to Dr. Faúndez’s study, there are 40,000 clandestine abortions a year at a rate of 50 for every 1,000 women of child-bearing age. He says, “[In Chile] we have the lowest rate of maternal mortality due to abortion, but without a doubt, the highest rate of abortion in the region.” This does not reflect the total number of

abortions that are performed illegally, since many women do not go to the hospital with complications. (Lasch, 2008) Meanwhile, the Health Ministry references a study done by Guttmacher researcher Monica Weisner, who estimates that in this country of just over 16 million people, the number of abortions is at roughly 120,000 a year (AWID). But Shephard and Casas warn us that older statistics – like the oft-cited 1990 Guttmacher Institute estimate of 160,000 abortions per year – are outdated. Chile’s maternal mortality rate is on the decline due to medical advances, which result in fewer complications from induced abortion, and expanded access to contraceptives, which result in lower fertility rates. (Shephard and Casas, 2007, p. 203)

Although illegal and unsafe abortion was once the primary cause of maternal death in Chile, today it is the third. In addition to improved medical facilities, the reduction in the danger posed by illegal abortion is also due to the growing use of Misoprostol, a pill that stimulates contractions, available in pharmacies with a prescription, or on the internet, without one. Although in most cases the resulting “spontaneous abortion” is not life-threatening, in some cases the use of Misoprostol does result in an incomplete abortion that can lead to hemorrhaging, hospitalization, surgery, infertility, and even the death of the mother. (Lasch, 2008) But in general, access to Misoprostol reduces the need to resort to back-alley surgical abortions, which pose higher health risks.

In spite of the dangers of illegal abortion and majority popular support for therapeutic abortion, a push for its reinstatement never made it onto the agenda of the center-left Coalition for Democracy government (the *Concertación*) that ruled Chile from the transition to democracy in 1990 until the Coalition’s electoral defeat in 2010. The main reason for this was the presence in the ruling coalition of the center-right Christian Democratic Party, which retains close ties to the Catholic Church. Some also point to the fact that the Catholic Church in Chile played an important role in protecting the human rights of Chileans persecuted by the dictatorship of Augusto Pinochet (1973 to 1989). Members of the ruling Coalition, who opposed the dictatorship, owed a debt of gratitude to the Church and consequently agreed not to immediately include in their legislative agenda issues like abortion or divorce—which was not legalized in Chile until 2004. When then-presidential candidate Eduardo Frei (1994 to 2000) issued a statement on the need to open the debate on abortion, many groups reacted negatively, demanding that abortion not be turned into an election issue. In 2005, Coalition candidate Michelle Bachelet (Socialist Party), although a staunch reproductive rights advocate, declared she would not seek to overturn the country’s laws outlawing abortion, affirming that terminating an unwanted pregnancy is a “bad solution.” (Center for Reproductive Rights)

Likewise, the Chilean women’s movement, weakened after the transition to democracy (see discussion of “NGO-ization” of women’s movement above) has not been able to overcome the resistance to change posed by Chile’s indomitable social norms. These have cowed any legislative efforts to promote reform of Chile’s abortion laws. Since the 1989 repeal of therapeutic abortion, there have been repeated unsuccessful efforts to liberalize the law: in 1991, 2001, 2006, and 2012. These efforts have been countered by an even greater number of anti-choice initiatives pushed by the conservative right, attempting to impose harsher penalties. These have included constitutional amendments and provisions to amend the criminal and health codes. When two deputies introduced a bill to decriminalize abortion in the first 12 weeks of pregnancy, the opposition retorted that it should be barred from the legislative process as unconstitutional. Another bill was tabled that went even further than the law in place prior to 1989, adding to the exceptions to save the life or preserve the health of the woman, a provision for abortion in the case of rape or fetal abnormality. These and other legislative proposals met with defeat.

Abortion remained off of the legislative agenda of Chile's former president Michelle Bachelet (2006-2010). (Shepard and Casas, 2007) The country's first female head of state did not attempt to legalize abortion and her administration remained largely silent on the issue. But between 2006 and 2010, Bachelet did openly challenge the status quo and fought long and hard to legalize the free distribution of emergency contraception – the “morning after” pill – in public health clinics to girls aged 14 or older. Bachelet received support from her minister of health, who denounced the inequality and “hateful discrimination” of a judicial ruling that prevented poor women from having access to the pill (Barot 2010).

