

# Abortion in Colombia

*Women's roles and discourses of  
motherhood: between freedom and  
responsibility*

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Master Thesis in Social Anthropology

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# **Abortion in Colombia. Women's roles and discourses of motherhood: between freedom and responsibility**

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## **Abstract**

This thesis is based on six months of fieldwork in Bogotá, Colombia in 2007. It explores the terms of discussions of the abortion debate in 2006/2007 that made possible a change in the law from a total ban on abortion to a restrictive one. There are two well-established movements, one against, and the other in favour of the decriminalisation of abortion. I describe the arguments of the activists of both positions and how they chose to go forward in their cause for or against abortion in Colombia. These ideas reflect understandings of motherhood, womanhood, family, and sexuality and I explore this as well. The movements have different roots. One of them wishes to preserve the idea of the traditional family and is highly influence by the Catholic Church, while the other wishes to promote the notions of sexual and reproductive rights as part of the work of the secular state that guarantees rights to its citizens despite the diversity of beliefs and traditions.

Key words: Abortion, Colombia, pro-choice, anti-choice, Catholic Church, sexual and reproductive rights, motherhood, womanhood, family, sexuality, beginnings of life, dignity of life, childhood.

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# 1 Introduction

*“[...] where abortion is illegal or severely restricted, the poor and the young suffer most. With money comes choice.” (Panos 1994:3)*

Magdalena<sup>1</sup> was a 35-year-old woman who already had two sons (14 and 11 years old) and was pregnant with the third. When I met her, she lived alone with her children, without receiving any help from their father. She was unemployed and living off the help of the pro-life movement and some public help from the mayor’s office. One of these programs was a dining community that offered very cheap lunch every day to people with no possibility to have a balanced meal. Magdalena and her children went to this dining community every day. When she got pregnant, she looked for a place to have an abortion. Instead, she had met people from a pro-life centre who persuaded her to continue her pregnancy and give birth to the baby, after which she became an active member of the anti-choice movement. This pro-life centre was strategically situated in a neighbourhood with a large number of abortion clinics. These clinics are one of the most controversial issues in the Colombian abortion debate. Concealed as “medical centres”, they advertise free pregnancy tests, and “everybody” knows about the illegal extra services that are performed there. According to many of my informants, the centres have been operating since the 1970s. From time to time, the authorities strike down on the centres to demonstrate that abortion is illegal, but very few of the raids result in legal prosecutions.

## Subject matter

*“It is significant that conflict over abortion emerges not simply when the act occurs, since its practice is not new. Passions are aroused when it becomes publicly tolerated.” (Ginsburg 1990a:110)*

After a large and complicate debate, on May 10, 2006, Colombia passed its first law legalising abortion under certain circumstances. As Faye Ginsburg points out in the above quote, the practice of abortion is not new. However, an open acceptance of abortion generates many problems. In the Colombian case, the abortion issue has been debated since 1975 when the first reform bill to the National Congress that solicited liberation of the abortion law was presented. Since 1975, the Congress has examined nine different reform bills seeking

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<sup>1</sup> Fictional name

liberalisation of abortion legislation. At the same time, the Constitutional Court studied four demands of constitutionality that required decriminalising abortion in Colombia<sup>2</sup>. None of these efforts was successful in modifying the law until Constitutional Court ruling C-355/06 on May 10, 2006. The Courts then decided that abortion should not be considered a crime in three circumstances: when the life or health (physical or mental) of the woman is in danger; when the pregnancy is a result of rape or incest; or when grave foetal malformations make life outside the womb unviable.

Taking this event as a starting point, I want to analyse the abortion issue from a concrete position, specifically from the perspective of the politics of reproduction. Following Ginsburg and Rapp, the politics of reproduction bring together and permit examination of the multiple levels and connections of the local and the global influences on which reproductive practices, policies, and politics depend (1991:313). This perspective articulates aspects of social power relations in which fertility and procreation are shaped, expressed, and resisted at different levels: local, national, and international. Then, from an anthropological point of view, the aim of the thesis is to expound local understandings of the abortion issue in a Colombian context, without missing the different relations and connections within the regional and international levels in which the abortion issue is also discussed.

The debate on abortion in Colombia follows the pattern of the discussion in other parts of the world (Baer 2002, Cannold 1998, Ginzburg 1990, Heumman 2007, Oaks 2003, Viveros 1999). Abortion is a much-contested issue and I approach the question by exploring two radically opposite positions since these have been articulated in Colombia. There are two clearly defined positions that I have chosen to call “anti-choice” and “pro-choice”. In the Colombian context, the anti-choice position refers to those who are opposed to the liberalisation of abortion legislation, whereas pro-choice refers to those who are in favour of such a move. Advocates of the two positions have been active for a long time, in order to influence abortion laws and people’s understanding of abortion.

Although the members of those movements call themselves *pro-vida* and *pro-opción*, “pro-life” and “pro-choice”, both of them consider themselves pro-life. The difference is the particular understanding of the assessment of the value of life, as I will explain later.

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<sup>2</sup> For a more detailed historical review see the first chapter of *Un derecho para las Mujeres: La Despenalización Parcial del Aborto en Colombia* published for La Mesa por la Vida y la Salud de las Mujeres (2009)

Therefore, in order to prevent misunderstanding, I have chosen to name them anti-choice and pro-choice. The group that calls itself pro-life I identify as anti-choice. This label captures a very concrete and defined position as regards abortion. I choose not to call them anti-abortion as they (especially the pro-life activists I came to know through my fieldwork) are not only against abortion, they are also in opposition to homosexuality, euthanasia, family planning, i.e. all issues that they consider unsafe and which they fear will disrupt their particular notion of social order. The heart of social order to them is the “traditional nuclear family” i.e. mother, father and children. The other movement that is for liberalisation of abortion laws calls itself pro-opción, I will call pro-choice.

## **Sexual and Reproductive Rights and the Catholic Church**

The thesis explores how activists from both sides understand the question of abortion. It also investigates how activists negotiate this question with their own personal notions of religion, the medical discourse, and the legality/illegality of abortion; if they understand abortion as a sexual and reproductive right of women, or if they have other interpretations.

In order to grasp the moral, religious, and ethical meanings that the practice of abortion entails for the activists of both movements it is necessary to observe two distinct issues in this context. One is the activists’ own interpretation of sexual and reproductive rights. The other is the influence of the Catholic Church and its role in the abortion debate.

The translation and interpretation of specific rights in local communities acquire a central role in the construction of specific “politics of reproduction”. As anthropology has shown, rights are always historically and culturally located (Cowan et al. 2001, Ginsburg and Rapp 1991, Merry 2006). For this reason, it is necessary to understand how pro-choice and anti-choice advocates incorporate, revise or resist the promotion of sexual and reproductive rights by local and international agencies. In order to grasp the complexity of this process it is necessary to identify and map different kinds of flows of information and support that come from the international arena, and how those flows influence the movements and local processes around abortion.

Liesl Haas (2005) affirms that the combination of public respect for the Catholic Church and their institutional access are factors that determine the political influence of the Church in Latin America (2005:13). Thus, to understand religious impact on the policy

process in the region it is necessary to observe the level of popular religiosity, its history of domination, and the level of political access (Haas 2005:12).

The Colombian government does not keep statistics on religious affiliation, and different sources estimates that between 80 and 90 percent of the Colombian population is Catholic, although not all are practicing Catholics<sup>3</sup>. I intend to show that not all Catholics agree with the conservative position of the Church on issues concerning reproduction, contraception, and abortion. Nevertheless, it does not mean that the Catholic Church has lost its political influence in the country. On the contrary, the Church's opinion still influences social policies (Haas 2005:12; Pavliková 1997; Viveros 1999:162-163). The Catholic Church maintains a privileged status in Colombia despite State guarantees of religious freedom through the Constitution<sup>4</sup>.

Following Haas, to understand political access to the institutions implies particular analysis of the connections between political parties and the Church. Through these, the Church guarantees access and influence in public debate on social policy (Haas 2005:12). Thus, I explore the relations between political parties, the anti-choice movement, and the Catholic Church. I also examine a radical position of Catholics who belong to the pro-choice movement and demand a clear separation between the State and the Church.

## **Women's roles and motherhood**

Once the activists' understandings of sexual and reproductive rights and the position of the Catholic Church and their relation to the Colombian state have been established, it is possible to examine how these notions influence activists' representations of women and their reproductive roles. I will focus on how the arguments of the advocates from both movements reflect firm social and political understandings of women, reproduction, family, and motherhood.

In recent years, activists from both sides have elaborated definite strategies to meet women facing unwanted pregnancies. I will not focus on the decision-making processes of women who chose abortion but will focus on the kind of relations that activists from both

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<sup>3</sup> More information is available at <http://www.state.gov/g/drl/rls/irf/2008/108519.htm> (accessed 24.10.2009)

<sup>4</sup> See article 19 of Constitution of Colombia

sides have established with those women that are seeking help, and how activists manage those situations. The analyses of those meetings allow the exploration of how activists negotiate their own discourses on abortion when they face the real lives of women and their specific cases. Thus, activists must operate with their own images of women, and women's own perceptions of their situations. At the same time, activists have power as their discourses can affect real women's lives in different ways.

## **Methodological considerations**

The place of the study is the capital of Colombia, Bogotá. This is a city with 7.8 million inhabitants located near the geographic centre of Colombia, 2640 metres above sea level. Bogotá is the largest and most populous city in Colombia. It brings together people from all regions of the country. This city concentrates various persons and organisations that have participated in the recent debate about the liberalisation of abortion. Despite the extensive media coverage, between the presentation of the lawsuit in April 2005 and the decision of the Constitutional Court in May 2006, I was unsure how easy it would be to discuss this topic with ordinary people when I came to the city at the end of the year. However, following the media debate and the legislative process on abortion, it was possible to outline the most important persons and organisations that are representative of the two positions that I wished to study.

### **Multi-sited fieldwork**

Taking into consideration the urban context and the mobile and multiply-situated character of the object of my study, namely the abortion issue, I chose to "follow the conflict" as a way to generate a multi-sited fieldwork (Marcus 1998:94). In this case, multi-sited fieldwork implied following simultaneously the discussion on abortion in the diverse places where it was produced, discussed, and performed. Thus, the data I present in this thesis is the result of my circulation between different types of sites, such as advocates'<sup>5</sup> offices, two women's centres, and an academic forum. It is complemented with a variety of documents produced by pro-choice and anti-choice advocates and public authorities, and articles from magazines and newspapers that discuss the abortion problem in Colombia. The collected information made it possible to approach the different aspects of the abortion issue and their

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<sup>5</sup> I use the term advocate in the sense of supporter - a person who actively supports or favours a cause.

complexity in the Colombian context where the two positions that I was studying were present.

In the field, I chose to explain to the persons involved in each movement that I was doing research into the whole abortion issue, including both sides of the debate. In order to maintain trust and develop a good rapport, I did not divulge any information about the other group to either partner. Hence, my own position was established in the field and these considerations became the principal premises for the development of my fieldwork. In this way, I had the opportunity to discuss with members of both movements. I interviewed their most public and well-known activists and I explored their official discourses. The leaders of each movement gradually introduced me to other activists and groups and this, in turn, led me to two distinct centres which work directly with women that are facing unwanted pregnancies.

Thus, one part of my ethnographical material consists of interviews with people that have appeared repeatedly in the mass media. I made audio recordings of the interviews, which took place in their offices and sometimes in their homes. In general, all the interviews were semi-structured. I identified some common themes that I wanted to explore, I asked about the personal motivations that made each individual join one of the movements, and I asked about subjects' own work experiences with the abortion issue and its influence in their current job. This information helped me to classify the importance of my interlocutor and his/her role inside the movement to which he/she belonged. I also asked questions that would give me information about their perceptions of the opposition. Finally, I explored their own interpretations and opinions about the recent changes to abortion law in Colombia.

After some months in the field, I understood that both movements have carried out two different levels of operational work: political lobbying and some kind of welfare work directed at pregnant women. The political activism involved targeting politicians and policy makers in order to lobby for their own cause.

In addition, both movements carry out (to differing degrees) social, psychological, and medical work with pregnant women. I followed two centres that work directly with women, one pro-choice, and the other anti-choice. In order to protect my informants I will call the pro-choice centre 'Pro-woman' and the anti-choice centre 'Crisis Pregnancy Centre' (CAM being the acronym in Spanish). It is important to point out that some neighbourhoods in the city are openly recognised as places where people can find easy access to a wide variety of

opportunities to have an abortion. Both the pro-choice and the anti-choice centres are located in these neighbourhoods.

Another part of my ethnographical material is the result of my fieldwork in those centres for women. My first interest in attending these centres was to explore how they managed the abortion topic, their approach to women seeking help, and their relations with the organisation. The centres give information and general help to women who go through unwanted pregnancies from their particular point of view. Since patient attendance varied considerably between the two centres, I concentrated more on the role of the counsellors and focused on the relations between counsellors and patients. I explored the counsellors' own personal motivations for becoming involved in the activities of the centres. I also inquired into their own reflections about their job experience and their understanding of the abortion issue and the conflicts that it created.

Working in the two centres gave me the opportunity to compare how the two places deal with women: how each of the centres has a special understanding of women, motherhood, sexuality and the relations between women and men, in addition to the practices concerning abortion. It also allowed me to compare counsellors' values on issues such as life, dignity, and responsibility. I was interested in the comparison of the counsellors' values and how these values affect their views on maternity and womanhood.

Finally, I participated in various local events and meetings that were organised by activists of both movements. I also attended an open forum dealing with the new regulation on abortion. This open forum was part of a contract between the Ministry of Health and the National University to map and discuss the legal, ethical and medical implications of the C-355 ruling of the Constitutional Court. People from different sectors and professions such as lawyers, doctors, Health Ministry officers and other academics met and discussed the new regulation about the voluntary interruption of pregnancy from different perspectives<sup>6</sup>.

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<sup>6</sup> 12 meetings were arranged in total. Each forum had an average attendance of approximately 40 persons. Most of them were doctors and lawyers. They represented different public institutions such as the District Health Department and Ministry of Social Protection. There were people from different universities both public and private, and, among others, the National University, The Antioquia University, The Catholic University, The Javeriana University, and The Sabana University. The last three universities are private institutions distinguished by their religious profile. The discussions revealed that people were both in favour of and against the new law.

## My informants on the field

The next table summarises the most important persons and organisations that I had contact with during my fieldwork<sup>7</sup>:

	<b>PRO-CHOICE</b>	<b>ANTI-CHOICE</b>
<b>Well-known leaders</b>	Monica Roa, Director Women Links Worldwide Beatriz Quintero Director of La Red Nacional de Mujeres Cristina Villarreal Director Fundación Orientame Florance Thomas	Ilva Myriam Hoyos, Director Red Futuro Colombia/ Future of Colombia Network Marta Saiz de Rueda, Director Fundacion Cultura de la Vida/ Culture of Life Foundation Monsignor Fabian Marulanda, Secretario Conferencia Episcopal Jose Galat Rector of the Gran Colombia University
<b>Networks</b>	La Mesa por la Vida y la Salud de las Mujeres / The Committe for Women's Life and Health	Red Futuro Colombia/ Future of Colombia Network (In process of consolidation during my fieldwork)
<b>Organisations</b>	Católicas por el Derecho a Decidir/Catholics for Free Choice	Fundación Cultura de la Vida/ Culture of Life Foundation
<b>Centres*</b>	Pro- Women Juana, Maria, Antonia, Laura, Clara and Manuel ,Counsellours.	Centro de Apoyo a la Mujer (CAM)/ Crisis Pregnancy centre Margot de Florez Director Isabel and Miriam, Counsellors Ana, Voluntary Nora, Media Intership

I decided to maintain the real name of the well-known public persons and institutions, and make anonymous those who do not appear in the public debate. There are two type of informants: those who had worked with the issue in the public debate and those that had worked with it in the field.

### **Católicas por el Derecho a Decidir (CDD)**

I began with *Católicas por el Derecho a Decidir*, Catholics for Free Choice (CDD being the acronym in Spanish). CDD was officially founded in Colombia in the year 2000 as a part of an international network that has been developed in Latin America since 1987. CDD works to assist Catholic women in making personal moral decisions about reproductive health and to change laws and practices so that abortion will be safe, legal, and accessible.

<sup>7</sup> See appendix 1 for a more detailed table with all organisations and groups that I could identify as members of both movements.

\* The names of persons and institutions in this field are fictional



I consider this group interesting because they show that Catholics are divided on different issues with regard to family planning and abortion, and often disagree with the position of the Church on public policies. They claim a more open and tolerant practice of their religion. The group consists of Catholic women that work from a set perspective based on sexual and reproductive rights that shapes, discusses, and advances sexual and reproductive ethics. This group believes in the moral capacity of men and women to make well-founded decisions about their lives. They also believe that individuals should be free to make their own choices regarding family planning, and sexual and reproductive health.

I was offered a position as “voluntary” CDD. However, I did not really get to work as a full member of the group. I helped with some activities but I was not assigned a specific task. I did not have a fixed schedule and I did not need to report my movements to anyone. This position gave me the possibility to move more freely inside and outside this group. I participated actively in the public and internal activities of the group, such as meetings, conferences, and workshops.

I explained to CDD that it was important for me to get closer to both the anti-choice and the pro-choice movement with the aim to get a better understanding of the issue. CDD is part of the network *La Mesa por la Vida y la Salud de las Mujeres*, The Committee for Women’s Life and Health. I had the opportunity to meet and to get to know other pro-choice organisations and persons that are part of this Committee. We agreed with CDD that I should introduce myself as a Master's Degree student from the University of Oslo as well as a volunteer for CDD when I was working with other members of the pro-choice movement. With the anti-choice movement, I introduced myself just as a Master's Degree student from the University of Oslo, in order to avoid problems that might have occurred if the anti-choice movement had known that I worked as a volunteer for CDD.

### **The Culture of Life Foundation**

The Culture of Life Foundation has officially existed since 1997. Marta Saiz de Rueda started the Foundation as a member of Human Life International. She met some people in the United States that knew about her long-term engagement in the defence of life (since 1965) in Colombia and motivated her to connect to an international organisation with the aim of obtaining some resources for her work. Human Life International has its headquarters in the United States, but it is also present in many different parts of the world and describes itself as

follows: “with 99 satellite offices in 80 countries, Human Life International is the largest international, pro-life, pro-family, pro-woman organization in the world.”<sup>8</sup> The mission of Human Life International, like the mission of the Culture of Life Foundation, is to promote and defend the sanctity of life and family around the world according to the teachings of the Roman Catholic Church through prayer, service, and education. This mission is the same in Latin America as elsewhere.

