



a global leader in reproductive health

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A Time for Action: Abortion Advocacy in Brazil and Peru

PATHFINDER INTERNATIONAL

Pathfinder International places reproductive health services at the center of our work around the world, providing women, men, and adolescents access to quality health services—from contraception, to maternal and newborn care, safe abortion services, and prevention and care of sexually transmitted infections and HIV/AIDS. We advocate internationally for sound reproductive health policies, seeking to improve the rights and lives of the people we serve.

Throughout the world, unsafe abortion is a leading cause of maternal mortality, accounting for more than 70,000 deaths annually and injury to countless more.ⁱ Most of these deaths are in countries where abortion is illegal, where women are left with little choice but to seek a clandestine procedure, or they lack the means or knowledge needed to obtain a safe, legal abortion.

Pathfinder International joins advocates around the world who believe that abortion is a woman's reproductive and human right, consistent with her right to self-determination and opportunity—no matter where she lives. Nothing is more essential to a woman's access to education and economic participation than her ability to determine the timing and number of her pregnancies, through access to contraception and the full range of reproductive health services, including abortion.

Abortion rates in Latin America are among the highest in the world, and more than 94 percent of all abortions in the region are unsafe.ⁱⁱ The

majority of women seeking unsafe abortions are over 20 years of age, married, and already mothers. Their unwanted/unplanned pregnancies are primarily due to lack of knowledge or poor access to contraception, failed contraception, or sexual violence.

Despite widespread acknowledgement of the human and public health costs of illegal abortion, few countries in Latin America allow abortion without restriction as to reason or on socioeconomic grounds. Generally, it is prohibited altogether or permitted on narrow grounds, such as preserving the life or physical health of the woman. Opposition to abortion



Members of the Delegation from Peru and Brazil

PHOTO: Carlos Laudari/Pathfinder do Brasil

reform is a major force in the region. Deeply held moral beliefs and powerful conservative religious influences create a highly-charged environment in which public health, human rights, and social change advocates face determined resistance in their efforts to legalize abortion.

Pathfinder in Peru and Brazil

Pathfinder has worked in Brazil since the 1970s, and began in Peru in 1980 to expand and improve the quality of family planning and reproductive health services. Since then, both countries have seen major increases in the use of modern contraceptive methods. Nonetheless, many women still have no access to contraceptives, and rates of unintended pregnancy are high. Abortion is permitted only under limited conditions, and unsafe abortion remains a major public health and human rights issue.

Firmly believing that women in Latin America should enjoy the same rights and freedoms as women in other parts of the world, Pathfinder devoted private funds to initiate an abortion advocacy project in Brazil and Peru in 2008. Building upon long-standing relationships

with healthcare providers, government officials, and activists in both countries, the project sought to capitalize on momentum generated by an historic 2007 decision by lawmakers in the Federal District of Mexico City to eliminate many abortion restrictions. Located in the same region where abortion provokes such political and religious controversy, Mexico City set an important precedent in support of reproductive freedom. To stimulate an exchange of ideas, Pathfinder sponsored a delegation of several of its key Brazilian and Peruvian partners and allies to Mexico City. The goal: to learn first-hand from their Mexican counterparts how they successfully brought about tremendous changes in the abortion law, and to ignite and inform abortion activism within a core of committed advocates in Brazil and Peru.

The Mexico City Experience: Learning from Success

Beginning in the 1970s, Mexican women's groups and human rights activists labored to change local abortion laws, while conservative forces in the Catholic Church, the Parliament, and elsewhere fought to keep the practice outlawed. On April 24, 2007, the Legislative Assembly of Mexico's Federal District—home to the capital, Mexico City—passed a landmark law decriminalizing abortion, regardless of reason, within the first 12 weeks of pregnancy.ⁱ Previously, abortion had been legal only in cases of rape and fetal anomaly, or to preserve the health and life of the woman. The new law further mandated that public hospitals must provide legal abortion services, free of charge, to any Mexico City woman who requests them. Women from outside Mexico City receive services on a sliding scale.

