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# Abortion in Brazil - Todo mundo faz: An Analysis of Social Movements and Social Support for the Liberalization of Brazil's Abortion Law in Salvador, Brazil

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## Abortion in Brazil—Todo mundo faz.



An analysis of social movements and social support for the liberalization of Brazil's abortion law in Salvador, Brazil.

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## **Abstract and Key Words**

This study analyzed the current actions of feminist movements, black women's movements, and other advocacy groups that have a stake in the current debate for the legalization of abortion in Brazil. The purpose of the study was to assess the current political avenues for approaching the legislative body available to marginalized groups who are disproportionately affected by the criminalization of abortion. It was built upon a comprehensive review of existing literature, which found very little information on the actions of feminist movements and black women's movements in Northeast Brazil. The study was conducted over the course of four weeks in Salvador, Bahia. The methodology included interviews with four women affiliated with social movements, academic research organizations, and advocacy groups currently pushing for the legalization of abortion. Participant-observations were also conducted over the course of two days with the Marcha Mundial das Mulheres, an active feminist movement in Brazil. The study found that there is a lack of unity between feminist movements and other segments of civil society, which prevents the formation of a united front for the legalization of abortion. Alternatively, organized efforts by segments of society opposed to the legalization, specifically the Evangelical benches in legislative bodies, have gained strong momentum in recent years and are encroaching on existing sexual and reproductive rights. Furthermore, this study shed light on the issue of abortion as an instrument of oppression that perpetuates gender inequalities and institutional racism within a broader patriarchal society characterized by increasing religious fundamentalism.

**Key Words:** Abortion, legalization, gender-based violence, feminism, sexual and reproductive rights, institutional racism

### **Resumo:**

Este estudo analisou as ações atuais dos movimentos feministas, movimentos de mulheres negras, e outros grupos de defesa que têm um jogo no debate atual para a legalização do aborto no Brasil. O objetivo do estudo foi avaliar as vias políticas atuais disponíveis a grupos marginalizados, que são desproporcionalmente afetados pela criminalização do aborto, para se aproximar ao corpo legislativo. Foi construído em cima de uma revisão abrangente da literatura existente, que encontrou pouca informação sobre as ações dos movimentos feministas e movimentos de mulheres negras no Nordeste do Brasil. O estudo foi realizado ao longo de quatro semanas em Salvador, Bahia. A metodologia incluiu entrevistas com quatro mulheres filiadas com os movimentos sociais, organizações de pesquisa acadêmicas, e grupos de defesa atualmente empurrando para a legalização do aborto. Observações também foram realizadas ao longo de dois dias com a Marcha Mundial das Mulheres, um movimento feminista ativo no Brasil. O estudo descobriu que há uma falta de unidade entre os movimentos feministas e outros segmentos da sociedade civil, o que impede a formação de uma frente unida para a legalização do aborto. Como alternativa, os esforços organizados por segmentos da sociedade contra à legalização, especificamente a bancada evangélica em órgãos legislativos, ganharam um forte impulso nos últimos anos e estão invadindo os direitos sexuais e reprodutivos existentes. Além disso, este estudo esclareceu a questão do aborto como um instrumento de opressão que perpetua as desigualdades de gênero e racismo institucional dentro de uma sociedade patriarcal caracterizada pelo fundamentalismo religioso crescente.

**Palavras Chave:** Aborto, legalização, violência de gênero, feminismo, direitos sexuais e reprodutivos, racismo institucional

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## **Introduction**

### The Current State of Abortion in Brazil

There are currently only three instances under which legal abortion is permissible in Brazil: if a woman has been raped, if the pregnancy poses a risk to the mother's life, and in the case of anencephaly, a severe fetal malformation (Victoria, et. al. 2011). The illicit nature of the practice, however, does not reduce its high prevalence within Brazilian society. In 2010, researchers published the initial findings of a National Abortion Survey (PNA, Pesquisa Nacional de Aborto) conducted in Brazil's major urban centers. Of the 2,002 women between the ages of 18 and 39 that were surveyed, 15% reported having undergone an abortion at some point in their life. This figure does not reflect the actual number of abortions that occur; rather, it speaks to the proportion of women who have abortions—approximately one in five by the end of their reproductive lives (Diniz & Medeiros, 2010).

A *Lancet* report on Maternal and Child Health in Brazil found that, in 2008, only 3,230 hospital admissions for complications from abortion were for legal abortions, of the 215,000 hospital admissions within the Unified Health System (SUS, Sistema Unico de Saúde) that occurred for abortion related causes (Victoria, et. al. 2011). Experts assume that only one in five women who have abortions end up seeking treatment after the procedure, which would put the real number of women who had abortions in Brazil in 2008 closer to 1 million. There were three million births in that same year, suggesting that nearly one in four pregnancies were terminated (Victoria, et. al. 2011).

Unfortunately, the National Abortion Survey and the *Lancet* report demonstrate and identify serious shortcomings in contemporary epidemiological data on abortion in Brazil. The Survey itself was limited in scope by representing only literate women residing in urban areas, a common, but unfortunate logistical constraint that ignores women residing in rural areas and the periphery of urban centers. A systematic review of the existing literature found that most studies conducted are local; few are countrywide, and most take place in the country's Southeastern region (Menezes & Aquino, 2009). This fails to capture the variety of sociocultural experiences found within Brazil, and the different lived realities of Brazilian women who become pregnant and choose to have an abortion. All studies are complicated by response bias, and those that are derived from public hospital admissions within the SUS do not reflect the number of women who go to private clinics, and the decrease in abortion related hospitalizations in recent years, caused by an increase in non-invasive abortive methods, such as the use of the drug misoprostol (Menezes & Aquino, 2009).

## Abortion in Salvador

Despite these challenges, most comparative studies tend to converge on one common finding: while abortion is practiced by women of all social classes, young, poor, black women are the ones most commonly affected by clandestine abortions, and the ones most likely to suffer unequal consequences (Victoria, et. al. 2011). These results are congruent with the current situation in Salvador. The third largest capital in the country, with a female population of which 82% are classified as black or *parda* (mixed), Salvador has one of the highest maternal mortality rates in Brazil caused by unsafe abortion (Simonetti, Souza, & Araújo, 2010). Even when it is legally allowed, abortion is extremely difficult to access. As of 2013, there were only two health centers authorized to perform legal abortions in the entire state of Bahia: the Institute of Perinatology of Bahia (IPERBA) in Salvador, and a public hospital in Vitória da Conquista, in the interior of the state, with plans to expand services by 2014 (Mascarenhas, 2013).

In Salvador, there are four major health centers that receive the majority of admissions for abortion related causes: the maternity hospital Tsyla Balbino, IPERBA, the maternity hospital Prof. José Maria de Magalhães Neto, and the hospital Geral Roberto Santos. All of these institutions are located in peripheral neighborhoods and are the main health points for some of the poorest sanitary districts in the city (Simonetti, Souza, & Araújo, 2010). IPERBA, however, is the only one certified to attend women who are victims of sexual violence and administer abortions.

Salvador, like most Brazilian cities, suffers from the under reporting of maternal mortality caused by abortion because a proper surveillance system hasn't yet been put in place. Additionally, when the death of a woman of reproductive age occurs, there is no way to guarantee that her necropsy will include an analysis of the uterine cavity, which would show whether or not she was in the early stages of pregnancy (Simonetti, Souza, & Araújo, 2010). Two retrospective studies conducted for the years 1993 and 1998 found that abortion was the number one cause of maternal mortality in Salvador in those years, with an incidence much higher than what official statistics suggest, and differentiating it from other Brazilian cities, where most maternal deaths were caused by hypertension related complications (Simonetti, Souza, & Araújo, 2010). Furthermore, these studies demonstrated that women who live in the poorest peripheral neighborhoods are at a much higher risk of dying from maternal related causes, especially abortion, with the districts of Cabula/Beirú, Brotas, and Subúrbio Ferroviário experiencing the highest rates of maternal mortality (Simonetti, Souza, & Araújo, 2010).