Bachelet, the Courts, and Emergency Contraception (EC)

- 2001: As health minister, Bachelet proposes giving sex abuse victims access to the EC pill Postinal. Since 2001, a flurry of lawsuits, counter suits, injunctions, and constitutional challenges followed.
- August 2001: Supreme Court bans sale of Postinal, considering it an abortifacient.
- November 2005: Supreme Court rules that plaintiffs cannot represent unborn babies and determinations about when life begins are out of the court's realm of competency.
- 2005: While running for president, Bachelet said she would not seek to overturn the country's laws outlawing abortion, stating that terminating an unwanted pregnancy was a “bad solution.”
- March 2006: Two weeks after her presidential inauguration, Bachelet says the public health system will provide EC to “everyone who requires it.”
- September 2006: Decision by Chile's Health Ministry: introduction and free distribution of EC by public health care centers to all women aged 14 and up.
- September 2006: Group of conservative lawmakers file petition in Santiago Court of Appeals against Chile's Ministry of Health, aiming to overturn access to EC. Court of Appeals placed a provisional suspension on government's decision to distribute free birth control and EC to women 14 and older without parental consent.
-
- Bachelet said, “Any person with a doctor's prescription can buy [EC], because it has been legalized for sale, but there are people with fewer resources who cannot buy it, and so we have opted to provide it at doctors' offices as needed,” according to *Salon*.
-
- January 17, 2007: Chile's Supreme Court terminated a 4-month-old program that provided free birth control, including emergency contraception, to women over the age of 14, ruling in a vote of 6-4 that the program was unconstitutional because it was initiated by administrative decree, not by presidential decree or legislation.
- End January, 2007: Bachelet issues executive order authorizing free distribution of emergency contraceptives to all women over the age of 14.
- April 4, 2008: Constitutional Court of Chile banned the sale and distribution of EC in public health facilities, reversing President Bachelet's decree. The Court concluded that the morning-after pill sometimes acted as an abortifacient, so free distribution of emergency contraception was unconstitutional.

- July 2009: Bachelet administration introduces a bill to allow the free distribution of EC in the public health system, and to guarantee every person, regardless of economic situation, access to the EC pill. The bill passed the Chamber of Deputies overwhelmingly, 73 to 34.
- December 16, 2009: The bill passes the Senate.
- January 18, 2010: President Bachelet signs the law before leaving office.

Sources: Center for Reproductive Rights, December 17, 2008; Feminist Majority Foundation, February 6, 2008; Castellanos; Latin American and Caribbean Women's Health Network, January 18, 2010.

In their article on how the ambiguity of Chile's abortion policy affects the practice of medicine, Bonnie Shepard and Lidia Casas conclude that any change to abortion law in Chile may depend on the political will and advocacy of the medical community.

"The dilemmas faced by medical professionals in cases where women's health is threatened are considerable. The lack of medical guidelines on when interruption of pregnancy is permissible, accompanied by fear of prosecution, place both medical professionals and women in a highly vulnerable position. ... Medical decision-making under these circumstances is highly discretionary and fraught with ethical and legal perils." (Shepard and Casas, 2007, p. 208)

As in the 1960s, it is likely to be only doctors and other medical professionals who are sufficiently motivated to combat the cultural norms and conservative political elite that politicians have been unable to overcome or unwilling to risk offending.

Nicaragua

The divide between public opinion and presidential policymaking is wide throughout the region, and not limited to countries with women leaders. As of this writing, eleven nations had elected governments considered to be "leftist," and two others could be classified as "centrist." Despite this widely touted ideological shift, however, several of the region's countries have enacted anti-abortion legislation that ranks among the world's most draconian. The Dominican Republic, Chile, El Salvador¹⁰ and Nicaragua now prohibit abortion under all circumstances. And, as we will see, it is the policy of Nicaragua's "revolutionary" Sandinista government that is perhaps the most illustrative of the daunting political challenge facing Latin America's advocates of a pro-choice agenda today.