In the two years following passage of the law, more than 18,000 safe, legal abortions were performed in public facilities.ⁱⁱⁱ Compare this to the four preceding years when only 66 procedures occurred in a safe, legal setting.^{iv} The change in law, and with it a change in the conditions under which abortion is typically performed, has meant a significant decline in abortion-related deaths.

ⁱ Mexico is a federal state which enables individual states and the Federal District to determine their own abortion laws. Abortion remains illegal except under a limited set of circumstances throughout the rest of the country.

THE DELEGATION

Between July 28 and August 1, 2008, 16 high-level legislators and government officials, healthcare providers, and human rights and women's health advocates from Brazil and Peru formed a delegation to Mexico City. These key decision-makers and social movement leaders included members of Brazilian and Peruvian National Congresses; regional and national secretariats for health, women's policies, and human rights; heads of medical associations; and representatives of civil society organizations. Over the course of the five-day study tour, participants met with those responsible for making legal abortion a reality for women in Mexico City—the advocates, clinicians and frontline providers, members of the public, and the officials who participated in the historic vote.

THE ALLIANCE

High on the list of Mexican activists were members of the National Pro-Choice Alliance. Founded in 2000 by a group of organizations that promote women's sexual and reproductive rights in Mexico, the Alliance acted as a key player in the reform movement, helping to both ignite and guide a series of legislative transformations. Alliance members impressed upon the delegation that the momentous 2007 vote—which changed the face of abortion in Mexico City overnight—was actually the result of a long, deliberate process of raising awareness and chipping away at the abortion law.

The Alliance built relationships with hospitals, private and government health officials, and civil society. As they became more active and influential—gaining critical mass—policymakers were compelled to take notice. The abortion debate was forced into the political arena. Over time, the Alliance also became the pro-choice source for the media on issues related to reproductive and sexual health and rights. They saw to it that media coverage of the abortion issue grew exponentially and included a spectrum of perspectives, such as public health, human rights, theology, social justice, and medical arguments in support of abortion.

The Alliance began this process by focusing on strengthening access to abortion in those circumstances where it was already legal—including expanding access to medication abortion. At the same time they

Delegation Members

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Mercedes Néves de Salas, Arequipa Regional Government
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Rosario Arcia Baca, Congress of the Republic,
Office of Dr. Rosario Sasieta Morales
Julio Castro Alvarado, Peruvian National Medical Association
Víctor Álvarez Pérez, Human Rights National Coordinator
Rosario Sasieta Morales, Congress of the Republic

BRAZIL

Carlos Laudari, Pathfinder do Brasil
Elizabeth Saar de Freitas, Women's Policy Secretariat
Janete Rocha Pietá, National Congress of Brazil
Cristião Rosas, Brazilian Federation of Gynecology and Obstetrics
David Nunes Jr., Health Secretariat of the State of Bahia,
Women's Health Department
Rosângela Aparecida Tahib, Catholics for the Right to Decide
Maria Jose de Oliveira Araujo, Pathfinder International
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promoted favorable public opinion and policies on reproductive and sexual rights, including abortion. When issues related to women's rights came before the legislature or the public, creating openings for reform, the Alliance was poised to galvanize activists from all sectors of society—women's and human rights, the youth movement, pro-choice Catholics, health and medical experts, and academics.

In 2004, two young rape victims in Mexico were denied access to abortion. Public outrage enabled the Alliance to push through a law allowing abortion in cases of rape, fetal impairment, and risk to the woman's health. Further reforms soon followed, requiring public institutions to provide legal abortion services—while allowing for conscientious objection by providers—within five days of receiving such a request. Women could no longer be turned away for a therapeutic abortion because no provider on staff was willing to provide the service.



Dr. Cristiano Rosas, Brazilian Federation of Gynecology and Obstetrics, addresses Mexico City legislators at press conference.