## The Politicization of Abortion

### *Divisions within the Legislature*

In 2005, Brazil missed the closest opportunity it ever had to fully legalizing abortion. Former President Luiz Ignacio “Lula” da Silva established a tripartite committee with the intent of creating reforms to the existing abortion law, his stance being that abortion should be seen as a public health issue. The committee included members of civil society groups, legislators, and government officials. It put forth a bill that would have legalized abortion at the time, but it was discarded in the run-up to the 2006 presidential election, in which Lula was re-elected (Replogle, 2007). The Commission on Social Security and Family blocked the bill, and the dialogue was never continued, ostensibly because of the electoral costs it would incur (Saavedra-Fernández, 2013). This politicization of abortion also occurred during the presidential election of 2010, where the two leading candidates both expressed anti-abortion views despite running on otherwise progressive platforms (Victoria, et. al. 2011). The promise of reforms to the current abortion legislation has become a powerful form of political currency in Brazilian politics, both in the case of those who propose to liberalize the law, and those who intend to prohibit abortion under any circumstances.

An analysis of the legislative arena as it pertains to bills put forward regarding abortion reveals an interesting characteristic of Brazilian politics. During the period of 2000 to 2010, the Brazilian Worker’s Party (PT) put forward the most bills in favor of abortion. However, during that same period, it also put forward the most bills against abortion rights (Saavedra-Fernández, 2013). This contradiction is attributed to the influence of the *bancada evangélica*, or evangelical bench, a coalition of legislators belonging to multiple parties, who consistently blocks actions related to sexual and reproductive rights, even those put forward by factions they are politically aligned with (Saavedra-Fernández, 2013).

The influence of religious ideology in the legislature caused the stagnation of the bill proposed in 2005. In an interview on the pro-life blog *Sempre Família*, ex-legislator Luiz Bassuma proudly explains how he was instrumental in preventing the bill from moving forward, despite its strong support within the legislature: [Translated] “...I plunged headlong into what was happening and the project ended up not passing in the Social Security Commission by the difference of one vote. This only happened because I denounced what was the voting behavior of the PT, of my party, in their constituencies.” (Dias Lima, 2013) Bassuma went on to author the Estatuto do Nacisturo, which directly translates to the Statute of the Unborn, a law that would affirm that life begins at conception, and would mandate the

State to defend the right to life of the fetus, prohibiting abortion under any circumstance (Dias Lima, 2013).

### *The Role of Civil Society*

The debate in Brazil today has many actors that Saavedra-Fernández usefully organizes within three categories: advocacy groups, political elites, and social movements (Saavedra-Fernández, 2013). The easiest way to unravel their myriad agendas is to analyze how each defines the problem of abortion in the legal sense, determine what their stance is, and what strategies they use to bring it to the legislature. Arguments most often used by groups in favor of legalization include the defense of a woman's right to individual autonomy and the view of abortion as a public health issue that cannot be subordinated to religious or moral judgments. Conversely, groups opposing legalization most often defend the right to life of the fetus, and the state's duty to defend that right (Saavedra-Fernández, 2013). However, it is paramount that the current struggle for the legalization of abortion be understood within the framework of the broader feminist movement in Brazil, which gained its strength and identity during the years of the military dictatorship.

The issue of sexual and reproductive rights became a part of the feminist agenda in the 1970s and evolved as the country was re-democratized beginning in 1985. Discourse and initiatives in the 1980's were fueled by increasing concerns over sexual and domestic violence, as evidenced by the establishment of special police stations and shelters dedicated to women (Saavedra-Fernández, 2013). The movement, however, was dominated by groups in the South of the country, and the feminist agenda was set at various Congresses held in São Paulo, officially recognized as the Congressos Paulistas in 1979, 1980, and 1981 (Saavedra-Fernández, 2013). Although the first State Meeting of Black Women of São Paulo happened in 1986, the palpable diversification of the feminist movement did not occur until much later in the 1990's and early 2000's when groups such as *Fala Preta* and the Network of Organizations of Brazilian Black Women (AMNB) were formed (Saavedra-Fernández, 2013). What this means in practice is that the voices of groups of marginalized women in Brazilian society who have a stake in this issue have not entered the political arena until very recently.

A review of literature found that, today, several feminist groups dominate the national discourse and are considered most effective at approaching the legislature, these are: ANIS (Institute of Bioethics, Human Rights, and Gender), Católicas pelo Direito de Decidir (Catholic Women for the Right to Choose), and Rede Feminista de Saúde (the National

Feminist Network for Health and Reproductive Rights) (Saavedra-Fernández, 2013). All of these groups fall somewhere along the spectrum of advocacy for abortion rights, but Rede Feminista de Saúde is the most inclusive, bringing together many NGO's, research institutions, and feminist groups to promote a movement that is also anti-racist.

Finally, what can be said of the current situation in Brazil is that, much like epidemiological studies, most research on political avenues for the electorate focuses on advocacy groups and social movements that are based in large urban centers in the Southeast of the country. The intersectionality of these groups, if it exists, is not very well documented, which could suggest that a large portion of the population is being left out of the political discourse. Additionally, very little is said of the presence and role of feminist movements in Salvador specifically, where one would expect black feminism to predominate.

## **Problem Statement**

The purpose of this research is to identify the ways in which civil society groups in Salvador, Brazil are pushing for the liberalization of the current abortion law in the country. Very little research exists on the current political climate in the city regarding abortion, specifically as it pertains to the activities of advocacy groups and social movements. Despite the lack of reliable data, it is commonly acknowledged that the women who are disproportionately affected by the phenomenon of clandestine abortion are poor, young, black, and residents of the urban periphery. A *Lancet* report on reproductive health in Brazil found that, “Black women are three times more likely to die from unsafe abortions than are white women.” (Victoria, et al. 2011) Because the majority of the population of Salvador is black or *parda* (mixed) I expect to find strong support among women’s rights groups in the city for the liberalization of the current law. As such, this research will focus specifically on the black women’s movement and on civil society groups that work with marginalized populations.

## *Social Relevance*

The demonstrated differences in the reproductive health outcomes of women in Brazil across racial lines substantiate the need to critically analyze the social determinants of health that affect the women of Salvador. More importantly, there is a need for analysis of how the citizenry approaches the political process to promote changes and defend the rights that create a more equitable social environment. Because abortion is an issue that is highly controversial and taboo in everyday life, there is a lot of room for discussion from the voices that are trying to bring it to the forefront.

Even though the SUS provides complimentary contraceptive care, access can vary across sectors of the population, and it never fully eliminates the need for abortion services because not all methods of contraception are 100% effective. It is estimated that 27 million unintended pregnancies occur worldwide each year with the use of contraception and 6 million would occur even with perfect, consistent use (Grimes, Benson, Singh, et al. 2006).

Evidence suggests that the reasons surrounding the decision to have an abortion are associated with the socioeconomic concerns of having a child, not moral depravity or irresponsibility—arguments often used from the side of anti-abortion groups that permeate the debate (Grimes, et. al. 2006). If this is the case, it follows that women who are already at a socioeconomic disadvantage would be most adversely affected by the criminalization of

abortion. It would also suggest that subjective biases stemming from moral-religious arguments are influencing the objective, measurable health outcomes of women. In this case, judgment, stigmatization, and apathy by the general public and politicians maintain the current legislation regarding abortion in place. This is why it is important to study how groups are inciting a shift in the discussion from one of morality to one of improving health outcomes and securing the rights of women.

## **Methodology**

My study was, first and foremost, guided by an in-depth review of existing literature that centered on three critical topics regarding abortion in Brazil today; namely, its epidemiological profile in the country as a whole, its occurrence in the city of Salvador, and its politicization within Brazilian society. I chose to remain in Salvador and use it as the location of my research because a review of this literature found no body of work that focused on advocacy groups active in this region, or social movements led by black women—those whom abortion affects the most. From the beginning, it was clear that there was no singular group or organization that could have addressed all of the questions that this study seeks to answer. As such, the essence of my research lies in the structured interviews I was able to conduct with various women of different backgrounds who are currently at the forefront of the abortion debate in Salvador, and in the participant-observations conducted over the course of two days with a local feminist group.

### Interviews

Over the course of three weeks, I conducted four structured interviews with four women that have extensive knowledge in the fields of reproductive health, the health of the black population, and abortion in Salvador. They were all chosen because they are either directly involved, or familiar with the efforts of current social movements pushing for the legalization of abortion. The interviewees were introduced to me via my research advisor, Denize Ribeiro, and Paula Santos; two women who have combined social networks which span the fields of public health, race, and human rights in Salvador.

