CONSORCIO LATINOAMERICANO CONTRA EL ABORTO INSEGURO

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EXECUTIVE SUMMARY

RESEARCH ON ABORTION IN LATIN AMERICA AND THE CARIBBEAN

A RENEWED AGENDA TO INFORM ON PUBLIC POLICY AND INCIDENCE

SILVINA RAMOS, Compiler

CEDES

POPULATION COUNCIL
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PROMSEX
CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVOS

What we know about abortion, what we still need to know.

Research on abortion has a long-standing tradition in Latin America and the Caribbean. Those that do research on the subject in our countries know that generating trustworthy knowledge is useful not only to have a better understanding of the phenomenon in all its dimensions (subjective, social, political and cultural), but also because of its strategic value to guide action.

In order to maintain this tradition it is important that we know how far we have gone and have a point of departure to keep on exploring induced abortion. That we carry out some research as to why women interrupt their pregnancies, and find out the reasons behind these decisions; the obstacles they face; their discourse and context in which they exercise their rights; whether they get support from their male acquaintances or not, and the kind of support they get; how pregnancy termination is intertwined with ethnicity, culture, legality/illegality, family, religion, politics.

That is what a "Research on Abortion in Latin America and the Caribbean. A Renewed Abortion Agenda to Inform on Public Policy and Incidence", published by the Consorcio Lationamericano contra el Aborto Inseguro (Latin American Consortium Against Unsafe Abortion) (CLACAI) compiled by Silvina Ramos, researcher of the Centro de Estudios de Estado y Sociedad (Center for the Study of State and Society) in Argentina is about.

It is a state of the art report supported by the Population Council and the Center for Promotion and Advocacy of Sexual and Reproductive Rights (PROMSEX) in Peru which gathers knowledge on abortion available in the region between 2009 and 2014. It is also a guideline to keep on researching, to keep on learning.

This publication, organized in nine chapters, covers a variety of subjects: theoretical, methodological and political challenges and unfulfilled agendas in the field of unwanted pregnancy and induced abortion. This text will guide CLACAI's future actions and will help publicize the situation of abortion and the quality of the research being carried out in the region.

SOME COMMON ISSUES

Despite the richness of the research analyzed, the chapter authors agree that most of the research focuses on just a few countries, as per the search criteria set for this review: peer-reviewed articles published between 2009 and 2014 in indexed magazines from data bases and online libraries, as well as books available in digital format in those bases.

In some of the countries in this region the lack of knowledge is outstanding, and that is why the authors recommend that specific strategies be developed so as to foster scientific production and dissemination, thus studies conducted in different contexts may be published in peer-reviewed and indexed media.

The authors agree on the need to include research on abortion carried out in suburban and rural contexts as well as among indigenous groups, as most of the research published focuses on urban areas, mainly large cities.

CHAPTERS

Full text available on: www.clacaidigital.info

1 WOMEN AND ABORTION

The role legal and social conditions play in the subjective experiences and paths chosen by women with regard to induced abortion

Alejandra López Gómez

What was studied

The literature on the subject covers a wide spectrum of objects of study. Those that stand out are the ones that inquire into:

- Emotional and psychological aspects related to abortion.
- The experience of adolescents and young people regarding abortion. There is some research as to the choice of abortion methods (they usually chose medical abortion) and a bit more on the barriers adolescents face when they decide to abort and on how they access legal abortion services. Some studies show the role mothers and families play in these processes.
- The weight of social stigma that surrounds abortion and how it relates to the social value given to motherhood as women's destiny.
- The impact of abortion as an illegal and clandestine practice.
- Main barriers in the access to legal services (in those places where the practice is legal).
- Use of medical abortion in legally restrictive contexts, the role the body plays in the abortion and its relation to medical abortion.
- Relationship between women and health services in different legal contexts.
- Relationship between a pregnancy as a result of sexual abuse and abortion.
- Relationship between women's age and marital status and abortion.
- Relationship between women living with HIV and abortion.
- The reasons why women choose to abort and the support they get when they make this decision. Decision making process, conditions, circumstances, reasons and resources women have for getting an abortion. The role these women’s partners play.

Findings

Generally speaking, the reasons behind the decision to abort are the lack of financial conditions to support a (new) child and the desire to maintain other life projects.

In those contexts where abortion is illegal and criminalized, having an abortion does not necessary imply psychological trauma or mental health problems for women, yet it is associated with a high degree of fear and anxiety. There is a direct relationship between cause of pregnancy, decision making conditions, access to a safe abortion and post-abortion feelings.