PHOTO: Carlos Laudari/Pathfinder do Brasil

THE HEALTH PROVIDERS

The delegation also met with Ministry of Health officials and health professionals who had promoted reform within the medical community and are now responsible for translating the law into action. Clinicians detailed how they had collected data on the demographics and needs of women seeking services and had trained providers in medication abortion. They developed a model of legal abortion services that would address the needs of victims of sexual violence, and provide for HIV prevention, care and treatment, and contraceptive counseling and supplies. Their hope is that their model of care will facilitate the introduction of services, if and when other Mexican states amend laws to permit abortion for a broader range of reasons.

In the year following passage of the new law, public support increased substantially from 46 percent to 63 percent.^v Many advocates attribute this support to the high quality of care and a resulting reduction in stigma associated with abortion services.

THE LEGISLATIVE ASSEMBLY

The landmark reform in 2007 marked a milestone in a decades-long struggle for recognition of and respect for women's reproductive rights in Mexico City. This watershed moment was finally made possible by a

progressive legislature—with determined champions willing to push the abortion issue. The final bill was approved by a two-thirds majority and was part of a comprehensive initiative to promote women's rights, prevent unintended pregnancies, and reduce maternal mortality. In addition to legalizing abortion, the bill also reduced sentences for women undergoing abortion after 12 weeks, guaranteed access to medically accurate sexuality education and contraceptive methods (including emergency contraception), and initiated public health campaigns on reproductive and sexual health and rights and the prevention of unintended pregnancies.

The legislature's bold stand in support of women's health and rights was challenged, when the National Human Rights Commission and the federal government filed suits with the Mexican Supreme Court attacking the law's constitutionality. The court's decision was expected while the delegation was in the city, so to highlight their visit and the importance of abortion reform and women's rights, delegation members participated in a press conference with key Mexico City reform legislators. Shortly after the delegation ended, the Mexican Supreme Court ruled in favor of the new law, moving Mexico and the Latin American region generally toward the legal recognition of a woman's human right to abortion.

THE PUBLIC

The Mexican activists, healthcare workers, and local government officials would not have been able to overcome the tremendous religious, political, and moral resistance to abortion law reform without the growing support of the public. Reformer strategy adhered to a shared vision and message meant to change the terms of the debate to build public support. They framed abortion as a basic human right related to public health and social justice, removing it from religious doctrine (and thereby from religious authority).

Equally effective messaging documented the high human costs of criminalizing abortion, especially for poor women who cannot buy other options. By shifting the focus of the debate to the reduction of maternal mortality, reformers dropped the standard "pro-life" versus "pro-choice" debate. Finally, they capitalized on

a trend toward secularization and religious diversity in the city. They made use of 19th century laws mandating separation of church and state as well as church doctrine that asks Catholics to follow their own consciences on moral issues, and not necessarily those of religious leaders.

Perhaps, most significantly, the reformers shifted the meaning of the term “abortion”. In the first trimester, the procedure is now defined as “interruption of pregnancy”, and the term “abortion” refers to the termination of a pregnancy after 12 weeks of gestation. This linguistic sleight of hand allowed “abortion” to remain illegal, thereby enabling all sides to win their point—at least to the letter of the law.

From Mexico City to Brazil and Peru: Transforming Attitudes, Taking Action

At the outset of the delegation, participants differed significantly in their level of interest and commitment to abortion rights. For many, the trip transformed their knowledge and attitudes on safe abortion and propelled them towards activism. They saw that it was possible to not only change attitudes and policies in a conservative, religious environment but, more importantly, they witnessed how changes in abortion laws could dramatically improve women’s lives and health. Dr. Julio Castro, Dean of the Colegio de Medico del Peru (the Peruvian National Medical Association), was especially stimulated by his contact with Mexican counterparts. He had long focused on improving women’s health, but abortion had not emerged as important in that effort. In Mexico, he saw the legitimate human as well as health reasons why women seek abortion. Since his return to Peru, he has appeared frequently on television and radio advocating for safe abortion.