I had the opportunity to attend a few meetings of the Culture of Life Foundation. I also collected writing material that the foundation disseminated about abortion and its consequences. In recent years the Foundation has supported the opening of four Crisis Pregnancy centres (CAM) in different cities around the country. Thus, through them, I had the opportunity to observe the anti-choice work of one of the CAM that they support.

*Red Futuro Colombia*, Future of Colombia Network was in the process of consolidation during my fieldwork. Access to this group was limited because the director, Ilva Myriam Hoyos, was out of the country most of the time. The aim of this network is to work to find new strategies that will stop the development of new laws and rules that imply a threat to life, especially the life that is to be born, “the life of the nascent”. According to Hoyos, the network brings together different organisations and citizens of all ages, with different religious and political views, such as the Culture of Life Foundation, among others. Nevertheless, although Hoyos claims that there are other organisations linked to the network that are neither Catholic nor of other religious persuasion, these people do not have a leading role. Therefore, it was difficult to identify them.

## **Dilemmas in the field**

This fieldwork raised some dilemmas about the importance of trust as an essential value to go further with the collection of the information. Due to the sensitivity of the issue, it was necessary to establish and maintain the right contacts from the beginning. The fact that my first contacts inside the anti-choice movement were with the most important and well-known leaders of the movement made it easier to get admission to them in a slow but uncomplicated way. It also reflects the importance of the hierarchy inside the group.

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<sup>8</sup> <http://w.ww.hli.org/index.php/about/mission> (last visited 27.09.2009)

Both groups like to introduce themselves and their arguments, to get their view across to other people in order to attract new followers. Sometimes I felt that people used me as a tool to transmit their message, and therefore it was easy to obtain information. Nevertheless, if a person wishes to join up and work more closely with any of them it becomes easier if you have special recommendations. The majority of persons from both sides that I had contact with declared that they were very suspicious of unknown people and that the best way to get admission, join and work actively for the cause was through recommendations from their own network.

There are many ethical and contradictory implications related to the work in the women centres. Anti-choice adherents work without difficulties as they work within the confines of the law, but the methods and arguments that they use to persuade women are controversial, as their aim is to persuade women to reject abortion in all circumstances. The problem is that the information that they use influences other peoples lives, and that they do not give women a real chance to make a choice. This became the most difficult part of my work. I chose to establish a dialogue without open confrontation on my part in order to prevent them 'blocking my way' to observe them. This demanded my being very cautious in the way I expressed myself. I had to consider the women's situations carefully, and be ready to intervene if required. However, this was not necessary as not so many women sought help in this place. I only had the opportunity to follow one counselling meeting, in which a woman confirmed her pregnancy without having to take a definite position on it.

The situation is more complicated for the pro-choice activists since abortion is illegal. Local people recognise a number of private agents as being providers of accessible and medically safe abortions, but this is still illegal. I had the opportunity to become familiar with the activity of one private clinic. Their position within the pro-choice movement is not clear in general and they did not want to make it clear either, as it would put their jobs and their staff at risk. In order to protect my informants, I decided not to use the kind of information that would affect them negatively.

The other dilemma was my own position on the issue and its influence on the process of collection of data. From the beginning it was fundamental to me to be as 'objective' as possible during the collection of information. In reality, I had to admit that this was not an easy task. It was not difficult at all to work with the pro-choice movement, since I personally share their position. Nonetheless, the moment I began to work with the anti-choice people I

became more aware of my own ethical and moral position concerning the abortion issue. Thus, I needed to try to be as objective as possible and concentrate on the understanding of the anti-choice arguments and attitudes. It was a very fruitful work, as I truly stepped away from my own positions and opinions and began to see both movements from other perspectives.

## **Organisation of the thesis**

This thesis is divided into two parts. The first part (chapters 2 to 4) describes the specific circumstances of the last debate on abortion in Colombia. The idea is to provide a general description of the change of the law in 2006 and situate the movements and their struggles taking as starting point this event. The second part of the thesis, ‘Two social movements, two intentions, arguments, and practices on abortion’ describes the movements’ ideologies from the general level of the organisation to the particular level of women's centres. The aim is to analyse how each movement constructs and reflects a specific understanding of women and their reproductive roles in Colombian society. I explore the arguments as well as their practices through the observation of two women’s centres where activists meet women facing an unwanted pregnancy.

The chapters are organised as follows: Chapter 2, ‘Theoretical considerations’ summarises anthropological approaches to abortion. I describe the analytical concepts that will be shedding light on the ethnographical material. These are notions on gender, reproduction, and motherhood. The notion of sexual and reproductive rights and their influence on the question of abortion is also discussed in this chapter.

Chapter 3, ‘Representations of women and local meanings of sexual and reproductive rights’ explores the arguments used by magistrates of the court that made possible the changes of terms in the discussion of abortion in Colombia in 2006. I focus on the way that lawyers and health personnel have understood sexual and reproductive rights, and how these notions affect experiential representations of women’s roles in Colombia.

Chapter 4, ‘Placing the movements’ explores the rise and development of the anti-choice and pro-choice movements. I approach issues of tactical relations of activists that have strategically influenced their efforts to support or be against abortion at the political level. I also describe the specific circumstances in which the practice of abortion occurs in Bogotá,

despite its illegality. The aim of this description is to show how activists of both movements manage this particular situation in order to come into contact with women faced with unwanted pregnancies, and offer an alternative from the basis of each movement.

Chapter 5, 'Promotion of a Culture of life' describes anti-choice movements' arguments and practices. Activists' arguments reflect clear understandings of family, motherhood, womanhood, and a world order. Through the observation of the methods that anti-choice advocates deal with women that came to them, I show how those arguments are put into practice in the real lives of people.

Chapter 6, 'Promotion of sexual and reproductive rights' explores the arguments and reflections of pro-choice activists on the abortion issue. This part shows pro-choice specific understandings of motherhood, family and the state as responsible for the protection of women's rights and sexual and reproductive rights.

Chapter 7, The Conclusion, recapitulates the four main chapters with a focus on the movements' understandings of womanhood, motherhood and family. It also discusses the role of the Catholic Church in Colombian society and its influence on the policies of abortion. Finally, it summarises the different relations at local, national, and international levels, in which both movements have been established in order to promote advocates' causes.

## **2 Theoretical considerations**

### **Anthropological approaches to abortion**

Anthropological approaches to abortion reaffirm that the understanding of abortion is contextual and situational. This means that abortion has diverse meanings and implications in different cultures. Anthropological studies on the issue can be divided into two groups. One is interested in the construction of the moral, religious and ethical meanings surrounding abortion. This approach has paid special attention to the moral status of the embryos and the origins of life as a means of delaying or denying personhood and justifying abortion. It has focused primarily on analysis of the construction of the rights of the foetus with some approaches to women's rights. Some anthropologists have criticised this “foetal imperative” because in many cases it ignores women’s voices (Kaufman and Morgan 2005:321). The second perspective pays more attention to the social and economical realities of everyday life that affect politics on abortion and threaten women's lives in a variety of ways. Works from this perspective put special emphasis on women’s agency and pragmatism in negotiating reproductive constraints, and provide a critical balance to epidemiological studies and rights-based discourses (Ibid: 322).

My approach to the abortion issue in Colombia is situated in the middle of the two approaches described above. First, I analyse advocates' discourses, their moral, religious, ethical, and political meanings and how those meanings reflect the social and political understandings of women's roles, reproduction, family, and motherhood. Later I analyse how activists handle those meanings in encounters with women and their realities as a way of recognising how advocates defend their politics of reproduction.

### **Moral attitudes and the status of the embryos**

The status of the embryo, the foetus, and the origin of life has also been a predominant issue in anthropological research. For instance, anthropologists in North America have studied public debates, which focus especially on the question of whether or not the foetus is a person, with the concomitant moral rights of personhood. In contemporary reproductive rights debates in North America, the relationship between the morality of abortion and the status of the foetus are continually discussed (Heriot 1996; James 2000; Morgan 1996, 1999, 2003).

Many anthropologists have shown that the status of the foetus is an important dimension in the moral acceptance of abortion. Gerber shows how the use of the pill RU486 for medical abortion in early pregnancies in France created a new discourse of the foetus as “eggs”. She explains how French women and their bodily experience of the medical abortion expanded the parameters of foetal discourse. This is a product of women’s own interpretations, explanations, negotiations, and comprehension of both the patient’s own experience and the medical information they received during the procedure. As a result, the product of early-unwanted pregnancies is considered ‘eggs’ and not fetuses in France (Gerber 2002). Yet, anthropologists have demonstrated how ideas about the foetus vary from culture to culture. For example in the case of Ecuador fetuses are ‘auca’, a sort of invisible spirit, that does not have the same status as a person (Morgan 1996).

## **Women's agency and representations**

Gammeltoft (2001) examines the variety of cultural meanings and values assigned to early human life and induced abortion in contemporary Vietnam. She demonstrates through an analysis of adults’ moral feelings and experience in Vietnam how moral and ethical judgements on abortion are contextual and situational. In the rational and modern socialist government of Vietnam, there is no place for a public moral reflection on abortion. This is a result of the specific socio-political circumstances of Vietnam where reflection on religious and ethical matters are seen as outdated and negatively associated with the culture of their ancestors. Consequently, moral reflections on abortion are relegated to the private sphere. However, Gammeltoft shows how young people in her study expressed strong moral scepticism towards the practice of abortion. Through analysis of young people's experiences and perceptions, she argues that moral notions that are dominant in a society’s public sphere may not be representative of the moral opinions that are lived out in practice and felt in private.

Anthropologists have also shown how notions of pregnancy differ in different societies. In some places, pregnancy is a state that is vague and ambiguous. For example in the north of Brazil, poor women often understand the absence of menstruation as an irregularity of the cycle rather than as pregnancy<sup>9</sup>. Therefore, they do all they can to try to

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<sup>9</sup> A subtle way to advertise services on abortion in local newspapers as in El Espacio in Colombia is using the expression ‘regulate the period’. This practice is also reported in other parts in Latin America including Peru (Knudsen 2006: 77).

regulate their periods: taking herbal remedies, patent drugs, and modern pharmaceuticals. The ingestion of these remedies is facilitated by the meaning that the flow of menstrual blood has in their understanding of their own health. These ideas also show popular notions about fertility, conception, and gestation (Nations et al. 1997). The practice of regulating menstruation, by women using various substances, presents a grey area that provides women a cultural space to control their fertility without sanctions of strength, but which is also open to individual agency and a change of popular social traditions (Van de Walle & Renne 2001:xvi). An understanding of how specific communities and politicians allow those sorts of events is essential to the agency of individuals and institutions within some kind of legality. For example, some countries have strict control on abortion and have problems accepting this practice if it is openly called abortion. At the same time, the same countries are very open to practices that ‘regulate menstruation’ to control women’s fertility. This is done by giving the women medical treatment to ensure that their menstruation returns, without confirming if the women are pregnant or not (Faundes and Barzelatto 2005: 35).

Another anthropological approach to abortion deals with the understanding of gender construction in the discourses of pro-choice and pro-life activist groups. This approach involves an analysis of the construction of the female, female sexuality, fertility and maternity that permeates the two discourses. How these groups understand the role of women in the reproductive arena is important to the understanding of the policy discussion of abortion in specific times and places. In the case of the United States, Ginsburg has demonstrated how both pro-choice and pro-life groups claim nurturing as an important factor in the construction of the feminine identity in American culture (Ginsburg 1990 a, b; 1997). Oaks examines how white middle class anti-abortion groups in Ireland have promoted an ‘anti-abortion/pro-motherhood’ group, that advocates ‘traditional’ Irish culture. They centre their discourse on the favouring of motherhood and married family life “in which a father is the main breadwinner and the woman the main caregiver” (Oaks 2003:1983). This model maintains traditional gender relations and does not take into consideration the possible changes or struggles that the inclusion of women in the labour market has generated in Irish society.

Heumann analyses the discussion of a proposed reform to the abortion law in Nicaragua between 1999 and 2002. She examines the different points of view of politicians, religious leaders, doctors, and feminist with the aim of understanding their opinions on abortion, motherhood, sexuality and the value of women’s lives in Nicaraguan society. She



analyses the impact of the traditional discourses of rights and the limits of the liberal feminists' claim to "abortion as a free choice", and shows the inconsistencies between the discourses of rights and the everyday life conditions of women. She also illustrates the constraints under which women make choices and develop their own notions of rights (Heumann 2007).

## **Previous approaches to the abortion issue in Colombia**

In Colombia, sociological and anthropological research on abortion has been limited due to the illegality of abortion, which also is a reason why it is difficult to gain access to information on the issue. The absence of certain, quantitative facts on how many illegal abortions have been performed in Colombia each year, makes it difficult to investigate the subject: The numbers are underestimated and vary from source to source. According to Gonzalez, between 200,000 and 400,000 induced abortions are performed each year in Colombia (Gonzalez 2005: 624).

One of the relevant works that exist is that of Zamudio, Rubiano and Wattenberg (1999). This work takes a demographic and socio-cultural approach and uses different types of information, i.e. surveys, life histories, and thematically related narratives. The study has three basic objectives: first, to investigate the magnitude, impact, evolution and tendencies of abortion in the urban part of the country; second, to explore the conditions that surrounded unwanted pregnancy and the decision to perform an abortion; and finally, to establish the technical, hygienic, institutional and relational conditions in which abortion was practiced. The study finds out that clandestine induced abortion is a common practice at many levels of society. They conclude that one in four Colombian women will report an induced abortion at some point in their lives. Abortion techniques vary widely, from the use of teas and infusions made from herbs and other vegetable products, to the use of pharmaceutical products and medical techniques. Contradictory to the socially common perception that associates abortion with wayward young women, fifty-five percent of the women that had had an abortion reported that they were married and that they had all the children they felt able to care for (Zamudio et.al 1999: 145-152).

Another work is that of Viveros (1999). She carried out an analysis of the discourse of abortion in national newspapers from 1975 to 1994. The objective of her work is to identify the main social sectors involved in the debate, to characterise the arguments used to justify the

positions and the underlying social meanings in the arguments, and to determine the participation of the Colombian women's movements in the debate. Her conclusion is that public debate on abortion was intolerant and highly influenced by the moral and ethical conceptions of the Catholic Church. She calls for a wide and open debate that incorporated different voices and a close dialogue between legislators and academics. As I show, this dialogue has been established and I believe this is one of the factors that has shaped and changed the legislation of abortion in Colombia.

Salcedo (1999) investigates male experiences and the situation of induced abortion in four different cities. Through discourse analysis of the stories of 80 men about their experiences when their partner had an abortion, he observes how men reflect upon their role as father and sexual partner. He explores the consequences of abortion in the lives of the couple, and describes the position of the man when he and his partner decide to have an abortion. He also describes the consistencies and inconsistencies between the discourse and the ideal of being a man through the experience of abortion.

Gonzalez (2005) analyses the consequences of the illegality of abortion. She shows that the prohibition of abortion maintains a double moral standard. In public, abortion is condemned and the point of view of the Catholic Church is upheld, whilst in private women of high social class have access to safe and reliable abortions in full anonymity and confidentiality. However, poor women and young girls are submitted to the unworthy and dehumanising practices of unsafe abortions. Consequently, access to safe by illegal abortions for a portion of the urban population has shifted abortion from being the principal cause of maternal mortality in the 1970s to being the third most prevalent cause today (Gonzalez 2005:626).

As these studies indicate, abortion as an object of study is in an interesting field in that it reveals concrete ideas and practices around womanhood, motherhood, and family. It also makes it possible to see how people, especially women, deal with their concrete aspirations as individuals and eventually as members of a family.

In addition, the recent debate on abortion permits an understanding of how Colombian people situate themselves and their State in the global context, and if Colombian citizens perceive themselves as part of the modern world that follows a series of conventions and treaties in order to establish and maintain a specific global order. The abortion issue also

sheds light upon the question whether the conservation and strengthening of traditions and values is more important than a broad acceptance of the right to construct one's own identity as a Colombian.

In my approach to the question of abortion in Colombia, I will focus on how the pro-choice and anti-choice advocates have constructed concrete social and political understanding of women roles, reproduction, family, and motherhood from two different points of view. In order to grasp those ideas I need to consider definite notions of gender, reproduction, and motherhood as analytical concepts that will shed light on the ethnographical material.

## **On gender, reproduction and motherhood**

*“Mothering and gender are closely intertwined: each is a constitutive element of the other” (Glenn 1994:3)*

### **Gender**

Gender, as a concept, is used to refer to socially constructed relationships and practices organised around perceived differences between the sexes. Scholars have showed how gender as an analytic concept permits understanding of how definitions of womanhood and manhood and the relationship between men and women are continually constituted, reproduced, changed, and contested (Glenn 1994:3).

I will take into consideration Moore's notion on gender. Moore affirms, “sex, gender and sexuality are the products of a set of interactions with material and symbolic conditions mediated through language and representation.” (2005:168). Gender then has to do with the relation between established social categories and the choices that individuals make in accordance with their own understanding and practice of their own gender identities. Therefore, multiple constructions and meanings of gender find and depend on different and specifically sociocultural contexts. In the Colombian context the anti-choice movement supports the traditional gender model of a ‘patriarchal family’, whereas those of a pro-choice leaning challenge this model within a feminist approach.

Anti-choice adherents use a ‘traditional’ and conservative gender construction of women and motherhood. In this particular case, the stereotypical gender dichotomy in Latin America is a fruitful tool to understand the anti-choice perception of women's roles: on the one hand, there is the image of a strong and dominant male, and on the other hand, there is the

docile and passive woman. These stereotypes are not so simple in reality, they are ambivalent and contradictory. They are also related to the distribution of power and resistance (c.f. Melhus & Stølen 1996).

Pro-choice advocates reflect a critical understanding of women's roles and motherhood that differ from the 'traditional' one. They recognise women as autonomous subjects and individual agents with the possibility to shape their own lives. How these particular notions about women's roles and motherhood have been constructed in Colombian is something that this thesis will explore.

## **Reproduction**

Over recent years, different perspectives on reproduction have contributed to a better and more complex understanding of the issue. Reproduction is more than mere fertility management, women's experiences of bearing and caring for children are not perceived merely as biological events, but as a form of social labour done for others and demanding considerable organisation, energy, and competence (Petchewsky 1998:9). Reproduction covers a multitude of social and cultural meanings about family, kinship, gender relations, the body, and religious beliefs, among others. Reproduction also includes events, ideas, and practises surrounding fertility, birth, and childcare.