The feelings associated with abortion have to do with the meaning women attach to motherhood and femininity. For those that see abortion as murder, there are intense feelings of guilt and regret after the abortion.

The relief that is felt after the abortion -and which is reported in most studies- has to do with having solved a problem that could no longer be endured and, in those contexts in which the procedure is illegal, to having survived it.

There is no direct correlation between marital status or age and a higher abortion recurrence. Abortion is more common among childless women than in women with children. Women who do not have a partner or who lack family support are more prone to resort to an abortion than those have that support. Domestic and sexual violence are risk factors for unwanted pregnancy and abortion.

In the case of adolescent women the process implies anxiety, doubts and feelings of abandonment, which are intensified by the lack of resources, of family and health professionals' support and guidance. There is grief and regret associated with the moral value of motherhood and of the fetus.

Young women from low resource settings abort because of their marital status, their parents, their own children and their financial situation. Their decision to abort is perceived as the result of the pressure caused by their life circumstances. The decision to abort in middle class young women is associated with their marital status, their age and their decision to pursue a professional career. Abortion is perceived as a relief.

Class differences in young women influence the gestational age at which abortion takes place. Those from more vulnerable groups report abortions in the second trimester, either because they have a hard time affording the procedure, they have doubts about having the abortion, or they need to negotiate the decision with their partners and family. These young women are at higher risk.

Adolescent women tend to hide their pregnancies from their families. Once the family finds out, the decision to interrupt the pregnancy is made by their mothers with no consideration to what the adolescent wants.

As regards access to abortion and the method of choice, medical abortion has reduced the risks. The use of misoprostol improved the way women manage their abortions, although a ban on its sale has resulted in a black market which in turn implies new barriers and risks.

The positive perception as to the medical abortion experience has to do with the conditions in which it took place, with whether it was performed under medical supervision or with having detailed information about the method. Women perceive it as less painful, easier, safer and less costly and traumatic than other methods. They value the fact that it is self administered. Its disadvantages are the pain and time it takes to complete the procedure, the prolonged bleeding and the chance that it may not be effective and thus having to resort to institutional care where they fear sanctions or legal prosecution.

The illegality of abortion results in feelings of guilt and loneliness, in fear of prosecution, in physical and psychological trauma. Illegality has a deterrent effect on health providers and puts women's life and health in danger. Social censure and silencing have a negative effect on the process, independently of how much support a woman has.

Illegality does not affect the decision but it does make the procedure more difficult. Obstacles are overcome with more or less difficulty depending on the women's social and financial resources.

Women's partners may encourage or discourage their decision. They may provide emotional support or censor and mistreat women throughout the process. Women whose partners were actively involved and supported them throughout reported a positive perception.

Yet, the involvement of men (father, partner, other) is still limited and many times restricted to just providing financial help to afford the procedure.

What to study in the future

Few studies look into the relationship between quality of care and abortion emotional aspects, or into the relationship between violence and abortion. More thorough research is needed on the mid term and long term effects of abortion on women's mental health and on the experiences of unwanted pregnancy and abortion in different social and legal contexts.

Literature on abortion processes in those legal contexts that protect and acknowledge abortion as a right is still scarce.

There is also little information on the role partners play in adolescents discourse. Key aspects that need further study are: abortion in adolescents under the age of 15, experiences of women who resort to abortion during the second trimester, and also how family (particularly mothers) influences the adolescents' decision to abort.

Also, it would be important to carry out research about those women who, once they decide to abort, do not have access to the procedure, and on the effects professional involvement has on women's mental health.

2 MEN AND ABORTION

Being there for them regardless of what they decide: abortion and men's participation

Mario Pecheny[1]

What was studied

Almost all texts relate to men who were born men and are either the partner of the woman who aborts or the man with whom the woman had sexual intercourse which resulted in the pregnancy that will be interrupted.

Most papers analyze men's experiences or how they influence the decision of those women who choose to abort. They discuss the reflection, negotiation and decision making processes regarding abortion within a relational context and under certain life circumstances.

There are a few papers that associate men with abortion, but not as regards their participation or experience as men, but as citizens, e.g. papers that focus on abortion polls (conducted on both women and men).

Findings

Men whose couples had an induced abortion perceive the act as a crime before God and the law. There is less condemnation and more acceptance to the fact that women can decide by themselves in those contexts where abortion is legal.