The safe abortion movements in Brazil and Peru are in their nascent stages compared to Mexico City. The precipitating factors in Mexico City: 1) an articulate, persistent, and strategic women’s movement; 2) strong political will; and 3) favorable public opinion are not all present in equal measure in Brazil and Peru. Though broad reform of existing abortion law is unlikely in the

short term, delegation members returned to their countries committed to building each of these factors and championing the abortion issue within their individual spheres and with the public at large. As in Mexico City, they are focusing their efforts on incremental policy changes where possible, aiming to slowly chip away at the abortion law.

IMPROVING ACCESS TO SERVICES

Drawing on the Mexican experience, the Brazilian and Peruvian delegations are promoting expanded access to abortion in those circumstances for which it is already legal. They see this as the first, most powerful step to overcoming stigma associated with abortion and bringing it out into the public discourse.

In Brazil, conservatives consistently block efforts to use or expand the criteria for safe, legal abortion. Pathfinder do Brasil and the delegation agreed that increasing accessibility to medication abortion by lifting restrictions on misoprostol² could serve as an incremental, but important policy shift. Currently, the National Safe Abortion Protocol unnecessarily restricts the use of misoprostol to the hospital environment. Because it is inexpensive and easy to use, misoprostol can be implemented at primary health centers—closer to where women live.

“I was encouraged to realize that health professionals can move ahead on providing safe abortion services on their own by characterizing it as a health issue. The population can also move ahead with greater knowledge about what is legal under existing law.”

RASANGELA TALIB, CATHOLICS FOR RIGHT TO DECIDE IN BRAZIL, DELEGATION PARTICIPANT

Upon their return from Mexico City, the delegation held a national symposium on medication abortion and the barriers to the wider use of misoprostol. The symposium attracted high-level national participation and issued recommendations to ANVISA—Brazil’s regulatory drug agency—to revise the National Safe Abortion Protocol and minimize limits on the dissemination of information and access to misoprostol. Through Catholics for the Right to Decide, reformers

² Misoprostol (commonly called Cytotec) is a drug that can be used to treat stomach ulcers, prevent postpartum hemorrhage, and induce early abortion.

distributed thousands of leaflets, posters, CDs, and other materials to healthcare providers, policymakers, and the public about the high human costs of unsafe abortion. They are now working to train more providers in safe abortion care, educate policymakers and providers on their obligation to ensure safe abortion within the full boundaries of the law, and testify before the Brazilian Congress on expanding availability of misoprostol for efficient and safe abortion within the public health system.

“It’s extremely difficult to advocate for political changes at the federal level. If we are able to challenge current restrictions on accessibility to misoprostol, that in itself should be seen as a great victory for the Brazilian human rights and women’s movements and a truly successful advocacy intervention.”

CARLOS LAUDARI, EXECUTIVE DIRECTOR, PATHFINDER DO BRASIL, HEAD OF THE BRAZILIAN DELEGATION

Peruvian delegates were very interested in Mexico City reform efforts that, while allowing for conscientious objection among providers, mandated institutions to make abortion services available. Delegates indicated that few medical providers in Peru are willing to stand up and provide therapeutic abortion services for their clients. They called for training and a public health code of practice that defines the role of the health provider and institution in offering services permitted by law.

Since their return from Mexico, delegates who are healthcare professionals agreed they would start providing safe abortion services within the confines of the law. Incredibly, Dr. Castro, in his capacity as Dean of the Colegio de Medico del Peru, made training in safe abortion techniques, such as manual vacuum aspiration,³ a requirement for being a licensed general practitioner in Peru.

