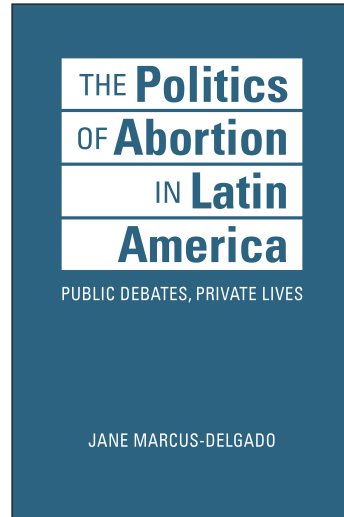


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The Politics of Abortion
in Latin America:
Public Debates,
Private Lives

Jane Marcus-Delgado

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1

The Politics of Abortion in Latin America

Abortion distinguishes itself by the complex space it occupies. It is a private decision that rests in the public arena. It is a public health issue that overlaps with reproductive—and, more basically, human—rights. It can make or break political careers, arouse dormant constituencies, and spark local and global outcries. It is darkly intertwined with rape and other violence against women. It is also an economic issue that directly affects the participation of women in public life.

There are few places in the world where the drama, trauma, dialogue, and, indeed, battle surrounding abortion rights is more complex than in Latin America.

Every year, millions of women and girls worldwide face unintended pregnancies. Methods of contraception are not readily accessible, or, when they are, they fail. Some of these pregnancies affect women who are unaware of the need for birth control or who believe themselves to be too young or too old or unable to conceive. For others, the pregnancies result from rape or incest. There are also pregnancies—planned or not—that threaten the health of women or endanger their potential offspring. These include pregnancies in which the fetuses are seriously compromised by outside dangers, including exposure to phenomena such as the Zika virus.

In many countries, whether to terminate a pregnancy—because of health, economics, family size or circumstances, sexual violence, or other reasons—is recognized as a personal decision. While the state may regulate it as a medical procedure, it does not otherwise interfere. In these countries, sanctioned procedures range from medical abortions, which are

achieved through the use of pharmaceuticals, to surgical abortions. Other countries are more restrictive, allowing certain medical options, but not all, and circumscribing when a pregnancy may be ended, often predicated on whether rape or incest is involved, whether the woman's or fetus's health is endangered, or how advanced the gestation period is.

There are twenty-six countries around the globe where abortion is banned under all circumstances, with no exceptions. Six of them are in Latin America.

Latin America is a hostile place for girls and women who seek to end their pregnancies. Only one country permits abortion on demand. In the rest, the restrictions vary, but, overall, procedures to terminate pregnancies are restricted or banned in more than 97 percent of the region. Indeed, there are women—and girls—in prisons whose only “crime” is that they ended their pregnancies.

Abortion rights have been won, lost, won, and lost again throughout the region. The judiciaries in some countries have forced children—impregnated through rape—to give birth; judges have also ordered women imprisoned on murder charges after they experienced miscarriages. Doctors and other medical personnel have been forced to navigate the chilling effect of legislation that can send them to jail for ending pregnancies even in life-threatening circumstances or for failing to inform on others who do. These legal barriers have mobilized groups to rise up in protest and resistance, and they have diminished the region's standing on the global stage. Meanwhile, legal or not, abortions continue—as they always have.

Statistics Tell the Story

In Latin America and the Caribbean, more than 6 million pregnancies are voluntarily terminated each year. Women with access to legal, safe, and affordable abortion services end their pregnancies under the care of trained medical professionals in a timely manner in a sanitary environment. But they are the minority. For most other women, the abortions take place illegally, in unregulated and precarious settings; some of these women die as a result.

The toll taken by abortion bans is formidable. They affect the ability of women and girls to get an education, to contribute economically to their families and communities, to enjoy good health, to thrive financially. These personal setbacks in turn exact a cost on the nation. Regardless of this, the path to reform is arduous, and the current state of abortion rights in Latin America remains woeful.

Cuba stands alone in allowing women an unrestricted right to choose. In the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, and Suriname, the procedure is criminalized under all circumstances, even when the mother's life is threatened or the pregnancy is the result of rape or incest. Between those two positions lay the rest of the countries, each sidled up against a range of caveats and restrictions. In Uruguay, abortion is legal up to the twelfth week of gestation, although there is a five-day waiting period before the procedure can be performed. In Mexico, abortion is legal in the national capital but not in states outside it. Colombia's exception to its anti-abortion laws includes fetal "malformations" in addition to threats to the mother's health or cases of rape and incest. Table 1.1 demonstrates the extent to which abortion is proscribed in the region.¹

Table 1.1 Legal Access to Abortion in Latin America by Country

Country	No	Yes	To Save Mother's Life	To Preserve Mother's Physical/Mental Health	In Cases of Rape or Incest	Impaired or Nonviable Fetus
Argentina	X		X	X	X	
Bolivia	X		X	X	X	
Brazil	X		X		X	
Chile	X		X		X	X
Colombia	X		X			X
Costa Rica	X		X	X		
Cuba		X				
Dominican Republic	X					
Ecuador	X				X	
El Salvador	X					
Guatemala	X		X			
Haiti	X					
Honduras	X					
Jamaica	X		X	X	X	
Mexico ^a	X		X		X	
Nicaragua	X					
Panama	X		X	X	X	X
Paraguay	X		X			
Peru	X		X	X		
Suriname	X					
Trinidad and Tobago	X		X	X		
Uruguay		X			X	
Venezuela	X		X			

Source: Singh et al., *Abortion Worldwide 2017*; World Bank, *Teenage Pregnancy*; Guttmacher, "Fact Sheet"; updates by the author.

Note: a. In Mexico, the exception is Mexico City, which in 2007 decriminalized abortion.

The situation in Latin America is as paradoxical as it is urgent. By most measures, the legalization of abortion is gaining momentum globally. At the same time, while the overall number of abortions in developed countries has declined, it has risen in Latin America and the Caribbean. Some 4.4 million abortions took place across Latin America from 1990 to 1994; that figure jumped to 6.5 million between 2010 and 2014. The latter statistic is especially significant in South America, which accounted for 4.6 million abortions in the four years ending in 2014, up from 3.1 million two decades earlier.²

Although the increase is mainly due to greater numbers of women of child-bearing age, the rate of illegal and unsafe abortions is alarming. Even in Colombia, where legislation was passed in 2006 to expand the circumstances under which abortion is permitted, more than 90 percent of all abortions are illegal. Unsafe abortions account for 31 percent of the maternal mortality rate in Argentina.³ Similar statistics pepper the rest of the continent. Despite these alarming data, the region's leaders maintain a stubborn opposition to legalizing the procedure. They ignore study after study that shows criminalizing abortion does not reduce its incidence. In fact, the biggest consequence of keeping abortion illegal is to make the procedure unreliable and even life threatening for women and girls.