One set of interview questions was used for all of the women interviewed, primarily for the sake of structural clarity, but also in order to ascertain any perceived differences among them, which could later inform my analysis. Each interview was conducted in a location that was most convenient to the interviewee; this included individual homes and workplaces. This was done so that interviewees would feel most comfortable, and be able to speak freely and openly about the topic. For this same reason, the duration of the interviews was given no time constraint—only that which was determined at the convenience of the interviewee. Before the start of each interview, the women were made aware of their rights as participants in this study, and both written and verbal consent were obtained for being interviewed and recorded. Each interview was conducted in Portuguese and recorded using an audio recording device and written notes. Interviewees were made aware that the

recordings would not be reproduced, and would be used solely for the purposes of transcription and analysis.

### *Analysis*

The interviews range in length from fifteen minutes to over one hour. The interview questions were the same for all of the participants, but some evolved more fluidly than others. As such, some interviews also include slightly varied forms of the same questions, and questions that ask the participant to clarify or expand on something that was said. The use of a third-party transcription service was considered unethical given the sensitivity of the subject matter being discussed, and because the process of transcribing was, in and of itself, a form of analysis. All but one of the interviews were transcribed in full by the researcher. The interview that was not transcribed was analyzed by being played over again and taking detailed written notes on the answers that were given by the interviewee. The answers that were given by the interviewees were assessed for commonalities, from which broader themes were deduced. Answers that differed among the interviewees, or were uncommon, required that further research be done to assess their place within the general discussion. These will be addressed in the Research Findings and Discussion section of this paper.

### *Limitations and Ethical Considerations*

The biggest limitations to this research were the unavoidable time constraint and a lack of social capital. I had originally planned on interviewing more women and acquiring these contacts through the snowball method, but I found that the month of November is very busy for women involved in social movements and advocacy projects in Salvador. My sample was a convenience sample, and thus, carries all of the limitations that come with such a group. I am aware that, as a foreign student, I only had access to their expertise because the women who are helping me orient my research facilitated our meeting. Another limitation was the language barrier. While I am comfortable with my conversational Portuguese, being more fluent in the language would have ameliorated the rigidity of some interviews and allowed me to focus on what the interviewee was saying, not just on whether or not I was understanding correctly. Finally, there were many ethical considerations regarding this topic before I began this research, not least of all that some of these women may have had personal experiences with abortion in their lifetimes. For this reason, I chose to keep the identities of the interviewees anonymous, presenting only their professional profiles and affiliations with advocacy groups and social movements. That being said, all questions were purposely

worded to keep the topic as impersonal as possible. However, I am grateful for all of the answers, which were fearless, honest, and candid.

### Participant-Observations

The participant-observations occurred over the course of two days with a feminist group affiliated with the Federal University of Bahia (UFBA). The encounter was incidental, as I happened upon it on social media while searching for potential events in Salvador that might be pertinent to my research. The event, a march called, “25 de Novembro | Todas na Rua Contra Cunha: È Pela Vida das Mulheres,” which translates to “November 25 | All of us (feminine) on the street against Cunha: It’s for the life of women,” was to be held on November 25 at 3:00PM in Campo Grande, a well-known park in Salvador, very close to where I’m currently living. I determined that it was an event that would be extremely useful for my research because it was being hosted nationally by Marcha Mundial das Mulheres (MMM), or the Women’s World March, a feminist group that had come up in one of my interviews.

The cover photo was an image of a large banner that read “MULHERES CONTRA CUNHA! ABORTO LEGAL, SEGURO, E GRATUITO,” which translates to “Women against Cunha! Legal, Safe, and Free Abortion!” The event was public and was hosted locally by eight girls whom I later found out are leaders of the feminist network at UFBA. I also attended a preparatory workshop for the event on November 24<sup>th</sup>, held at the UFBA Student Union at the campus in the neighborhood of Federação. Since both of the events were public, I felt comfortable enough to enter those spaces without a facilitator. It was there that I introduced myself to the women and explained to them that I was conducting research on social movements pushing for the legalization of abortion.

### *Analysis*

Unwittingly, as the researcher, I became a part of the very process I am trying to comprehend, which is strategic activism in support of the legalization of abortion. The day of the workshop, I mostly observed, but was asked to participate by helping to make signs and other materials such as pamphlets and drums, which would be used during the march. The questions that I asked mostly pertained to the materials they were making for the march, which were all unfamiliar to me and specific to MMM’s marches. Before the end of the day, I recorded all of my observations in my research log, and reviewed them later that same day. The day of the march I collected data by recording videos and taking pictures as it was



happening. I asked the leaders of the march if it would be appropriate to take photos, and they encouraged it. However, every photo of individual people was obtained with verbal consent. I also recorded observations in my research log, and reviewed everything I collected later that night. Before the march began, every person present was given a copy of the songs and chants that were to be sung during the march. The lyrics of those songs guided my analysis of that experience because they are emblematic of what the entire movement represents, and because they speak of the grievances that these women take to the streets for.

### *Limitations and Ethical Considerations*

Limitations and ethical considerations regarding the participant-observations were centered mostly on my role as an outsider. My introduction into the group as an American student conducting research potentially impacted how much the women were willing to share with me, given that my motives for being present at their events were altogether ambiguous in their eyes, especially since I am not a Brazilian woman, and the current political situation they are living does not impact me directly. However, I felt that there was no way around this identification without being disingenuous. As a researcher, I made every attempt to tread lightly and not interrupt the natural course of events. I considered asking some of the women if they would be willing to participate in the interview portion of my research, but realized that because I am also the one transcribing all responses, the time constraint wouldn't feasibly allow for it.

During the march, I realized that my observations were also limited by my inability to discern the subtleties of certain Brazilian social interactions—subtleties that a foreigner simply cannot make sense of after three months in the country. Furthermore, I concede that concern for my personal safety, not maximizing public disturbance, was my first priority throughout the entire experience, given that we were interrupting traffic on major streets and shouting about things that usually put Brazilian society on edge.

## **Research Findings and Analysis**

### Introduction

When I began this research my goal was deceptively simple—acquire an understanding of what social movements are doing to push for the legalization of abortion in Brazil. Admittedly, within that goal there is a certain degree of subjective bias, which presumes that groups *should* be doing something in support of that end. As the researcher, I made a concerted effort to keep my own rationales, which are guided by an entirely different set of assumptions than those of a Brazilian woman, as separate from the potential motivations of the participants as I possibly could. Additionally, I was cognizant of the fact that focusing on the plight of black and marginalized women would introduce complex and unexplored schemas to the discussion. It was, in fact, a motivating factor.

What I did not expect, however, was to find that there is no better way to sum up the current situation in Brazil as anything other than “complicated,” a word that came up a lot during my interviews, and a fact that became quite clear during the course of my analysis. Any evaluation of the results of this study and discussion of their significance must begin with this concession. I found that my interview questions really needed to be broken down into two categories—those that pertain to what is actionable in the current abortion debate, and those that address much deeper issues within Brazilian society.

This section will be organized as follows. First, I will begin with the profiles of the participants that were interviewed and their respective affiliations with social movements and advocacy groups in Salvador. Next, I will give a simplified account of the participant responses to interview questions that pertained to the first category of interview questions mentioned above—the actionable, or what is actually happening in Salvador. Then, I will present the responses that contextualize the entire debate within Brazil using Salvador as the lens of analysis. These responses, which were unique, and illuminate important topics that I had not thought of, are organized thematically within the Discussion section into three categories:

- *Violence Against Women & Cultural Machismo*
- *SUS: How the criminalization of abortion reinforces institutional racism.*
- *Challenges to the Secular State: The threat of religious ascendancy in Brazilian politics.*

The discussion of these themes will also be contextualized and reinforced by visual and written accounts of my experiences over the course of two days with women from the Marcha Mundial das Mulheres (MMM), and the march that took place on November 25, 2015.

*Participant Profiles and Affiliations and their English Translations:*

**Participant 1:** *Feminist Activist*

- Rede Feminista de Saúde; The Feminist Health Network
- Rede Nacional de Promoção e Controle Social de Saúde das Lésbicas Negras (Rede Sapatá); The National Network for the Promotion and Social Control of Health of Black Lesbians.
- Rede de Atenção a Violência contra Mulher; Network of Attention to Violence Against Women.
- Movimento de Lésbicas e Mulheres Bissexuais da Bahia; The Movement of Lesbian and Bisexual Women of Bahia.
- Casa Cristal Lilás da Bahia; NGO focused on advocacy for the LGBT community.