Others have worked with Pathfinder to develop clinical standards of practice and protocols for the institutional

implementation of therapeutic abortion at regional and national levels. Delegates organized high-level meetings to educate regional officials and seized opportunities to influence the Peruvian Congress and Ministry of Health with educational materials, testimony, and key witnesses for hearings. Dr. Rosario Sasieta Morales, a sexual and reproductive health and rights champion in the National Congress and delegation member, called for the adoption of a national protocol for therapeutic abortion by the Ministry of Health. Thus far, protocols have been implemented in two regions. The delegation continues to train health providers, as well as disseminate and build acceptance of the national protocol among policymakers and the medical community, including the Ministry of Health.

CHANGING THE DEBATE

In another lesson taken from Mexico, the Brazilian delegation is stimulating debate through emblematic cases. In early 2009, a 9-year-old girl obtained a legal abortion after being raped by her stepfather, and the case ignited national outrage and debate. A Catholic cardinal excommunicated the girls’ medical team and her mother, while allowing her rapist to remain in good standing with the church. The case outraged the Brazilian public and ignited a discussion at the highest levels of church and state. At the urging of Brazilian human rights and women’s advocates, Brazilian President Luiz Inácio Lula da Silva and Minister of Health Jose Temporao broadcast their support for the separation of church and state and abortion rights. Minister Temporao said doctors must put law before religion: “The question posed is very simple. There is a Brazilian law which states that a pregnancy can be interrupted in case of rape. It is legitimate for the church to have its dogmas, but these dogmas must not be imposed on society as a whole.” President Luiz Inácio Lula da Silva later said on national TV, “As a Christian and a Catholic, I find it deeply lamentable that a bishop of the Catholic Church has such a conservative attitude. In this case, the medical profession was more right than the church.”

³ Manual vacuum aspiration (MVA) allows for evacuation of the uterus using a hand-held plastic aspirator attached to a cannula (a thin tube) which is manually activated to suction and remove uterine contents. MVA is safe, effective, portable, easy to use, and reusable. It is appropriate for use in many different clinical settings (including developing-country outpatient centers).

For the Peruvian delegation, the Mexico City experience was especially inspiring because it offered them a broader framework within which to advocate for abortion legalization. The small reproductive rights community in Peru has struggled to find language that will effectively carry their abortion arguments to a broader audience, including the public, policy makers, and the media. After discussions in Mexico, Peruvian advocates revised their discourse to focus on women's health and human rights, using terminology about the interruption of pregnancy. They also seek to humanize the issue, and like Mexico, remove it from religious doctrine.

Dr. Mercedes Néves de Salas, member of the Peruvian delegation, argues that this approach is especially important in Peru's Arequipa region, where the therapeutic abortion protocol was adopted but implementation was blocked by the Archbishop of Arequipa. Dr. de Salas was impressed by Mexico's successful separation of church and state and the legislature's decision to align their abortion interventions with the expressed needs of civil society, not dogma. She suggests, "In many ways the government and medical communities in Peru live with their backs turned to the population they represent. We must open their eyes." She describes Arequipa as a region that wants to become more independent from both the central government and the church. In 2009, she organized the first legal conference on reproductive rights and abortion in Arequipa, despite large protests at the national level.

"Those of us who support the provision of safe, legal abortion services have to be permanently vigilant to make services available."

**MERCEDES NÉVES DE SALAS, DOCTOR AND FEMINIST,
MEMBER OF THE PERUVIAN DELEGATION**

FORGING AN ALLIANCE

As a result of their time in Mexico, the Brazilian and Peruvian delegations recognized the profound importance of building a well-organized and strategic network



Dr. Miguel Gutiérrez Ramos (far left), Pathfinder Country Representative, testifying before a committee within the Peruvian National Congress.

PHOTO: Carlos Laudari/Pathfinder do Brasil

of advocates for safe abortion. This is especially true for Peru. While Brazil has a fairly coordinated and cohesive social justice movement, the reign of Peruvian President Fujimora in the 1990s did a great deal to silence progressive voices. Since that time, the level of grassroots organizing has remained diminished and women's groups have lost their influence. Mexico City made it clear that civil society groups and networking must be strengthened.