Quite simply, if abortion is to be safe, it must be legal. Most legal abortions are relatively uncomplicated medical procedures. In industrialized countries, about 90 percent of legal abortions are considered safe. (In the United States, about 99 percent of legal abortions fall into the safe range.)⁴ In contrast, nearly half the abortions in Latin America and the rest of the "developing" world are deemed unsafe by the World Health Organization (WHO).

A 2017 WHO study divided abortions into three categories: safe, less safe, and least safe. In Latin America and Africa, only 25 percent fell into the first category. Latin America fared slightly better than Africa because many women in Latin America had been gradually shifting away from the most dangerous methods for ending pregnancies and toward home-based pharmacological treatments.⁵ Still, while medications for ending early pregnancies can be trustworthy, women in the region often use them without oversight as to the drugs' quality, without sufficient information, or without reliable experts to provide support in administering the drugs. Separate research concluded that among the more than 55 million abortions that took place around the world between 2010 and 2014, some 25.5 million were unsafe,⁶ and 97 percent of those unsafe procedures took place in Latin America, Africa, and Asia.

As the WHO report noted, the countries with the highest proportions of safe abortions were also the ones with the least restrictive

reproductive rights laws. As if to underscore this, Latin America ranks at the top of an alarming list: it has the world's highest proportional number of maternal deaths due to unsafe abortions, with approximately 2,000 women dying annually. Furthermore, according to the Guttmacher Institute, approximately 760,000 Latin American women are hospitalized each year to treat complications from unsafe abortions.⁷ These include the effects of drinking toxins, such as turpentine and bleach, or swallowing concoctions mixed with livestock manure. They also include injuries that occur when items such as twigs, hangers, or chicken bones are inserted into the uterus. Untrained providers can improperly perform abortions, causing perforations and infections. Still other women are harmed when they jump from staircases or off roofs or inflict blunt trauma on their abdomens.⁸ The situation is dire, but political reforms could effect dramatic changes in these women's fates.

Goals and Contributions

This book strives to contribute to an understanding of Latin America's abortion politics. To do so, it examines the interactions among the primary stakeholders in the reproductive rights debate. Given the region's heterogeneity, this is a formidable task, and a study of this scope will inevitably fall short. But each of the chapters advances this goal in a specific way, emphasizing the work's overarching assertion: Latin America urgently needs abortion policy liberalization.

This claim leads to the study's three principal concerns: When, how, and under what circumstances do changes to abortion legislation occur? What is the nature of the abortion debate, and how do its diverse stakeholders interact to effect change? And, from a more quotidian perspective, what are the day-to-day consequences of abortion criminalization for the lives of the region's women and girls?

This book addresses the first question by comparing a limited number of cases from across the region. The chapters highlight the roles of three groups: government actors, civil society, and the international community. The approach is holistic, because the study argues that abortion rights lawmaking is the result of a *convergence* of factors and interactions.⁹ It rests on a four-pillar framework based on the following considerations: the power of actors or institutions, the political context in which they operate, the ideational frame they deploy to portray the issue, and the nature of the abortion issue itself.¹⁰ These may broadly include (but are not limited to): the level of a society's religiosity and the influence of religious institutions, presidents' personal religious convictions

(or those of their opposition), left- or right-leaning leaders, public opinion, the government's responsiveness to international pressures, and civil society's relationships with the state. The descriptions reflect a conjunctural analysis that sheds light on the politics of unique aspects of diverse countries. At the same time, it synthesizes key elements of abortion politics that aim to explain the variations in policy outcomes.

The study draws from a well-established body of scholarship on Latin American politics.¹¹ The chapters on political actors rest on writings on the region's history of "presidentialism" (*presidencialismo*)—with its associated machismo, caudillismo, personalism, and populism—and emphasis on executive power vis-à-vis other branches of government. Presidents play an outsized role in abortion politics, and the subject can be a litmus test for their political destinies. This focus is juxtaposed with examples of those who influence abortion policymaking from other governmental institutions: the judiciary, the legislature, subnational bodies, and even health ministries. Explanations for these variations include the degree to which different government actors wield power independently from the presidency, a factor that varies considerably across Latin America.

Political context is critical to the abortion debate. This study presents instances in which opportunities arise for change, such as the impetus catalyzed by international events (e.g., the ripple effect of *Roe v. Wade* in 1973 or the International Women's Conferences in the 1990s), elections of particularly strong candidates or parties advocating for reform, or horrific individual cases that cause public outrage. Timing plays a key role as well, whether through the strategic, unrelenting persistence of individuals and actors or through the convergence of opportune events at a particular political or social juncture. In every case, both context and effective actors must align to effect abortion rights reforms.

The discussion of civil society builds on literature on social movements and issue networks,¹² emphasizing women's movements (and the reproductive rights movement, an offshoot) and their relationships with the state. Advocates and opponents form "policy communities," networks of individuals and organizations, that share a common interest in the abortion issue.¹³ The communities' composition varies from country to country, and support for abortion rights can emerge from diverse quarters. Participants may include health-care professionals, non-governmental organizations (NGOs), political parties, union members, the media, religious organizations, and academics, among others. They can also comprise counterparts within government and across national borders—with transnational activists playing a critical role. This study

concur with the established literature on women's rights that the relative strength of actors and institutions within policy communities in relation to lawmakers can determine the issue's success or failure.¹⁴ It additionally points out that the most effective strategy for abortion rights reform is one of persistent, long-term, gradual advocacy; this notion is borne out throughout the case studies.

The book further aims to shed light on relationships among domestic actors and the global community in abortion policymaking. International and transnational advocacy groups have successfully litigated cases on the global stage on behalf of Latin American girls and women and have exposed the inhumanity of abortion bans to world scrutiny. Their efforts have had mixed results, however, as the region's governments vary in their responsiveness to international pressures—more autocratic regimes appear to yield less than their democratic counterparts. And strong domestic and global alliances are essential elements for reform.

This study's second area of focus is the nature of Latin America's contemporary abortion debate itself. It rests on the assertion that women and girls gain abortion rights when their reproductive choices are successfully articulated in the public arena and those choices become law. This implies the visible exercise of political agency—the capacity of individuals, groups, and institutions to engage in a process of asserting power to achieve a desired outcome. The very notion of agency is critical to understanding the barriers to reform in reproductive rights. There are fundamental inequalities worldwide in asserting one's agency based on—among other things—gender and socioeconomic status. The abortion debate is one in which its actors, many of whom would remain relatively voiceless as marginalized members of society, gain power through the discursive agency of the publicly antagonistic struggle for their rights. The argument rests on the premise that ideas and discourse “exert a causal influence in political reality and, thereby, engender institutional change (or continuity).”¹⁵ It is the articulation of the debate that gives agency to its stakeholders, who in turn exercise their power to shape the societies in which they live.¹⁶

Conceptually, the debate is a reflection of three ideational “frames”: a human rights frame, a medical frame, and a moral frame.¹⁷ Taken together, they form the paradoxical foundation for the strongest arguments for and against abortion rights. The area of human rights, for example, emphasizes individual rights for women that have been codified in decades of international jurisprudence and are reflected in most Latin American constitutions. Abortion rights arguments extend beyond pregnancy termination to the realms of physical autonomy, gender equality, and social and economic justice. At the same time, anti-abortion

proponents make claims for a fetus's "right to life," assigning it individual autonomy ("personhood") at the moment of conception. The notion of when life begins straddles all three abortion rights frames, as it is argued on legal, scientific, and religious grounds.