Anthropological studies of kinship have recognised reproduction as a system that organises and distributes power in societies and at the same time as something that is exposed to constant change (Ginsburg and Rapp 1991, Weiner 1995). As Weiner argues, "in showing how human and cultural reproduction are sources of power for women and men, we see that power relations are not separate from gender relations but are inextricably related to them - lodged at the centre of how women and men play their multiples roles" (1995: 410). Then, a group's own understanding of their reproductive issues reflects concrete gender representations, which in turn reflect the distribution of power between women and men in a specific society. It is possible to focus attention on how women's and men's roles are distributed within the family and between the family and other institutions, for example the Church or the State. This division of roles also generates an arena of social conflict whose outcome shapes the political, economic, and ideological contours of society as a whole (Laslett & Brenner 1989:400). In consequence, the study of reproduction has contributed to elucidating women's status, role, and power in society.

Anthropology has paid attention to a rich diversity of cultural practices associated with reproduction, where abortion is one of many subjects studied. Anthropological studies focused on reproduction give us a variety of ethnographic descriptions of fertility, conception, contraception, pregnancy, birth, infanticide, understanding of the female body, and other issues that involve childcare, nurture, and parenthood in different societies<sup>10</sup>. Such studies are often based on local-level ethnographic analysis. However, as Ginsburg and Rapp have pointed out, the strength of this type of analysis is also its weakness in that such local studies fail to expose the economical and political connections between the local level and the national and global levels (Ginsburg and Rapp 1991, 1995). Therefore, it is important to observe the flow of information and support that come from the international arena, and how this flow influences local and national processes concerning reproduction. For instance, in the case of this thesis, international attention to the notion of sexual health and reproductive rights become fundamental to the pro-choice activists. Thus, pro-choice advocates present the problem on abortion based on arguments on social injustice, gender equality, and sexual and reproductive rights.

## **Motherhood**

Sanchez Bringas summarises in four headlines the way in which feminist studies have approached the notion of motherhood. The first one is a critique of motherhood as an institution of patriarchy. The second is the study of the historical conditions and social practices of motherhood. The third is the analysis of the experiences of maternity and non-maternity. Finally, there is a criticism of public policies' aims as regards reproductive health and the family (2003:13). This classification shows the complexity of the notion of motherhood and the different ways to approach it.

I chose to see both motherhood and gender as social constructions. Thus, an analysis of the arguments of each group reveals clear notions of gender and motherhood as social constructions. Glenn proposes mothering “as a historically and culturally variable relationship in which one individual nurtures and cares for another” (1994:3). It occurs in concrete social contexts that depend and vary in terms of material and cultural resources and constraints. It is

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<sup>10</sup> Some reviews on different anthropological works related to those issues are: Ginsburg and Rapp (1991) and Kaufman and Morgan (2005)

also determined by the agency of men and women within specific historical circumstances (Glenn 1994:3, Sanchez Bringas 2003:21).

Latin-American studies of motherhood have essentialised motherhood through the cultural stereotype of *marianismo* and its implicit reference to the holy mother. The Virgin Mary has been described as the role model for Latina womanhood. She represents a mother, nurturer, and one who endures continued suffering and is willing to serve. Latina women are expected to emulate these virtues in serving their husbands and children. Sanchez Bringas criticises feminist approaches that see Latin American women and their roles as mothers reduced to victims of the dominance of patriarchal system (2003:14). Nevertheless, Melhuus introduces a complex model of the meaning of motherhood, the relation to suffering and womanhood as a way to contest men's dominance through the discourse of machismo. She shows how motherhood becomes the archetype of womanhood as the most virtuous achievement of a woman that elevates the mother to a superior position than any other. In this way, the gender conjunction, machismo/marianismo represents a certain 'moral autonomy' for women where the power relations between those gender representations are ambivalent and contradictory (Melhuus 1996:244-249).

Other studies in the region have showed changes from a 'traditional' to a modern conception of maternity, sexuality, and gender relations in Latin America<sup>11</sup>. The traditional gender ideology and its practices coexist with new ideas of family. The new family structure is influenced by an urban context where fewer children and more equal relationships between the members are required (Sanchez Bringas 2003:16-17). As I will show in this thesis, the recent debate on abortion in Colombia reflects this struggle between the traditional and the modern.

Anti-choice advocates look at women as life givers, nurturers, and mothers - roles that are essential to women's nature. These roles are regarded as sacred, powerful, and female-affirming gifts. At this point, a traditional and essential construction of womanhood and motherhood based in reproductive function is more vivid than ever. Pro-choice activists, on the other hand, consider the difficulties and complexities of women's lives and the preservation of individual rights to privacy, agency, autonomy, and choice as fundamental. Pro-choice advocates do not denigrate motherhood; they believe in a woman's own autonomy

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<sup>11</sup> For more details about the concrete researches in this region, see Angeles Sanchez Bringas (2003: 16-24)

and her reliable capacity to make their own reproductive decisions. The pro-choice position seeks to empower women to control their reproductive lives. The abortion debate shows how fundamental understandings of family and subjects constituted, reproduced, changed, and contested gender relations and notions of motherhood.

## **Abortion worldwide: a short introduction**

Until the second half of the twentieth century, induced abortion was illegal in almost every part of the world. Then, primarily in response to growing concern about the dangers to women's health and risk to their life through unsafe abortions, a rapid process of liberalisation occurred between 1950-1985 in most countries in the developed world, and in some developing countries (The Alan Guttmacher 1999:23).

Arguments aimed at liberalising abortion are often based on the need to improve women's reproductive health and to reduce women's maternal deaths from through abortion. Some arguments are also advanced as part of basic human rights, as these have been formalised in a growing body of international law. The classification of sexual and reproductive health and rights as an element of human rights was delineated and accepted by most nations at the 1994 International Conference on Population and Development in Cairo (ibid:24).

Despite the similarity of the arguments used to liberalise abortions laws around the world, abortion has not become an important issue in inter-state discussion. One reason for this is the sensitivity of the issue and its degree of polarisation. Therefore, international bodies only make recommendations to the states. National states must evaluate the consequences of the restrictions on abortion in order to protect women's rights, but international bodies cannot force any state to change its laws. However, there are international actors as NGOs and churches that work in favour of or against the liberalisation of abortion at all levels: global, regional, and local. The influence of international actors from both sides was evident in the last debate in Colombia as I will show in the next chapter.

Internationally, legislation on abortion varies from a total ban, to allowing the procedure without restrictions, based on women's self-determination. Many countries that allow abortion impose a time limit before which women can readily access the procedure.

Moreover, some countries restrict access to abortion by requiring a woman to obtain parental or espousal authorisation<sup>12</sup>.

## **Sexual Health and Reproductive Rights**

Since 1980, the ideas of human rights have gained increasing international credibility and support. At the same time, the concept of human rights has increased in its complexity and variety. It is evident that the growing bodies of treaties and resolutions have strengthened the international legal basis of human rights (Merry 2006:2). The main goal of human rights is to improve the quality of people's lives. Over the last five decades, the global society has commonly recognised issues such as environmental concerns, reproduction, sexual health, and gender violence as an important element of human rights. Haker (2006) affirms, "the notion of reproductive rights must be seen against the background of several social developments and changes in love relationships, family structures, and parenthood over the last 50 years and more" (2006:173).

In 1968 during the international human rights conference held in Teheran, human reproduction became a subject of international legal concern as a human rights issue. At this time, governments and international agencies were for the first time concerned about the relationships between population growth and development programs (Freedman 1993:23). During the last two decades, international actors have also recognised that reproduction is more than a biological event, such as conception and birth. The policies of reproduction are determined by the moral attitudes of society, and directly affect women's health (Cook 1993, Hellsten 2006). Consequently, the understanding of women's roles and statuses in their own societies becomes central in the elaboration of reproductive health strategies and programs (Freedman 1993:18). Therefore, policies and politics on reproduction have changed over the years, along with the notion and comprehension of reproductive issues<sup>13</sup>. The change is evident, from classic population-control policies and large-scale family planning programs implemented during the 1960s, to the identification of needs and rights of individuals, as recognised in the Sexual Health and Reproductive Rights debate at the fourth International

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<sup>12</sup> For more information see: "*The World's Abortion Laws*" Fact Sheet. Available at [http://www.reproductiverights.org/pdf/pub\\_fac\\_abortionlaws.pdf](http://www.reproductiverights.org/pdf/pub_fac_abortionlaws.pdf)

<sup>13</sup> For a more critical analysis of Reproductive Rights see Hellsten (2006)



Conference on Population and Development (ICPD) held in Cairo in 1994. The report of this conference summarises reproductive health as

*[...] a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so [...] reproductive rights embrace certain human rights that are already recognised in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so...It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. [...] The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. (Report of ICPD Chap. VII No.7.2-7.3)*

At the ICPD, 179 countries adopted a forward-looking, 20-year Programme of Action (PoA) that built on the experience of the population, maternal health, and family planning programmes of the previous decades. The PoA recognised that reproductive health and rights, as well as women's empowerment and gender equality, are fundamental to population and development programmes. The consensus was rooted in principles of human rights and respect for national sovereignty and various religious and cultural backgrounds (Programme of Action 1995). The main aim of the application of the Programme of Action was “to provide ‘universal access’ to reproductive health by 2015 as part of a package for improvement of people’s health and well being, reduction of population growth and promotion of sustainable development” (Glasier et al. 2006:2, Programme of Action 1995).

The elimination of unsafe abortion appears as one of the focal points on sexual and reproductive health services described for the World Health Organization and the PoA (Glasier et al. 2006:2). Due to the high sensitivity of the abortion issue and its polarisation, abortion became one of the most controversial themes of discussion at the meeting<sup>14</sup>. Unsafe,

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<sup>14</sup> This is evident from the particular note on page 6 of the official Report of the International Conference on Population and Development (Cairo 1994). In relation to the discussion of the abortion issue: “The official language of the Programme of Action is English, with exception of paragraph 8.25, which was negotiated in all six official language of the United Nations.” Paragraph 8.25 on page 62 of the same report goes as follows “In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organisations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion [20] as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention

legal and self-determined abortions are controversial issues that raise several ethical questions that are widely debated, as for example the feelings and beliefs concerning the meaning of the human life, religious and cultural values, abortion legislation, the status of women, and the control and access to safe abortion among others. However, as a result of the international consensus in Cairo 1994, unsafe abortion has been recognised worldwide as a major problem that affects women's health. Nevertheless, the question of self-determined abortion is a more difficult question to discuss, at the local level as well as the national and global ones. There is no general agreement about the issue, neither in the countries where self-determined abortion is legal nor elsewhere. People, social movements, communities, and governments have different opinions about the question of abortion. Hence, abortion is an issue that goes beyond laws and politics and raises many other moral and ethical questions.

Last year's focus on Sexual Health and Reproductive Rights (SHRR) led to huge interest worldwide in the programs that promote sexual rights. However, as anthropology has shown rights are always historically and culturally located (Cowan et al. 2001, Ginsburg and Rapp 1991, Merry 2006). The translation and interpretation of specific rights in a local community acquire a central role in the understanding of "the politics of reproduction" at this particular level. Ginsburg and Rapp argue that reproduction is political because "people everywhere actively use their local cultural logics and social relations to incorporate, revise, or resist the influence of seemingly distant political and economic forces" (Ginsburg and Rapp 1995:1). In order to grasp the complexity of the Colombian context it is necessary to pay attention to the way that people translate, interpret, and incorporate international flows of information and support. At the same time, I show how the flow between the local and international arenas has strengthened and influenced the contested positions within the local debate. The analysis of the lawsuit and the correspond ruling that liberalised abortion in Colombia illustrate clear understandings of ideas about rights, the state's role, development, international support and international approval. This will be explained in the next chapter.

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of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions." Footnote 20 in page 119 said: "Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (based on World Health Organization, The Prevention and Management of Unsafe Abortion, Report of a Technical Working Group, Geneva, April 1992 (WHO/MSM/92.5))." Cited at [http://www.unfpa.org/upload/lib\\_pub\\_file/570\\_filename\\_finalreport\\_icpd\\_eng.pdf](http://www.unfpa.org/upload/lib_pub_file/570_filename_finalreport_icpd_eng.pdf)

### **3 Representations of women and local meanings of sexual and reproductive rights**

In this chapter, I describe some particularities about the lawsuit and the corresponding ruling that liberalised abortion in Colombia. First, I argue why I chose those legal events as the starting point of my analysis. Next, I describe the lawsuit and some of the implications of the ruling. I concentrate on some of the arguments used by the magistrates of the court that made it possible to change the terms of discussion on abortion in Colombia. Finally, I discuss some health providers' reflections about this new law and their implications for the real practice of the sexual and reproductive rights of women in the Colombian context.

#### **From the beginning: a procedural approach**

In order to understand the abortion issue from an anthropological point of view, I have chosen to use a procedural perspective. This implies seeing anthropological work as a part of current history where anthropologists “are now acutely conscious of observing part of the cultural construction of a part of a society in a particular time. That being so, local affairs cannot be addressed without serious attention to the larger processual implications of the local moment” (Moore 1987:735). It is important to recognise the present as part of a continuous process that has had particular developments in the past, and will continue to develop in the future in unknown ways.

I consider it useful to take the lawsuit soliciting decriminalisation of abortion and its corresponding ruling as a starting point for my analysis, because those events unleashed the latest struggle between the two movements I deal with. Following Dolgin, I maintain that the legal system of any culture is an important tool to understand social order, as the law reflects, and is reflected in the culture's broader system of meanings and beliefs (Dolgin 1997:ix). Although my focus is not, strictly speaking, on the law, I am interested in the constitution of those legal events and in the consequences that those events generated, particularly as regards the abortion activists I deal with. This approach allows the identification of the moral principles that are evoked and challenged through the law (Melhus and Howell 2009:145). Contextual analysis of specific rights struggles allows us to follow how individuals, groups, communities and states use a discourse of rights in the pursuit of their particular ends, and

how they becoming enmeshed in its logic (Cowan et al. 2001:21). Therefore, I am especially interested in advocates' definition of rights and sexual and reproductive rights, through which I will identify how they regard women's roles in the family and how they prescribe responsibilities to women.

Following Moore, such an approach requires the identification of appropriate diagnostic events. "The kind of event that should be privileged is one that reveals ongoing contest and conflicts and competitions and the efforts to prevent, suppress, or repress these" (Moore 1987:730). She also mentions the importance of asking about this event and its implications for people. She sums up the aim of fieldwork as current history:

*The juxtaposition in events of competing and contrary ideas, and of actions having contradictory consequences, is the circumstance that requires inspection and analysis. It is through that contiguity of contraries that ongoing struggles to control persons, things, and meanings often can be detected. Those struggles to construct orders and the actions that undo them may be the principal matter of ethnography as current history. (Moore 1987:735)*

I chose two particular events, as diagnostic ones. The first is the lawsuit before the Colombian Constitutional Court concerning the decriminalisation of abortion in some circumstances. The second is the Court decision, in case C-355/06<sup>15</sup>, that ruled that the criminal prohibition of abortion in all circumstances violates women's fundamental rights. On May 10, 2006, the Constitutional Court in Colombia issued a historic pronouncement that changed one of the most restrictive abortion laws in the world. However, consensually induced abortion is still a crime, but not in the three cases expressly pointed out by the court.

These events have placed the abortion debate on the public agenda. The debate is polarised, one side is against abortion and the other in favour of the liberalisation of abortion legislation. Different researchers have pointed out that abortion, more than almost any other social or health issue provokes mixed emotions and generates fundamental disagreement (Cannold 1998, Ginzburg 1990, Heumman 2007, Oaks 2003, Viveros 1999). Abortion is a conflict-laden issue that raises many ethical questions that are widely debated within societies, as for example the feelings and beliefs about the meaning of human life, religious and cultural values, the law, the status of women, the status of the embryo, etc. The broad profiles and positions of the major groups in the abortion debate are generally familiar to

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<sup>15</sup> The ruling is available at <http://www.corteconstitucional.gov.co/relatoria/2006/C-355-06.htm> (visited 25.09.2009)

those that work with the issue. The idea that a woman might voluntarily chose to end her pregnancy makes many people uncomfortable and produces absolute opposition in some. In this context, the anti-abortion supporters, on the bases of concrete religious ideas, find a productive field to spread their conceptions and beliefs about life, and the role of women and children, among others. However, others believe that the laws criminalising abortion not only ignore the serious consequences of unwanted pregnancies and illegal and unsafe abortions, but also women's ability to make autonomous and moral decisions. In this case, health and human rights activists become the usual allies of the different groups that support the liberation of abortion around the world.

## Legal action

My own interest in abortion began as a result of the media debate<sup>16</sup> around a lawsuit taken to the Colombian Constitutional Court. In the Colombian legal system, 'any Colombian citizen' can raise a question concerning whether a law is or is not in accordance with the Constitution, through a public legal action called 'the unconstitutionality action' following some standard proceedings (Martinez 2007:11). Then, the Constitutional Court answers with a ruling. One of the roles of the Constitutional Court is to be the Constitution's guardian and interpreter. Contrary to, for example, the American Constitutional Court, in the Colombian legal system it is not required that the action that appears unconstitutional will directly affect the person that requested the lawsuit. Consequently, on April 14 2005, lawyer Monica Roa<sup>17</sup> and others in separate complaints requested a legal action in the Colombian Constitutional Court soliciting the decriminalisation of abortion in three circumstances: when the life of the woman is in danger; when the pregnancy is the result of a rape or incest; and when grave foetal malformations make life outside the womb unviable<sup>18</sup>.

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<sup>16</sup> I followed the debate reading the online version of two national newspapers: El Tiempo y El Espectador, and the weekly magazine SEMANA. The debate was especially intense between February and May 2006, in El Tiempo alone there were almost 150 articles, editorials and opinions during those months. In SEMANA, the abortion issue was the cover story twice that year.

<sup>17</sup> She is the Director of the Gender Justice Programme at Women's Link Worldwide, an international NGO "that works to advance women's rights through international law, international tribunals and strategic litigation." She also became a symbol of the pro-choice movement.