In 2008, under the leadership of President Daniel Ortega, Nicaragua altered its penal code to outlaw abortions under all circumstances, without exception. This radical legislative change was remarkable for a number of reasons, not least of which was the extent to which it has jeopardized the safety and lives of countless women and girls. It also replaced a century of laws permitting therapeutic abortions that allowed for the procedure when a woman's life was at risk, or when pregnancy had resulted from rape or incest. This reversal is responsible for the sanctioning and/or imprisonment of pregnant women as well as health care providers. Women face up to four years in prison for having an abortion, and doctors up to six years for performing one—and not only for carrying out the procedure, but also for providing information about abortions.

The 2006 abortion law was initially instituted in the throes of a hotly contested presidential race. Left-leaning Ortega – who had been a commander in the Sandinista revolution

of 1979 and president from 1985 to 1990 – supported the measure to appease powerful interests in the Catholic and evangelical churches, and to court the votes of their constituencies. Despite calls from the international community, including pressure from international human rights organizations, medical associations, and domestic and global women’s advocacy groups, his government has only moved to tighten the restrictions in the years since the ban.

Ortega’s position is symptomatic of a contemporary shift in the role of reproductive rights in progressive global politics. Ortega’s socialist presidency in the 1980s led the vanguard in appointing high numbers of women to positions of power: 31 percent of executive and 27 percent of leadership positions were occupied by women. (Williams 2009) His apparent commitment to women’s “equality” has persisted in the current administration, as he staffed his cabinet equally with representatives of both sexes. (Htun and Piscopo 2010) It is clear, however, that placing women into positions of power does not necessarily advance the cause of women’s rights, especially in the area of abortion. There are numerous countervailing forces that proscribe such progress, and many of today’s Latin American leftist leaders appear reticent to advocate for a pro-choice agenda. Indeed, if a leader with Ortega’s ideological credentials can impose the harshest abortion restrictions in the hemisphere, then the region’s pro-choice advocates must accordingly adjust their strategies for legislative reform.

Ironically, although President Ortega’s anti-abortion stance helped him win the election, public opinion runs sharply counter to his position. In an unprecedented 2011 poll, over 87 percent of respondents indicated that abortion is a “serious problem” in their country, while 72 percent agreed with the statement that poor people are more exposed to risky abortions than others. And, most importantly, over 94 percent expressed the need for a revision of Nicaragua’s abortion laws. (Dides 2011) Those pressing for change include domestic women’s associations as well as influential international actors ranging from human rights to reproductive rights and public health organizations, like the Pan American Health Organization. For their part, both Human Rights Watch (2007) and Amnesty International (2009) have issued comprehensive reports and directly pressured the Nicaraguan government for change.

The Amnesty International report (2009) emphasizes the grave effects of the legislation both on pregnant women as well as their medical practitioners. For the former, the consequences extend from the mental anguish of pregnancy resulting from rape or incest – which disproportionately affects minors in Nicaragua – to serious long-term health challenges or death from obstetric complications. And, as more women turn to clandestine abortions, the health risks are multiplied. For their part, physicians are increasingly refusing to dispense medical services to pregnant women for fear of law suits for malpractice and prosecution for the crime of abortion. The law effectively supersedes obstetric protocols, meaning that doctors are precluded from providing accepted treatments for complications such as ectopic pregnancies, obstructions, or hemorrhages. Health care workers reported to Amnesty International that the new penal code has even affected the administration of health services other than abortion – any medical treatment that might result in the injury or death of a fetus is criminalized under the law. In 2007, the Nicaraguan Ministry of Health reported 115 maternal deaths, and acknowledged that 90 percent of them could have been prevented if prompt medical care had been available.

Although Nicaragua and Chile present formidable challenges for reproductive rights advocates, there is a Latin American success story that serves as a model for the region: Mexico City. The case is important not only for its implications for creating a framework for legislative change, but also for its redefinition of state/society relations in light of the increasing primacy of global cities. That is, while reproductive rights remain limited throughout the Mexican nation,

since 2007 its vast capital city has allowed nearly unrestricted – and free – abortion services to its residents. The concluding section illustrates the process and the effects of this landmark legislation.