1 Mgr. Santiago Cunial (UTDT-UBA-CONICET) collaborated in survey and analysis

Young men are more open to dialogue and negotiation, older ones are less sensible about reproduction issues and parenting. This translates into different kinds of female autonomy: while the decision in women age 40-49 is conditioned by little participation of their romantic partners, autonomy presents a relational approach in younger couples.

Many papers challenge the idea that abortion affects only women. For men, there are many things at stake: those related to manhood (associated with a missed chance at fatherhood, or the passage to adulthood as a result of sexual irresponsibility), to having to take charge of the situation and to making the complex decision of how and to what extent to support the woman.

Sometimes men are not even informed, or are only partially informed about the abortion process. In some cases there are condemnatory opinions towards women and abortion itself. In other cases, the relationship changes after the abortion: there may be reproach and even break up, or a strengthening of their bond of affection.

What to study in the future

There are considerable gaps in research about men and abortion. Theoretically, we suggest that a more "relational" gender approach be strengthened. We believe that further research is needed on:

- Men’s point of view about the abortion experience, post-abortion marks, parenting and manhood.
- Men’s attitudes and information as regards abortion, procedures, preventive behavior, legal status and rights.
- Decision making processes regarding pregnancy interruption or continuation.
- Abortion in trans-men, i.e. men with a reproductive system that enables them to get pregnant and therefore to interrupt the pregnancy.
- The fact that there are men (heterosexual, gays, cis and trans) who are part of or allies in social movements that advocate for abortion rights.
- Men’s experiences and opinions in contexts were abortion legal status has recently changed, and their participation in pre- and post-abortion counseling in those places where abortion is legal or where there are risk reduction policies or services in place.
- The fact that many times it is male legislators, judges, physicians and politicians who determine the legal and health conditions under which abortions are carried out in Latin America.
- The role men play in the struggle for either the recognition of abortion or for maintaining the status quo of illegality.

3 HEALTH PROFESSIONALS AND ABORTION

Possibilities and resistances for incorporating the right-based approach into health professionals' practice

Alejandra López Gómez

What was studied

Research focused on identifying the barriers placed by health professionals to limit the access of women to safe abortion. They exist mainly in the public sector. There is some research on non medical professionals but it is mostly qualitative and of very small sample size.

As regards legal access to abortion, a relationship between professionals and conscientious objection is generally observed. The research provides information on the subjective element involved in professional practice; the relationship between the personal and the professional aspects.

Findings

The research shows hints as to the cultural, subjective, ideological and religious barriers at stake in professional practice; however there is no solid theoretical interpretation to help understand and explain how these factors operate.

A poor knowledge about abortion regulations plays a key role in the feelings of acceptance or rejection that professionals have about the subject. It is also a barrier for women to access services, even when allowed by law.

The knowledge of legal aspects varies significantly depending on the profession. Physicians and obstetricians show greater knowledge than nurses and other personnel.

A deficit in professional education to work with women undergoing an abortion, worsened by a lack of training within health services, helps make the demand for proper care invisible and results in inadequate care.

Having the legal and technical knowledge is a requirement for professionals to get involved, but it does not in itself imply the acceptance of abortion nor does it result in quality care. Yet, there are reports of positive changes in the attitudes of those professionals who received training on abortion. The acceptance of abortion also has to do with the perceptions and representations professionals have of women who abort.

Attitudes of anger, discrimination and prejudice against women who abort are predominant among nurses. Social workers have similar attitudes. Their involvement in abortion is affected by insecurity and a by lack of knowledge about the regulations, by personal characteristics and values, by religious belief and moral conceptions, as well as by the institutional guidelines in their workplaces.

What to study in the future

There are no scientific papers that identify the conditions, barriers and facilitators for changing the university degree plan. Only a few papers provide evidence on pedagogical strategies for professional training and their results.

Few research papers explore the relationship between health professionals and abortion in a broader context that includes sexual and reproductive health and rights. The change in paradigm promoted by the International Conference on Population and Development should be incorporated when studying professionals' perceptions, assessments and opinions as regards abortion.

We need to know more about the cultural, subjective, moral and religious values that affect the conscientious objection of health professionals, and about the perceptions other groups of professionals directly involved in women's care have.

There is no research as to how the beliefs and opinions of healthcare providers affect their technical-professional performances, and no assessment about the professional counseling or advice they provide to women who experience unwanted pregnancies and abortions.

It is important that the approach be broadened to include several professional groups, and that we know more about the work carried out by multi disciplinary teams that provide care to women that abort.

It would to advisable to carry out research on how professionals experience, what they think and how they act as regards abortion in the second trimester and what their attitudes are towards adolescents who abort.