Peruvian delegates expressed a strong desire to work together to develop and disseminate medical and legal arguments for allowing comprehensive abortion care for reasons beyond the current therapeutic definition. Eager to capitalize on the professional relationships formed during the trip, Pathfinder issued sub-grants to two prominent women's organizations in Peru—PROMSEX and Flora Tristan—to conduct public awareness activities and build alliances among key reproductive health allies.

In the short time since the study tour, abortion activists have made huge strides in Peru. PROMSEX launched a lawsuit against the government demanding women's legal rights to therapeutic abortion be upheld and implementation of the national protocol. Dr. Víctor Álvarez Pérez, a lawyer with the Human Rights National Coordinator and delegation member, initiated a joint



A typical rural clinic in Pabli, Peru

PHOTO: Pathfinder/Peru

venture between the Colegio de Abogados del Peru (the National Lawyer's Association of Peru) and Colegio de Medico del Peru to challenge the law requiring health professionals to report women who undergo an abortion. Most significantly, our champions from the delegation helped to introduce new legislation to amend the penal code to allow abortion in cases of rape and fetal anomaly. Dr. Miguel Gutiérrez Ramos, Pathfinder's Country Representative and head of the Peruvian delegation, testified in support of this legislation.

This landmark legislation has yet to be voted on by the entire Congress but is expected to be a hot-button issue in the lead up to the 2011 elections. Campaigning has begun and delegates are working diligently with their allies in the health sector, Congress, and civil society to build public support for the law change.

ⁱ Singh S et al. *Abortion Worldwide: A Decade of Uneven Process*. New York: Guttmacher Institute, 2009.

ⁱⁱ Sedgh G, Henshaw S, Singh S, Ahman E, Shah IH. *Induced Abortion: Rates and Trends Worldwide*. *Lancet* 2007; 370:1338-45.

ⁱⁱⁱ Madrazo, Alejandro. *The Evolution of Mexico City's Abortion Laws: From Public Morality to Women's Autonomy*. *International Journal of Gynecology & Obstetrics*, Volume 106, Issue 3, September 2009, Pages 266-269.

^{iv} Ipas Mexico. *Mexican Supreme Court Upholds Mexico City Abortion Law by Overwhelming Majority*. August 28, 2008. Accessed April 22, 2010. http://www.ipas.org/Library/News/News_Items/Mexican_Supreme_Court_upholds_Mexico_City_abortion_law_by_overwhelming_majority.aspx

^v Ibid.

^{vi} Ibid.

^{vii} Henshaw SK. *Unintended Pregnancy in the United States*. *Family Planning Perspectives*. 1998. 30(1):24-29 & 46.

Conclusion

For the Brazilian and Peruvian delegation, the Mexico City experience provided useful examples of strategies for eliminating restrictive abortion laws and making abortion services more accessible and acceptable. It also helped to highlight and clarify the obstacles to legal reform in their respective countries. The overarching lesson we have all learned from Mexico is that success can take many years. In effect, Mexico's abortion battle has only just begun, as backlash immediately followed the reforms. Four Mexican states quickly approved constitutional amendments banning abortion, and similar bans are in the works in seven others.^{vi} Even in the United States, where abortion has been legal for more than 35 years and one-third of women undergo an abortion by age 45, opposition from powerful religious authorities and politicians continues to polarize the issue and make abortion a subject of intense debate.^{vii} But consistent efforts to educate the public about the health devastation caused by unsafe abortion, combined with messages about human and reproductive health rights, do make their mark over time. Pathfinder will continue as one of the only international health and development organizations in the United States that steps out on this issue, both as an essential element in our reproductive health care mission and as a matter of principle.

“We have learned to personalize the issue in conversations with lawmakers. We also discuss how it is poor women whom are the victims of abortion laws. Those with money have no problem getting access to services.”

DR. MIGUEL GUTIÉRREZ RAMOS

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