<sup>18</sup> The complaint text is available at: [http://www.womenslinkworldwide.org/pdf\\_programs/es\\_prog\\_rr\\_col\\_legaldocs\\_demanda1.pdf](http://www.womenslinkworldwide.org/pdf_programs/es_prog_rr_col_legaldocs_demanda1.pdf) (accessed on September 17, 2007) pg. 1

To summarise, the complaint requested a declaration of unconstitutionality of some articles of the Colombian Penal Code<sup>19</sup> that criminalise abortion “because they disproportionately and unreasonably limit the rights and liberties of pregnant women, including when she is a minor of less than 14 years old”<sup>20</sup>. The main argument was that the criminalisation of abortion in the above-mentioned cases violated a number of rights that are already recognised in the Political Constitution of Colombia. These rights are: the right of dignity (Constitutional Preamble and article 1); the right of life (article 11); the right of bodily integrity (article 12); the right of equality and the general right of liberty (article 13); the right of free development of the individual (article 16); the right of reproductive autonomy (article 42); the right of health (article 49); and obligations under international human rights law (article 93).

The most important achievement of this complaint was the presentation and change of the arguments used in the public debate on abortion in terms of human rights, social justice, and public health problems in Colombia. Previous research shows that public debate on abortion in Colombia between 1975 and 1994 was intolerant and highly influenced by the moral and ethical conceptions of the Catholic Church (Viveros 1994). In this way, the legal action reaffirmed a contested domain between two different positions that defended actively their own arguments in front of the court. During the process, numerous citizen interventions<sup>21</sup> on both sides were submitted.

## **Court rulings and their consequences**

The Constitutional Court had previously discussed the abortion issue on three other occasions: ruling C-133/1994, ruling C-013/ 1997, and ruling C- 647/2001(Garcés 2006:170, La Mesa 2009:24). Before ruling C-355/2006<sup>22</sup>, none of these deliberations managed to change the strict regulation on abortion in Colombia. In those decisions, the court resolved the tension between rights and interest that the abortion issue generates in favour of the total

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<sup>19</sup> Paragraph 7 of article 32, articles 122 and 124, as well as the expression “or a woman of less than 14 years of age” contained in article 123 of Law 599, 2000 “by which the Penal Code is enacted.”

<sup>20</sup> C-355/2006: Excerpts of the Constitutional Court's Ruling That Liberalised Abortion in Colombia pg. 15

<sup>21</sup> In the Colombian legal language those interventions are known as *Amicus Curiae*

<sup>22</sup> The Court is composed of nine Magistrates. In sentence C-355 the decision was not unanimous at all. Five of them, Jaime Araujo Reinteria, Alfredo Beltran Sierra, Manuel Jose Cepeda, Humberto Antonio Sierra Porto y Clara Ines Vargas Hernandez voted in favour of the decision. Three of them, Marco Gerardo Monroy Cabra, Rodrigo Escobar Gil y Alvaro Tafur Galvis dissented opinion. Magistrate Jaime Cordoba Treviño declared himself to be unfit to decide since he had participated in the elaboration of the Penal Code that was demanded.

protection of the life of the *nasciturus*<sup>23</sup>. However, the Court has never been unanimous on the abortion issue either in the current sentence or in all previous ones as different marginal votes reveal (La Mesa 2009:25). Some of the court magistrates pointed out that the total protection of the life of the *nasciturus* could not be a dogmatic statement. They proposed that in an issue where different fundamental rights are in conflict, it was necessary to use the principle of balanced need. This is grounded in the idea that neither fundamental rights nor constitutionally protected goods are absolute, and they need to be balanced against each other (Garcés 2006).

### **Protect life in formation ≠ right to life**

Until May 2006 for the majority of the Court magistrates, the protection of the rights of women did not justify the elimination of the life in formation. In those previous sentences, the Court ruled that the protection of the unborn life was more important than the protection of the rights of the women. Here it is important to clarify the fact that the Court had never given rights to the foetus or *nasciturus*. The Colombian legal system only afforded rights to the existence of legal persons. It is evident in the arguments that the Court used concerning the rights of the women and the status of the foetus that the existence of a legal person starts with birth. The Court explained that the absolute ban to protect foetal interests places a disproportionate burden on women's exercise of their human rights. The Court made the distinction between the value of life and the claimed legal right to life. The value of life is recognised from a constitutional perspective, including foetal life. In this way, the state can protect prenatal life, but it may do so only in a way that is compatible with the rights of women, including their rights to life and health protected by the Colombian Constitution and international laws<sup>24</sup>.

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<sup>23</sup> “In the Colombian legal system, this word is used as a synonym for “foetus”. It is a Latin expression that refers to a child which has been conceived but has not yet been born. It has to do with the legal notion of person that is part of the heritage of Roman law. The Colombian Civil Code in article 90 [Legal existence of persons] states: The legal existence of each person's starts at birth, that is, when being completely separated from the mother. The creature that dies in the motherly womb, or that perishes before being completely separated from the mother, or that has not survived the separation for even an instant, will be seen as never having existed” (Cited in Martinez 2007:21)

<sup>24</sup> For more details about this argument, see C-355-06 Part VI. Consideraciones y Fundamentos de la corte. Point 5. La vida como un bien constitucionalmente relevante que debe ser protegido por el Estado colombiano, y su diferencia con el derecho a la vida. Pages 225-233

## Women as ‘autonomous subjects’

Previous analysis on the Colombian Constitutional Court and its incorporation of gender issues in different rulings shows there have been many contradictory images of women in the decisions of the Court<sup>25</sup>. In some cases, the Court recognised women as autonomous subjects and independent agents. Thus in the public sphere, women are viewed as capable, strong and equal to men. At the same time, many other decisions of the Court made to protect women, especially those related to the position of women in the private sphere, are based on paternalism. Hence, women are seen as weak, economically dependent, and limited to their role as the ‘loving, sacrificing mother’ (Morgan & Alzate 2000:214). One of the most important implications of ruling C-355/06 is that the Court affirms women as independent and autonomous subjects of their reproductive choices almost under the circumstances that made legal access to abortion.

The Court explains in ruling c-355/06 that women cannot be treated as “a reproductive instrument for the human race”<sup>26</sup>, since women warrant respect as independent agents of their own destiny. They cannot be forced to hold a pregnancy and raise a child which is the product of violent intercourse. It also ruled that women could not be subjected to third party authorisation requirements for access to reproductive health services, such as spousal/partner or parental authorisation. This was a sign of a change in the perception of women in the private sphere and their role as mothers. Maternity became an option and not an obligation at least in the most extreme situations<sup>27</sup>. In previous debates, the same Court ruled in a very different way on the decision of having a baby as a result of rape. One of the arguments used earlier by the Court with the aim to ban abortion was that the indignity of a woman that was a victim of a sexual crime was remedied if she accepted her maternity as a way to raise their femininity (Garces 2006: 175).

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<sup>25</sup> Among others several of the Constitutional Court’s rulings have dealt with young pregnant women’s access to school, pregnancy and work rights, inheritance, etc. A detailed description of differing gender jurisprudence under the Colombian Constitution is available in Morgan (2005)

<sup>26</sup> C-355-06 pg.6 and 258

<sup>27</sup> For greater analysis of decision of the court in terms of equality and sexual and reproductive rights see Ordolis (2008)



## International Conventions

The Court decided that criminal prohibition of abortion in all circumstances violated women's fundamental rights. These rights were protected by the 1991 Colombian Political Constitution and by international human rights law through Colombia's adherence to international and regional human rights conventions<sup>28</sup>. The court concluded, "women's sexual and reproductive rights have finally been recognised as human rights, and, as such, they have become part of constitutional rights, which are the fundamental basis of all democratic states"<sup>29</sup>. Nevertheless, the limitations of the decision of the court reinforce the idea that certain reproductive choices can only be exercised in extreme circumstances and deny women's autonomy regarding fertility control and motherhood (Ordolis 2008:286).

Activists from both movements are aware of the importance of following international convention as a part of the Colombian Constitution and the real exercise of democracy. It was a main argument in many of the citizen interventions<sup>30</sup>. Since 1991, the Colombian Constitution has incorporated automatically all the international treaties and conventions that the state has ratified.

The recognition of sexual and reproductive rights on the grounds of international law is a victory for pro-choice advocates, with short- and long-term implications. In the short term, more than ever, pro-choice advocates must be aware of the kind of reactions on the part of anti-choice activists and the Catholic Church. The movement must remain united and respond quickly to anti-choice strategies that wish to barricade access to abortion and push back the current decision. In the long term, pro-choice activists recognise that this change of law could be the first step to a more liberal law that allows abortion in the grounds of socio-economic reasons and perhaps self-determined abortion, though there still is a long way to go.

Representatives of the anti-choice movement use international conventions as well as an argumentative tool to ban abortion. They mentioned The Inter-American Commission on Human Rights (IACHR) from 1969 as an international convention that gives enough juridical

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<sup>28</sup> Some of those convention are: The International Definition of Reproductive Health recognised at the 1994 United Nations International Conference on Population and Development, and reaffirmed in 1995 United Nation Fourth World Conference on Women; The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); The International Covenant on Civil and Political Rights; The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará), among others. (Cook 2007: 161)

<sup>29</sup> C-355/06 pg 247

<sup>30</sup> For more details about the numerous interventions see C-355-06 Part IV Intervenciones pg. 33-164

support to ban abortion according to the law. Ilva Miriam Hoyos<sup>31</sup> explained that this convention defined “person” as every human being (art.1 point 2). Moreover, the convention mentions conception as the moment of the beginning of the life, demanding its protection from this moment (art. 4 point.1)<sup>32</sup>. Nevertheless, the Court made clear that these international treaties and conventions could not be taken as absolute. It is important to interpret them in conjunction with each other and take into consideration social changes and new challenges faced by the international community and the reality of the country<sup>33</sup>.

## Conscientious objection

The court recognised health care providers’ conscientious objection to participation in abortion procedures, but established some clear rules. Objecting medical practitioners must immediately refer women to other non-objecting medical practitioners who will perform the procedure. Simultaneously, the court made a clear distinction, that conscientious objection is a right only of human individuals, not of institutions or the state itself<sup>34</sup>. Therefore, neither health care institutions nor the state can invoke conscientious claims to deny provision of legal abortion services. This became a sensitive issue especially for private institutions with a religious profile. Since the new regulation came into force, there have been many disagreements and problems in the health services concerning the performance of a legal abortion when it is possible<sup>35</sup>. In general, the Court’s argumentation in the cases mentioned shows that it had consideration for women’s rights<sup>36</sup>.

## Grey areas

The Court made it relatively simple for women to claim their right to a legal abortion. In the case of rape or incest, all that is needed is a copy of the complaint to the police. In the case of risk to the health or the life of a pregnant woman and grave foetal malformations, all

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<sup>31</sup> Interview with Ilva Miriam Hoyos, director of Red Futuro Colombia (16. February 2007)

<sup>32</sup> The full text can be consulted at <http://www.cidh.oas.org/Basicos/English/Basic3.American%20Convention.htm>

<sup>33</sup> For more detailed argumentation see C-355-06 Part VI. Consideraciones y Fundamentos de la corte. Point 6. La vida y los tratados internacionales que hacen parte del bloque de constitucionalidad pg 233-239

<sup>34</sup> C-355-06 pg 289 (my own translation)

<sup>35</sup> In July 2009 The Secretaria Distrital de Salud of Bogota fined, for first time since the change of the law, the Jesuit hospital San Ignacio, which in 2008 denied an abortion to a woman whose foetus had a confirmed diagnosis of severe malformations. The hospital objected to the request arguing that the hospital does not practice abortions due to its religious principles. According to the legislation, a physician can argue conscientious objection, but a hospital cannot. In this case, the hospital has the obligation of finding another doctor who was willing to perform the abortion. In case all doctors oppose, the hospital has to refer the woman to another health institution that performs the necessary procedures. El Tiempo 7 May 2009

<sup>36</sup> The rights that the court considered were the right to dignity, the right to life, the right to bodily integrity, the right to equality and liberty, the right to free development of the individual, the right to reproductive autonomy and the right to health.

that is needed is a medical certificate. Nevertheless, this also created new grey areas, since aspects as the limit of time to perform an abortion or a specific list of illnesses that can be used to justify an abortion was not established. The Court did not clarify such aspects, as they declared,

*[...] it is not in the realm of the Court's knowledge to stipulate when the continuation of a pregnancy puts the life or health of a women at risk or when there are serious malformations of the foetus. Such determinations are to be made by medical practitioners acting within the ethical standard of their profession<sup>37</sup>.*

The magistrates of the Court recognised the limits of their knowledge and competence in order to establish more clearly procedures related to the legal practice of abortion. Melhuus affirms that discussion on ethics becomes the core problem when there is a tension between expert knowledge and lay knowledge (2005:223). The decision of the magistrates to transfer the discussion to expert medical knowledge and yield to medical expertise the determination of the scope of implementation of the new law did not resolve the tension between expert knowledge and lay knowledge. The magistrates just moved away the problem of ethics and created a contested dominion between health care providers and lawyers. This lack of clarity generates a grey area that is open to many interpretations as was evident in the open forum I attended. During those meetings, health providers manifested non-conformity with regard to the new law. They were afraid to do things wrongly and asked for clear procedure manuals from the Ministry of Social Protection to make their practice safe.

Pro-choice advocates interpret this decision of the court in a positive way, especially in cases that access to legal abortion is granted given the risk of the women's health. In this case, according to the Court, health is the right to enjoy the highest attainable standard of physical and mental health<sup>38</sup>. Thus, it is open to future claims based on the psychological effects of restricted access to abortion. In the meantime, anti-choice advocates consider that this decision allows women to have abortions whenever they want on the grounds that they feel bad because they are pregnant. With this position, anti-choice activists consider that the state is promoting a negative image of motherhood. In what follows, I describe some reflections on the part of health providers that highlight the complexity of the decision of the Court and its implementation.

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<sup>37</sup> C-355-06 pg 289 (my own translation)

<sup>38</sup> C-355/06 pg 287

## **From paper to action: health providers' positions on the new law**

The forum I attended was part of a contract between the Ministry of Social Protection and the National University to map and discuss the legal, ethical, and medical implications of the C-355 ruling of the Constitutional Court. Discussions among health providers on the technical and ethical aspects of the interruption of pregnancy dominated the meetings. The uncertainty surrounding the technical aspects of the implementation of the new law was particularly relevant during the meetings. Among these aspects were the lack of a concrete list of the illnesses that could justify an abortion, the valid time limit to perform an abortion, the lack of medical training to perform diverse methods of interrupting a pregnancy and the real cost to health providers of establishing whether the foetus had some kind of incurable illness that made him unviable. Another implicit concern was the strong moral attitudes of the health personnel about the abortion issue that reflected very contradictory images of women.

Health providers pointed out that establishing illness of a foetus is expensive and complicated since it requires a very special medical test with particular technology and medical expertise. The test is not included in the basic health program, and the services are only available in some types of hospitals, not in all health posts around the country. As a consequence, it will be impossible for rural women and marginalised sectors to gain access to these procedures. Besides, doctors were confused by the fact that no specific time limit was clearly established to perform a voluntary interruption of a pregnancy. One doctor considered that in medical terms, abortion is defined as the termination of pregnancy before foetal viability, which is widely accepted by the medical community worldwide to be until the 22nd week of pregnancy. What happens after that period is recognised in medical terms as premature delivery and medical staff must provide necessary medical care to the foetus in case of viability. Consequently it was not clear for him if the interruption of the pregnancy after 22 weeks is allowed.

An additional limitation is the fact that health providers and universities lack updated knowledge concerning different abortion techniques. Practitioners said that in the medical faculties they did not learn enough about the interruption of a pregnancy. In public hospitals the most common procedure is Dilation and Curettage (D&C), even though the WHO has established that "D&C should be used only where vacuum aspiration or medical methods of abortion are not available." (WHO 2003:20). One of the practitioners claimed that for health

personal and medical faculties their own reputation was more important than women's rights. Consequently, neither institutions nor professionals were interested in learning the different techniques and procedures to perform an abortion. In the case of vacuum aspiration, if health providers purchase the instruments needed and make it publicly known, they will be labelled as abortionists. As a consequence, it will generate a bad image of their institutions and have a negative influence on their own business. They thought that people in general would not want to receive treatment in institutions that perform abortions.

### **Health providers' representation of women**

During the meetings, health providers revealed contradictory views of women. They did not see women as autonomous subjects and independent agents capable of making correct decisions concerning their lives. Instead, some health personal perceived women as manipulative individuals that simply tried to obtain an abortion without paying attention to the restrictions and barriers. One of the doctors asked what he should do if a woman claimed an abortion on the basis that she was raped, but she made the claim more than 15 weeks into the pregnancy? He argued that in the case mentioned the woman had waited too long to claim a voluntary interruption of pregnancy. He was afraid that the woman was not telling the truth, and considered himself to be in a very difficult situation: If he performed the abortion and the woman was lying, he feared that the authorities would suspect that he was conspiring to the crime of carrying out an unlawful abortion. One of the lawyers' answered that it is not the job of a doctor to clarify whether rape allegations are true or false. Only a judge could determine the truthfulness of that kind of accusation. In such cases, doctors must simply do their job by either performing the abortion themselves or remitting it to another physician that will do it. Otherwise, doctors would be breaking the law and they could be sanctioned.

Thus, doctors act as supervisors to prevent women from abusing the system. In the forums, several of the doctors present pictured women as dangerous individuals that can manipulate the system to pursue their own goals. Other doctors manifested concern that the new law made it possible for women to use abortion as a contraceptive. They feared that many women would falsely claim to have been raped, since it only required a simple report to the police to get permission for an abortion. These concerns show that doctors do not trust the judicial system in Colombia, but also that physicians do not take into consideration the social cost that a report of rape has for women in Colombia society.

At another meeting, a doctor asked what he must do if a pregnancy jeopardises the life of the woman and she refuses to perform an abortion? A lawyer answered that as long as the doctor has explained all the consequences and risks of continuing the pregnancy it was the woman alone that could decide what to do. In this case, the doctor perceived the woman as an irrational subject that did not understand the danger of the situation and was not able to take the 'right' decision.

The new law made evident a conflict between the doctors' understandings of women and their reproductive lives and their own medical practice. The medical practices are conflictive arenas where the image of the patients, in this case of women, are sifted through a doctor's personal understanding and their opinion of sexuality and morality. Doctor's representations of women, as manipulative or irrational subjects sets a boundary around the real practice of the sexual and reproductive rights of women. I considerer this to be an interesting relation that requires more research. However, I do not have enough material from my own fieldwork to study this in depth. Nevertheless, my aim is to show the degree of complexity of the abortion issue and the different spaces that it affects.