4 POLITICAL ACTORS AND ABORTION

Clericals vs. anti clericals? Looking for common ground in the ideological-political debate

Josefina Brown

What was studied

Writing is feminized: almost all texts are written by women and from a feminist point of view. The debate has a social or a human science approach, though the studies that stand out have a communicative, anthropological and political approach. They are based on key or polemic events and focus on actors, strategies, arguments, axis of debate and the internal/external contexts.

Analyses focus on a few key aspects that have triggered current debate and have produced or may produce some changes in policy. They are mainly based on communication, on social movement's theory or on historical-political descriptions of the debate between the two main political actors: feminism and Catholicism. There are some comparative analyses, but they are very restricted.

On the one hand, there are some analyses that explore religious dissidence and plurality, and on the other there are some that look into the relationship between religion and politics, into the possibilities and limitations of a secular State as regards sexual citizenship.

Findings

While the conservative discourse seems to be flawless, the progressive one is internally and externally disputed.

Debate is polarized: on one side there are those who, from more scientific, historic, atheist, progressive and modern feminist positions propose women's liberation from the motherhood mandate by granting them reproductive autonomy and the right to decide. On the other side stands the church which, under the divine mandate, places a subjection order on women to what the church considers women's natural mission: to reproduce in the context of a monogamous heterosexual family.

The debate comprises three complex subjects: life, human rights and laicism.

Conservatives, who accuse their opponents of being homicides, identify themselves with the "culture of life". The defense of the unborn life is in opposition to the defense of women's life; the idea of damaging the unborn is in opposition to the damage suffered by women who are forced to continue with a pregnancy against their will; the autonomy of the fetus is in opposition to the autonomy of women; the embodiment of right is in opposition to the juridical abstraction of the fetus.

There is dispute as regards who holds the hegemony of human rights. Thought in the beginning the church used religious values and precepts to oppose to the debate on women's human rights, with time it secularized its discourse and resorted to science, bioethics and law. Nowadays, to women's right to decide the church opposes the fetus's right; to the right to abortion it opposes the right to life. By making it evident that the right to decide is not against the right to life, it incorporates the other side's argument into its own.

The arguments of feminist discourses are divided between those on social justice and health on the one hand and women's right to decide and their reproductive autonomy on the other. In the last years there has been a tendency to moderate discourse and demands.

And while the conservative alliance speaks of child instead of fetus, of mother instead of woman, of abortion and death of innocents, feminists speak of fetus or zygote as the product of conception, of pregnant woman or simply woman, of voluntary interruption of pregnancy, of an early delivery in case of anencephalic fetuses or of legal interruption of the pregnancy, and of the death of women from vulnerable groups.

The question of state's secularity is brought to public attention and emphasis is put on the separation of church and State, stressing religious plurality on the one hand and freedom of conscience on the other, and as long as the particular moral of the church does not permeate public policy.

What to study in the future

We need to go beyond discourse and argumentative analyses and inquire into the political and party system as the bigger plot where these debates are actually settled.

There are few papers that discuss sexual citizenship in the broad sense, and more specifically abortion, from the point of view of the more classical political science - the institutional perspective, that of political representation, government systems, parties and federalism. Those that approach the subject from the point of view of historical or political sociology, from the theory of representation or political identity are also scarce.

It would be useful to look into the houses of parliament and into the courts' dynamics in terms of obstacles and possibilities. The field of feminism and women's movements deserves to be problematized with more thorough studies that account for internal pluralities and differences. Religions and their political influence deserve a chapter of their own, associated with the open debate on secularity. It would be desirable to keep exploring the relationship between religion and politics, between religious politics and political religiosity.

To help understand the ideological-political debate on abortion better, it would also be very useful to perform comparative studies of different experiences, and to incorporate the results from other fields of research (i.e., on the one hand, the subject of motherhood and the policies in its name, and on the other for instance, the debate on the environment, as a subject that is not traditionally part of the political agenda and which, like abortion, brings about conflicting rights).

5 ABORTION AND CHURCHES

Four analytical frameworks in Latin America

José Manuel Morán Faúndes

What was studied

Research on abortion and churches focuses on four main axis.