The medical frame of the abortion debate drills down on discourse in the health-care community, overlapping with rights-based arguments in many respects. The right to quality health care is, by most definitions, one of the most basic human rights. In fact, the right to health care is enshrined in the national constitutions of over one-third of the world's nations and has been named as one of the United Nations Sustainable Development Goals (number three). Obviously, physicians, pharmacists, midwives, and others in the health-care profession generally are best equipped to understand the complexities and complications of pregnancy and to respond medically to the need for pregnancy interruption. Political conflicts arise when the state gets involved in doctor-patient relationships, forcing medical experts to withhold or perform services that may not be in their patients' best interests. The fear of harassment or other legal repercussions, including prosecution and incarceration, prompts some health-care workers to refuse to provide procedures to terminate pregnancies, even in life-or-death situations. Individual providers working on the front lines to provide care for women with unintended pregnancies are constantly forced to participate in the abortion controversy, whether they choose to or not.

The domestic and international associations that represent these health-care personnel have frequently called for the legalization of therapeutic abortions, even in countries where such procedures are completely outlawed. One such case was the emergency resolution by the World Medical Association (WMA) in response to Nicaragua's 2006 abortion ban. The WMA cited the danger to women's lives and health, as well as the risk of imprisonment or suspension posed to physicians.¹⁸ Other groups—from Chile's midwives to the International Federation of Gynecology and Obstetrics—have added their voices to the call for abortion law reforms. This has been especially true in cases involving low-income and marginalized sectors of the population, the demographics most exposed to the serious negative consequences that result from barriers to safe and reliable health-care services.

The medical frame, as with the human rights argument, can also encompass the perspectives of "right-to-life" providers who refuse to perform abortions on religious or other moral grounds. They often belong to local and global organizations positioned on the other side of the debate, lobbying *for* restrictions on abortion. Those organizations include the Federation of Latin American Catholic Medical Associa-

tions, which is the regional arm of the World Federation of Catholic Medical Associations. The politics of the medical argument become especially complex when physicians are elected to public office, as they often use the government as an arena to promote policies that reflect their moral perspectives on abortion rather than scientific or public health findings on the issue.

It is, in fact, the moral frame of the abortion debate that may pose the greatest political challenge to reproductive rights. On the anti-abortion side is the Roman Catholic Church, which has dominated religious life in the region for centuries, along with burgeoning conservative Protestant groups that bolster the Catholics' hard-line stance. Sectarian views on abortion permeate nearly all levels of governmental discourse on the subject. Even among less religious sectors of society, "pro-family" and pro-natalist traditions remain dominant in every social stratum. However, like the other areas of the abortion debate, the moral frame can also work to the advantage of pro-choice advocates. Most major pieces of abortion rights legislation passed in recent decades have been catalyzed or bolstered by the moral outcry of public opinion on behalf of a victim of reproductive violence. Individual cases—some of which are described in detail in this book—trigger civil society outrage that can lead to political action.

The morality of abortion becomes clearer when placed in a larger social, economic, and cultural setting. Given the number of unintended pregnancies, coupled with many families' inability—for financial or other reasons—to raise children, the decision *not* to give birth can be a supremely moral choice. As Katha Pollitt writes, "We need to see abortion as an urgent practical decision that is just as moral as the decision to have a child—indeed, sometimes more moral. . . . We need to talk about abortion in its full human setting: sex and sexuality, love, violence, privilege, class, race, school and work, men, the scarcity of excellent, respectful reproductive health care, and of realistic, accurate information about sex and reproduction."¹⁹

Participants in the abortion debate engage these ideational frames in many ways, and the only constant is a high level of contestation among and within different factions. Subsequent chapters examine ways in which interconnected and overlapping groups of actors engage these constructions to influence discourse, norms, cultural perceptions, and, ultimately, legislation. It is clear that the topic has emerged as one of the most contentious and critical political issues publicly discussed today. This book asserts that the confluence of human rights, morality, and public health is a linchpin in understanding why abortion has assumed a disproportionate role in contemporary political discourse.

Public opinion and public policy can be shaped by statistics, and the numbers are sobering. Cases that spark moral outrage in the public sphere can have a powerful political effect, especially when the accompanying socioeconomic injustices affecting their victims are starkly obvious. In northeastern Brazil, the public witnessed graphic evidence in the media of the devastating effects of the Zika virus outbreak in 2015. Not only did the mosquito-borne illness cause serious brain malformations in Zika victims' babies, but the women's poverty and lack of financial resources overwhelmed an already dire scenario. The epidemic and ensuing public outcry stirred up a heated debate in the Brazilian legislature, placing the abortion issue front and center in national politics. In that case, the moral, human rights, and medical (public health) frames of the abortion debate converged to bolster the ranks of pro-choice proponents and spark an equally strong backlash among conservative lawmakers.

Overview of the Book

The remainder of this chapter examines key factors contributing to the need for abortion rights reform. It focuses on the difficulties endemic to the region that women and girls with unintended pregnancies face. These difficulties include high levels of adolescent pregnancy and sexual violence, as well as economic, cultural, and educational barriers, and limited public health services. Concluding sections review the study's historical context, exploring the trajectory of contemporary abortion politics.

Chapters 2 and 3 discuss government actors, with the former illustrating successful cases of abortion rights reform and the latter demonstrating setbacks or reversals in progress. The chapters contrast three "leftist" presidents, Chile's Michelle Bachelet, the Dominican Republic's Danilo Medina, and Nicaragua's Daniel Ortega, highlighting the broad divergence in abortion policies among them. They also compare Colombia's successful multipronged judicial and legislative strategy with the frustrating, seemingly endless campaign in Argentina.

The subsequent chapters address the critical role of civil society in abortion politics, juxtaposing progressive reforms in Chapter 4 with ongoing obstacles in Chapter 5. Two cases—those of Mexico City and Bolivia—demonstrate the complexity of abortion policy communities. The former sheds light on the interactions among a broad network of actors at the municipal and international levels, and the latter engages the role of indigenous women, challenging notions of hegemonic Western approaches to abortion politics. For its part, Chapter 5 pres-

ents Nicaragua's and El Salvador's draconian abortion bans, with a glance at political obstacles in Peru, and the civil society actors fighting to challenge them.