**Participant 2:** *Researcher, Medical Doctor, Feminist Activist*

- Instituto de Saúde Coletiva/MUSA (Programas de Estudos, Pesquisa, e Cooperação Técnica em Gênero e Saúde); The Institute of Collective Health—a unit of the Federal University of Bahia. MUSA is the branch focusing on Studies, Research, and Technical Cooperation in Gender Studies and Health.
- Rede Feminista de Saúde; The Feminist Health Network.
- Comitê de Morte Materna; Committee on Maternal Mortality.
- Comissão Nacional da Mortalidade Materna; National Commission on Maternal Mortality.

**Participant 3:** *Researcher, Feminist Activist*

- Comitê Nacional da Saúde da População Negra; National Committee on the Health of the Black Population.
- Instituto de Saúde Coletiva/MUSA(Programas de Estudos, Pesquisa, e Cooperação Técnica em Gênero e Saúde); The Institute of Collective Health—a unit of the Federal University of Bahia. MUSA is the branch focusing on Studies, Research, and Technical Cooperation in Gender Studies and Health.
- Rede Feminista de Saúde; The Feminist Health Network.
- Odara—Instituto da Mulher Negra; Odara—Institute of the Black Woman.

**Participant 4:** *Researcher*

- Secretaria de Promoção da Igualdade Racial; Secretariat for the Promotion of Racial Equality.

*Participant Responses [Translated and Paraphrased]*

**How is the abortion debate discussed in Salvador?**

Participant 1:

- Salvador is an interesting place because it is now the only city to pass a law that designates an Anti-Abortion Day.<sup>1</sup> No other municipality has that law, which demonstrates the influence of religious fundamentalism in the city.
- The debate is generally the same in the large capitals where women have easier access to Cytotec<sup>©2</sup> and abortion clinics, but even with various forms of communication it is a difficult debate to have.
- The Participant used this time to explain the exacerbated difficulties of women and girls who live in the interior of the State of Bahia, where fewer resources are available and they are often forced to resort to invasive, rudimentary methods for abortion.

Participant 2:

- The debate is the same in all of Brazil; it is polarized and subordinated to moral arguments.
- The debate is primarily in the capitals, very little is known about the interior.

Participant 3:

- Salvador is in a difficult position right now because the Evangelical bench in the City Council is very strong and it is trying to rollback everything that we have achieved, not just in terms of abortion, but also other areas of health and education.
- The Evangelical bench chose to establish an Anti-Abortion Day in May, which is also the Month of Mothers.
- The Evangelical bench is intervening dictatorially in people's lives, in their choices, in their rights, in democracy. It is a new way of doing politics.

Participant 4:

- It is a very religious discussion. People say that the first week you become pregnant you are carrying a life and soul, so the discussion is about that life and that soul. It is a very dangerous way of discussing it because the state is secular, so what is discussed under the law should also be secular. The religious discussion forgets about the women, it puts all of the gods above the women, and continues to punish them.

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<sup>1</sup> Participant 1 is referring to a recent law passed by the City Council of Salvador to recognize the second Friday of the month of May as the Municipal Anti-Abortion Day, beginning in 2016. Councilwoman Cátia Rodriguez, a member of the Evangelical bench in Salvador's municipal government, proposed the law. It was referenced by the other participants as well, and will be expounded upon further in the Discussion section of this paper.

<sup>2</sup> This is the most commonly used abortive drug.

## **Who are the groups currently involved in these discussions?**

### Participant 1:

- Feminist groups.
- Young feminists.
- Rede Feminista de Saúde
- Marcha Mundial das Mulheres
- The Fora Cunha movement

### Participant 2:

- Women's movements, specifically black movements and feminist movements.
- LGBT movements
- Católicas Pelo Direito de Decidir. The participant described this group as "emblematic."
- Some journalists. In Salvador, specifically, Malu Fontes.

### Participant 3:

- Women's movements, above all, feminist movements.
- Movements of women from neighborhoods and communities.
- Women from diverse areas.

### Participant 4:

- Various black feminist movements.
- Political parties.
- On the opposition there is the bancada evangelica, made up political elites, "machistas," white men, sexists, and misogynists.

## **What are some of the strategies that they are using to bring this issue to the legislature and halls of power?**

### Participant 1:

- No strategies.
- The only strategy is to take to the streets, speak to people, yell into a megaphone.
- A strategy is desperately needed.

### Participant 2:

- Consciousness raising campaigns.
- Sensibilization campaigns for legislators.
- Public audiences.
- Production of educational materials.

### Participant 3:

- Advocacy. The participant explained that the feminist movement is very organized in the sense of advocating for various agendas, specifically by contributing written documents that can be used by the legislature.

### Participant 4:

- Organizing campaigns
- Writing documents and articles
- Consciousness raising campaigns.

## **What do you believe are the biggest obstacles for the movement currently?**

### Participant 1<sup>3</sup>:

- Divisions within the feminist movement. The current feminist movement is not united and adheres to a certain heteronormativity. It has not yet started to include those who identify as transgender, but still have reproductive capabilities.
- There is an organized front against the legalization of abortion and the feminist movement has allowed it to grow by being disorganized itself.
- Legislatures have to understand that abortion is a matter of public health.
- Religious fundamentalists, Catholics as well as Evangelicals.

### Participant 2:

- Brazil is in a very delicate situation right now. The recession has made the class struggle much more visible.
- A female President who could have done a lot for women has been extremely politically isolated because of the recession.
- Abortion isn't a priority, even in better times.
- Feminist movements haven't been able to form a united front and build an alliance with other social actors to decriminalize abortion.
- Women themselves. They aren't exposed to a debate that is less polarized. For example, pro or against life, murder not murder, sin or not sin, right or wrong. If the debate remains simplistic, responses will remain simplistic.
- It is not an easy conversation to have.

### Participant 3:

- The participant explained that the current movement is at a standstill and it is hard to determine what the biggest obstacles are because so much energy needs to go into ensuring that what has already been achieved is actually being put into practice. For example, there are current efforts to rollback the availability of the morning after pill in the case of rape, and it is still very difficult to access legal abortion.

### Participant 4:

- The Evangelical bench.

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<sup>3</sup> This question was not directly asked to Participant 1 because the researcher felt it was answered over the course of a very long conversation that stemmed from a different line of questioning. Asking it again, at the time, was considered redundant.

## Discussion

### Violence Against Women & Cultural Machismo

#### *An Epidemic of Gender-Based Violence*

During the course of my analysis, I found that the most common way the participants expressed their perception of the matter of abortion in Brazil is as another instrument of oppression used against women within a broader patriarchal society. They informed me that abortion is in many ways inextricably linked to the epidemic of violence against women in Brazil—physical, psychological, and sexual, among many other forms of violence—both in the domestic and in the public sphere. I was most impacted by Participant 1's accounts, which are guided by her prolific experience with the Network of Attention to Violence Against Women:

[Translated] “...And women have to see something that they don't yet see, that even if the guy is her boyfriend, or her husband, the matter of rape is very strong. So, for example, if she becomes pregnant by her boyfriend she might say, 'No I'm pregnant with his child I won't have an abortion because he's my boyfriend, I'm married to him, he only raped me because I didn't want to have intercourse with him, but because he's my boyfriend he owns me. Or because I'm married and he owns me I won't have an abortion.' That's how society is. So, many women also have children without wanting to for themselves. And society puts you in that box. You have to be the perfect woman—you got married so you have to be chaste. Because when you get married sometimes you are signing your own death sentence, for some women. I think that rape within marriage is something many women haven't understood yet, they think what he's doing is love. Even without her wanting him there. So many women don't have that notion.