- The incidence of religious conservative activism on abortion policies, i.e., the discourses, strategies and configurations of religious activist groups (the Catholic Church hierarchy, certain conservative churches, self-proclaimed "pro-life" organizations, among others) that are against access to and the legalization/decriminalization of abortion. The influence feminist movements, women and LGBT have in the politicization of sexuality and the reaction of religious conservative sectors. The impact churches have on the political arena and their participation in the design of public policies. The way in which religious activism has permeated civil society.
- Churches and religious leaders that promote policies in favor of abortion, thus becoming progressive churches or a religious dissidence.
- How a person's religious beliefs shapes his/her attitudes, opinions and practices as regards abortion. How people incorporate their own individual beliefs and their points of view on sexual and reproductive rights into their everyday life.
- Boundaries between religious policies and abortion policies, especially fostering considerations about secularity. How religious reasons provide grounds for State decisions. Other studies have focused their attention on how religious values affect our constitutional frameworks.

Findings

The politicization of sexuality, fostered by the new paradigms promoted by feminist, women and LGBTI movements has caused the reaction of conservative religious sectors. The most traditional religious actors became political agents and redefined their presence and strategies in the political arena to obstruct the acknowledgment and enforcement of sexual and reproductive rights. In their role of political actors, churches have also incorporated legal strategies and human rights and bioethics language when defining their points of view or posing their demands.

Despite the fact that the Catholic Church is still hegemonic, evangelical churches have experienced a considerable growth and some of them are becoming relevant in the discussion about sexuality.

As regards the role churches played in the late 20th century democracies, those that defended human rights during dictatorships have collected this "moral credit" by demanding tutelary prerogatives on sexual matters.

Church hierarchies play an important role in election processes. This can be seen in the candidates' statements against the decriminalization of abortion, in how they influence the electorate and certain political parties.

Some non governmental organizations act as a "civil" arm of church hierarchies and come together under the "pro-life" or "pro-family" denomination.

In contrast to this conservative activism are organized groups that support a sexual and reproductive rights favorable agenda. These are progressive churches and groups inclined to discuss the subject and which, generally speaking, accept abortion under certain grounds. Some churches support the idea of economic prosperity associated with family planning policies and abortion.

There are many religious dissident groups which are openly in favor of the right to abort, and thus challenge the mandates of their church hierarchies. Latin American feminist theologians challenge the most conservative interpretation of the Bible by incorporating gender perspectives into their readings. Their hermeneutic approach has laid the foundation for the development of civil religious organizations that advocate for the right to a safe abortion. These feminine theologians and civil religious organizations challenge the concept of "church" and claim that a church is not only its hierarchy but mainly its parishioners.

Although those who are in favor of abortion are mainly non religious people, there is a considerable proportion of people who, even though they identify themselves with some religion (mainly Catholic), support abortion decriminalization under certain grounds and distance themselves from the restrictive stance of the hierarchy.

Religious reasons are also used to justify the practices against the decriminalization of abortion by actors from the executive, legislative or judicial powers. Political leaders still resort to the discourse of the Catholic Church as the beacon of national identity and political legitimacy.

Secularity is therefore permeated and diminished by religious codes that make the construction of a political culture based on secular values very difficult.

What to study in the future

Recent studies' trends and critical approaches on churches and abortion in Latin America have resulted in more complex research on the subject. Yet, there are certain gaps or areas of analysis that have not yet been studied in depth.

As regards the right to abortion, there is no thorough academic study of other religious communities and denominations such as the Jewish, Muslim or "other" religions, including the religious manifestations of indigenous peoples in the region.

There is a lack of scientific production about the paths and mechanisms followed by conservative religious activists to prevent women from getting an abortion, their strategies for approaching pregnant women and for preventing abortion practices.

Also, research makes little use of sophisticated quantitative models to allow for an empirical demonstration of the real influence the church has on the voting masses in each context, or of the true impact that the incorporation of abortion in the governmental or presidential candidates' agendas has had on the religious population.

The analyses on the relationship between religion and abortion rarely inquire on the differences as regards the kind of abortion procedure. In particular, medical abortion is not mentioned.

Finally a subject that deserves to be further studied is how the election of Jorge Bergoglio as Pope has affected abortion policies.

6 PUBLIC OPINION AND ABORTION

Society discusses abortion in Latin America

Mónica Petracci

What was studied

Research was carried out on the debate of two stances in the public and political arenas: the one that defends the fetus' right to life from the moment of conception, and the one that supports women's right to freedom and to make an autonomous decision about their bodies and a secular ethic that maintains a distinction between right and morals.

Findings

Debates on abortion have an outstanding presence in the media and in the public agenda. Yet, in order to obstruct and avoid debate, political leaders argue that there is a lack of social preparation and maturity.