Shifting from the grass roots to the global stage, Chapters 6 and 7 continue the book's pattern of weighing pro-choice cases against anti-abortion actors. Chapter 6 also addresses Peru, highlighting the case of a Peruvian teenager who successfully sued her country's government before the United Nations and won. It further analyzes the role of international jurisprudence and the global public health community in confronting Latin America's anti-choice policymakers. The study's final cases examine two powerhouses that employ religious and "moral" discourse to advance anti-abortion crusades worldwide: the US government and the Catholic Church.

The concluding chapter reviews successes and failures in Latin American abortion politics, emphasizing the seemingly endless challenges to pro-choice reform. It serves as a reminder that the journey toward liberalization is arduous and complex and that the goal of reproductive self-determination remains elusive for many of the region's women and girls.

Raped at Nine, Mother at Eleven

In August 2015, an eleven-year-old Paraguayan girl was forced to undergo a cesarean section to deliver an unwanted baby. She became pregnant at age ten after her stepfather had sexually abused her for at least a year. Her mother pleaded with hospital officials to terminate the pregnancy, but the only exception to Paraguay's no-abortion law is when the pregnancy endangers the woman's (in this case, the young girl's) life. The state determined that this girl was "healthy enough" to give birth, which she did. Like other girls in such situations, she now faces severely circumscribed educational and economic opportunities, not to mention the psychological and physical consequences of this victimization. Her future has become fragile.

The stepfather was charged with rape, but he is not likely to face harsh punishment. Prosecution rates in Paraguay and throughout Latin America are notoriously low. Shockingly, this girl was not alone: youngsters between ten and fourteen years old account for two births per day in Paraguay (and also for 2.13 percent of all maternal deaths in that country).²⁰

In fact, Latin America has one of the highest teen pregnancy rates in the world—64 births per 1,000 girls—slightly trailing Africa.²¹ Not

all teenage pregnancies are accidents, of course. There are reasons why adolescent girls may wish to have babies, ranging from the desire to be mothers to the belief that forming a family will provide elevated socioeconomic status and economic security. But the downside of teenage motherhood outweighs its benefits. Pregnant girls are more likely to face medical and health complications than adult women who are pregnant. They also face greater risk of maternal mortality. These young mothers are frequently forced to leave school, and their resulting lack of education puts them at a great disadvantage economically, limiting future job opportunities and earnings. Geographic areas with high numbers of adolescent births also tend to have greater gender inequality in wages.²² And since lower-income and rural girls have less access to contraception and family-planning education, the cycle of young motherhood and poverty remains persistently self-perpetuating.

Unfortunately, not only the health and well-being of young mothers are adversely affected. Children born to teenagers are 35 percent more likely to die before the age of one and 26 percent more likely to die before the age of five. Their mothers generally do not receive the antenatal care needed to ensure a healthy pregnancy, and low birth weights are common. After birth, these children are less likely to receive necessary immunizations, and they suffer the same lack of access to health care as their parents.²³ Given other limitations, including poor nutrition and substandard educational opportunities, many offspring of teen mothers face a future wracked with unmet needs.

Because of the host of problems surrounding sexual education, access to contraception, women's rights, and teen parenthood in Latin America—not to mention sexual violence and incest—it is little wonder that 60 percent of adolescent pregnancies are unintended and many girls seek to terminate them. For the Paraguayan rape victim and other girls in countries where abortion is severely restricted or illegal, the consequences can be dire. Teenage pregnancy is one of the leading causes of suicide in El Salvador, which bans abortions under all circumstances. In 2014, the Salvadoran government reported that three of every eight maternal deaths were the result of suicide among pregnant adolescent girls.

Many girls raped by relatives or gang members do not report the crime because of fear and the stigma associated with sexual assault. In cases where the rapist is the household's principal wage earner, family members may be unwilling to seek help for the girl, since doing so would jeopardize their economic survival.²⁴ On a regional level, the Latin American Federation of Societies of Obstetrics and Gynecology

estimates that every five minutes, a Latin American teenager kills herself because of problems related to sexual and reproductive health.

There is also a correlation between the demand for abortion and the prevalence of sexual violence, which is shockingly high in the region. The situation is especially severe in the case of young girls and teenagers. In 2016, the European Parliament's Subcommittee on Human Rights commissioned a multicountry study on sexual violence against minors in Latin America.²⁵ The study found a lack of data around the incidence and prevalence of sexual violence against minors. That was largely due to widespread underreporting: girls not reporting experiences to adults; children not being believed by adults; girls being blamed for "provoking" sexual experiences; and a lack of receptivity on the part of state institutions. The latter can include hospital authorities, police, public prosecutors' offices, or ombudsman's offices.

Despite the dearth of available statistics, there is clear evidence that the sexual abuse of minors is widespread. The European Parliament study cites, for example, data from Peru indicating that 40 percent of female adolescents characterized their first sexual experience as "non-consensual." It also reports that one-fifth of Bolivian girls are victims of sexual violence. Even with low prosecution rates and a chronic lack of data, available evidence from throughout the region demonstrates that girls aged twelve to eighteen are most likely to be victimized by family members or intimate partners.

"A Never-Ending Story"

Before we turn to the political aspects of the abortion debate, it is critical to more deeply contextualize the intense abuse of women of all ages because, in many cases, this violence surrounds sexuality and pregnancy. The rates of unwanted pregnancies that result from violence—from incestuous contact within families to the near-epidemic proportion of sexual assaults at the US-Mexican border—are perhaps the most compelling argument of all for abortion rights.²⁶

Efforts to reduce gender violence in Latin America are in danger of backsliding, the head of the Organization of American States (OAS) announced in November 2017 at a conference on gender violence. While acknowledging the passage of legislation to protect women and the recognition of femicide as a specific crime, OAS secretary-general Luis Almagro said the laws are not being implemented and enforced. "Violence against women and girls in our region continues to be one of our most alarming phenomena. Physical, sexual violence, and femicides—

this is something that affects us every day,” said Almagro. He called violence against women in Latin America “a never-ending story.”²⁷

More than twenty years ago—in June 1994—the region officially addressed the severity of the very same issue by creating the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women, commonly known as the Convention of Belém do Pará. The convention was the first international human rights treaty to recognize violence against women as a phenomenon spanning race, class, age, and religion. Belém do Pará has been invoked many times, along with other gender-related treaties, to adjudicate cases on behalf of women’s rights in the region. The institutionalization of protections against such abuses is extremely important, but it has not solved the problem in Latin America.

