Strategies to eliminate the barriers to access safe and legal abortion services in Colombia

Community leadership roles that promote autonomous reproductive choices for women

> This article is in honour of Anne Scott, who was a long time member of WILPF Scottish branch. Anne made sure that WILPF Colombia (LIMPAL) contributed to the 2018 Edinburgh World Justice Festival with a short piece about Abortion Rights in Colombia, written in collaboration with the Foundation *Oriéntame*. Anne was a leader and a committed woman who worked until her last breath on peace and women's rights, and will remain as an example for WILPF women in Colombia. Anne will be greatly missed.
> *Katherine Ronderos*
> *Director, LIMPAL Colombia*

By: ***Monica Montañez Martínez***[1]

Introduction

The purpose of this document is to share a successful experience in guaranteeing the right to voluntarily interrupt pregnancy, as a mechanism of resistance towards the barriers that are created between women and their rights. It has been achieved through the training and empowerment of 30 community leaders located in the most vulnerable sectors of Bogotá and Pereira—leaders who are capable of informing, advising, and referring women who require legal and safe abortion services.

In addition, it describes how this strategy has been pertinent in guaranteeing and protecting displaced women who flee from conflict and have settled in the periphery of their cities. After decades of conflict, the attention to alarming violations of sexual and reproductive rights has been blurred by other situations specific to war. Therefore, community leaders supersede the responsibilities of the State when they manage aid for women and their families, facilitate contact with institutions responsible for the restitution of rights, advise women about protection mechanisms, and create bonds of solidarity in the community to establish support networks.

---

[1] Magister en Investigación de Problemas Sociales Contemporáneos.
Trabajadora Social
correo: monica.montanez@gmail.com

In the year 2006, the Constitutional Court issued bill C-355 whereby abortion is decriminalized in three cases: a) when continuation of the pregnancy poses harm or danger to the life or health of the woman; b) When serious malformations make the fetus unviable and c) when the pregnancy is a result of conduct, duly reported, of a sexual act without consent, abuse, or artificial insemination or transfer of a fertilized egg without consent, or incest.

This decision is historically significant in the acknowledgement and protection of the freedom, equality, and sexual and reproductive rights of Colombian women. However, a series of administrative, economic, and cultural barriers impede access to abortion services, thus impeding the full guarantee of their rights. As a result, women are forced to seek clandestine abortions, assume unwanted motherhood, or take extreme measures such as suicide, the abandonment of their ethnic group in the case of indigenous women, and face rejection and discrimination from their families.

At 12 years of the jurisprudential change, the autonomy of women over their bodies and the decision of a desired, free and voluntary motherhood continues to be in the background of a political, cultural and legal discussion, which reflects the public and complex debate between the vindication of the right to decide a voluntary motherhood and the protection of the life of the fetus. This debate shows the inconsistencies of a country ascribed to most international pacts and agreements on sexual and reproductive rights and the lack of guarantees in access to services, the presence of civil society groups and political leaders willing to reverse the advances in terms of rights, the increase in campaigns and movements against abortion, as well as a series of administrative barriers on the part of those in charge of providing legal and safe abortion services.

Among the most significant barriers that violate the existing regulatory framework and that violate women's rights, are: i) Lack of knowledge of the regulatory framework (lack of knowledge of the C355 ruling and subsequent developments, violation of womens' rights in regard to voluntary interruption of pregnancy (VIP), and breach of the general obligations related to the VIP); (ii) restrictive interpretations of the regulatory framework (additional requests beyond those mandated by the Court, refusal of services based on gestational age, or unconstitutional use of conscientious objection (iii) Failures in the provision of the health service (failures of health professionals and administrative failures)[2].

These multiple barriers represent a threat to the exertion of sexual reproductive rights (SRR) and negatively impact the overall health of women, increase teenage pregnancy, unwanted pregnancy and maternal mortality, all of which are the cause and consequence of socioeconomic inequalities and an obstacle to integral development of women, while exposing them to situations of inequality and exclusion.

---

[2] González Vélez, Ana Cristina y Castro, Laura. "Barreras de acceso a la Interrupción Voluntaria del Embarazo en Colombia". La Mesa por la Vida y la Salud de las Mujeres. Bogotá. 2017.