Public opinion on the right to abortion is stable, with slight variations. Stability rests on a consensus that is neither permissive (specific situations), nor restrictive. There is

stronger support in situations that are considered extreme such as rape, life risk, and women's physical and psychic health risk than in those considered "of choice" such as when there is economic hardship, when the woman decides to have abortion or when the contraceptive method fails.

Data production on abortion and public opinion does not usually follow academic channels, but media ones, usually in response to episodes that are significant within the political scenario (for instance, rapes leading to pregnancy in girls or young women who are denied the right to abort or calls to demonstrations). The main question to be answered is which the opinion on the approval or disapproval of the right to abort is.

In the research papers, indicators that refer to each situation are phrased in slightly different ways. Probably the most questionable difference regarding phrasing from the perspective of sexual and reproductive rights is how the life, mental or physical health risk indicators are constructed, as they speak of mother instead of woman.

What to study in the future

Findings show the need to be careful when formulating questions so as to avoid bias and to see how the use of different phrases affects the results. They also show the need to include series of data based on a system of values and beliefs, to find out trends in the results and to assess whether public opinion is stable or not.

Emphasis should be placed on highlighting those contributions that theoretically, contextually and methodologically help make this issue stronger, and to encourage those communicational strategies and actions that have greater incidence and shed light on the axis of discussion and result in increasing support to the right to abort.

We suggest that research be conducted on how abortion and public opinion data is produced, trying to answer the following questions: Which differences, if any, do researchers find in the analysis of data from systematic surveys and from specifically hired polls? What is the process followed when choosing a consultant and what are the main contributions resulting from these experiences? What is the most noticeable production and which have been the main contributions resulting from the relationship with communication agents and media? The answers to these questions on how the public agenda on the production about abortion is constructed are an input to help devise advocacy actions in the region.

We also recommend analyzing the characteristics of abortion opinion polls (kind of poll, phrasing content, scales characteristics as regards the number of items, whether they are balanced or not), and researchers' opinions as to an evolution in the quality of research. Knowing which is the agreement and disagreement distribution within a scale is also an input to devise communication strategies aimed at supporting those opinions that are strongly in favor of the right to abortion, strengthening those that are partially in favor, or fostering a change in those that are against it.

There are no reports on an interviewee having a problem or refusing to answer questions on abortion. Though the number of non-answered questions on abortion is low, knowing

why a question is not answered will at least make it possible to differentiate between those people who do not answer because they don't have an opinion from those who do not answer out of fear of social pressure.

The discussion of more adequate strategies for making poll results public and the formulation of arguments based on qualitative findings are a priority in the communication agenda. The public presence of poll-based data on the right to abortion fosters the inclusion of the subject in the public agenda and the rights appropriation process.

It is also important to find out which circuits does abortion and public opinion data production follow to get to the public agenda, to inquire about the work experiences between researchers and public opinion consultant firms, or about the work carried out by communicators (especially women) to install the subject; this will make it possible to understand how the abortion agenda is designed.

7 REGULATIONS AND ABORTION

From rights to facts: analysis of abortion legal frameworks in Latin America and the Caribbean

Viviana Bohórquez Monsalve[2]

What was studied

- There is research available on the improvements and set backs in legal reforms and comparative law studies.
- Research on health and on the implementation of the abortion legal framework in force in each country. The impact abortion has on public health and on hospitalizations. Implications of a total ban on abortion and consequences of unsafe abortion.
- Case studies from the human rights perspective. The influence religion has on human rights violation and women's autonomy, legislation in relation to some specific case brought before international bodies and the global situation in Latin America.
- Opinion polls and degree of information about the law: judges, health providers, women and even general population’s opinions, before and after regulatory changes in a country.

Findings

It is common to find difficulties in the implementation of regulations that decriminalize abortion practice.

The total ban on abortion has an impact on public health, on hospitalizations and on unsafe abortion. It results in a systematic violation legitimized by State laws. Several papers analyze the case of the anencephalic fetus so that it may be considered as an abortion, given the fact that the product of that pregnancy would, with no exception, be incompatible with life.

2 Document written with the help of Federico González (physician from Universidad del Cauca, internist and public health specialist from Universidad del Rosario-Colombia).

It has been observed that religion plays a role in the breach of rights and in women's autonomy (fear of stigmatization and criminal prosecution).

Studies on the opinion as regards legislation show that there is lack of knowledge on the subject in the general population, and what is worse, among health service providers. Judges and attorneys have many different interpretations, which are also influenced by issues that go beyond legal aspects (religious beliefs, education, marital status, etc.).