Mexico City

The April 2007 legalization of abortion in Mexico City marked a watershed in Latin American reproductive rights, both for its breadth and scope. It was strengthened the following year, as the nation's Supreme Court voted to uphold its constitutionality. The law paved the way for approximately 10 million women – the largest group in the region outside of Cuba and Puerto Rico – to have safe, legal and free access to terminate unwanted pregnancies in their first trimester. It also presents an effective model for reproductive rights advocacy in contemporary Latin America – coordinating strategies on the local, national, regional, and international levels, as well as multilaterally within a matrix of interests, groups, classes, and media.¹¹

Pro-choice advocates worldwide could learn a great deal from the legislative success in this predominantly Catholic country. The driving message behind this collective action was social justice, arguing that women from every socio-economic class have the right to receive equal access to safe, affordable health care. Proponents of abortion law reform advocated for ensuring the same access to services for the poor that their middle-class compatriots enjoy. In this case, middle-class women are able to pay for abortions in private clinics or to travel to the United States for the procedure. Advocates also reminded legislators that Mexico is a secular state, with a strong tradition of separation of church and state, despite the powerful influence of the Catholic Church. The persuasiveness of these positions, coupled with more than three decades of a well-established women's movement promoting a feminist agenda, contributed to this landmark reform.

With the support of international and domestic philanthropies, the successful campaign was carried out by well-organized groups such as the *Consortio para el Diálogo Parlamentario y la Equidad* (Consortium for Parliamentary Dialogue and Equity), Ipas Mexico, *Católicas por el Derecho de Decidir* (Catholics for the Right to Choose - CDD), and the *Grupo de Información en Reproducción Elegida* (Information Group on Reproductive Choice - GIRE), among others.¹² These organizations coordinated their efforts in a mass campaign that assigned specific roles based on each group's area of expertise: lobbying, research, grassroots outreach, etc. They worked closely with the city's government, major political parties, and media outlets, eventually participating in over a dozen public hearings in which the abortion issue was debated. Despite intense opposition from the Vatican and conservative political actors, the historical legislative reform was reinforced by a Supreme Court vote of 8 to 3 in favor of the pro-choice legislation.

Although victorious for now, pro-choice advocates acknowledge that the 2008 Court decision did not end the abortion debate in Mexico. Numerous challenges to the law have been proposed, along with a flurry of anti-abortion constitutional amendments. Because Mexico is a decentralized federation, abortion laws are determined at the state level. Mexico City's legalization of abortion created a widespread anti-choice backlash throughout the country. Since its passage, sixteen of the thirty-one Mexican states have passed constitutional amendments protecting the fetus. (In a seventeenth, Chihuahua, such an amendment had been in place since 1994.) So while women in the capital can now access abortion services safely and without charge in public hospitals, their counterparts in other parts of the country are facing tighter restrictions than ever. It is important to note, however, that in most cases these amendments have yet to be

reflected in state-level penal codes. Until that happens, few concrete changes will have taken place on the ground.

To their credit, women's organizations in the Federal District have responded to assist those in need of abortion services from outside the city. One such group, the *Fondo de Aborto para la Justicia Social María*, provides transportation, housing, and financial support for pregnant women to travel to Mexico City for legal abortions. They have created a network of volunteers who accompany women to hospitals and provide information to them and their partners about reproductive rights options. As is the case throughout the region, associations such as this continue to press for the right of all women to free, safe and legal abortion.

Time for Change: Obstacles and Opportunities

Reproductive rights in Latin America extend beyond advocacy for access to safe and legal abortions. The region still faces obstacles to contraception, family planning services, protection from HIV and other communicable diseases, as well as the elimination of forced sterilization and sexual violence. And the past few decades have painfully illustrated that the criminalization of abortion services fails to decrease the number of procedures performed, disproportionately affecting low-income women. Illegality drives those seeking abortions to unsanitary clandestine facilities, with adverse – and sometimes fatal – consequences. Powerful interests, ranging from “pro-life” politicians to religious institutions, have fought tirelessly to impose their vision of morality on society at the expense of the health and human rights of the region's women. Future challenges will include not only legislative and political reform, but also a concerted effort to de-stigmatize abortion and other reproductive rights.