### **On the grounds of sexual assault**

Juana<sup>39</sup>, a pro-choice activist affirmed that they have not had many requests for legal abortions on the grounds of rape or incest. She explained that it is due to cultural barriers manifested during the moment of report of rape to the police. It is common that when a woman reports a rape, the authorities and society in general blame them. The first thing they usually do is to look for women's attitudes that could have triggered the sexual attack, for example, which kind of clothes she was wearing during the attack. In this context, Juana explained that as long as a woman can afford an illegal abortion, she will chose this way in order to avoid more exposure and denigration.

In general, media attention exposes and denounces the problems of real access to abortion. Nevertheless, media attention also scares victims away from seeking legal abortions. It is evident in the variety of cases exposed in the media of raped women and children that

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<sup>39</sup> Fictional name, she is a pro-choice activist that works in the field with women.

have met various barriers in the health system and the judicial system to interrupt their pregnancies in a legal manner<sup>40</sup>.

The cases mentioned reflect how Colombian society has clear understandings about sexuality and reproductive choices that vary considerably from the notion of sexual and reproductive rights proposed by the international community.

## **Answer to health providers claim**

In order to eliminate the barriers that hinder access to abortion health services in the cases allowed by the law, the Ministry of Social Protection, with the aid of the pro-choice movement, drew up decree 4444 and resolution 4905 on December 2006<sup>41</sup>. The decree defined the rules for the provision of services of voluntary interruption of pregnancy in cases and conditions decriminalised by law and adhered to the quality standards set by World Health Organization. It established that abortion services would be available throughout the country for all women, regardless of their ability to pay or membership of the Social Health Security System. It also prohibited unnecessary administrative barriers to postpone the provision of abortion services, such as the approval of several physicians, review or approval by auditors, and waiting lists, and other procedures that may pose an unreasonable burden on the woman. It also reaffirmed that conscientious objection is an individual and not an institutional right, which applied only to direct providers and not to administrative staff<sup>42</sup>.

Both governmental authorities and the pro-choice movement anticipated resistance to the application of the abortion law. However, the main obstacle for access to legal abortion is the lack of knowledge of the new regulation among health workers, judges, and the women themselves.

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<sup>40</sup> Some examples are: “La triple violación de Cramen” El Tiempo 13.07.2007; “Niña de 11 años clama por aborto” El Tiempo 18.08.2006; “Tarjeta Roja para las EPS privadas” 21.02.2007; “Historia de una Infamia” Cambio. 06.08.2009.

<sup>41</sup> Different members of the pro-choice movement explained that it was a strategically important tactical manoeuvre to be constantly behind the Health Ministry as a means to make sure that the new law would not remain just on the paper as in other cases, for instance the case of euthanasia in Colombia. The Constitutional Court approved some kind of compassionate homicide in ruling C-239- 1997. However, until now it has not been regulated by Congress. Thus, on paper, some kind of assisted homicide is legal in Colombia but in reality, it is not allowed due to lack of regulation concerning the correct procedures. Pro-choice activists were also aware of the experience of other Latin American countries. This showed that in the countries where abortion is allowed in some particular cases, one of the main barriers to real access to abortion is a lack of knowledge of these particular rules among health workers, judges and women (Interview with Monica Roa 19.Mars 2007 and Cristina Villarreal 02.Februar 2007)

<sup>42</sup> Ministerio de la Protección Social. Decreto Número 4444 de 2006

Against this background, both the anti-choice and the pro-choice movements continue their work and are perhaps more active than ever. Until now, the pro-choice group has worked continuously for the implementation of safe, legal, and accessible abortion. Pro-choice advocates monitor closely the way in which the new laws are received and accepted by different sectors of society, and legally assist women who are facing obstacles to exercise their right to have an abortion in the permitted cases. Meanwhile, the anti-choice advocates are educating health care providers about their right to claim conscientious objection as a means to contest the new law. I came into the scene when the movements were planning and implementing those strategies.



## 4 Placing the movements

In this chapter, I describe and analyse the rise and the development of the anti-choice and pro-choice movements. Although each movement has its own history and development, the continued existence of each group depends on the other. The energy on both sides of the abortion debate rests on the reactions of the opposition, thus a victory for one movement generally mobilises the opponent (Baer 2002, Stanggenborg 1995). Therefore, it is necessary to place those movements in their specific historical context in order to get a better comprehension of them and their particular attitude to the abortion issue. Owing to the latest change to the abortion law in 2006 and its consequences, these positions are now well consolidated as social movements.

In order to understand the dynamics of both movements I describe tactical relations of the advocates that have strategically influenced their efforts to support or oppose abortion. The Constitution of 1991 brought about changes to the action of activists on both sides. I indicate specific structural changes in the political system as consequences of the Constitution that, in the short term, blocked the decriminalisation of abortion in the 1990s. Nevertheless, in the long term the Constitution made the liberalisation of abortion possible. Additionally, I contextualise some implications that the illegal practice of abortion entails in Bogota and the way that the activists of each movement have chosen to work under these concrete circumstances.

### **The Constitution gives opportunities**

The Constitution of 1991 has been particularly important for both movements as it generated legal mechanisms that conferred political participation to social and political groups that were not taken account of in traditional political structures. The various mechanisms that this new political context created has both hindered and stimulated the decriminalisation of abortion in Colombia. As Stagggenbord affirms, “Aspects of the internal organization of movements as well as the external political climate influence the growth and maintenance of social movements” (1995:161). Thus, by analyzing the external political influences on the professionalisation and formation of both movements, one can learn about the movements’ histories and strategies. One can also learn a great deal, about how these strategies have influenced the legislation of abortion.

The aim of the 1991 Constitution was to incorporate all sectors of the population and to generate political and social changes in Colombian society. Consequently, the Constitution opened up the possibility of participation in the local and national arenas for political parties other than the traditional conservative and liberal parties. The Constitution also recognised and protected cultural and ethnic diversity, freedom of worship, education, conscience, religion, and equality among the churches. The new Constitution approved the presence of other churches at the same level as the Catholic Church. In this way, the state removed the monopoly of the Catholic Church and opened a space for the coexistence of a diversity of codes of ethics and morals, and for a division between the religious sphere and secular state (Viveros 1999:218). It also created new institutions with the aim of ensuring that the rights were not merely theoretical, for instance the Ombudsman's Office with the purpose of establishing a channel for dialogue between the state and the citizens and the Constitutional Court in charge of controlling the protection of constitutional and human rights (Morgan 2005).

Nevertheless, the acceptance of a new Constitution does not change the situation from one day to another. Democratic development has slowly permeated Colombian society. The participation of diverse sectors of society raised awareness of the need to discuss and change different issues, for instance abortion legislation. I consider that the new Constitution of 1991 marked a structural change in the political climate in Colombia and gave the pro-choice movement a real opportunity to gain political power.

The experience of women's groups and movements during the process of creating the new Colombian Constitution in 1991 was fundamental to the professionalization of the pro-choice movement. Different women's groups agreed that in order to advance towards a true democracy, it was necessary to include women's demands in the new Constitution. Thus, women's groups and social movements joined together and established *The Women and the Constituent Assembly National Network (La red)*. It was the most effective way for women and organisations to lobby actively for their causes during the discussion of the elaboration of the new Constitution. The women demanded, among other things, the elimination of sex discrimination, equality in public and private spheres and support for "free motherhood" that included abortion, sex education, access to contraceptives and so on. (Morgan & Alzate 1992:378).

*La red* participated actively in the official committees organised to collect citizens' proposal for constitutional change in the different regions and sectors of Colombian society and obtained support for much of their agenda in the final text of the Constitution<sup>43</sup>. However, the new Constitution remained silent on the question on abortion.

In the short term, the inclusion and participation of various political parties and their specific agendas allowed the maintenance of the conservative vision concerning the abortion issue. Many anti-choice advocates find a natural ally to highlight their cause through the political party *Laicos por Colombia* (Laypersons for Colombia). Activists' own words and concepts vary from common meanings; they often redefine words. The use of the term laity is at good example<sup>44</sup>. They developed their own definition of laity and consider a layperson as

*A Catholic who is not a priest, bishop, or member of a religious order. Baptised children of God and members of the Church who have a mission to bring the Gospel to the world and transform its economy, politics, and family, according to God's plan.*<sup>45</sup>

Carlos Corsi Otalora was the representative of this party in the Senate between 1991 and 2002, at the same time he was a member of the Culture of Life Foundation since their establishment in 1997. Laypersons for Colombia is no longer an independent political party after they lost the block boundary in the elections of 2002. They returned to their political origins, namely the conservative party. Through them they wish get back to the Senate in the elections in 2010. However, they still have power in local politics in different regions.

According to Martha De Rueda, director of the Culture of Life Foundation, large battles were won during the 1990s. They worked hard against the liberalisation of abortion, euthanasia, experimentation with human beings, homosexual rights, and against the removal of moral and religious education from the national program of education. The website of Laypersons for Colombia reaffirms this achievement. They summarise some of their political victories between 1991 and 2006 as follows:

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<sup>43</sup> A detailed description of the process see Morgan & Alzate (1992)

<sup>44</sup> The Real Academia de la Lengua Española defines laity as “something independent of any organization or religion”. My own translation to English, see: [http://buscon.rae.es/draeI/SrvltConsulta?TIPO\\_BUS=3&LEMA=laico](http://buscon.rae.es/draeI/SrvltConsulta?TIPO_BUS=3&LEMA=laico) Visited 28.09.2009

<sup>45</sup> My own translation, see: [http://www.geocities.com/laicos\\_colombia/diccionario.htm](http://www.geocities.com/laicos_colombia/diccionario.htm) visited 28.09.2009

*'...[ ] On ten occasions Laity for Colombia has hindered the legalisation of abortion, euthanasia, genetic manipulation and the introduction of gay marriage.*

*The denouncement of the State's corrupting actions in the field of sexual education and the diffusion of the authentic education of love.*

*The struggle to hinder the decriminalisation of divorce.*

*The action not to allow the exclusion of religious and moral education in the Colombian school system. ...<sup>46</sup>*

De Rueda, expressed her thankfulness to ex-senator Corsi at various times. During the annual meeting of the Culture of Life Foundation, she reflected on the implications of the fact that Corsi was no longer in the Senate. She said that because of his absence since 2002, the 'culture of death', as she called the stand behind the opposition, had decriminalised 'the crime of abortion', approved 'false homosexual rights', and proposed the government bill of euthanasia in projects 100/2006.

## The anti-choice movement

During the 1990s, advocates against abortion worked actively through different foundations, organisations, and groups in opposition to abortion, euthanasia, sexual education, contraception, homosexual rights, and so on. These various sectors of the anti-choice movement did not need to consolidate as a network until 2005 under the name *Red Futuro Colombia* (Future of Colombia Network). The director of the Future of Colombia Network is the lawyer and philosopher Ilva Myriam Hoyos. Since 1989 she has been working on the concept of the person from a legal and philosophical point of view<sup>47</sup>.

Despite the fact that some leaders have been working against the liberalisation of abortion legislation for more than that 20 years and are widely recognised in the media as members of the anti-choice movement and the Catholic Church, an anti-choice coalition was not necessary until 2005, as anti-choice advocates kept control and influenced the parliament and Constitutional Court in all previous efforts seeking the liberalisation of abortion laws. Then, political access to influence public policies was guaranteed by the alliance between

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<sup>46</sup> My own translation, see: [http://www.geocities.com/laicos\\_colombia/realizac.htm](http://www.geocities.com/laicos_colombia/realizac.htm) (visited 30.09.2009)

<sup>47</sup> Her publications include: *De la dignidad y de los derechos humanos, Una introduccion al pensar analogico* (2005); *La persona y su derechos. Consideraciones bio-etico-juridicas* (2000); *El concepto de persona y los derechos humanos* (1991); *El concepto juridico de persona* (1989).

anti-choice advocates, the Catholic Church, and political parties as I explain above (Haas 2005).

The Future of Colombia Network was the anti-choice movement's response to the legal action on abortion of 2005 described in the last chapter. The network emerged as a way to bind together pro-life organisations. The aim of this network is to find new strategies that will stop the development of new laws and rules that threaten life, especially the life that is yet to be born, 'the life of the nascent'. In 2007, when I met Hoyos, the main issues of the network were working with the question of health providers' conscientious objection and the development of a program for the formation of leaders in the defence of life as a means to engage more people with their cause.

The non-existence of an anti-choice coalition also evidences the weakness of a pro-choice movement that did not find the right strategy to draw attention to their cause and promote a change of the law until 2006. Leaders of the pro-choice movement confirmed this and manifested that they did not have enough resources to promote activities by themselves. Pro-choice advocates supported the isolated attempts of various politicians but nothing else. Those kinds of processes did not generate a more solid consolidation process inside the pro-choice movements; instead, they frustrated pro-choice advocates, as political process began and ended at once.

Hoyos mentioned especially two organisations that have existed and worked for the defence and protection of life for a long time. They are *La Fundación Derecho a Nacer* (the Foundation for the Right to Be Born), and *La Fundación Cultura de la Vida Humana* (the Culture of Life Foundation). Ilva Myriam Hoyos recommended me to the director of the Culture of Life Foundation, and I concentrated my work with the anti-choice movement within this group. Nevertheless, the Foundation for the Right to be Born is the oldest established anti-choice institution, founded in 1975. It was created by Astrid Tamayo de Bayer as a response to the first attempt to legalise abortion in Colombia in 1975. It is a non-profit institution with a clearly religious profile. The main objective is to fight for the defence of life, prevent abortion, and make 'future mothers' understand that 'killing an innocent' is not justified under any circumstances<sup>48</sup>.

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<sup>48</sup> A detailed description of this foundation is available at <http://www.elcatolicismo.com.co/index.php?idcategoria=2301> (visited 28.09.2009)

The Culture of Life Foundation has legally existed since 1997. Marta Saiz de Rueda, started the Foundation as a member of Human Life International (HLI). In 1997, HLI confirmed in the bulletin *Escoge la Vida* that many top leaders of the pro-life movement of Colombia signed the establishment of the Culture of Life Foundation and committed their support to the institution. HLI also acknowledged Laypersons for Colombia for facilitating the use of an office in its headquarters by the Foundation. The HLI mission is the same in Latin America as elsewhere. It is engaged in a worldwide mission to promote and defend the sanctity of life and family around the world, according to the teachings of the Roman Catholic Church through prayer, service and education, as they themselves affirm.

The Culture of Life Foundation is currently located in a central area of Bogotá and shares offices with another foundation CENPAFAL, *Centro de Pastoral Familiar para America Latina*, Family Life Pastoral Centre for Latin America. This centre started at the end of the 1980s; with the aim of supporting and advising Catholic couples to follow Catholic doctrine concerning marriage and family matters. This centre is part of the network of the Culture of Life Foundation and confirms their relations with the Catholic Church.

Anti-choice groups have developed two types of works; one is more oriented towards purely political work with the aim of influencing political decisions. The other work is more grass-roots oriented.

At the political level, foundations and groups try to follow what happens in the different governmental agencies that create or modify the law. They keep a close watch on the different governmental bills that are discussed, in order to identify which projects they must resist or support. Such foundations participate actively in public discussions in the Congress and Senate, and sometimes they are invited to express their opinion. One of the key tools in their political work is the production of different papers, brochures, videos, books, etc., to spread their ideas. They deliver this kind of material to the politicians to influence their decisions. This is the case for the Culture of the Life Foundation

The grass-roots oriented approach takes the form of social work directed towards common people through different forms of evangelism and indoctrination; according to the foundations' own beliefs concerning abortion, motherhood, and family. Here, the Culture of Life Foundation promoted the establishment of four Crisis Pregnancy Centres (CAM being the acronym in Spanish) in the countryside, two in Bogota, one in Villavicencio and another

one in Medellin. Those centres have to be self-financed, as the Foundation did not have enough resources to support them. Nevertheless, the CAMs' goals and visions are grounded in the values of the Culture of Life Foundation and at the same time, the centres are part of an international network: the Latin American Network of Aid Centres for Women, *La Red Latinoamericana de Centros de Ayuda para la Mujer*.

## Origins of the CAM

The first CAM was established in Mexico City in 1989. It was the Latin American version of the Crisis Pregnancy Centre established in the United States. These Crisis Pregnancy Centres are often located near women's health care centres that offer abortion services. The director of the CAM explained that the aim of placing the centre near the abortion providers is to meet women seeking abortions and to persuade them not to do it. Some years later, the founders of the Mexican CAM and the Hispanic section of Human Life International (HLI) agreed on the establishment of an international network to support the creation of other CAMs in different Latin American countries 'to promote health and welfare to women in the Hispanic world'<sup>49</sup>.

The Latin American Network of Aid Centres for Women developed a specially trained program for persons who wished to become counsellors within the anti-choice movement. The centre I had the opportunity to visit is a result of this training program, sponsored by Culture of Life Foundation in Colombia. De Rueda, the director of this foundation, contacted two Mexican counsellors that supported the establishment of 38 CAMs not only in Mexico, but also in other countries such as Nicaragua, Salvador, Costa Rica, and Cuba<sup>50</sup>. After this workshop, the Foundation Culture of Life was interested in the establishment of a CAM. However, they did not have enough resources to do it. Therefore, De Rueda made contact with the Cardinal and through him; they obtained the loan use (commodatum) of half of a house located in a strategic neighbourhood. Thus, the CAM began to work independently with Margot de Flores<sup>51</sup> as its director since 2003.

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<sup>49</sup> For more details see <http://www.camslatinoamerica.org/enback.htm> (visited 8.10.2009)

<sup>50</sup> Interview with De Rueda

<sup>51</sup> Fictional names. At this level of research, I chose to anonymise my informants.

Margot has, on different occasions, participated in workshops and training programs that the Network of Aid Centres for Women carried out. We met some weeks after her most recent trip to Mexico, where she attended an international meeting of the network and participated in public manifestations against the liberalisation of abortion laws, which was being discussed in Mexico City. During the meeting, anti-choice activists agreed to emphasise post-abortion syndrome as a strategic key to protect life.

The brochures and information that they distributed in the CAM come from international agencies such as Priest for Life, One More Soul, and American Life League, etc. CAM personnel have not so far produced any brochure of their own authorship. Margot was also cautious in the distribution of those brochures. The second time we met she showed me several brochures that she had brought from Mexico. She explained that she had to verify the kind and quality of information in the leaflets before she could copy and distribute them. During the meeting in Mexico, the network discovered that one CAM, from another city in Mexico, was distributing artificial contraception. She affirmed that it was wrong and against the principles and goals of the CAM.

The CAM is introduced as a philanthropic organisation with the purpose of helping pregnant women. At the same time, the staff of the CAM is part of the anti-choice network. The funds to support the CAM operation come from donations that the members of the anti-choice network make. The care work of the CAM allows them to have a social base committed to them. Thus, over time, women who attend the CAM are asked to participate in anti-abortion marches in protest at the authorities or to give their testimony on television or in the press.