What to study in the future

Research on abortion has made significant progress, which goes hand in hand with the progress made in legislation. Legal issues and human rights are in line with those movements that have brought about legislation changes.

Yet, research on health issues remains descriptive and distant from social movements, and insists on a per subject investigation, which does not help solve conflicts in service provision.

We find that in those countries that have undergone progressive legislation changes, their impact on economic and health indicators is neither public nor evident yet.

As regards health issues, the situation of women who do have access to abortion in countries that have partially deregulated the legislation should be compared against that of women who do not have access to abortion because they are out of the gestational limit permitted by law.

It is important to look into the access barriers and into the legal actions that may help reduce accessibility problems, and protect and implement legal and safe abortion.

Research should reflect the changes in health tendencies and the need to increase legal protection of those women, who, for many reasons, cannot yet have access to a safe abortion. It should show the impact of partial legal frameworks and the legal strategies used by women, organizations and State to make progress in this field.

8 STIGMA AND ABORTION

The stigma associated with abortion as object of studyb: first steps in Latin America

Nina Zamberlin

What was studied

- Samples of the general population; some of them include specific groups of women who experienced an abortion.
- There is only one research paper that deals exclusively with women who aborted.
- We looked into stigma and public opinion and into the pressure that social environment exerts on women.
- There are papers that discuss health professionals, the relation between stigma and conscientious objection and its impact on abortion services availability and accessibility.

Findings

Gender mandates condition motherhood as women's destiny, and abortion as an element that disrupts that destiny, and as such, it is subject to social condemnation.

Women and men receive and replicate the huge social pressure towards reproduction and starting a family. Though all the dimensions of the stigma are present in the contexts of abortion legality and illegality, the legal prohibition magnifies, reaffirms and legitimizes it.

The stigma associated with abortion can be perceived in the negative socio-cultural mood towards the issue and in the fact that this practice is silenced, both by the women who undergo it as well as by the professionals who provide it.

For women, the stigma has not only a psychological impact; it also conditions their will to seek health care, which is more noticeable in illegality contexts. Women avoid disclosing their decision to abort or their abortion experiences in subsequent medical consultations, even with their primary physician. In order to hide their decision, some women will resort to unsafe abortion by means of self induced practices or with the help of unfit professionals.

As regards the internalized stigma, though the feelings they experience are negative (guilt, shame, sadness), these have to do more with the process of being or with the fear of being stigmatized than with the decision itself.

As regards the providers, stigma delegitimizes and excludes them from their professional community, it associates their role with "dirty work", and it increases their stress and promotes threatening and violent situations. Under these conditions, many of them decide not to participate in abortion practices or, if they do participate, they do not openly discuss this in their social and professional environment. This creates a vicious circle that reinforces the idea that abortion is a rare event and sets "respectable" physicians apart from this practice.

Conservative positions prevail among gynecologists and obstetricians. They argue that abortion practices are in opposition to their vocation and training to protect the unborn.

Abortion criminalization results in evasive attitudes and in a lack of compromise, due to the professionals' fear of being reported and suffering the consequences, even in those situations that are legally permitted. This is seen in the rejections, delays and tortuous and unnecessary circuits that delay the process up to gestational ages that are over the limit permitted for an abortion.

Medical abortion releases professionals from having to perform a procedure such as curettage or vacuum aspiration on the woman's body. When these abortions take please within a legal context and the providers can no longer deny the procedure, their condemnation shifts to the "unabashed" attitudes of the users.

In a second trimester abortion, stigma is magnified by corporeality of the fetus in that stage. There is an exacerbated representation of the "anti-motherhood" feeling of a woman who interrupts an advanced pregnancy, together with the questioning on why

did she have to wait until then. Those professionals who perform second trimester abortions are questioned and delegitimized. If stigma transforms abortion into something that cannot be discussed, a "second trimester" abortion becomes something "unthinkable".

There is little study on the stigma associated with abortion in those health professionals that provide this service, but there are theories about the stress they undergo, their exhaustion and fears. These negative effects are counterbalanced by their positive beliefs, and by the value they attach to the fact that they are helping these women.

The stigma in health providers makes them declare themselves conscientious objectors, more as a way to avoid stigmatization than because of authentic conscientious reasons.

What to study in the future

The stigma associated with abortion is a new field of study not highly developed at a global or even at a regional level. Despite limited regional experience, the studies available propose the use of a specific theoretical framework so as to focus on an element that has always been present but is now becoming a field of study in itself.