*It's all a process because the matter of culture is heavy. It's very heavy for some women, and some women can never get out of it. Because her grandmother suffered through it, her mother suffered through it, she is also going to suffer through it, her daughter is going to suffer through it. It's a cycle, a cycle of violence. The son sees his father beating his mother, so then he will go beat his girlfriend, then his wife, then it comes around again because his son sees what he is doing...so it's a cycle. So I think that abortion is like I said before, very difficult for some women. It's very complicated to talk about. Because it's painful, and women sometimes can't bring themselves to talk about it. They can't do it. And for men it's easy, 'Yeah my girlfriend had an abortion, my ex-girlfriend did too.' So for them it doesn't make a difference. It's nothing. Because he's going to have another girlfriend that will also have an abortion, and he'll leave her, and that's how it goes. The girls are always left alone. And because men don't get pregnant, it will continue. I don't think abortion will progress very much.” (Participant 1)*

Participant 1's piercing criticism of existing gender inequalities and domestic violence is substantiated by very recent data gathered on violence against women in Brazil. Flacso, a well respected institution dedicated to promoting the social sciences in Latin America, set out to map the incidence of violence in the country using the most recent data from the National Information System on the Reporting of Assaults within the Ministry of Health, which provides information on all the registered cases of treatments within the Unified Health System (SUS) for injuries caused by domestic violence against women, children, and the elderly. They used the most recent data available, which pertained to the years 2003 to 2013. The study found that for adolescents between the ages of 12 and 17, the majority of perpetrators of violence against them are fathers, intimate partners, and former intimate partners. For women between the ages of 18 and 59, the principal perpetrator is most commonly an intimate partner or a former intimate partner. The study also found that sexual violence is the third most common type of violence inflicted, after physical and psychological violence, with the highest incidence in children up to the age of 11 and adolescents (Waiselfisz, 2015).

Furthermore, the most disturbing findings of the study have to do with the unacceptably high levels of homicides against women in Brazil. In 2013 alone, 4,762 women were murdered, an astronomically high number that is lost to indifference, given the size of Brazil and the spread of its occurrence. Of those homicides 50.3% were perpetrated by family members, and 33.2% by an intimate partner. Most importantly, this study was able to give a face to the victims of gender-based violence in Brazil—black women. Between 2003 and 2013, the homicide rate for white women dropped by 11.9%, while for black women it increased by 19.5%. What this means is that, proportionate to the size of their respective populations, 66.7% more black girls and women are murdered than white girls and women. When one takes into account that the majority of homicides against women occur by someone they know, usually using physical force or a penetrating object, as opposed to a firearm, an extremely grim picture of gender-based violence begins to form, as expressed at the conclusion of the report by its author:

[Translated] *"The normality of violence against women within the cultural horizon of the patriarchy justifies, and even "permits" men to practice this violence, in order to punish and correct feminine behaviors that transgress the expected role of mother, wife, and housewife. The same "justifying logic" also happens in cases where the violence is carried out by strangers against women who are considered "transgressive" of the role or culturally expected behavior and/or duty imposed on them. In both cases the victim is blamed for the aggression suffered, either for failing to meet the domestic role assigned to her, or for "provoking" the aggression of men on the streets and public transportation, or for displaying her body or "dressing like a prostitute." (Waiselfisz, 2015).*



The relevance and importance of these results cannot be understated, and was made clearer to me during my time with members of the Marcha Mundial das Mulheres. The march that I attended took place on November 25<sup>th</sup> for a very specific reason—it is the day that was designated by the United Nations as the International Day for the Elimination of Violence Against Women (United Nations). It also marks the start of the 16 Days of Activism Against Gender-Based Violence, another campaign led by the United Nations, which begins slightly earlier in Brazil with the National Day of Black Consciousness on November 20<sup>th</sup>. It is a day set aside to recognize the historic oppression and discrimination of the black population in Brazil and bring attention to the disproportionate number of black Brazilian women who are victims of gender-based violence (Waiselfisz, 2015). The fact that the feminist leaders of the Marcha Mundial das Mulheres also chose that day to focus on the criminalization of abortion and the ouster of federal legislator Eduardo Cunha for his consistent attacks against sexual and reproductive rights indicates a response to a very specific type of violence being inflicted on Brazilian women that is both structural and socially sanctioned.

### *Abortion in the case Rape*

The preceding discussion on the epidemiology of violence in Brazil brings us to the matter of rape—a particularly contemptible act of violence, and one of the situations under which abortion is legally allowed. Participants consistently asserted that while the law explicitly says that the state must protect a woman’s right to terminate a pregnancy that was the result of rape, the current system in place doesn’t guarantee this right, and is, in fact, actively trying to deny it. Participant 2, an experienced medical doctor and researcher, articulated this during our interview:

*[Paraphrased] The perversity of the law is that it also ends up criminalizing the situations where abortion is legally permitted. Very few services are available for women, they are concentrated in the capitals, and staffed by doctors who are morally opposed to the procedure, so the woman ends up not being attended, she has to come back and wait for a doctor that isn’t morally opposed to the procedure. And when they enter those spaces they are already suspected of lying, not of being women who are exercising the right granted to them by the state! And who are those women? Not white women. Imagine what it’s like for a woman in the interior, in a state as massive as Bahia, after the woman suffers the initial shock of the violence, then finds out she’s pregnant by her rapist, then she has to ascertain what that means to her, decide if she will terminate the pregnancy, realize the only place she can do it is in Salvador, and apparently Vitória da Conquista...how much time has passed? The law reinforces those social inequalities. (Participant 2)*

This assessment is validated by the current situation in Salvador. The only institution legally allowed to terminate pregnancies resulting from rape in Salvador is the Institute of Perinatology of Bahia (IPERBA). The most recent data available was for the year 2007 in which only 38 cases were attended, of which just 12 ended in an interruption of the pregnancy caused by rape. Of these victims, 35% were between the ages of 10 and 14, 23.6% between 15 and 19, and 34% between 20 and 29 (Simonetti, Souza, & Araújo, 2010). Given what is known about the rise of violence against women, especially sexual violence, it would seem that there is a jarring discordance between what women are legally guaranteed and what they are actually experiencing in these abortion service centers.

A recent qualitative study, which interviewed 82 health professionals in five of these centers across Brazil came to an already recognized conclusion within the medical field—when it comes to rape, the word of the victim is suspect, and put through a variety of subjective tests by the medical professionals attending her. The authors of the study began by

presenting an incisive definition of “legal abortion” in Brazil: “‘Legal abortion’ is a Brazilian expression that describes the ambiguity of the punitive framework and public policies.”(Diniz, Dios, Mastrella, 2014). What they are suggesting is that there is an apparent disagreement within the legal framework, which criminalizes voluntary abortion as an act against life, wherein the victim is the unborn child, but allows abortion when the woman can be morally construed as the victim herself. The researchers go on to explain how this ‘moral economy’ affects the actions of medical professionals, whose behavior is guided by the preconceived notion that they are potentially being deceived into committing a crime, both legal and moral. To protect themselves from this, they submit women to a series of subjective tests that they must pass, first, in order to prove the casual relationship between the said rape and the resulting pregnancy, and then to convince themselves that the woman meets the criteria for that specific victim profile. This is established through an analysis of her behaviors; such as the way she talks about the crime, her gestures, her emotions. In the end, victims are stripped of their legitimacy and ownership over their truths (Diniz, Dios, Mastrella, 2014).

The pivotal role that medical professionals play during these situations was also brought to my attention and acknowledged by Participant 1 during our discussion of the role of the SUS in the case of rape:

[Translated] *“You have to understand how health professionals are, our health professionals come with their own religions, despite the fact that we have all those campaigns for the secular state. But when a nurse comes in, and she’s a nurse from the church, she comes in carrying everything that she gets from the church. She says ‘No, my God, keep the child, it’s a life.’ And she succeeds, especially if the girls are young, she stays without that sensitivity for the girls, she doesn’t sensitize the girls to have the courage to not go through with it after that violence, she sensitizes them to have the child of one of those types of men.” (Participant 1)*

For some reason, my foreign naiveté had not allowed me to even consider these as potential realities before the start of this project; I was under the impression that rape as an exception to the current law meant that there is *some* justice within the existing system. This newfound knowledge, however, was indispensable when it came to understanding the basis of one of the strongest social movements currently taking place all over Brazil, a movement that I got to experience firsthand in Salvador—the Fora Cunha movement.



*Young women marching against Eduardo Cunha and the PL 5069/13 on Avenida Sete de Setembro in Salvador. November 25, 2015.*

Eduardo Cunha is currently the president of the Federal Chamber of Deputies of Brazil, the legislative branch of the government. A self-proclaimed Evangelical, he has also become one of the most polemic figures in Brazilian politics. His role within the *bancada evangélica* will be discussed later in this paper. This section focuses specifically on Projeto de Lei 5069/13, a bill of his authorship that was recently approved by the Brazilian Committee on Constitution, Justice, and Citizenship (Castro, 2015).