The description above evidences the regional and international connections of the anti-choice movement and how they support their defence of the '*culture of life*'. Human Life International support is fundamental to work through the region. The international bonds encourage local people to resist or promote changes according to the precise position of each country on the abortion issue<sup>52</sup>.

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<sup>52</sup> For a short description of the state of the abortion issue in other Latin American countries see appendix 2.



## Pro-choice movement: The Committee for Women's Life and Health

The experience of the process of creating the Constitution showed that different women's organisations could work together towards the same goal in spite of the different positions and interests of each group. Two years later, in 1993, different sectors of the pro-choice movement allied in a more structured unit called The Committee for Women's Life and Health (The Committee), (*La Mesa por la vida y la salud de la Mujeres*). The Committee does not have its own physical infrastructure; it is more a space where people from different organisations meet to discuss different issues related to the promotion of sexual and reproductive rights. The present members of the Committee are Women's Link Worldwide; Catholics for Free Choice, *Catolicas por el Derecho a Decidir CDD* (being the acronym in Spanish); The National Women's Network, *La Red Nacional de Mujeres*; *Fundacion Oriéntame*, *Fundacion Humanas* and independent professionals that know the issues of health and sexual and reproductive rights and collaborate with the activities of the committee<sup>53</sup>. Other organisations have also been members of the Committee, but have left for various reasons.

This pro-choice network consists of different groups and persons that have been working at various levels and with various perspectives on the abortion issue for a long time. Cristina Villarreal<sup>54</sup>, one of the members of the Committee affirmed that since its first days, the Committee has supported many different projects and resolutions related to women's reproductive rights and health. The idea of the creation of the Committee emerged as an attempt to become powerful enough to change the abortion law, after many unsuccessful attempts. The Committee chose to adopt a strategy of low interaction with the media in order to take care of their own image and credibility after the failures of 1993 and 1994<sup>55</sup>. In the

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<sup>53</sup> More details at <http://www.despenalizaciondelaborto.org.co/page.php?mod=noticies&idfat=2&idsec=9> (visited 20 sep 2009)

<sup>54</sup> She is the director of the Fundación Oriéntame. The Foundation was established in 1977, as a private non-profit organisation dedicated to providing services, education, and social development programs in the area of sexual and reproductive health. Since its creation, the foundation has had a particular emphasis on prevention and comprehensive management of unwanted pregnancy as well as offering services for treatment of incomplete abortion and post-abortion contraception. Since May 2006 it has included in its services the voluntary interruption of pregnancy – in the legal cases decriminalised by the Constitutional Court. (Interview 08. February 2006)

<sup>55</sup> In 1993, member of Congress Ana García de Perchalt and senator Vera Grave presented two bills to liberalise abortion in some circumstances. In 1994 the Constitutional Court for the first time made a pronouncement concerning the abortion issue, and considered the constitutionality of the law that banned abortion (La Mesa 2009: 23-25)

years after the failures, the network's members were not interested in being identified too strongly with the abortion issue in public. They considered that public recognition implied huge political cost that could spoil the other activities of the current work (Shepard 2000:126). It was not the appropriate time to call attention to themselves. They need to find a new way to expose their arguments on the abortion issue, and they were tired of the fact that the terms of the discussion concerning abortion were highly dominated by the doctrine of the Catholic Church.

The Colombian Catholic Church participated in the public debate as a monolithic Church. Contradictory voices within the church were not heard despite the fact that they have always existed. There are many reported cases of repression against dissidents to the official position of the Catholic Church. It is common that priests are removed and kept quiet if they oppose publicly the principles of the Church<sup>56</sup>. The last case was Tomas Rodriguez Shebat, chancellor of the Diocese of Monteria, for speaking out against an excommunication of the judges of the Constitutional Court, which decriminalised abortion in 2006<sup>57</sup>.

Nonetheless, the Committee, as an interdisciplinary group, continued working throughout 1990s with sexual and reproductive rights and their implications in Colombia. Villarreal confirmed that it took a long time to consolidate as group. In the beginning, the Committee was thought of as a technical space for discussion, not as a platform for political activism. The idea was the establishment of a technical space where it was possible to discuss the abortion issue as a problem of public health and social inequity. At the same time, Villarreal stated that they knew that it was necessary to associated with different sectors of the Colombian women's movement if they were to generate real change in the terms of the discussion. She recognised that it had not been easy work as the Colombian women's movements was not unified on the position of the abortion issue. The Committee wanted to find an effective way to argue for the decriminalisation of abortion, not only as a matter of human rights but also as the duty of a secular State that can guarantee women's autonomy and free development of personality. The Committee worked in this way until 2004 and became a very important ally of the LAICIA Project (High Impact Litigation in Colombia: the Unconstitutionality of Abortion - acronym in Spanish), which promoted the process of

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<sup>56</sup> Other examples are described in Shepard (2000)

<sup>57</sup> El Tiempo 15 May 2006

decriminalisation of abortion in Colombia in 2006. The idea of LAICIA stemmed from another large project called Gender and Justice undertaken by *Women's Link Worldwide* (WLW). The target of the Gender and Justice project was to find a fruitful strategy to work with judges and promote sexual and reproductive rights<sup>58</sup>.

In 2004, Monica Roa presented the LAICIA Project to the Committee. She explained to the Committee that high-impact litigation required planned work in three areas: legislative work, a strong network of alliances, and a media strategy. The core of this kind of litigation was to involve all public opinion so that everyone would know what was happening, and finally maximise the symbolic effect of the decision of the Court.

The law-making efforts consisted in working with the Court to modify the law. They needed to present a claim of unconstitutionality in a way that resonated with the magistrates of the Court. It implied seeing the question of abortion based on arguments about social injustice, gender equality, and sexual and reproductive rights. Roa affirmed that women's groups around the world have focused on lobbying at international conferences, in parliaments, and with governments, legislators, and public policy makers. They have achieved many things, but most of them are only on paper. Then, the Gender and Justice project that Roa was part of, revealed that rights activist do not use the courts as a means to do advocacy. The research of this project concluded that judges have a great potential to promote rights and that everything rests on the presentation of the issue in a strategic manner. According to Roa, strategic behaviour implies knowing the judges' positions on political and ethical questions, and which kinds of arguments are needed to persuade each one of them. People see judges as technicians that only implement the law. Therefore, if people do not like what the judges do and decide, they believe it is because there is a problem with the law, not with the judges. Roa showed that the judges have more power than most people think. From this perspective, Roa, supported by the people of the Committee, presented their constitutional claim based on arguments concerning injustice, gender equality, and sexual and reproductive rights.

The other two strategies (the network of alliances and media support) implied the involvement of all kinds of experts, such as doctors, philosophers, lawyers, church dissidents, opinion-forming journalist and so on, that could support with facts the change in the law.

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Interview with Monica Roa

These experts came from both national and international arenas<sup>59</sup>. In this way the Committee, the members and their organisations became public supporters of the decriminalisation of abortion in Colombia. This action reinforced the pro-choice movement in Colombia. It was just the beginning of a strategic operation for both movements and their networks. Nevertheless, there is a long way to go as the task to understand and to recognise the sexual and reproductive rights by Colombian people has not been fulfilled. This is evident in the lack of social-based commitment from pro-choice activists that over time can participate in marches or give testimony in the media in the same way that the anti-choice lobby does.

## Legal laxity: discrete solutions

I shall here describe particular conditions in which the practice of illegal abortion occurs in Bogota. In this city as in other urban places in Colombia and Latin America, access to safe<sup>60</sup> but illegal abortion is relatively easy<sup>61</sup>. The general conditions of the illegal activity of abortion are complex and well-known to the authorities<sup>62</sup>. Shepard affirms from her experience in different Latin American countries that persons, health authorities and the state in this region have developed a “double discourse” that condemns abortion in public but at the same time allows it in private (2000). The authorities strike at the abortion clinics occasionally to demonstrate that abortion is illegal, but very few of the raids result in legal prosecutions. This legal laxity on the part of the authorities has allowed the growth of a variety of unregulated abortion providers. Female flows of information on access to abortion providers in Colombia support the “double discourses” idea:

*[ ] With the institutionalisation of the service, the information becomes public. It is not only available to women who require the service, but to the*

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<sup>59</sup> Several of the Amicus Curiae submissions to the Constitutional Court come from international agencies and universities such as Human Rights Watch; RFSU, the Swedish Association for Sexual Education; the International Women’s Health Coalition; the International Programme on Reproductive and Sexual Health Law, the Faculty of Law, University of Toronto; The Harvard Law School Advocates for Human Rights and Harvard Law Students, among others. The full list and documents are available at [http://www.womenslinkworldwide.org/prog\\_rr\\_laicia.html](http://www.womenslinkworldwide.org/prog_rr_laicia.html) (visited 12.10.2009)

<sup>60</sup> The World Health Organisation defined safe abortion as a procedure for terminating an unwanted pregnancy performed by health care providers with proper equipment, correct techniques, and sanitary standards. *Safe Abortion: Technical and Policy Guidance for Health Systems*, 2003 pg. 14

<sup>61</sup> I had talk informally about this issue with women from other Latin-American countries that live in Norway. They confirm that if you have enough money it is very easy to get an abortion in those countries.

<sup>62</sup> The illegality of abortion has been reported in the media with some intervals. Some examples: “Aborto negocio ruin” El Tiempo 5 de junio 2003; “Habría por los menos 81 centros de aborto clandestino” El Tiempo 15 septiembre 2004; “Abortado en Bogota” Revista SoHo Edición 62, 5 November 2005; “146 mujeres murieron por abortos ilegales en Bogotá durante 2008” El Tiempo 14 enero 2009

*whole population. In the life stories of younger women it is almost impossible to identify how they obtained the first information. From a very young age women know and transfer information about abortion procedures and places. It is no longer a secret. It requires some discretion, but no more than one would keep on any other issue involving privacy.'* (Zamudio et.al. 1999:117).

This is something that has not changed, as I was able to confirm during my fieldwork. However, the information is not always as clearly as it could be. The women that reached the CAM did so as they were looking for a place to have an abortion. They came to this place because it is located in an area that is recognised for its wide range of abortion services. In this way, women have to choose between diverse specialised medical centres and private clinics whilst ignoring the type and quality of service that they provide. In this context, the two movements (anti-choice and pro-choice) try to work and support women and their unwanted pregnancies following their respective principles.

Juana, a 35-year old single social worker who works with the pro-choice movements, has observed the establishment and concentration of various abortion providers in diverse sectors of the city over recent years. However, she thinks that the large part of the motivation for the establishment of those places is no more than economic benefit. Few abortion providers have developed an integral program regarding sexual and reproductive health, which provides information to enable women to make responsible decisions about their sexual and reproductive health as a way to prevent unwanted pregnancies and abortion.

In fact, activists that work with the grass-roots from both pro-choice and anti-choice movements try to follow the development of those medical centres and private clinics. They visit them at intervals in order to map the type and quality of services that they offer. Both parts are concerned with the lack of control on the part of health authorities and dislike the abuse that some of those institutions commit against women. Activists from both camps argue that in those places, the personnel are not qualified and hygiene does not meet the minimum standards established by health authorities. Both sides state that in some of these medical centres a woman could be accepted even without being pregnant, only if she thinks she might be. The clinic would 'confirm' the pregnancy, offer the abortion anyway, and charge money for it. In some cases, they say that a woman has a twin pregnancy, which increases the cost of the abortion. Then legal laxity on part of the authorities provides the opportunity for unscrupulous agents to take advantage of desperate women facing unwanted pregnancies.

The situation shows the ambivalent position of Colombian authorities as regards the abortion issue. On the one hand it criminalises abortion, and on the other it ignores the problem. This is reflected in reality by few criminal prosecutions and by the presence of numerous clinics that offer abortion without any kind of control by either health or police authorities (Viveros 1999:162). This situation has generated a particular relation between governmental authorities and private sectors, especially health providers in Colombia. Due to the lack of commitment from the state and policy makers, it is primarily private actors who have offered concrete programs that promote sexual and reproductive health in order to increase the wellbeing and health of Colombian women and men. For instance, the first institution that worked on the promotion of family planning control was *Profamilia*<sup>63</sup>. This situation generates a dependency on the part of state authorities on private actors in order to guarantee real access to sexual and reproductive programs. At the same time, it lets policy makers and authorities avoid the real dimensions of the problems concerning the sexual and reproductive practices of Colombian citizens.

In the case of abortion, private actors have made it possible access safe abortion providing quality services to women who are seeking help despite the illegality. These abortion providers have existed independently of the pro-choice movement, as their task is to offer a quality health service without going more deeply through a political strategy to change the law. Nevertheless, their experiences of the abortion issue have been invaluable, as they have provided the results of their knowledge to the pro-choice movement.

Previous research on the conditions, access, and types of induced abortion in Colombia finds a relationship between the change in the methods of abortion, and their providers and locations. Before the 1970s, the methods commonly used to perform an abortion were the syringe and curettage, most provided by unqualified practitioners and midwives. In those years, the common place to perform an abortion was at home or in clandestine clinics. During the 1980s and 1990s, Zamudio et al. state that there was a period of change and professionalisation of abortion services in Colombia. Doctors and other health workers in specialised medical centres and private clinics began to offer abortions as a

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<sup>63</sup> Profamilia is a Colombian organisation that has been widely recognised both nationally and internationally for the promotion of family planning programs and sexual and reproductive health in Colombia since 1965. The International Planned Parenthood Federation (IPPF) has supported the work of Profamilia since 1967.

consequence of the availability of low-risk technologies such as manual vacuum aspiration and the use of medicines (1999:126).

The employment of those methods considerably reduced health complications and deaths as a result of abortion whilst making it less difficult to offer abortion by a qualified health personal despite the illegality. The relatively easy access to abortion has influenced the impact of the problem in Colombia and general statistics concerning maternal mortality reflect this. Maternity death as a result of abortion has gone from being the main cause of maternal mortality in the seventies to the third most common cause of maternal death in the first years of the 21st century (Gonzalez Velez 2005:626). Nevertheless, access to safe but illegal abortion has also generated social inequality among women because most of the providers of safe abortions are located in the big cities. Those kinds of services exclude rural and poor women that do not have either the resources or the opportunities to move to the cities and/or visit the private clinics. The rural and poor women are those who generally suffer the consequences of unsafe abortions, with all the risk to their health and lives that an unsafe abortion involves<sup>64</sup>.

At the same time, these abortion providers and their work over recent decades have significantly transformed the abortion issue in Colombia. As a consequence, health complications related to unsafe abortions have been reduced and abortion is no longer a critical problem that requires primary attention by the authorities. This situation also shows that Colombian society has not had a real debate on sexual and reproductive issues and does not understand their relevance in order to guarantee individuals rights and their construction of citizenship as a secular state. Thus, policy makers are afraid to promote sexual and reproductive issues due to the sensitivity of the subject and the political cost that it implies.

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<sup>64</sup> The World Health organisation defined unsafe abortion as “a procedure for terminating an unwanted pregnancy either by a person lacking the necessary skills or in an environment lacking the minimal medical standards, or both”. Cited in *Safe Abortion: Technical and Policy Guidance for Health Systems*, 2003 pg. 12

# Two social movements, two intentions: arguments and practices of abortion

*“Freedom without the concept of responsibility is merely egoism and responsibility without freedom is force.” (Haker 2006: 177)*

In the following two chapters, I describe the main arguments on abortion from leaders and activists of the two movements I had the opportunity to discuss with. I also describe the activists’ work with women seeking help as a way to explore activists’ correlation between their discourses and the reality of women's lives. Finally, I focused my observations around the activists' encounters with women. I discuss some reflections that counsellors have around their jobs and how they perceive the women that they try to support.

It is important to point out that I compare two extreme, opposite poles, and between them, there are probable many other variations that I did not approach during my fieldwork. Activists from both movements have constructed specific discourses with the aim to convince and persuade a concrete audience, namely Colombian society and their own position regarding the question of abortion. Each of them has accommodated different social and scientific facts in order to create believable arguments. The debate on abortion between these two poles reflects unlike cultural representations related to motherhood, sexuality, and femininity (Viveros 1999:232). The arguments construct and reflect a specific understanding of women and their reproductive roles in Colombian society.

Meanings of abortion arise from particular historical conditions that surround the consolidation of different positions (Petchesky 1990:241). The movements also provide arenas for innovation and transformation of the cultural understandings of gender, procreation, sexuality, and dependency (Ginsburg 1990:7). The movements’ cultural representations of women's roles and motherhood reflect also two different constructions of social order that in this concrete case clash with each other. Each side seeks to ally itself with moral values held by the general public offering judgments about what its opponent's value system threatens (Baer 2002:9).

In Colombia, each movement names itself and the opposition in their own ways. Opponents of legalised abortion call themselves pro-life and their adversaries pro-abortion, anti-life and promoters of the culture of death. Supporters of decriminalisation of abortion law



call themselves pro-choice and have different labels for the others such as anti-choice, conservative people, the opposition, and right-wing people.

In Colombia, two diverse ideological roots influence those principles: on the one hand the Catholic Church and the notion of the traditional family (i.e. father, mother and children) and their protection became the basis of their struggle, while on the other it is the idea of a modern democratic state that guarantees individual self-realisation through the recognition of specific rights. This project is an important one to pro-choice activists and representatives of the state as it confirms the establishment of a real and democratic state in Colombia. It is important because of the internal conflict and violence that Colombians have suffered over the last 50 years.

## 5 Promotion of a ‘culture of life’

In May 2007, I visited a public school in Colombia to observe how the anti-choice movement worked to spread their ideas. Magdalena (mentioned in the introduction) was one of the parents at the school and she arranged talks about ‘The value of life’ for both parents and students. Magdalena had become president of the school’s parent-teacher association and was at the same time an active member of the anti-choice group I had contact with. The anti-choice advocates used the school to test ways to get their message across in an efficient way. They tried to be careful in their approach to avoid being classified as fanatic conservatives. Hence, they took aim at presenting as many scientific facts as possible and to avoid arguments about the dignity of life from a religious point of view. The anti-choice movement was also careful in their rhetoric to avoid contradicting the curriculum on sexual education in public schools.