Project

Community leaders facilitate access to high quality sexual and reproductive health services to women in vulnerable positions who are confronting unwanted pregnancies

With regard to the social, cultural and economic implications of guaranteeing women's rights, factors of various kinds affect some women more than others. Peasant women in situations of forced displacement, Afro-Colombians, indigenous people, and women from low-educated and low-income sectors of the population are more exposed to clandestine abortions, suffer complications in childbirth and face greater difficulties in accessing health services sexual and reproductive.

It is important to consider the abortion debate given that the number of induced procedures far exceed legal abortions. In 2008, the Guttmacher Institute (Villarreal, 2011. Pg.25) estimated that 400,400 induced abortions were performed in Colombia, of which only 322 were legal procedures or Voluntary Interruptions of Pregnancy. In total, it is estimated that 132,000 women suffer complications due to clandestine abortion practices, increasing the risk of morbidity and mortality, after two years of issuing the law, which generates questions such as: What is happening with the public institutional offer? How do we promote a sexual education that generates freedom and autonomy? What information do Colombian women have about access to abortion services? What are the attitudes of public officials when women request these services? How do we face cultural barriers which limit the rights to these services, in the case of indigenous women, due to a different worldview and the role of indigenous authorities?

The obstacles to providing abortion services in Colombia are found in power exercises that impede women to make decisions over their own bodies. Often health personnel refuse to perform the procedure due to ignorance of the law or for religious and moral reasons, which result in conscientious objections. Administrative barriers manifest in the form of requests for judicial authorization or other requirements, such as the approval of unnecessary medical meetings, thus delaying the timely presentation of the service. Women who dare to demand the termination of pregnancy usually face discrimination and are offered psychological or psychiatric services to persuade them out of their decision. Women who decide to interrupt their pregnancy in State hospitals are exposed to cruel and inhumane treatments by medical personnel who judge them, do not provide the necessary medication to manage pain, and must share rooms with women in labor[3].

In addition, the lack of information on the termination of pregnancy as a right of women, adolescents and girls, as well as ignorance over the autonomy of an individual under 14 years to decide whether or not to interrupt a pregnancy constitute other barriers that limit the guarantee to abort in cases permitted by law.

---

[3] Ver : https://www.elespectador.com/opinion/imparable-columna-813725. Por Piedad Bonnett

Community Practices that transform realities

Interrupting pregnancy tends to be a silent, hidden, decision, reduced to a small circle of friends and family; it generates expectations regarding procedures, costs and providers. The ample supply of medicines and centers that offer clandestine services puts women at risk of seeking abortions under uncertain and risky conditions. In other words, the stigmatization of abortion as a crime supersedes an understanding of abortion as a right and therefore a public health service.

The Project is designed in response to this situation: Train community leaders to facilitate access to quality sexual and reproductive health services to women or couples in vulnerable populations that face unwanted pregnancy, with the principal objective of preventing death as a result of unsafe abortion practices.

Who is a community leader? What impact does she have in her community? She has a genuine wish to help others and contributes to the welfare of her community with the aim of making it a better place to live—this summarizes the work and aims of a community leader, who is moreover guided by a profound sensitivity to the needs and problems within her community. It is in the spirit of teamwork and willingness to help that this project was designed, a project aimed at training women on sexual reproductive rights—women with leadership skills, a service-oriented attitude, commitment and sensitivity to the problem of unwanted pregnancy on sexual and reproductive rights, and a willingness to provide support and guidance for women who require legal and safe abortion services. The community leader becomes another source of knowledge and support for women who find themselves with unwanted pregnancies, do now know their rights, and are at high risk of going through clandestine abortions.

Who are the community leaders?

They are women that are sensitive to social injustice in their communities, capable of transforming their life within private, familial and community spheres, come from vulnerable socio-economic sectors, some of them victims of forced displacement. Most of them have primary school, secondary school education, or technical training as nurse or preschool aides. They work as community mothers in Hogares de Bienestar Familiar (Familial Welfare Homes), as street or catalogue vendors, in domestic services, or as nurse aids or leaders of National Government programs.
Many of them have been involved in community work since childhood and youth. These women are agents of change in their neighborhoods, leaders of women's associations and managers of State resources. They are also women whose self-determination and resistance against a hegemonic and patriarchal culture, connects them with the struggle for the recognition of women's rights, even against their families, friends and people in the community.