Within the context of an emerging field of study, instead of pointing at the gaps, we prefer to mention what lies ahead. As to this, we can delineate a set of key points to look into, which include:

- The relationship between stigma and restrictive laws.
- How stigma affects the application of legal grounds for abortion.
- The connection between stigma and unsafe abortion.
- The experiences of women who give up the idea of interrupting a pregnancy because of stigma.
- The analysis of those interventions that aim at reducing the stigma (projects, initiatives, public policies).
- How those health providers that perform abortions on legal grounds or in jurisdictions where abortion has recently been legalized fight stigma.
- The impact stigma has in the provision of legal abortion services and on the quality of assistance.
- Medical abortion and stigma reduction.
- How women who interrupted a pregnancy deal with stigma and their personal strategies to mitigate it.
- The weight of stigma on the subjective experience of women who interrupt a pregnancy as an element that refutes the supposed post-abortion syndrome theory.
- The role of communication media as stigma reproduction and intensification agents.

9 CONSCIENTIOUS OBJECTION AND ABORTION

Conscious freedom

Agustina Ramón Michel and Aonia Ariza Navarrete

What was studied

- Regulatory aspects and legal definition of conscientious objection, analysis of case law.
- Bioethics.
- Health policy aspects related to the implementation and use of conscientious objection in health services.
- Sociological, conceptual and philosophic analysis of the phenomenon.
- Knowledge, attitudes and practices as regards abortion in general, with data about health professionals' opinions and information.
- Whether all health professionals or only those physicians who interrupt a pregnancy may pronounce themselves conscientious objectors. Whether the objection may be institutional or only personal.
- Whether boundaries should be set on issues such as patient's rights, life risk, and impossibility to make a referral, etc.
- Relationship between culture, religion and lack of information and conscientious objection.
- Factors that influence the representation and experiences of male and female gynecologists and obstetricians in the case of an abortion and which make them pronounce themselves conscientious objectors.

Findings

The conscientious objection has been one of the most obvious barriers in the access to the legal interruption of a pregnancy in countries where legal, political and practical improvements have been made.

Studies define conscientious objection in different ways, but generally speaking they consider it a right. Several articles present serious reasoning problems, particularly those that use religious arguments.

The prevailing position is the one contrary to the institutional conscientious objection. The reason for this is, on the one hand, the nature of consciousness itself - which only human beings have - and on the other, the institutional duty to guarantee that health services are provided according to law.

Three positions have been identified in the authors who write on this subject: in favor (it supports the acknowledgment and use of the conscientious objection in a case of abortion); limiting (it proposes to set limits to the exercise of conscientious objection by health professionals); and neutral (it describes situations related to the health conscientious objection). Most articles are in favor of setting limits to the exercise of conscientious objection; none adopts a position against it.

As regards the provision of abortion assistance by health services, conscientious objection is installed among health professionals and may function as a barrier for the provision of legal abortion. There is also some information on the legal interpretation regarding conscientious objection and their restriction at institutional level.

What to study in the future

There are no documents that, from a public health approach, study in depth some important aspects as regards the impact that conscientious objection has on health services organization and on the health system as a whole. How does the reasoning in favor of conscientious objection hinder access to legal abortion in health systems? Which are the best legal and bioethics arguments to defend, limit or deny the possibility of objecting?

There is no agreement as regards the most basic definitions on the subject. The issue of conscience in all its dimensions is something yet to be defined, including its legal aspects (for instance, is it or isn't it a right?) as well as its public health aspects (for instance, different regulatory models).

In the field of bioethics, the predominant position is the one in favor of conscientious objection and against legal access to abortion. It is necessary to produce arguments that theoretically and practically dispute that position. References to professional duties are scarce and those works that analyze bioethics meanings and aspects as regards professional conscientious objection in abortion assistance are not very well developed.

A future research agenda on conscientious objection in the access of women to legal abortion should aim at:

- Producing more and better empirical evidence on the effects of acknowledging conscientious objection.
- Revealing health professionals' opinions, attitudes and practices on conscientious objection about abortion.
- Producing articles that are the result of interdisciplinary considerations on the significance and implication of conscientious objection and other breaches of professional duties that do not fall into this category.
- Performing case studies on local experiences on the implementation of regulations or policies that include the conscientious objection component.
- Revealing the regulatory options in comparative law at a regional and at a global level, in a thorough and systematic way.
- Setting regulatory standards and proposing regulatory models that allow for efficiently facing issues related to service denial.
- Furthering the discussion and analysis about including conscientious objection into sexual and reproductive health public policies.