The headteacher of the school was, in the beginning, open to the idea of the meeting, but once it started, she was disappointed. When I asked her for her permission to listen to discussions among students she told me that she believed that the pro-choice movement organised the talks. She was grateful to some pro-choice activists because they recently had helped her with one of her students. However, the teacher did not stop the meeting, as she explained later; because she did not want to create a conflict with the parent-teacher association. It would have been a bad idea to stop one of the very few initiatives of the parents at the school. At the same time, she asked the biology, religion, and sexual education teachers to present some of the main ideas about the theme from their curriculum. The aim was to separate the moral, religious, and legal arguments on abortion in order to provoke a productive discussion.

When the meeting started, the teacher understood at once that the representatives from the anti-choice movement were motivated first and foremost by religious arguments. She disliked the lack of professionalism and the lack of precision in the use of terms, for instance the indiscriminate use of the word “baby” when explaining the different stages of the foetus during the pregnancy. She also thought that the representatives from the anti-choice movement had a very simple, immediate approach to life, without much reflection. She was upset that the activists from the anti-choice movement only emphasised the negative aspects of abortion, but never mentioned responsible use of contraceptives or the possibility of

adoption if the parents did not have the economic means to support their child. The school was situated in a red light district, and some of the children had mothers who worked as prostitutes, the headmaster explained. They probably faced unwanted pregnancies because of their work and, according to the headmaster, the anti-choice arguments created a conflict in the relationship between mothers and their children, making the mothers appear murderers if they chose abortion.

## **Anti-choice arguments**

Anti-choice supporters dispute abortion in the cases decriminalised by the law. They claim that nowadays it is possible to save both the woman's and the foetus's life due to advances in medical science. In these cases, they assert that abortion is just an excuse by mistaken women to deny motherhood. Rape and incest are not considered sufficient reasons to practice an abortion, either. They believe that an abortion punishes the child for something he/she is not guilty of and, additionally, causes trauma to the woman. They support the idea that continuation of the pregnancy, on the contrary, can help the woman overcome the trauma of rape. Moreover, if the woman still had problems accepting the child after birth, she could give the baby for adoption. In all cases, the will of the woman and the possibility to choose something other than carrying her pregnancy to term are unthinkable for anti-choice supporters.

The anti-choice activists I had the opportunity to interact with have developed a complex level of reasoning that incorporates various levels of argumentation as a way to argue from a more subtle and neutral position. Nevertheless, a conservative religious dimension permeates all statements. Anti-choice supporters use different political, economical, scientific, legal, moral, and philosophical arguments and explanations to assert their position against abortion and the problems that this issue entails. These ideas express a specific understanding of the world and women's roles inside this order. However, the kind of argumentation used in each situation also depends on who the interlocutor is.

I have classified the main arguments against abortion as follows; one concerns the beginnings of life; another is an analytic approach to gender relations; and the last, 'the culture of the death', corresponds to economic and political argumentation of post-colonisation on the part of anti-choice advocates. However, it must be kept in mind that these arguments are not separate, but intimately connected with each other. Thus, my attempt at

classification is an analytic exercise in order to point out some specific common aspects of arguments that will highlight the anti-abortion lobby's particular notions of motherhood, womanhood, family, responsibility, and dignity of life as I expose a continuation.

## **The beginnings of life**

The core of the question on abortion for anti-choice advocates is that they consider the foetus to be a person, and therefore abortion violates the most fundamental of all rights, namely the right to life. The different talks at the school, that anti-choice advocates instructed, introduced their main arguments about the beginning of human life. The talk began with a presentation on the parts of the documentary “In the Womb” by the National Geographic channel, which chronicles the development of an embryo from fertilisation to birth<sup>65</sup>. To follow, Ana, a nurse that worked as voluntary member of the anti-choice pregnancy centre, asserted ‘Human life begins at conception, with the union of the spermatozoon and the ovum which creates the life of a new human being and its unique genetic plan with its 46 chromosomes...’. She also declared that ‘human life is a delicate miracle from the start’, and explained the evolution of the ‘baby’ in the uterus. She continued with some reflections about the beginning of human life and the notion of the person. She declared that ‘one begins to be a person from the moment of conception’. Ana also acknowledged that before people thought that human life began when a mother felt the baby in her belly. This happens about the third and fourth months of woman’s pregnancy. Nonetheless, she continued, ‘the use of modern technology has allowed us to confirm what we already knew. Precisely, that life begins with conception. It has been filmed already’.

Different points are marked in the previous affirmations. Primarily, anti-choice advocates denied the use of terms such as blastocyst, embryo, and foetus. They suggest that people’s use of those terms are against the recognition of the dignity of the baby as a human being. In this way, they deliberately decided to use the word ‘baby’ all the time when talking about the development of life in the womb. Isabel, an anti-choice counsellor, argued that common people justify abortion and do not understand that they ‘kill an innocent’ when they consider the product of pregnancy as a cell mass. She meant that it is very important show to ‘mommies’ that the thing that is growing in a ‘mommy’s’ tummy is not a cell mass, but a life

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<sup>65</sup> The use of images of the foetus with the intent to touch and persuade the audience by anti-choice advocates has been analysed in Petchewsky (1989), Zechmesister (2001)

that deserves equal respect with any other human life. Anti-choice counsellors always referred to the women that came to the centre as '*mamitas*', mummies.

Anti-choice activists diminished the importance of scientific information in a straightforward theory. Afterwards, those scientific premises were renewed through their religious beliefs. This is evident in the arguments used to explain the beginnings of life based on ideas and concepts of biology and genetics. Anti-choice advocates explain that the miraculous moment of fertilisation is the time when an embryo takes on its unique genetic identity. In this process, a new human being is created and its life begins as the foetus acquires a completely separate DNA structure from the mother. Therefore, it is possible to affirm that woman and embryo are two different bodies. They asserted 'from this first moment of existence, an independent human being must be recognised with rights as a person'. It also implies concrete obligations and responsibilities from the carrier of the 'baby'. Women must offer themselves to take care of this new life regardless of the cost it implies.

Research from biology and genetics have established that it is difficult to ascertain the precise moment in which fertilisation occurs. Scientific discoveries have determined that fertilisation and conception are extended processes. For instance, identical twins may not separate before 12-14 days after conception and genetic material from the woman continues to be absorbed into the embryo for many weeks after fertilisation (Gudorf 2003:69). Both anti-choice advocates and Catholic Church use the idea of the foetus as an independent human being with its own body without taking into consideration the fact that the embryo is completely dependent on another body, namely the woman's body, for their development. Women lose their own particular identities as women and become 'mummies'. In this context, the body of a woman is just seen as a container of life. No more, no less. This is also reflected in the core of the visual imagery used for the anti-choice movement to promote their cause, namely foetal images (Baer 2002:9, Mogan & Michaels 1999, Petchesky 1987; Zechmeister 2001).

The introduction and use of new technologies confirm this image of the pregnant women as 'foetal container' (Cannold 1998:75, Callahand and Knight cited in Zechmeister 2001:391). Previous research has linked the use of reproductive technology such as ultrasound and amniocentesis among others, to the 'personification' and creation of a new image of the foetus. The observation of the foetus when it kicks, yawns and sucks its thumb, this 'human behaviour', reinforces its image as a person (Zechmeister 2001:293). Thus, anti-

choice advocates quote scientific facts that suggest conception as the beginning of life with the use of a unique individual and visual technology to emphasise the ‘miracle of life’ (Franking cited in Zechmeister 2001:395)<sup>66</sup>. In the case discussed above, this was evident with the presentation, appropriation, and use of the documentary *In the Womb* and the latest high-tech 4-D ultrasound images by the anti-choice activists.

Margot, another anti-choice advocate, stated: ‘Abortion cannot be a human right. It is the very opposite. It is a deep wound in society’. Anti-choice advocates also affirm that the moral status of the foetus as an ensouled human person is equal to the status of the mother that carries the foetus in her womb and to any child that has already been born. In that case, the elimination of this new life is comparable to the murder of any other human life. Thus, anti-choice supporters consider abortion as a severe crime.

The idea of life beginning at the moment of conception also affects the position of anti-choice activists on contraception and other issues. Thus, anti-choice advocates also reject, as the Catholic Church does, the use of any procedure or substance that results in the expulsion of a pre-embryo not yet implanted in the womb. They are against all kind of activities that threaten life such as contraception, assisted reproduction, and stem cell research. From the moment of conception, life acquires a sacred value and only God can decide when it will end. In this context, the value of life acquires a metaphysical understanding where the soul and the body of human being becomes one and reflects the image of God. Life is a fundamental notion that cannot be discussed, negotiated, or evaluated, because it is a divine gift. In this context, women’s bodies become the instruments of God to increase the miracle of life. Inside the pro-choice moral universe, the right place for the production of life is clearly limited to marriage.

### **“Men and women are equal but different”**

The sexual act is clearly limited to a unique set of circumstances, namely marriage. This understanding of sexuality also implies a particular appreciation of the use of birth control methods that involve a direct critique of the way that modern society has focussed on sexuality over recent decades. Anti-choice activist think the use of contraceptives promotes abortion because it encourages promiscuity, as it opens the possibility to have sex without

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<sup>66</sup> For a detailed analysis of the power of visual technology and its implications in women’s reproductive freedom see Ingrid Zechmeister (2001)

children and without being marriage. Simultaneously, they judge different artificial contraceptive methods as abortive. The main argument is that some of those methods obstruct the implantation process of the product previously conceived in the womb of the woman.

Anti-choice advocates I dealt with shared a specific understanding of marriage and sexuality and consequently their implications to women's roles in those areas. A number of my informants asserted several times certain requirements of sexual intercourse. Ana resumed as follows, 'we women are life...our wombs are designed for motherhood... This is possible through sexual intercourse between a woman and a man. The marital union has two components, one is the union and communication of the couple and the other one is procreation...'. Ana's affirmations confirm the importance of motherhood as an essential role in women's lives. It also reinforces the conditions of sexual intercourse in marriage. Ana's declaration is exactly the same as the Catholic Church teaches (Pellegrino et. al. 1990:10).

My informants rejected the idea that their beliefs mask a kind of sexual repression, of which pro-choice advocates and feminists had accused them on many occasions. Instead, they reflected on the meanings of sexuality, family and the specific roles of women and men. They were against what they call a 'hedonistic society'. In their words, this 'means the pursuit of pleasure, not the pursuit of happiness. Pleasure for pleasure's sake is very different from happiness'. One of my informants pointed out the place of happiness in the family as the unity of man and woman, and their mutual projects inside this institution.

The idea of the traditional family is fundamental for anti-choice supporters. In their notion of family, women and men complement each other and can achieve some kind of self-realisation working together for the family. Anti-choice advocates were very critical of 'gender ideology'. They said that this mentality disturbs women's ideals and promote a denial of the 'beautiful differences' between the sexes. 'The worst was that the gender ideology blames motherhood, as if it was an illness' affirmed Marta de Rueda. These ideas clearly manifest that the only family model that should be recognised by law is that based on a heterosexual, monogamous, and indissoluble marriage. In this family project both women and men are equals but different. As Monsignor Fabian Marulanda, secretary general of the Episcopal Conference of Colombia affirmed,

*The Church recognises clearly the equal dignity and rights of men and women. Nevertheless, the Church always holds the principle that men and women are equal but different. Then everyone has to achieve personal*

*fulfilment with his or her difference. Therefore, the woman has every right to enter into political life, social life, and professional life, but without forgetting the fact that she is a woman. She cannot claim things at the expense of the family, to the detriment of the community[...]. For instance, when a woman rejects motherhood and sees it as something burdensome and shameful it is bad, because men cannot replace her. The man cannot get pregnant; nature has decided that there are women who must offer their wombs to engender life.[...] With all the rights that women have, they not should complain about their roles as a mothers. Many feminist movements undervalue motherhood. They motivate women to enjoy all pleasures of sex without reproduction.*

Here, the construction of the roles of women and men inside the family are determined by the biological capability of their reproductive roles. Motherhood is essentialised as privileged work that women cannot reject, as it is a fundamental part of their nature. Maternity, then, is considered a natural event of any women's life (for those that did not choose chastity), conditioned to marriage as the right place to become a mother. For anti-choice advocates motherhood became the most important and satisfactory role for a woman, as the woman must offer herself to achieve this role. This concrete view of motherhood strengthens the idea of difference between the sexes. Men and women are different because they belong to different spheres. Women 'can' achieve personal gratification in other spheres of their lives; however, they are primarily bound by their biological roles as mothers (Luker 1984:214).

Marriage is the only space where sexual intercourse is allowed and must always be open to procreation. My informants stated that couples could and should regulate procreation as the Church mandates, but only by periodic continence, that is, by the use of methods of birth regulation based on self-observation. Through those methods the couple, man and woman, can express their love and affection during infertile periods. Nevertheless, 'they must always be open to the miracle of the life'.

Catholic Church and anti-choice activist encourage chastity. They affirmed that it is a way to train human freedom and the will of both women and men. Marta de Rueda made clear that chastity is an appropriate use of sexuality, and not as many people thought, a synonym for repression. They use chastity as a way to achieve responsible relationships; as a mutual project and token of the commitment of the couple. The alternative is clear. As Isabel, another anti-choice counsellor said: 'either man governs his passions and finds peace, or lets himself be dominated by them and becomes unhappy'.



## The culture of death

The *culture of death* covers all the different people, projects, institutions, and activities that could attack the natural development of the cycle of life i.e. birth, marriage, reproduction, and death. Threats to life are, for instance, the use of contraceptives, euthanasia, and the approbation of homosexual rights and abortion, among others. Anti-choice advocates are battling the current *culture of death* and want to replace it with a *culture of life*. Their commitment is ‘to protect and nurture all human life from conception until natural death’. They want to inform people about the ‘dignity of human life’, defending it in its fullness from conception until natural death.

In Colombia, one of the oldest anti-choice advocates began to work against this *culture of death* in 1965. It was a time when national and international campaigns centred their attention on birth control policies. Local anti-choice advocates reacted to those neo-Malthusian ideas with denial. The anti-choice advocates were against the notions of population explosion that demographers and family planners began to signal during the 1960s. Overpopulation was seen as a dangerous situation by some of the powerful nations, according to whom it would lead to economic, social, and political revolution (Petchesky 1990:118).

Anti-choice activists denied the global population explosion. They argued that powerful nations elaborated the idea of excess of population as a strategy to control the less-developed nations. Then the powerful nations had to weaken the economies of the poor nations so they could never be in a position to rebel against them. ‘They blamed the poorer nations for their poverty and kept them enslaved to it through harsh economic and population control measures’. De Rueda said that she remembers ‘reading a public statement from an American senator who made the utterly absurd assertion that the explosive growth of population was more dangerous to the developed countries than nuclear weapons’. This argument gave anti-choice advocates a political argument against the power of the developed countries that found resonance in some sectors of society that were mistrustful of the interest from international agencies. Therefore, anti-choice advocates did not see as necessary the different strategies in family planning that had operated since the 1960s. Quite the opposite, as they say all this family planning mentality has had terrible consequences to the degradation

of Colombian society as ‘an anarchic, hedonistic, and cruel society’. This statement was a repetitive affirmation from all anti-choice advocates I had the opportunity to meet.

Anti-choice activists have identified certain local and international actors as their main opponents who, they say, only want to spread ‘a culture of death’. One of the most dangerous adversaries is the International Planned Parenthood Federation (IPPF). The IPPF is a global service provider and leader in advocating sexual and reproductive health and rights. They are a global network of Member Associations that work in over 150 countries - providing and campaigning for sexual and reproductive health care and rights. Since 1952 it has been working to encourage individuals, women in particular, to take control of their reproductive lives. IPPF also promotes equality between women and men. They want to eliminate gender biases, especially those that threaten the well-being of women and girls<sup>67</sup>. Since 1967, the IPPF has supported the work of Profamilia, which is the largest private, non-profit family planning organisation in Colombia. They also have a broad portfolio of services including wellness exams, cancer screenings, and STD testing and treatment, and birth control. This organisation was the first to provide access to family planning in Colombia.

De Rueda related about her own perceptions of Profamilia in this way:

*As early as 1965 Profamilia sponsored a conference on sexology in Cali. At this symposium, we knew the slogans that Profamilia would develop. The first was to act under the radar of the Catholic Church to avoid their opposition. The speakers told the attendees that in order to bring social and political change in the country it was necessary to detach people from the authority of the Church. They also said that it was necessary to change the language used to speak about these kinds of things and create an anti-child mentality throughout the country. Of course, in order to delude the general public Profamilia had to use disingenuous arguments and language. From that point on, terms like ‘irresponsible paternity’ (i.e. having more than 2.1 children), ‘demographic explosion’ (i.e. overpopulation), ‘self-realisation’ (i.e., selfishness), and ‘reproductive health’ (i.e., abortion) entered the cultural lexicon. The agenda behind the actions of Profamilia and its anti-lifers was to depose the basic Christian values held by the people.*

In the debate, anti-choice activists revealed their own understandings of notions about sexuality. Issues such as contraception, gender equality, and sexual and reproductive health and rights are overloaded with contradictory meanings.

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<sup>67</sup> More details see: <http://www.ippf.org/en/> (visited 10.10.2009)

Anti-choice advocates blame family-planning programs and the development of sexual education as being responsible for the actual moral damage to Colombian society. They state that they are aware of the level of degradation of society and criticism and disapprove of 'hedonism', 'relativism' and 'liberalism'. They claimed these kinds of programs simply promote the use of contraceptives; they do not educate the mind in terms of the relation between sexuality and procreation. Instead, they encourage people 'to do what they want, when they want, however they want and wherever they want it as long as it does not result in pregnancies or STDs'.

De Rueda claimed that 'Fertility is not a disease. It is not a medical necessity that women have' and earlier called contraception part of a 'culture of death'. Anti-choice advocates consider these programs unnecessary as they attack their beliefs about procreation. They do not accept the connection between access to education, especially education on contraception, and lower abortion rates or that the first step to prevent unintended pregnancy and abortion is to facilitate access to contraception (Singh et. al 2009:37). Contrarily, anti-choice advocates consider that the best way to avoid abortion is by teaching children the importance of marriage and strengthening the family as the core of society. They state that sexual education must be a task for the family and the parents, and not for the school.

Monsignor Marulanda was also critical,

*Even in a world full of hedonism and pure eroticism, people cannot ignore the fact that sex is oriented towards reproduction. Therefore, it cannot be taken as simply an element of pleasure only to enjoy without responsibilities. So it is if a person suddenly becomes pregnant just gets rid of the pregnancy because the priority for that person is not life, but pleasure.*

He claims that sexual education programs have been delivered to people without emotional maturity. He accepts that it is important to have sexual education, but in a different way. For him, it is important to highlighting the ethical values that a sexual relationship involves, according to the values and ethics of the Catholic Church.