As was elucidated in the previous section, the current treatment of women seeking abortion after a rape is uncertain at best, abusive at worst. The aforementioned obstacles notwithstanding, under the current law, all hospitals that are members of the Unified Health System (SUS) are required to provide victims of rape with information on the prevention of pregnancy, their legal rights, and the health services that are available to aid them. These health services include the administration of the morning after pill, an explicit clarification that abortion is legal in the case of rape, and information on what the next steps would be should that be the decision made. Alternatively, if the woman decides not to terminate the pregnancy, hospitals are also required to provide the victim with information on pre-natal

care and other options besides keeping the child, such as putting them up for adoption (Castro, 2015).

If PL 5069/13 were to be passed in the legislature, all of these services would become effectively criminalized. The law would deem it a crime against life to provide any information on substances, processes, or objects that can be used to cause an abortion. It would also become a crime to instruct or advise the woman on how to undergo an abortion, and to aid her in doing so, even if it is done for the purpose of harm reduction. Additionally, this new crime would become punishable by four to eight years in jail, except if the person aiding the woman is a doctor, pharmacist, nurse, or public health official, in which case it would be punishable by five to ten years in jail. If the pregnant victim is a minor, the punishments would be increased by one third (Haje, 2013).

According to Cunha, these new measures would fill the current gaps in the Brazilian legal system, which do not address the illicit



*Signs used during the Fora Cunha march. November 25, 2015.*

traffic of abortive drugs, and do not explicitly determine a punishment for individuals who motivate women to have an abortion (Haje, 2013).

To address the potential disagreements these measures would cause with the existing law regarding the treatment of victims of sexual violence, the bill also seeks to redefine what is considered rape. The current understanding of rape considers any form of non-consensual sexual activity a crime. Under PL 5069/13, only events that result in physical and psychological harm would be considered a crime against sexual freedom, and these would have to be validated and proven by forensic tests. Furthermore, in order for a doctor to perform a legal abortion, the victim would have to undergo a forensic examination and communicate this to the police, a process that victims are currently not subjected to (Castro, 2015).

Unsurprisingly, Eduardo Cunha has become Enemy Number One of many feminist and social movements. The march that I attended in Salvador was just one of many that occurred in Brazil that same day organized by the Marcha Mundial das Mulheres. Other cities where marches took place include São Paulo, Belo Horizonte, Fortaleza, Juiz de Fora (Minas Gerais), and Porto Alegre. A vast majority of the attendants were young women although there were also some men; all were self-described feminists, their sentiments—indignation and universal outrage. Words I saw and heard used against Cunha were ‘corrupt,’ ‘misogynist,’ ‘homophobe,’ and ‘machista,’ among others. Besides the blatant attack on women’s rights, there is a general understanding among social movements that these new measures are also racist, as they exclusively affect users of the public health service, who are mostly black and poor. The songs and chants known to most of these women and shouted via megaphones with the help of makeshift drums best capture the atmosphere of the march:

*PRO MACHISMO ACABAR*

*E pro machismo acabar  
Queremos revolucionar  
Se as feministas se unir  
Eduardo Cunha vai cair, vai cair, vai cair! (4x)  
E o feminismo vai subir, vai subir, vai subir!*

*MARCHA, MULHER*

*Marcha, mulher, marcha  
Sua bandeira na mão impunha  
Viemos de todo Brasil  
Pedir a cabeça do Eduardo Cunha*

*FOR MACHISMO TO END*

*And for machismo to end  
We want to revolutionize  
If feminists unite  
Eduardo Cunha will fall, will fall, will fall! (4x)  
And feminism will rise, will rise, will rise!*

*MARCH, WOMAN*

*March woman march  
The flag in your hand imposes  
We came from all over Brazil  
To ask for the head of Eduardo Cunha*



SUS: How the criminalization of abortion reinforces institutional racism.



*A young woman holds up a sign that says, “Don’t let the black woman die in the hospital line. No to PL 5069” during the Fora Cunha march in Salvador. November 25, 2015.*

Following the pattern of systematic violence against women, and specifically black women, the discussion can now turn to another area of the abortion debate that each of the participants addressed, and came to a general consensus about—the role of the Unified Health System in perpetuating racial inequalities. This is expressed in a variety of ways, some clearer than others. Although this topic came up at various points during the interviews, Participant 4 expressed it most distinctly when asked what social or racial groups she believes are most negatively affected by the current abortion legislation:

[Translated] *“Black women, because the majority of white women have support, from family, or if not from the family, then from a medical space. When a black woman arrives in an emergency room she is treated differently. There’s a thing that exists in Brazil called institutional racism, which is what prevails, which is what exists when you treat people of different races differently, and that’s not different for women who suffer abortion. And those women that go after having an abortion, the doctor lets them suffer more, because he says she can take it, because she was the one that wanted it, so she’s going to suffer that aggression. She will endure more suffering and cry more.” (Participant 4)*

This account speaks to the racial divide that exists in terms of *how* and *where* abortions take place; for white women who can afford it, it is usually in private clinics. Black women with few resources are forced to resort to the illicit market for drugs such as Cytotec®, or other more invasive methods, and then the public hospital system if any complications occur. Participant 2's years of experience in the medical field and abortion research shed light on the painful details of these women's situations:

[Translated & Paraphrased] *Some women are above the law because they have the money, but we have no studies on private clinics. There is a qualitative one that is due to come out soon that shows that women who go to private clinics are also at risk of being mistreated because it is a domain where the state has no influence. The doctor can do whatever he wants.*

*But it's the women who have no resources that will turn to misoprostol and suffer the effects of the law. Having money or "cultural and social capital" defines two very different paths. Women who don't have money begin a trajectory of abortion that is extremely tortuous. They aren't going to resort to just one method; they're going to go through the fear and mental anguish of not knowing if it worked. They'll go buy misoprostol, risking dangerous exposure to the illegal drug trade. Then there is the question of the nature of the relationship to her partner. Are they buying counterfeit misoprostol? Using it correctly? Incorrect usage has been linked to fetal malformation. They suffer the wait, sometimes it works, and sometimes it doesn't. Then they go to the hospitals and medical professionals come from universities where abortion is not discussed and they don't want to get involved. (Participant 2)*

Participant 2 goes on to explain that within the Unified Health System, medical professionals use a completely incorrect model for treating complications from abortion. First, women who are suffering from the complications of an abortion are sent to maternities, hospitals for mothers and their newborns. This ignores any psychological effect that could potentially have on someone who has decided to terminate a pregnancy. Additionally, there is still a prolific use of curettage, a process in which a sharp instrument is used to remove the contents of the uterus (Participant 2). This occurs despite the fact that the World Health Organization recommends vacuum aspiration as the best method of uterine evacuation because it is less invasive, requires less anesthesia, and is associated with shorter hospital stays and better patient outcomes (Grimes, Benson, Singh, et al. 2006). Finally, Participant 2 expressed that patients don't receive proper information on contraception and self-care after the procedure.

The recognition of institutionalized racism within the SUS was a message that was clearly on display during the march on November 25<sup>th</sup>, but I was first alerted to this during



the preparatory workshop at UFBA the day before it took place. The workshop involved sitting on the floor of a large, open room brainstorming ideas for posters and banners that would be used during the march. During our introductions, I learned that none of the young women present were studying health related majors. At one point, a girl in the group started singing a song that would stick with me as symbolic. I realized that despite coming from different academic backgrounds, they all believe they have a stake in promoting social awareness of issues that are deeply ingrained within their society. The song goes like this:

*NÃO DEIXE A NEGRA MORRER*

*Não deixe a negra morrer*

*Na fila do hospital*

*Quantas negras vão ter que morrer?*

*Pra que o aborto se torne legal?*

*DO NOT LET THE BLACK WOMAN DIE*

*Do not let the black woman die*

*In the hospital line*

*How many black women will have to die?*

*For abortion to become legal?*

## Challenges to the Secular State: The threat of religious ascendancy in Brazilian politics



This discussion will conclude with an analysis of the abortion debate in relation to Brazil's current political landscape. Above all else, the results of this study, derived from both the interviews with participants and my observations in the field, point to the rise of religious fundamentalism within the Brazilian legislature as the single most important obstacle to securing the legalization of abortion. There was not one conversation that I had throughout the course of this study that did not mention the influence of the Evangelical bench and the rise of conservatism within Brazilian society. This, however, contradicts the documented realities that women experience within the private sphere. In the women that were sampled in the National Abortion Survey of 2010, no significant difference was found between the rate of abortion and religious identification—Catholic women underwent the most abortions, followed by Protestants, Evangelicals, and other religious groups—a reflection of the broader religious composition of the country (Diniz & Medeiros, 2010).