How do they get involved in the Project and what is the training about?

The selection and identification process consists of an active search through diverse community channels that link the leader to The Project. The most frequently used channels include: the community, which proposes and recognizes the leader; the leader who expresses her own interest to participate and; officials of public or private institutes that act as references to identify them.

Community leaders who become involved in the project participate in a structured learning process that covers medical, emotional, communicative, and legal themes from a human rights perspective. Topics addressed during training have to do with sexuality and motherhood, sexual and reproductive rights, unwanted pregnancy, legal aspects on the voluntary interruption of pregnancy, sexuality and reproduction anatomy, embryonic development, contraceptive methods, and counseling on pregnancy tests.

What do the leaders do?

Once trained, the leaders begin their work by offering free pregnancy tests in their neighborhoods, promoted through posters that are posted in their homes or in public places: stores, pharmacies, light poles, etc. They also hold sexual education meetings or workshops, organize sexual and reproductive health seminars, and contact other community leaders to work with them in the promotion of SRR rights.

For the most part, pregnancy tests are performed in the leader's home, some in the workplace or in a public place in the neighborhood. The community leader advises the woman before the result of the pregnancy test, which can generate multiple reactions according to the particular situation of each person and the intention or not of motherhood. In the face of any of the reactions, the community leader is trained to provide information on routes and care services.

Achievements in guaranteeing women's rights:

1. Women in vulnerable conditions access services to interrupt/terminate pregnancy

The main beneficiaries of this Project are women from vulnerable sectors who are informed about their sexual and reproductive rights; through community leaders, they learn about contraception, receive information about VIP and access to sexual and reproductive health services including abortion.

Community leaders understand that unwanted pregnancy is a social problem, that women have the right to decide whether or not to be mothers, to choose their partner and contraceptive method according to their needs. As close and reliable advisers, community leaders become guarantors of rights to historically disadvantaged women, since they share the same context, histories and similar socio-economic conditions. The Project breaks the main barriers of access to abortion services by empowering women who are willing to work for other women.

2. Guarantee of sexual and reproductive rights for women in situations of forced displacement

According to the report presented to the Committee for the Elimination of Discrimination against Women - CEDAW "Colombia continues to be a country of laws" (Group of signatory organizations, 2013, p.5) Between 2007 and 2013 more than five laws, related to the situation of women and violence, including: - the Law of Victims and Land Restitution (2011), - the constitutional reform on Military Criminal Jurisdiction (2012-2013), - the reform of the Law on Justice and Peace (2012) and Auto 092 of 2008 on the unconstitutional state of affairs related to forced displacement in the country, even though a jurisprudence has been adopted and established to promote the exercise of women's human rights, its conditions are alarming, usually they are responsible for the care of children and siblings, must be employed in informal jobs to provide income, are mostly victims of physical abuse by their partners and for whom the possibilities of accessing education and health services are more restricted.

Policies of prevention, attention and restitution of rights to women who are victims of the armed conflict tend to reduce the disproportionate impact of the war, prevent sexual violence, intra-family and community violence against the woman victim of forced displacement and ensure compliance to the guidelines of the Victims Law. Even so, the sexual and reproductive health needs of women in situations of forced displacement are not a priority in the face of the need to resolve issues such as housing, feeding and caring for children and adolescents.

The presence of community leaders knowledgeable in sexual and reproductive health topics who share the same social context and even the same history of forced displacement and sociopolitical violence of other women settled in the main cities, facilitates access to information and accompaniment in situations of unwanted pregnancies, sexual violence, intra-familial violence and other vulnerable situations, all of which reflects a strong commitment, community work and leaders who guarantee the rights of women in the most vulnerable positions.

3. Positive impact upon the lives of community leaders who are part of the project

Identifying leaders interested in being advocates of sexual and reproductive health is not an easy task. Even so, when a community leader becomes involved, she manages to recognize the changes that she has developed in her life history, believe in the ability of women to be owners of their decisions and especially, consider that the decisions regarding her body must be autonomous.

Through the duration of the Project, we have witnessed processes of personal and familial actualization of the leaders, especially in strengthening their autonomy and self-esteem. Community leaders have had the opportunity to reflect and question their self-esteem, close cycles of intra-family violence, and provide their children with another type of sex education.