For a sense of the scope of sexual violence in the region, the Mexican reproductive rights organization Grupo de Información en Reproducción Elegida reports the following statistics:

In Mexico, 600,000 sex crimes are committed each year. Of those, nine out of ten victims are women; four out of ten of them are under fifteen years old. Alarming, the place where women could be safest is the place where half of the sex crimes take place: their homes, and 60 percent of the time their aggressors turn out to be relatives or people they know. Every day, there are 1,640 charges filed of sexually violent crimes, but the most worrisome is that this high number represents only 10 percent of what actually occurs.²⁸

The group also reported that local and federal officials in Mexico received 70,630 reports of rape from January 2009 to June 2016, but that departments of health had carried out only sixty-two abortions in rape cases during the same period. This comes despite the fact that abortion is legal for rape victims in Mexico.

Unintended pregnancy is but one of many consequences of gender-based violence, but its impact is far-reaching in women’s lives. A highly contested area of the abortion debate concerns the legality of allowing women to terminate pregnancies resulting from rape (as in the case of the Paraguayan girl) and how countries vary in their regulations in that circumstance.²⁹ Perpetrators of sexual assault include strangers and intimate partners, with prosecution rates low in both cases. Logically, there is an increased incidence of unwanted pregnancy among rape victims. This is also true for cases of domestic violence. A multicountry survey conducted jointly by the Pan American Health Organization and the US

Centers for Disease Control and Prevention found the percentage of women in the region who reported an unintended pregnancy was significantly higher among those who had experienced physical or sexual violence involving an intimate partner.³⁰

In the decades since the Convention of Belém do Pará, Latin American governments have taken important steps to combat gender-based violence, although, as OAS chief Almagro noted, tremendous obstacles remain. In the area of abortion rights, inextricably linked to such sexual transgressions, there has been much less success. Public debate and political pressure are the key to social change. Pro-choice advocates are pushing toward a first step in legislative reform. This book examines how, when, where, and by whom.

Although women in Latin America have positioned themselves as potential drivers of change, the results are mixed. The increasing presence and influence of women with political power—while slow to contribute to a shift in abortion rights policies—has granted feminist issues a more prominent position on the region’s political agenda. The impressive numbers of female legislators across the region (nearing 40 percent in some countries, compared with 17 percent in the United States) have coincided with important legal advances in women’s rights. Women have made greater inroads in politics and public institutions, and female legislators united in multiparty alliances have been responsible for passing laws on domestic violence, rape, electoral quotas, and the reform of discriminatory civil and criminal codes.

Still, public dialogue is not the game changer. Abortion legislation ultimately ends up in the hands of government officials, many of whom oppose abortion rights. Numerous studies have shown that the mere presence of women in power does not automatically produce policy outcomes favorable to women’s interests.³¹ In Latin America, that has proven true.

The Costs of Abortion Restrictions

Access to abortion—as well as lack of access—has a profound impact on millions of women’s lives. That, in turn, affects their families, their communities, and their countries in far-reaching ways. For many women and girls, an unwanted pregnancy is a life changer, interrupting education, jeopardizing career aspirations and current and future financial security, and sometimes compromising health and safety.

Access to abortion—or lack of access—carries other immediate societal costs. In recent years, the appearance of the Zika virus has

proved a stunning example. When the Zika virus surfaced in Latin America, it quickly became an urgent public health and public education issue that carried with it extraordinary costs, both fiscal and societal. Women's health, their economic and educational opportunities, and their legal vulnerability—not to mention their personal autonomy and self-determination—as well as societal costs are all components of the abortion rights argument.

A traditional pro-choice stance, completely valid, treats unintended pregnancy as a condition in which women in all walks of life may find themselves and a condition whose outcome women in all walks of life have the right to determine. A more feminist perspective challenges the notion that sexual intercourse is coequally determined and that women significantly control their sex lives. Rather, the feminist perspective factors in the idea that nonconsent, subordination, and violence are too often part of women's experience. It also underscores the societal expectation that women be sexually available and that their value in society may be based on their sexual desirability and accessibility in a context skewed toward male dominance.

Against that backdrop, contraception is seen as continually stigmatized on the grounds that it acknowledges and plans for sexual intercourse, implying a desire to have sex and promiscuity on the part of women.³² The United Nations Population Fund starkly describes the situation: "Gender inequality, gender-based discrimination and other forces prevent millions of women from accessing modern methods of contraception. Husbands or partners may pressure women to bear children as soon and as frequently as possible. Judgmental service providers may deny contraception to women or adolescents who are not married or in a union. Other providers may see contraception as a decision to be made only by men."³³

If women cannot access contraception or decide if and when to bear children, they remain disadvantaged partners in sexual relations. Thus, abortion must be seen not just as an "accidental" consequence of sexual activity between two equals, but also as the outcome of intercourse under conditions of gender disparity. Sexual inequality and power imbalances permeate a broad swath of global societies, with varying degrees of impact on women's lives. In Latin America, these conditions are most dangerously and ubiquitously manifested in two interconnected areas: adolescent pregnancy and gender-based violence. Together they provide a convincing argument for the critical need for progress in the abortion rights struggle. To understand how Latin America arrived at the contemporary iteration of that debate, a glance at the past sheds light on its trajectory.

The Past Informs the Present

Major political shifts took place in Latin America at the end of the Cold War. Many nations transitioned from decades of military dictatorships to inchoate democratic governments. It makes sense that the abortion debate, like other issues sidelined during the intense activism to combat repressive regimes, would emerge as a pressing and provocative matter with the liberalization of political discourse. The result in many places, ironically, was a broad step backward, as many pro-choice advocates witnessed a reversal in long-standing laws regulating abortion rights.

Therapeutic abortions (those performed when a pregnancy threatens the health or life of a woman) were legal across large swaths of Latin America during much of the twentieth century. The region's abortion laws generally reside in civil and criminal codes that are entrenched in long-established traditional institutions and thus not easily altered. As such, they endured through military coups, writings and rewritings of constitutions, and tumultuous economic ups and downs.³⁴ It was not until the last century's final decades that existing legislation began to unravel.

Argentina, for example, approved a criminal code in 1922 to permit abortions for medical reasons and in some cases of rape; that legislation lasted until the anti-abortion crusades under the presidency of Carlos Menem and the 1994 constitutional reforms that recognized global anti-choice perspectives. Chile, following Argentina's lead, had legalized therapeutic abortion in 1931. That law remained in effect until it was replaced by a complete ban in 1989 and reformed again in 2017. Nicaragua's 1891 penal code allowed for abortions to save a woman's life, a provision that lasted until 2006. Today, Nicaragua has one of the world's most restrictive abortion laws. El Salvador's 1973 criminal code also permitted abortion to save a woman's life and for rape victims who became pregnant. Those protections remained in place until 1997, when abortion was completely prohibited.³⁵

The Catholic Church has played an outsized role in the abortion rights debate. Paradoxically, its political clout in bringing a shift toward more restrictive abortion laws held strong even as the church's membership dropped off. The number of Latin Americans practicing that religion declined to 69 percent in 2014. (In the 1960s, at least 90 percent of all Latin Americans had identified as Catholics.) While many Catholics in recent decades switched to Protestant denominations, a large group disaffiliated with any organized religion.³⁶ Nor does there appear to be a correlation between Catholic Church doctrine on abortion, which became increasingly strident at the century's end, and religious piety. In other words, while church membership may fall, opposition to

abortion can remain constant or even rise. Restricting reproductive rights clearly reflects more than a blind adherence to religious doctrine. It is also about a structural subjugation of women.