In Salvador, councilwoman Cátia Rodrigues, a member of the Evangelical bench of the municipal government successfully proposed a law that establishes an Anti-Abortion Day in the month of May despite hailing from a minor political party (Participant 2). Participants 1 and 2 addressed this issue during their interviews and suggested that this is evidence of an even more disturbing reality—not all women have the interests of women in mind. As expressed in the results above, the argument that is used by defenders of the pro-life movement by far remains one founded on subjective, moral-religious beliefs that defend the

right of the unborn fetus above the rights of the woman. The way Participant 4 addressed this debate within Brazilian society today brilliantly captures the feeling of frustration that I experienced from all of my interviewees, and from the women who attended the march on November 25<sup>th</sup>.

[Translated] *“There’s a bias. When you talk about the genocide of the black population, which is what the armed faction of the state does, which is the police, people think it’s cool, they think it’s cool to kill drug traffickers, thieves, non-drug traffickers, non-thieves, just black youth. But when you talk about abortion, there exists the hypocrisy of saying that those people have the right to life, that that child has the right to life. That’s when I ask myself, how is it that it can be so dichotomized? Who has a right to that life? Who is it that really decides who can have that life? People don’t know, they think just about the life of a supposed child that will be born, but they don’t think about the black youth that is dying. So abortion, it’s not legalized, but it exists, it could be that out of five women three already had an abortion, then it becomes a matter of public health, but everyone pretends like it doesn’t exist. Everyone.” (Participant 4)*

These same sentiments were expressed in one of the most politically charged songs that were used during the march. The song goes like this:

*O ESTADO É LAICO (funk)*  
*O estado é laico, não pode ser machista*  
*O corpo é nosso, não da bancada*  
*moralista*  
*As mulheres tão na rua por libertação*  
*Os fundamentalistas não mandam na*  
*gente não!*  
*E pra lutar contra o machismo,*  
*venha com as feministas*  
*O Eduardo Cunha, ele nos indigna*  
*O feto na barriga tá valendo bem mais*  
*E a vida das mulheres tá ficando para*  
*trás!*

*THE STATE IS SECULAR (funk)*  
*The state is secular, it can not be sexist*  
*The body is ours, not of moral bench*  
*Women are on the streets for liberation*  
*The fundamentalists do not rule the*  
*people they do not!*  
*And to fight against sexism,*  
*come with the with feminists*  
*Eduardo Cunha, he in unworthy*  
*The fetus in the belly is worth much more*  
*And women's lives are being pushed*  
*back!*

## Conclusion

### *Epidemiological Realities*

When it comes to abortion, there is a singular, inescapable phrase that is used by Brazilian women—“todo mundo faz.” Everyone does it. Hence, the title of this paper. The existing epidemiological data, with all of its limitations, points to this fact, as the prevalence of abortion in Brazil each year is said to exceed one million. All in all, the participants of this study attributed this phenomenon to the inefficiency of the law as a failed public policy that does nothing to limit the number of abortions that occur, and instead just pushes the procedure into the shadows. One participant suggested that policymakers should view legalization as an efficient way to regulate the practice.

### *The Role of Civil Society*

This study was successful in identifying some of the active efforts being taken up by members of academic research organizations, feminist groups, and other advocates of social justice. The one major event I attended, a march against legislator Eduardo Cunha and for the legalization of abortion, was an example of one of the strategies expressed by participants—take to the streets. The participants of this study who are most involved in social activism for the legalization of abortion generally agreed that there is a lack of unity between various feminist movements and other social actors, potentially caused by a lack of inclusivity, or an ignoring of the growing need for *intersectionality*. One participant went as far as attributing the rise in strength of anti-abortion groups on this failure to form a united front for its legalization.

### *Abortion as an Instrument of Oppression*

An analysis of participant interviews determined that abortion cannot be viewed without acknowledging the issues of race, gender, and class within Brazilian society. The discussion section of this paper attempted to address three specific themes that came up the most during the interviews, and were specifically addressed by women of the Marcha Mundial das Mulheres on November 25<sup>th</sup>. These themes include: violence against women as an expression of deeply rooted gender inequalities, institutional racism as a product of structural violence that is perpetuated in public systems such as the Unified Health System, and the growing influence of religious fundamentalism in the political sphere, which negatively affects the health outcomes of women in the areas of sexual and reproductive rights.

### **Recommendations for further study:**

There are many different paths for research that can be taken when one takes up the topic of abortion in Brazil. The one I took examines just the efforts of members of organized civil society groups. Some other areas that can be researched are:

- The prevalence of gender-based violence, specifically rape, in Northeast Brazil.
- Efforts to develop an epidemiological surveillance system to better understand the prevalence of abortion within the private sphere.
- Different routes to legalization that would sidestep the legislature.
- The development of curricula in medical schools as it pertains to abortion.
- How different religious minorities are responding to growing religious hegemony in Brazilian politics.

This list is by no means exhaustive, and each on these can be altered to include even further research questions to be analyzed.

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## **Appendix I: Interview Questions**

**1) Você pode descrever o trabalho que você faz e o trabalho da organização com que você trabalha?**

1) Can you describe the nature of your work and the organization(s) you work for?

**2) Como você percebe a questão do aborto no Brasil e, especificamente, no Salvador?**

2) How do you perceive the issue of abortion in Brazil and, specifically, Salvador?

**3) Quais grupos sociais ou raciais você acha que são mais prejudicados pela legislação vigente?**

3) What social or racial groups do you think are most affected by the existing legislation?

**4) Quais grupos na sociedade você acha que são mais opostos ao aborto?**

4) What groups within society do you believe are most opposed to abortion?

**5) Como é que a política existente sobre o aborto influencia nos resultados da saúde das mulheres negras?**

5) How does the existing policy on abortion influence the health outcomes of black women?

**6) Será que o fenômeno do aborto clandestino afeta desproporcionalmente as mulheres negras?**

6) Is it possible that clandestine abortions disproportionately affect black women?

**7) Como é o debate sobre o aborto discutido no Salvador?**

7) How is the abortion debate discussed in Salvador?

**8) Você acha que é dada a atenção que merece?**

8) Do you think it is given the attention it deserves?

**9) Quem são os grupos ou os atores envolvidos nessas discussões?**

9) Who are the actors engaged in these discussions?



**10) Quais são algumas das estratégias que as organizações estão usando para trazer esta questão ao legislador e os corredores de poder?**

10) What are some of the strategies that organizations are using to bring this issue to the legislature and the halls of power?

**11) O que você acha que são os maiores obstáculos para o movimento atualmente?**

11) What do you believe are the biggest obstacles for the movement currently?

Pergunta Adicional/Additional Question:

**Se os homens pudessem engravidar, você acha que o aborto seria legal em toda parte?**

If men could get pregnant, do you think abortion would be legal everywhere?

## Appendix II. Informed Consent Form

### Termo de Consentimento Livre e Esclarecido

Prezado(a) Senhor(a)

Gostaríamos de convidá-lo(a) a participar de nosso estudo: **Aborto – um direito humano: Uma análise dos movimentos sociais e serviços sociais para a liberalização da Lei do Aborto no Brasil**, que tem como objetivo **formar uma imagem clara do que os grupos sociais estão fazendo atualmente para a legalização da Lei do Aborto em Salvador, analisar como esses grupos abordam o processo político e quais são suas razões para a liberalização da lei**.

A pesquisa, consistirá na realização de entrevistas, observações e/ou participações junto aos participantes do estudo e posterior haverá a análise do conteúdo destas entrevistas e/ou observações. Será conduzida dessa forma, pois pretendemos trabalhar com a experiência de vida dos(as) participantes da pesquisa.

Trata-se de um estudo, desenvolvido por **Maria Camila Caicedo** orientada pela **Sra. Denize Ribeiro**.

Garantimos que, a qualquer momento da realização desse estudo, qualquer participante da pesquisa e/ou estabelecimento envolvido, poderá receber esclarecimentos adicionais que julgar necessários. Qualquer participante selecionado(a) tem o direito de recusar-se a participar ou retirar-se da pesquisa em qualquer fase da mesma, sem nenhum tipo de penalidade, constrangimento ou prejuízo. O sigilo das informações pessoais dos participantes será preservado, especificamente, quanto ao nome, à identificação de pessoas ou de locais. Todos os registros efetuados no decorrer desta investigação científica serão usados para fins acadêmico-científicos e serão inutilizados após a fase de análise dos dados e de apresentação dos resultados finais na forma de monografia ou artigo científico.