Out of 30 community leaders that have participated in the Project, 25% finished their basic secondary education and some of them finished technical studies in nursing and pre-schooling.

Three of them have established themselves in the workforce within State institutions as advocates of sexual and reproductive health.

Conclusions

-In its five-year implementation, the Project has effectively consolidated a strategy to guarantee a woman's right to choose motherhood through the training of community leaders who are sensitive to the circumstances of women in low socio-economic spheres and are able to provide access to services for voluntary interruption of pregnancy in a timely manner.

- Given the conditions of sociopolitical violence that Colombia has been experiencing for more than 50 years, it is women in situations of forced displacement, direct victims of war, who are at risk of human rights violations, particularly their sexual and reproductive rights. The need to take action aimed at comprehensive care requires work in conjunction with state institutions responsible for their welfare and actions with civil society, such as the Community Leaders Project, in order to break down the barriers in the access to sexual and reproductive health services.

- Issues concerning unwanted pregnancy and the risk of clandestine abortion practices continue to be entrenched as one of the main problems that women in Colombia experience daily. This situation reflects the crucial need to take action to fully guarantee sexual and reproductive rights. Mobility, economic, and administrative barriers are overcome through teamwork between the community leader and civil society organizations responsible for ensuring compliance with the ruling c-355 of 2006.

- The legislation in Colombia on sexual and reproductive rights is considered one of the most advanced in Latin America. The Political Constitution of 1991 establishes the legal and juridical conditions to recognize the free development of autonomy and health as a fundamental right. However, there are still restrictions regarding the autonomy of women over their bodies and the naturalization of the reproductive as an exclusively feminine issue, generating barriers for obtaining legal abortion services from the State and civil society groups.

References

Aguirre, P. Montañez, M y otros (2011). Sistematización de la experiencia: Derechos sexuales y reproductivos en comunidades vulnerables. Fundación Oriéntame. Colombia.

Corte Constitucional (2006). Sentencia C-355/06. Referencia: expedientes D-6122,6123 y 6124. Demandas de inconstitucionalidad contra los Arts. 122, 123 (parcial), 124, modificados por el Art. 14 de la Ley 890 de 2004, y 32, numeral 7, de la ley 599 de 2000 Código Penal. Bogotá.

Caro, C, Facundo, y otros. (2014) ABORTO: experiencias, situaciones, debates en Colombia y América Latina. Facultad de Ciencias Humanas, Escuela de Estudios de Género. Universidad Nacional de Colombia.

Foucault, M. (2002) El dispositivo de sexualidad. En: La voluntad de saber. Historia de la sexualidad I". Siglo XXI. México.

González Vélez, Ana Cristina y Castro, Laura. "Barreras de acceso a la Interrupción Voluntaria del Embarazo en Colombia". La Mesa por la Vida y la Salud de las Mujeres. Bogotá. 2017.

Grupo de organizaciones firmantes (2013) Una mirada a los derechos de las mujeres en Colombia. Informe alternativo presentado al Comité de la CEDAW de Naciones Unidas -2013. Colombia.

PACHECO, Carlos Iván y ENRÍQUEZ, Carolina (2011) . Derechos de salud sexual y reproductiva de los desplazados internos colombianos. En: http://www.fmreview.org/es/pdf/RMF19-20/rmf19-20_25.pdf

PROFAMILIA.(2005) Salud Sexual y Reproductiva en Zonas Marginadas. Encuesta Nacional de Salud Sexual y Reproductiva en Zonas Marginadas. Situación de las mujeres desplazadas .Colombia

Serrano, J. Pinilla M, Martínez, M y otros. (2010). Panorama sobre derechos sexuales y reproductivos y políticas públicas en Colombia. Centro Editorial Facultad de Ciencias Humanas- Universidad Nacional de Colombia

Villarreal, C. (2011).Embarazo no deseado y aborto inducido en Colombia: causas y consecuencias. Nueva York: Guttmacher Institute.

Viveros, Mara (1997). EL aborto en Colombia: debate público y dimensiones socioculturales, en: Centro de Investigaciones sobre Dinámica Social (CIDS) Universidad Externado de Colombia y Centro de Estudios Sociales (CES), Facultad de Ciencias Humanas. Universidad Nacional de Colombia.