The country cases briefly reviewed in this paper point to the pivotal role of specific forces and factors in the struggle to reform abortion law in Latin America—from international forces, to the Catholic Church, public opinion, women in power, and the women's movement.

A stubborn obstacle to progressive reform has been the pervasive influence of the Catholic Church over both public opinion and the views and actions of politicians. The dominant power of the Catholic Church is particularly difficult to resist when it acts in alliance with evangelical church leaders to block reform, and when these forces meet no concerted resistance from a weak judiciary or opportunistic political leaders, reluctant to buck the status quo.

The Colombian case offers a hopeful example of how powerful cultural standard bearers can be countered by a strategic media campaign aimed at changing public opinion, and an independent judiciary sensitive to appeals to international human rights law and treaties.

In contrast, the Catholic Church in Nicaragua was able to introduce a bill to overturn the exception for therapeutic abortion despite fierce pressure from the international human rights community, the UN, EU, and the Nicaraguan women's movement. The politically powerful Church used its considerable resources to wage a media campaign that overwhelmed the voices of the women's movement, and forced a vote 10 days before a presidential election in which all but one major candidate supported the abortion ban. Here weak political institutions were unable to resist the power of the Catholic Church, which used the opportunity of an upcoming election to sway legislative action.

Absent from these cases are examples of women in positions of power promoting progressive reform of abortion laws in the region. In many cases the voices of women's movement activists or lone, brave legislators were overridden by other more powerful forces. Why is it that women politicians in multi-party coalitions were able to exact positive change in laws regarding divorce, domestic violence, or electoral quotas, but they have not made progress

in the area of abortion law? Mala Htun interviewed a Bolivian activist who pointed out that the coalitions that successfully pushed for quota laws in Latin America consisted of an “elite vanguard” of “middle-class, female intellectuals who had access to [political] power and wanted to extend the right to others.” Changes in electoral laws to benefit women candidates did not come about from a grass-roots movement or pressure from ordinary women. (Htun 2008: 77) In the case of abortion, such a coalition of elite political women has been slow to form probably because these women are insulated from the consequences of restrictive abortion laws. Abortion bans primarily affect lower class women who have to resort to unsafe backstreet abortions at the hands of unskilled practitioners in unsanitary conditions, while their middle-class counterparts have access to safe abortions in health clinics, or the resources to travel to the United States where the procedure is legal.

So it is incumbent on women’s groups, progressive politicians, and their allies in the medical community to take control of the public discourse. By framing their argument in terms of social justice for all women, the victors in the Mexico City case proved the effectiveness of a multi-tiered approach that advocated for reform on numerous levels simultaneously. This is similar to the Colombia case where a strategic media campaign brought attention to the consequences of unsafe illegal abortion for the lives of women and girls. Democracy advocates also point to the damaging effect on the integrity of the rule of law in countries where private practice flouts legal proscriptions.

There is evidence that the tide is turning in Latin America. As these country studies indicate, new approaches to reform are emerging. Collaboration on the international, regional and local fronts is taking place as never before. Developments in technology and communication allow organizations to coordinate and consolidate their work on many levels, and, consequently, the pro-choice movement is gaining momentum. The rallying cry of women’s rights as human rights, famously proclaimed by then-first lady Hillary Rodham Clinton in Beijing in 1995, is now established as an accepted facet of global discourse that allows proponents to frame abortion issues in terms of social justice. This extends the right to access across economic lines and draws all women – regardless of class, race and ethnicity – into its ranks. Multilateral efforts that incorporate grassroots activists, scholars, professional non-governmental organizers, and legislators into newly-configured coalitions, are combining to advance the pro-choice agenda. From grassroots advocates to increasing numbers in international organizations, the message is resonating: now is the time for change in Latin American reproductive rights.