Em caso de concordância com as considerações expostas, solicitamos que assine este “Termo de Consentimento Livre e Esclarecido” no local indicado abaixo. Desde já agradecemos sua colaboração e fica aqui o compromisso de notificação do andamento e envio dos resultados desta pesquisa.

Qualquer dúvida ou maiores esclarecimentos, entrar em contato com a responsável pelo estudo:

**e-mail:** gabriela.ventura@sit.edu **Telefone:** (71) 99719.6010 (do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos).

\_\_\_\_\_  
Aluno: Maria Camila Caicedo  
Estudante no Programa do SIT Study Abroad: Brasil-  
Saúde Pública, Raça e Direitos Humanos  
\_\_\_\_\_, \_\_\_\_ de \_\_\_\_\_ de 2015.  
(cidade)

\_\_\_\_\_  
Orientador(a) : Gabriela Ventura

\_\_\_\_\_  
Orientador(a): Denize Ribeiro

Eu, \_\_\_\_\_, assino o termo de consentimento, após o esclarecimento e da concordância com os objetivos e condições da realização da pesquisa **“Aborto – um direito humano: Uma análise dos movimentos sociais e serviços sociais para a liberalização da Lei do Aborto no Brasil”**, permitindo, também, que os resultados gerais deste estudo sejam divulgados sem a menção dos nomes dos pesquisados.

\_\_\_\_\_, \_\_\_\_ de \_\_\_\_\_ de 2015.  
(cidade)

\_\_\_\_\_  
Assinatura do Pesquisado(a)

## **Appendix Questions:**

When I began this project, I had originally intended to focus on how different religions within Brazil view abortion. After some discussions with my Academic Director and Field Methods and Ethics professor, I found that the topic could potentially be too broad, or I could end up with data that could have easily been researched elsewhere. Although I was a little hesitant at first, I became very happy with my final problem statement the more I saw that it was an unexplored area within the topic of abortion in Brazil. My project was unique in that it incorporated expertise from women who are leaders in their field, and also the words and sentiments of young women who are motivated by the same ends, but don't have that publicly established credibility. I suppose this same question can be taken up in the USA, but it would be a completely different project, as all of my results were informed by themes that are unique to Brazilian society. Additionally, the American political system operates completely differently than the one in Brazil, and citizens have an entirely different relationship and way of approaching their halls of power.

The ISP has been one of the most intellectually challenging endeavors I've taken up in my undergraduate career and it has altered my learning style in quite a few ways. The most obvious way is the field research component, which has shown me not just the importance of researching the real world, but also how to do it. I was taken out of my comfort zone many times throughout the process, a fact that has given me more courage to take on challenges that I previously thought myself incapable of committing to. This experience was necessary for me culturally, academically, spiritually, and emotionally because the university environment back home in the states, which is typically Eurocentric and subordinates students to a high-stress learning process, had left me jaded and unmoved by what I was studying. I will now go back to my home institution knowing that there is an entirely different way to learn and with a genuine desire to seek out those options.

I think that the final monograph has a pretty good balance of secondary and primary data, the secondary data being what informs the introduction to the topic, and the primary data being the heart of my discussion. It was very important to me to give the women that I spoke to a voice and a platform to express their experiences, given that it is a topic most people don't like to talk about here in Brazil. As such, I think that the direct quotes I included and the visual component of my field research give the entire project a unique character that I'm very happy with. If I had included all of the data that I gathered my project would have been over one hundred pages long. Sifting through all the information and deciding what to include was the hardest part of the process, especially because I didn't want to leave out

anything important. My final decision to include certain data and not others was guided by the need to express clear, succinct results. If I had included other components of the interviews or the march I attended it would have been a very emotionally charged study, potentially at the expense of useful academic discourse that is slightly more removed. For obvious reasons, I also excluded data from my participants that was extremely personal and, in the end, not entirely pertinent to my research question. That information, however, did fuel my motivation to see the project through to the end to the best of my abilities.

The Community Project was probably the most important field component of the program that contributed to my ISP because that is where I was first exposed to some of the harshest realities within Brazilian society. Knowing that I had been able to move through that experience gracefully and respectfully empowered me in my language skills, my interpersonal skills, and my ability to empathize—all characteristics I knew I would need throughout the course of my ISP. The readings assigned for the FME course were also extremely valuable to me during my ISP because some days I found I had no field research to do, but I needed a starting point for my analysis. The FME reader had great discussions on how to conduct interviews, analyze them, what to do with different visual components of research, and many more topics that I read through those days that I didn't have much to do.

The principal problems that I encountered during my ISP have to do with what was just stated above. Some days I didn't have data to collect and that was frustrating because I felt like I wasn't doing much even though I wanted to. The month of November is very busy for women involved in feminist movements and black women's movements and I had to take that in stride. Additionally, there were some logistical constraints in terms of my relationship with my advisor because we were living in different cities and she had a very busy schedule. None of the problems I encountered negatively impacted the results of my research or the final product, they were just challenges that I had to deal with and overcome along the way, as another part of the learning process. My advisor was still instrumental in giving me contacts that I could use for my interviews, the rest of my sources were found through a combination of persistence, the efforts of Rafaela Loureiro, Gabriela Ventura, and Paula Santos, and prowling social media for different events in Salvador.

If I could do anything over again it would be to start the transcription and writing processes much earlier. I had never transcribed before so I didn't know that it takes up a huge amount of time and energy. For me, this also included emotional energy, as I had to listen to women talk about very heavy, personal topics over and over again. I began the writing process much earlier than I thought I needed to, but then I found that even that wasn't enough

time. This was mostly because I got so emotionally and intellectually invested in the write-up that I spent a lot of time doing additional research on topics that had come up during my interviews and trying to incorporate as much as I could that would do justice to the subject. I found that I really reached no dead ends, all of my data was useful in some way, my difficulty was in having to leave out data or not being able to touch on some topics that I really would have liked to, but weren't all that pertinent to my research goals.

My ISP ended up contextualizing all of my experiences in Brazil, both good and bad. I think if I had left the country with all of the emotional baggage I had accumulated, I would have looked back on my time here much differently. After three months in the country, I found I was extremely fed up with the blatant sexism that my friends and I experienced on an almost daily basis. Many times I found myself in sticky situations because of my tendency to react to completely unacceptable behavior by men on the streets. I didn't realize just how much indignation I had gathered until I sat down and had long conversations with different women about those very same feelings, which they experience their whole lives. It also felt so good to meet young women my age, much like myself, who actually take their anger to the streets and call on their society to change those behaviors that perpetuate gender inequalities, racism, and intolerance.

That being said, this ISP also highlighted all of the wonderful things about Brazil that I would be remiss to ignore. For starters, the way I was welcomed into each and every space with open arms, people's capacity for hope despite being faced with tremendous obstacles, and their ability to smile through some of the hardest things life has to offer. In many ways, writing this ISP was therapeutic; with the help of many people I was able to put words to some of the most beautiful and difficult parts of Brazilian society that I had experienced first hand. There are some very important things that this ISP taught me that are not expressed in this paper, such as a conversation that I had with a taxi driver on my way to one my interviews. We stopped at a red light and saw two children being given baths on the street with what looked like buckets of dirty water. Their living conditions could be described as nothing other than extreme poverty. We had been silent the entire ride, but he turned around and said, "You know, I'm a married man, I have no children, but it scares the hell out of me." I asked him if he didn't want children, to which he said, "I'm scared, a child suffers too much in this world today. It's my dream, but I want to plan." He didn't realize that in that moment he gave my research, but more importantly *me*, something that that had been missing all along—the voice of an honest man. I realized in that moment that we all just want the same

thing, a good life, for ourselves and the ones we love, and when it comes down to it, that's what this study is all about.

So, to any future student taking on this topic or any variation thereof, I say take Birdy's advice—be patient, fine, balanced, and kind. Leave your assumptions at the door, allow them to grow or change as needed. Let an understanding of the data guide you, but don't forget about the human aspect. At the end of the day, it's the one that matters most. And yes, I would undertake this project again, one million times over.

Appendix III. Photographs from Field Research: Marcha Mundial das Mulheres



















