“Women’s Health and Empowerment in Latin America: Success Stories and Challenges”

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REGIONAL OVERVIEW

In Latin America, *sexual and reproductive health* is where the principal women’s health problems are found.
Maternal mortality is the main problem that women’s health activists and feminists have identified since the 1980s.
BACKGROUND

• In Nairobi in 1985, governments from GRULAC group expressed “Maternal Mortality Rates (MMR) in Latin America were unacceptably high.”

• In Beijing in 1995, the MMR in Latin American countries remained high and most governments recognized this.

• In 2010, in the MDG review, many Latin American countries still had high MMR.

• **MDG 5 had the least progress in 2010.**
WHY ARE MM RATES SO HIGH IN LATIN AMERICA?

WHAT IS BEHIND MMR IN LATIN AMERICA?
The **most significant causes** are:

- Unsafe abortions.
- Inequities in obstetric care (availability, access and quality)
ABORTION IN LATIN AMERICA

• Fully legal only in **Cuba and Guyana**.

• Legal in some cases in most countries in the region, but **services are not provided** due to religious and conservative cultural barriers.
SOME OBSTACLES

- **Chile:** Therapeutic abortion was eliminated during the last dictatorship.

- **Nicaragua:** the democratic government in 2010 eliminated therapeutic abortion in the law.
SUCCESS STORIES

- **Colombia:** Due to a legal action presented by women’s NGO, in 2006 the Supreme Court increased the cases in which abortion is allowed by law.

- **Mexico:** In 2007 abortion became legal in Mexico City and started to be performed in health services.
SUCCESS STORIES (cont.)

• **Uruguay:** A new law to legalize abortion was passed in 2010 but the President vetoed it. Now a new law is in Parliament.

• **Argentina:** The Campaign for Access to Safe & Legal Abortion prepared a bill and presented it in parliament in 2009, but was not considered on time. March 2012 it was presented again but has not yet been considered.
Emergency Contraception

• It is forbidden in many countries, such as Chile and Honduras.

• In Peru the government was obligated to provide EC through a legal action in the Inter-American Court of Human Rights.

• In Colombia a legal intervention calling for access to EC was made and the Supreme Court accepted it.

• In Argentina it was incorporated among the contraceptives provided for free in Public Health services in 2007.