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Notes

¹ Regional media provided extensive coverage of the day's events. See, for example, "Mujeres marchan en el marco del día por la despenalización del aborto terapéutico" 28 Sept. 2011, Managua: *La Prensa* (<http://www.laprensa.com.ni/2011/09/28/hechos/75074#.ToeqOa774IQ>); De Cicco, Gabriela. "Argentina: Por el derecho al aborto legal, seguro y gratuito," Buenos Aires: Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito, (<http://www.abortolegal.com.ar/?p=1575>); "El día de los pañuelos verdes," Buenos Aires: *Página12*, 29 Sept. 2011, <http://www.pagina12.com.ar/diario/sociedad/3-177788-2011-09-29.html>; "Realizarán debate sobre despenalización del aborto," Asunción: *ABC Digital*, 27 Sept. 2011, <http://www.abc.com.py/nota/realizaran-debate-por-despenalizacion-del-aborto/>; "28 de setiembre Día por la Despenalización del Aborto en América Latina y El Caribe," Montevideo: *Mujer y Salud en Uruguay*. (<http://www.mysu.org.uy/>)

² See Guillaume and Lerner (2007) for a comprehensive review of the legislation and literature surrounding the 1990s abortion debate in Latin America and its international context. It is important to note that, although the creation of CEDAW was a major accomplishment toward ensuring gender equality, its ratification was far from easy in Latin America. See, for example, Kohen (2009) for the difficulty its passage faced in Argentina.

³ The "Global Gag Rule" is also known as the "Mexico City Policy," as President Reagan announced it the United Nations Population Council meeting in that city. The legislation remained in effect until the Clinton administration, when it was repealed. It was then reinstated during the George W. Bush presidency, and ended again during the Obama administration.

⁴ For a detailed analysis of the Global Gag Rule's effect on abortion rights efforts low-income countries, with specific references to Latin America, see Center for Reproductive Rights (2003).

⁵ This overview outlines the most basic elements of debates in the Latin American feminist movement of recent decades. For an articulation of the multifaceted approach of today's agenda, see, for example, documents from the *12 Encuentro Feminista Latinoamericano y del Caribe*. (www.12encuentrofeminista.org)

⁶ Htun and Weldon (2010) analyze factors that contribute to countries' policymaking in the area of women's rights. They argue that certain nations are more vulnerable to international pressure, with more of a "need to please global audiences..." and Colombia certainly falls into that category. Given its record of violence and social upheaval, the nation's leaders may "want to demonstrate their democratic and human rights credentials," and cede to the demands of women's rights networks to divert attention from failings in other areas of compliance with international norms and treaties.

⁷ Barraza Morelle and Gómez López (2009) provide thorough analysis of the aftermath of the 2006 ruling and its effect on reproductive rights in Colombia.

⁸ As Herrero (2011) writes, the most alarming statistics center on the age at which young Argentines are becoming pregnant, and the incidence of their suffering complications from illegal abortions. He cites Ministry of Health data stating that of 410 maternal deaths registered in 2009, 45 were adolescents under nineteen years old. Herrero also describes a November 2011 case in which a thirteen year old girl died in the Salta province as a result of an illegal abortion.

⁹ See Human Rights Watch (2008) for a comprehensive report on Peruvian women's lack of access to legal therapeutic abortions.

¹⁰ El Salvador once permitted therapeutic abortion, and now forbids it. Reforms to the Salvadoran criminal code in 1997 eliminated the few circumstances in which abortion was not punished (rape, to save mother's life, malformed fetus) and increased the penalties applied to women and to the abortion practitioner. In February 1999, due to a massive campaign by the Catholic Church, El Salvador passed a Constitutional amendment recognizing personhood from conception.

¹¹ Sources of information on the Mexico City abortion law reform were drawn from interviews with Ana Anuchastegui Herrera (Universidad Autonoma Metropolitana –Xochimilco), Daptnhe Cuevas, (Consortio para el Diálogo Parlamentario y Equidad), Maria Luisa Sanchez Fuentes (Instituto Liderazgo Simon de Beauvoir), Eugenia López Uribe (Red Balance), María Mejia (Católicas por el Derecho a Decidir), and María de la Luz Estrada (Observatorio Ciudadano Nacional del Femicidio), Mexico City, Nov. 9-11, 2011.

¹² International funding sources for the various organizations included the Tides Foundation, the John D. and Catherine T. McArthur Foundation, the Center for Reproductive Rights, and the National Network of Abortion Funds, among others.