It is impossible to attribute legislative changes for or against abortion rights to a single cause, although the second half of the twentieth century saw a confluence of elements that undoubtedly tipped the scales. By the 1960s, the push to legalize abortion in Europe and the United States began to steamroll. The United Kingdom legalized abortion (with some caveats) in 1967, followed by the United States in 1973 through the landmark US Supreme Court ruling in *Roe v. Wade*. France followed suit by legalizing abortion in 1975. At the same time, women's rights movements were reaching unprecedented levels of visibility, public recognition, and activism, both regionally and internationally.

Women's movements burst into the public sphere in Latin America, emboldened by the return to civilian rule. International women's conferences in the 1970s, discussed in Chapter 6, further empowered the region's feminists and brought attention to their concerns. In a breakthrough of tremendous importance, the Fourth World Conference on Women in 1995 called on the 189 member states of the United Nations to work toward ensuring women's access to and participation in decisionmaking and leadership. The conference resulted in the Beijing Declaration and Platform for Action, which, while not explicitly calling for abortion rights, committed to working to "enhance women's sexual and reproductive health as well as education."³⁷

In the region, as in much of the world, governments created gender-based institutions to attend to concerns articulated in the Beijing Declaration and, domestically, to respond to women's rights advocates. These governments also recognized that in order to build effective representation in their inchoate democracies, they needed to significantly increase the election of women to political office. The region's gender quota laws, which became a model for the rest of the world, irrevocably reshaped Latin America's political landscape and saw women making substantial gains. Among other things, women began enjoying progress in unprecedented areas, including the ownership of property, access to divorce, the outlawing of gender-based violence, and representation in public office. Women's rights were generally viewed in a favorable light, with only one glaring exception: public opinion was divided when it came to support for or opposition to sexual and reproductive rights.

So emotionally charged was the division that even small advances in sexual and reproductive rights brought swift and punishing backlash. Under the leadership of Pope Paul VI (1963–1978), the Catholic Church exerted the full force of its influence at the local, national, and global lev-

els. The pope’s encyclical letter *Humanae vitae* (*Of Human Life*), signed on July 25, 1968, firmly reasserted the Catholic Church’s strict opposition to contraception, abortion, and any other actions taken to prevent procreation. Even as its membership dropped, the church managed to mobilize hordes of anti-abortion activists and increase its visibility in politics.

That position was further bolstered by conservative Protestant congregations, some of which had members who were even more anti-abortion than the Catholics. In civil society, “pro-life” advocates emerged in vocal opposition to demands of pro-choice feminists, and their activism within right-wing social movements, including women’s organizations and the political arena, took center stage. It was a combative arena, and many Latin American countries, as Table 1.2 indicates, responded by enshrining the notion of “personhood” (rights of the unborn) in their national constitutions.

The twentieth century closed with a cacophonous abortion rights argument unfolding on the world stage. The forces of globalization, new technologies, transnational movements, and aggressive media outlets jumped

Table 1.2 Fetal Rights in Latin American Constitutions

Country	Article	Statement	Date/Law
Chile	19	“The law protects the life of the unborn.”	Constitution of 1980, with reforms through 2010
Dominican Republic	37	“The right to life is inviolable from conception to death.”	Constitution of 2010
Ecuador	45	“The state shall recognize and guarantee life, including care and protection from the time of conception.”	Constitution of 2008
El Salvador	1	“El Salvador ... recognizes as a human person every human being from the instant of conception.”	Constitution of 1983, with reforms through 2009 (Legislative Degree 541, February 1999)
Guatemala	3	“The state guarantees and protects human life from the moment of conception, as well as the integrity and security of the person.”	Constitution of 1985; reformed in November 1993
Paraguay	4	“The right to life is inherent to human persons. Its protection is guaranteed, in general, from conception.”	Constitution of 1992
Peru	2	“The unborn child is subject to rights in cases that benefit him.”	Constitution of 1993, with reforms through 2005

Source: Political Database of the Americas.

into the fray, pushing the political debate beyond national borders throughout Latin America. Suddenly, the plight of a pregnant preteen could be heard worldwide, with participants from all sides of the issue jockeying to frame the conversation and influence public policies on her behalf.

Political Expediency Sets the Tone in the Abortion Debate

Ultimately, government officials make laws and constantly strive to remain in office, especially in settings of electoral contestation. These government officials include elected and unelected public administrators serving at the national and subnational levels. In Latin America, presidents figure prominently, since the region's executives tend to play an outsized role in driving the political agenda. That said, in some places, individual states or districts have broken rank with national policies and legalized abortion on their own. Mexico City is a notable example. The judiciary or the legislature has also played a decision-making role in several countries by affecting or stalling reforms in either the pro-choice or the anti-abortion direction.

Although the region experienced a so-called pink tide—a shift to the political left—at the century's onset, abortion rights reform was not carried with it. Interestingly, some of the biggest moves to loosen abortion laws and policies took place with center-right to right-wing administrations (as in Colombia), while “revolutionary” Nicaragua imposed a total ban on abortion under its leftist executive. The populace may have expectations that leftist politicians will support women's issues in general, but abortion rights have a mixed record in that regard.

The rise of women in politics has produced equally variegated results. Some female presidents, such as Michelle Bachelet in Chile, worked consistently for reproductive rights, from the so-called morning-after pill to legalized abortion in most cases. In Argentina, by contrast, it was women lawmakers, not the former female president, who led the rallying cry for abortion rights for decades. A prominent judge in Argentina also vocally supported abortion rights. In still other countries, female leaders and lawmakers have rejected progress, avoided the issue, or divided and planted themselves on both sides of the argument.

Elected officials who embrace a pro-choice position find the political costs can be high, explaining why most female political leaders remain mute. The trajectory of Dilma Rousseff, who served as Brazil's president from 2010 to 2016, is a stark example. In the final weeks of her presidential campaign, Rousseff's past declarations favoring

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 Workers’ Party candidate. In the end, Rousseff announced her opposition 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. While leading the country, Rousseff made few inroads into women’s rights. When she was eventually toppled from office in a corruption scandal, she claimed that gender discrimination contributed to the push for her removal.

At times, a politician’s pro-choice stance has consequences that reach beyond even the political sphere. On July 13, 2011, Argentina’s legislature held a public hearing that drew three hundred organizations to a session organized by the *Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito* (National Campaign for the Right to Legal, Safe, and Free Abortion). The meeting, which featured a bill sponsored by fifty congressional deputies, erupted in violence when abortion opponents physically attacked a member of the Chamber of Deputies, Victoria Donda of the *Encuentro Social y Popular* (Popular and Social Encounter).³⁸ Although Donda sustained no serious injuries, the incident exemplified the intense divisiveness of this issue: a politician’s personal safety could be endangered by the mere act of holding a hearing on abortion rights.

There is no single strategy for politically advancing a reproductive rights agenda in Latin America, but there are elements that contribute to its success or failure. These include, but are not limited to, politicians’ personal religious convictions, the strength of a religious opposition and the influence of faith-based organizations, and politicians’ membership in a political party or movement that hinders their ability to tackle controversial social issues. National administrations also vary in the extent to which they respond to international pressures, ranging from social media campaigns to urging from intergovernmental institutions, as well as to pressures from domestic advocacy groups.

Civil Society: Pressure from Below

The second broad collection of stakeholders is loosely grouped as “civil society.” Under this umbrella, feminist movements emerge as the driving force for reproductive rights. The movements’ interactions with the state have shifted over time, institutionalizing women’s issues in the government apparatus and bringing a burgeoning presence of women in

elected office. Women's movements are challenged to advance issues such as abortion rights at the national level without excluding critically important, but historically marginalized, swaths of the population. Not all women support abortion rights; anti-abortion groups are organizing and gaining strength. Thousands of activists from both sides fight tirelessly to sway policymakers to their positions. Their actions have become increasingly sophisticated and well managed. Differing strategies have met with divergent results.

Feminist organizations have provided the foundation and impetus for abortion rights in Latin America, and they form coalitions and alliances to advance the debate. A less politically vocal but arguably no less influential group has been the health-care community. Physicians, pharmacists, midwives, and professional medical associations work on the front lines of abortion services. They drive discourse on the fundamental argument for reproductive justice: the basic right to equal health care for pregnant women.

In every case that has gained public notoriety, a physician or a hospital administrator has taken a stand on a patient's access to an abortion. In many instances, the refusal to perform the procedure has been based on the danger of legal repercussions against the doctor or the institution. In others, personal religious convictions have driven the decision. The health-care community includes groups that strongly advocate for "conscientious objection" loopholes that permit practitioners to opt out of providing abortions. (The influence of these groups was evident during a 2017 debate in the Bolivian legislature.) There are also physicians leading powerful anti-abortion efforts.

On the other hand, there are countless health-care workers doing the work to terminate pregnancies, often to save women's lives, at great risk to their professional or personal security. Increasingly, with advances in pharmaceutical options, these procedures are carried out not by physicians but by nurses, pharmacists, and other trained caregivers. Their roles in the abortion rights debate and their interactions with those directly influencing public policies are diverse.

Other civil society groups and players have also staked out space in the abortion rights debate, among them labor unions, lawyers, journalists, and political parties. Each one has played a distinctive role. Unions advocate for abortion rights in Uruguay. Lawyers are driving the judicial argument in Colombia, while the media are publicizing emblematic cases in Chile. In Mexico, meanwhile, political parties are both helping and hindering the push for action. Coexisting with these diverse groups is the ever-present political force of public opinion, which can (although it doesn't always) hold tremendous sway in shaping electoral politics.

The International Community: Globalizing Choice

The decision to terminate a pregnancy is highly personal; yet it has emerged as one of the most contentious public issues in politics today. In Latin America and many other regions around the world, lawmakers and other leaders argue about abortion more than any other medical issue. It is a subject that links the most vulnerable members of societies to the most powerful individuals and global institutions—as evidenced by a Central American teenager’s case being considered by the Inter-American Commission on Human Rights.

Abortion first morphed into a public discussion at the national level and has now shifted to the global stage. Latin American countries do not exist in a vacuum. They are signatories to international trade pacts and treaties. They are investment locations for multinational corporations that embrace (or are required by their home countries to embrace) global business ethics. They are recipients of assistance from international nongovernmental organizations. As such, Latin American countries have opened themselves to scrutiny on wide-ranging issues, among them women’s rights and reproductive rights. The fate of one pregnant teenager in the region can now spark a dramatic national—and sometimes international—outcry.

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. From the 1994 UN International Conference on Population and Development in Cairo and the 1995 UN Fourth World Conference on Women in Beijing, to the protocols of the Convention on the Elimination of All Forms of Discrimination Against Women, platforms were launched that focused the international community’s attention on the consequences of unsafe abortions and the public health risks they pose. Important policies, protocols, and laws were passed in defense of women’s rights on the global stage, including the previously mentioned Convention of Belém do Pará. Many of these actions had significant influence on domestic legislation.

Like a perfect storm, anti-abortion activism gained momentum during that same period in the 1980s and 1990s, encouraged by both religious and political leaders on the world stage. The Catholic Church launched a strident rejection of liberation theology, a forward-looking 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.³⁹

The Catholic Church's anti-abortion position was bolstered by a boom in evangelical Protestantism. These born-again Christians also used their pulpits to promote an anti-choice agenda in the region's congregations and among the political elite.

Religious leaders have also found support in the global political arena, especially from the United States. Most damaging was President Ronald Reagan's 1984 "global gag rule" (also known as the "Mexico City policy," for its city of origin), which prohibited domestic or international organizations receiving US federal funds from performing or promoting abortion as a method of family planning.⁴⁰ As a result of that legislation, the US government cut \$40 million in support for international family planning and defunded the International Planned Parenthood Federation and the United Nations Population Fund. It prohibited nongovernmental organizations that received funds from the US Agency for International Development from advocating or providing abortion-related services or referrals, even when using 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. Since its inception, each subsequent Democratic administration has lifted the gag rule, and each Republican president has reinstated it. One of President Donald Trump's earliest acts upon taking office was to immediately resurrect the policy—and to broaden its scope.

US government policies and the influence of US-backed anti-abortion organizations remain substantial, but the internationalization of the abortion rights debate is far broader and more complex. On the government side, some state agencies from western Europe have stepped in to compensate for severe US measures. On the NGO side, the level of coordination and cooperation on pro-choice activities is unprecedented. Among the notable players are Catholics for Choice and its Latin American counterpart, *Católicas por el Derecho a Decidir*; the US-based *Ipas*; and the regionally based *Comité de América Latina y El Caribe para la Defensa de los Derechos de la Mujer*, which is a network of NGOs. These groups and others have dramatically changed the face of reproductive rights advocacy.

At the same time, in the area of human rights, organizations such as the Center for Reproductive Rights, International Planned Parenthood (despite the gag rule), Amnesty International, Human Rights Watch, and regionally based juridical associations all work with local partners to seek legal relief and legislative reforms.

Finally, Latin American women and girls have appealed to the highest levels of intergovernmental judicial powers, including the Inter-

American Commission on Human Rights and the Inter-American Human Rights Court, as well as the United Nations Human Rights Council, to bring cases against their governments for violations of abortion rights. As most Latin American nations are signatories to the principal human rights protocols and many have integrated them into their national constitutions and laws, they are required to comply with the provisions of the global documents.

Notes

1. Although they are not the focus of this study, it is worth noting that women in the anglophone Caribbean tend to have broader legal access to abortion.
2. Sedgh et al., "Abortion Incidence," 258–267.
3. Kohen, "Legal Strategies," 93.
4. See Ganatra et al., "Global, Regional, and Subregional Classifications," for detailed data comparing the safety of abortions worldwide.
5. The most commonly used medications to terminate early pregnancies are mifepristone (also known as RU 486, Mifegyn, Mifeprex, Zacafemyl) and misoprostol (sold under the names Cytotec, Arthotec, Oxaprost, Cyprostol, Milbetec, Prostokos, or Misotrol). See Women on Waves (<https://www.womenonwaves.org>). See also Emily Bazelon, "The Post-Clinic Abortion," *New York Times Magazine*, August 31, 2014, 22–25 and 44–45.
6. Ganatra et al., "Global, Regional, and Subregional Classifications."
7. Guttmacher Institute, "Fact Sheet."
8. Haddad and Nour, "Unsafe Abortion," 122–126.
9. On holistic approaches to qualitative case-oriented analysis, see Ragin, *The Comparative Method*.
10. The framework was adapted from Shiffman and Smith, "Generation of Political Priority," in their work on maternal mortality. Cited in Sánchez Fuentes et al., "The Decriminalization of Abortion," which applied the model to abortion legislation in Mexico City.
11. Some examples of important texts on these topics are Mainwaring and Shugart, eds., *Presidentialism and Democracy*; Escobar and Alvarez, *The Making of Social Movements*; Jaquette, *Feminist Agendas*; Jaquette, *The Women's Movement*. The two most significant works on abortion politics in Latin America are Htun, *Sex and the State*, and Blofield, *The Politics of Moral Sin*. On US–Latin American relations, see Lowenthal, *Exporting Democracy*, and Smith, *Talons of the Eagle*. The seminal work on transnational advocacy networks is Keck and Sikkink, *Activists Beyond Borders*; on the church, see Hagopian, *Religious Pluralism*, among others.
12. Htun, *Sex and the State*.
13. Shiffman and Smith, "Generation of Political Priority," 1371.
14. See, for example, Sánchez Fuentes et al., "The Decriminalisation of Abortion"; Weldon and Htun, "Feminist Mobilisation"; Htun, *Sex and the State*; Keck and Sikkink, *Activists Beyond Borders*, among others.
15. Schmidt, "Discursive Institutionalism," 306.
16. Discourse analysis and discursive agency arguments rest on Foucault, "Order of Discourse," 48–78, and Laclau and Mouffe, *Hegemony*; on discursive agency, see Leipold and Winkel, "Discursive Agency," 510–534; on discursive institutionalism, see Schmidt, "Discursive Institutionalism," 303–326. See also chapters

by the editors in Butler and Scott, *Feminists Theorize*. There is also a useful chapter titled “Promoting Women’s Agency” in World Bank, *World Development Report*.

17. The notion of the debate’s three frames is introduced in Boyle, Kim, and Longhofer, “Abortion Liberalization,” 882–913. The authors categorize them as a women’s rights frame, a medical frame, and a religious, natural family frame.

18. Cited in Boyle, Kim, and Longhofer, “Abortion Liberalization,” 882–913.

19. Pollitt, *Pro*, 16–17.

20. Amnesty International submitted a petition with 150,000 signatures and issued an “Urgent Action” request on behalf of the girl, who was known as “Mainumby.” See, for example, “11-Year-Old Rape Survivor Gives Birth as Paraguay Upholds Draconian Anti-abortion Law,” Amnesty International, August 13, 2015, <https://www.amnesty.org/en/latest/news/2015/08/11-year-old-rape-survivor-gives-birth-as-paraguay-upholds-draconian-anti-abortion-law>.

21. See UNFPA, *Worlds Apart*. Includes adolescents aged fifteen to nineteen.

22. UNFPA, *Worlds Apart*.

23. Campbell and Jenkins, “Adolescent Pregnancy,” 465–484.

24. See Moloney, “Rape, Abortion.”

25. Boestein, “Sexual Violence.”

26. For a well-researched, chilling volume on femicide in Latin America, see Fregoso and Bejarano, *Terrorizing Women*.

27. Organization of American States conference held in Bogota, Colombia, November 7, 2017, <https://www.voanews.com/a/violence-women-latin-america/4105894.html>.

28. GIRE, *Violencia sin interrupción*, 5.

29. The issue of rapists’ parental rights has also been debated in the United States. In October 2017, a convicted sex offender who impregnated a twelve-year-old girl was briefly granted joint custody of the child.

30. Botts et al., *Violence Against Women*.

31. See, for example, Htun and Piscopo, “Presence Without Empowerment,” 1–24; Piscopo, “States as Gender Equality Activists,” 27–49; Escobar-Lemmon and Taylor-Robinson, *Representation*; Franceschet, Krook, and Piscopo, *Impact of Gender Quotas*.

32. MacKinnon, *Toward a Feminist Theory*, 184–185.

33. UNFPA, *Worlds Apart*, 38.

34. Htun, *Sex and the State*, 3–4.

35. Gianella-Malca and Gløppen, *Access Denied*.

36. “Religion in Latin America: Widespread Change in a Historically Catholic Region,” Pew Research Center, November 13, 2014, <http://www.pewforum.org/2014/11/13/religion-in-latin-america>. The Pew surveys also found that Catholics were more likely to support abortion rights than many of their Protestant counterparts, despite the church’s stance on the issue.

37. United Nations, “Fourth World Conference.”

38. “Agreden en el Congreso a una diputada en medio del debate por el aborto,” *Clarín*, July 7, 2011, https://www.clarin.com/politica/aborto_0_r1gXfpkpPQg.html.

39. Hogan, “Latin America.”

40. The “global gag rule” is also known as the “Mexico City policy,” as President Ronald Reagan announced it at the United Nations Population Council meeting in that city. The legislation remained in effect until the Bill Clinton administration repealed it. It was reinstated during the George W. Bush presidency and ended again during the Barack Obama administration. A more restrictive version of the policy was introduced at the onset of the Donald Trump administration.