## **The CAM**

The staff of the CAM I visited was composed of the director - Margot de Flores, two social workers called Isabel and Miriam, and Nora, a volunteer who was doing an internship in media. Nora was creating the design for various brochures for the institution. They did not

have any health professional in the centre. Nevertheless, through the Culture of Life Foundation and Margot's personal network they were able to get help from a small number of doctors that were committed to the cause and were willing to offer their help on a voluntary basis when it was necessary.

Margot was a mature and very traditional woman, in her sixties, married with children and grandchildren. She attended the centre a for a few hours a couple of days a week. Isabel and Miriam were two young women, both in their late twenties. They attended college together and had been friends since then. They worked full-time as counsellors. Isabel had been working in the CAM for three years. Miriam worked for short periods, the last two months replacing another counsellor who was on maternity leave. Isabel was newly married and became pregnant at the end of my fieldwork. Miriam has a 9 months-old baby girl. She lived at her father's house and was waiting for her boyfriend, the father of her daughter, to finish college in order to get married.

Margot perceived the world as a dangerous and chaotic place. She was aware of the multiple threats that this disorder entails for the maintenance of morality and decency in society. She was particularly worried about the way that society influenced and corrupted the minds of people, especially the young and women. She manifested several times her disapproval of public policies concerning sexual education and contraception. She was strongly against the most recent campaigns for the use of condoms, especially those directed at the young, sponsored by health authorities<sup>68</sup>. She argued that those kinds of campaigns only helped to promote sexual relations in an irresponsible manner with 'terrible consequences such as promiscuity and abortion'. Isabel shared these opinions as well.

Miriam, the other counsellor, was very critical of the way the people of the CAM worked and disagreed with the way Margot managed the CAM. Miriam alleged that it was frustrating just to sit, wait, and chat until someone came. Instead, they could plan different projects with other organisations, the locality, and the Mayor's Office to improve the quality of lives of women. She accepted the lack of vision and criticised the passivity of the CAM. Miriam stated that they stimulated dependency relations between the staff of the CAM and women, as it was no more than a charity program. Miriam observed how some women had

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<sup>68</sup> Since the 1990s, public authorities had elaborated different public campaigns to promote the use of condoms in order to prevent sexually transmitted diseases and pregnancy. For example "*Sin Condon ni Pio*", "*El Condon lo cargo yo!*" and "*Condon Pilo*"

already begun to manipulate Margot to get aid. Miriam thought that it was not a good relationship either for the CAM or for the women. She recognised that Margot was afraid to move. Nevertheless, it was only a temporary job while Miriam got other work.

### **The place**

The house where the CAM operated is a loan (commodatum) that the local parish transferred to establish the centre. CAM staff did not need to pay for the maintenance of the house. However, the house was not in a good condition and was old, wet, and cold. The house was equipped with a mixture of furniture and items donated by people who support the CAM. There were many religious images, most of them were attached with tape to the wall without any kind of frame. It had two floors with various rooms. On the first floor there were three rooms, a reception, and a little room that served as a kitchen. On the second floor were four different rooms and two toilets. Two of the rooms on the second floor were used as counsellors' room. Those rooms were decorated as simple doctor's offices with a desk and a patient's bed. Another room was adapted as media room, with a television and a DVD player where they could show films. The other room was a little prayer room. It had an altar with religious images and a big, open Bible. Behind the altar, two fetuses kept in large transparent bottles were visible to all who were present there. One of the rooms on the first floor was used as a meeting room. Another one was the main office. Most of the time we sat, chatted, and waited for someone to come in to the main room. The office had an old computer that never was used during my presence, and a filing cabinet with all the information on the CAM. Next to the computer was a table that kept all the brochures, and pamphlets displayed with different types of information ready to be distributed. On the wall hung a calendar where counsellors could write the amount of new cases each day. This register showed that, on average, during a week, around 3 or 4 women visited the CAM. By the end of my fieldwork, the parish (the owners of the building) began renovation of the house.

The way that the local CAM promotes itself makes people believe that they are just another clinic where one can get an abortion. As a way to engage local women, the CAM offers women free pregnancy tests, promising full confidentiality. Isabel and Miriam explained that they did not understand how people came to them despite the fact that the house was far from being one of the best looking in the neighbourhood. They say that it was 'God's hand' sending all the women that came to them. Between August 2003 and March 2007, CAM's own statistics showed that 552 women visited the place. They confirmed the

pregnancy of 418 women and stated that they convinced 285 to choose ‘the option of life’ i.e. 68 percent of all pregnant women that visited them<sup>69</sup>. Isabel stated that they only had three or four cases satisfying the conditions necessary for a decriminalised abortion.

In fact, some of the women came to the CAM only to take the free pregnancy test. One of the cases that Isabel tended was a young woman looking for a certificate that she was not pregnant. The woman explained that she needed the certificate to be hired for a new job. Isabel explained to the woman that unfortunately they were not allowed to write those certificates since they were not recognised as a clinical laboratory. This situation reveals work discrimination that women suffer in Colombian society. It is common practice to require a specific clinical non-pregnancy certificate to avoid hiring a pregnant woman. Isabel recognised that this is common practice and it is another sign that society does not value motherhood. She argues that instead of legalising abortion the government should elaborate programs that seek the protection of pregnant women and their children.

## Goals

In my first visit to the CAM, Margot introduced the foundation as a pro-life organisation. She explained that their aim was to explain to women the ‘reality of abortion’ and ‘enlighten women on the respect for life’. They said that their main goal is to battle the current ‘*culture of death*’ and replace it with a ‘*culture of life*’. She established that ‘approximately 70 percent of women come out saying yes to life’. Isabel reaffirmed that ‘during orientation it is important that ‘mommies’ understand that the baby carried in their womb is not a part of their body, but a separate body’. On another occasion Isabel got a call from a journalist looking for information and she presented the work of the organisation as a group of lay Catholics that support women, with the aim that they do not chose abortion and improve their quality of life. Margot made clear that

*‘...when women go to the different centres that are located around us, they do not know what they are doing. The people of those places do not relate the terrible consequences that abortions have in the future. That it is something that we are interested in spreading. Women should know what the reality of abortion is’.*

Anti-choice counsellors affirm that abortion destroys an innocent life and engenders terrible consequences, in the long term, to the physical and psychological health of women. In

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<sup>69</sup> “Sabana 1” Unpublished document.

order to persuade women to keep their pregnancies counsellors relate the real threats to health and life that abortion implies. They affirm that, among others, the physical consequences of abortion are severe abdominal pain and bleeding, pelvic inflammatory diseases, infection of the ovaries and fallopian tubes, infertility, rupture of the uterus and other organs, breast cancer, and even death. Most of these dangers are real in Colombia due to the illegality of abortion. However, the risk of breast cancer following induced abortion has been widely debated by medical authorities. The WHO has established that the evidence does not support a causal abortion-breast cancer association<sup>70</sup>. Nevertheless, anti-choice activists continue to defend a causal abortion-breast cancer link in their ongoing campaign to restrict abortion services worldwide.

Anti-choice advocates are critical of the assertion that 'legal abortion performed under sterile conditions by medically trained personnel is safe'. They condemn all kinds of abortion without reviewing the connections between illegality and non-safety. Even though abortion is a medical procedure and, as any medical procedure, it implies some kind of risk, the risk depends also on the circumstances in which it takes place. Thus, abortion is a hazardous practice when a person lacks the necessary skills to perform it or the environment lacks the minimum medical standards. This could be prevented and controlled if abortion was legalised and health authorities began to monitor abortion providers.

## **Protecting children's lives - which children?**

I only got the opportunity to assist in one counselling meeting during my work at the CAM. Despite participating and following a variety of activities in the centre, Margot, from the beginning, blocked me having the possibility to follow the counselling sessions. She thought that I could disturb the process by my presence. Nevertheless, Isabel argued that it was important that I saw the process in order to have a better idea of their struggle. So she allowed me to join a counselling session. It was with a young girl who was 16 years old and was in eighth grade at school, I will call her Diana. She came with the purpose to take the free pregnancy test. She was with her mother and her brother. We climbed the stairs to one of the counselling rooms. Isabel did not introduce me to Diana or explain why I was there. Diana did not ask her either. Isabel began the counselling by asking questions in order to fill in a form. Diana explained that she lived with her family and went to school. She said that the last time

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<sup>70</sup> <http://www.who.int/mediacentre/factsheets/fs240/en/index.html> (visited 30.10.2009)

she got her period was two months ago. Isabel asked if she had taken some pills or something to regulate her menstruation. She denied and explained that she had had sexual intercourse with her boyfriend from school. They did not use protection, and she could not believe that she was pregnant.

*Isabel- Do your parents know that you could be pregnant?*

*Diana- Yes*

*Isabel- What do they think?*

*Diana- My mom supports me and says that if I am pregnant she is willing to support me to have the baby. My father is sad. He had many aspirations for me, as I am the youngest in the family, but now maybe I have disappointed him.*

*Isabel- Have do you though on how to raise a child if you are pregnant?*

*Diana- No*

*Isabel- You know, when you are pregnant you became a mother at once, you must imagine yourself with the baby, he is already there. In the CAM we can help you to strengthen your role as a mother. It is an important change in your life to mature [...] It is important that you have yours mother's support, but you must prepare to assume this role [...] However if you are not pregnant, it is the opportunity to raise again questions about your sexual life and the way that you have been exercising it. If you are not pregnant, you must to see your doctor at once to find out the cause of your missed periods. Now you are going to take the pregnancy test to leave no room for doubt.*

Isabel gave a plastic cup to Diana and asked her to go to the toilet and collect a sample of urine. While we waited for Diana to come back to the room, Isabel explained that the high rate of young pregnancies is the result of sexual education that schools have mixed with *Profamilia*'s focus on contraceptive programs. With this kind of approach, the young only want to have sex without thinking of the consequences. She blamed *Profamilia* directly and their recent campaign that encourages young girls to carry a condom.

Diana came back and Isabel completed the test. While we waited for the result, she asked:

*Isabel- Have you had many boyfriends?*

*Diana- Only three, but I only had sex with the last one.*

*Isabel- It is positive... very positive...*

*Diana- How can you be so sure?*

*Isabel- there are two red lines...*

Diana was astonished, she could not believe it and continued answering Isabel with short replies, 'yes', 'no' and 'I do not know'. She looked like she was not in the room. Isabel explained to Diana that she must take care of herself and her baby from now. She now had to



become a mother and the most important thing was ‘to care and protect the life and dignity of the child that is on the way’.

Anti-choice advocates state that they are very concerned about children lives, but in this particular case they asked a child, a 16-year-old girl, to care for another child. In this case, the rights of the children are only applied to the child in the womb. It seems as if young girls are lesser children than others since they can become mothers at any time. Consequently, women disappear as individuals; the young girl is no more a child, a student, or someone's daughter, above all she has become a mother. This case also reaffirms the importance of motherhood as a natural and the most important attribute of womanhood. Then, all the attention is focused on girl's womb and her baby. The bodies of women become only an instrument that guarantees the survival of a new life. The material and emotional conditions in which this new life will be raised are not a matter for discussion.

### **Right to life ≠ dignity of life**

Nevertheless, the protection of life from this point of view is relative to the absolute protection of the life of the unborn. The exact circumstances of the lives of those already born are forgotten. Such was the case of Irene and her five month-old baby girl. I had the opportunity to meet her and her daughter on a Saturday. She was a single 28 year-old woman, with an 8-year old son and a little baby. She lived with her mother who took care of her children when she went to work. The relationship with her mother was tense, as her mother helped her with the children but, at the same time, reproached her and blamed her for the difficulties of their lives. Irene worked delivering advertisements door to door, but the work was not stable. For example, in the last month she had only worked three days.

Irene was a tall and thin woman, very delicate in her speech and expressions. She was wearing a pair of jeans, a white blouse, and a thin sweater. She came with her baby girl. Another woman asked why the baby was only wearing a tiny bodysuit. She explained that she only had two sets of clothes for the baby, and one of them was dirty and the other was wet. She was waiting for the socks and the jacket to dry. We were on the second floor of the CAM and listening to Isabel talking about domestic violence. When the conversation ended, Irene stood up and she was all wet. She explained that the baby did not have a diaper and she was waiting for the opportunity to ask Isabel for some diapers. I asked her why did she not ask at once, but she felt uncomfortable and was full of shame. Irene was in a hard economic

situation that did not allow her to care properly for her children. She said that when she knew she was pregnant with her daughter, she thought about interrupting her pregnancy. Before she got pregnant she was on a course to become a nursing assistant, but she did not finish the course because of the pregnancy. She came to the CAM with the aim of having an abortion and Isabel made her reconsider her pregnancy. She looked depressed and unhappy. She had her baby and was very loving with her, but at the same time, she was very distressed by the lack of stability and opportunities for her and her family. She was not used to asking for things. She did not think that adoption was an option, as she explained that the future of the children would be uncertain, and she did not believe that she could live with this uncertainty. She explained that there are many children that are waiting to be adopted and this is not fair on them. Therefore, she preferred to keep her children with her for as long as she could. She said that those days she was only tired, but at the same time, she needed to find a way to go forward with her children and her mother.

In this case, the life of the baby has been taken care of, but what happens after that is the problem of the woman. The aid that the CAM offers has to do with the salvation of the lives of the babies. Anti-choice counsellors try to show that it is possible to find other possibilities than abortion through absolute respect for life, such as keeping the baby or giving the child away for adoption. With the use of videos and conversations about abortion and its consequences, they try to get women to change their mind and continue with their pregnancy. Irene's case reflects the practice of motherhood as unconditional. As soon as a woman becomes a mother it becomes the most important task in her life. Thus, for Irene to give her children up for adoption is to be a bad mother. Despite the fact that she did not have enough material resources, she tried to give all she could to her children, and she believes that her affection and love are as important as her nurturing.

## **Post-abortion syndrome**

Isabel acknowledges that to converse with the women that come to the centre about the role of the traditional family is a difficult issue. She agrees that the traditional model of the family is out of order and in many cases, the idea could hurt feelings among women and spoil the counselling session. Therefore, during the first meeting anti-choice counsellors emphasise on physical, emotional, and psychological cost of abortion and state that all women who have had the experience suffer post-abortion syndrome. They state that, among others,

the long-term aftermath that abortion leaves is anger, guilt, pain, depression, low self-esteem, and sexual disorders.

Isabel explained that post-abortion syndrome is the mourning that a woman does not do when she has an abortion. Isabel assumed that all women that have had an abortion will suffer this syndrome as a consequence of the woman's conscious reflection on abortion as a crime. Isabel explained that a woman can remain in a state of denial after an abortion for a long time, but at some point in their lives, they will feel guilt and shame about what they have done. She said that 'abortion does not help women. It hurts them'. Therefore, at some point in a woman's life, she is going to ask many 'what if?' questions about the baby that she did not keep, his/her age, personality, character, etc.

### **Family support**

Counsellors follow very closely women's families and the work status of women. If a woman has problems with her partner, anti-choice advocates try to find different ways to help them. One day, Margot asked Isabel about which couples might need family therapy. The administrator of a private clinic offered Margot two family therapy plans free of charge, as a way to contribute to the anti-choice cause. Margot said that the counselor was an old friend of her family and he had made the offer the last time they met. Margot and Isabel agreed that many of the couples that are related to the CAM have conflict issues.

I was surprised how well the CAM staff knew the cases of the women and their family problems. Isabel told Margot about a couple in which the man is very violent. He had mishandled the woman and she had denounced him through the local Commissioner of Family- *Comisaria de Familia*<sup>71</sup>. Isabel believes that they will achieve some help through this. They also exposed another case of a man who was an alcoholic but did not recognise his problem. Isabel explained that he was willing to get any kind of spiritual help but he refused any kind of psychological therapy. The woman would start to go to Alcoholics Anonymous, where she would receive advice on how to live with an alcoholic and make him realise his problem. Contact with AA had already been established, but the woman had not begun to attend meetings.

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<sup>71</sup> The Family Commissions are spaces created by the local administration with the aim of protecting family members against domestic violence and child abuse. More information at <http://www.gobiernobogota.gov.co/content/view/59/93/> (acceded 30.10.2009)

The above-mentioned cases show how counsellors promote the idea of family as a place where women and men complement each other. Furthermore, the cases suggest the importance of the woman and her role as a mother inside the family structure as a superior moral agent (Melhuus 1994). Through women's abnegation and persistence, it will be possible to maintain the family structure despite difficult circumstances.

## **The scope of the CAM**

Once the CAM counsellors have convinced a woman to keep her baby, they continue with the promotion of the 'culture of life'. Sometimes, they even pay a visit to their houses. I never witnessed a visit but I observed how the counsellors followed-up the women. For example, they would call the women and their companions separately to confirm that the women had not changed their minds.

In each case, there are different levels of engagement. It depends on the relation of dependency established between the women and the counsellors. The more help a woman needs, the more influence and control the CAM counsellors will have on her life and her family. The CAM counsellors and the women meet together approximately twice a month, when they distribute bags of groceries that they buy for reduced prices with the help of *El Banco de Alimentos de la Arquidiócesis de Bogotá*- The Archdiocesan Food Bank<sup>72</sup>. These meetings depend on the CAM having enough resources to purchase the groceries. In addition to this activity, they also hold evangelist meetings, where they spread Catholic teachings on the importance of the family, natural birth control methods for married women, and the promotion of abstinence to single women.

Women and couples take many risks following the method of natural birth regulation that anti-choice advocates promote. Some of my informants, who were very committed to the anti-choice movement, followed those principles strictly. Nevertheless, they had the material ability to take that risk and 'welcome all children that God is willing to send them' without much effort. They did not need to worry about food, education, and all the material and emotional care that a child requires, as they belong to the privileged sectors of the population. On the contrary, women that came to the CAM did not have the same options to follow those

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<sup>72</sup> The Archdiocesan Food Bank is a non-profit organisation that collects and distributes food to foundations for the needy. The purpose of the Foundation is to save the perishable and non-perishable products of major supermarkets that in other cases would be thrown away because imminent expiration or high level of maturity that requires immediate consumption. Isabel became known to Margot de Flores when she was working as volunteer for this organisation.

mandates strictly, in the same way that many of the activists' do in their everyday life. Poor women are captured in a rigorous moral code that takes over their real lives and perpetuates the inequality of the system. In some ways this system of values contributes to maintaining the disproportionate class differences that exist in Colombian society.

The above-mentioned cases in this chapter reaffirm the importance of motherhood as the most important achievement of a woman's life. Women are responsible for taking care of children and the family structure. Therefore, abortion becomes a threat to women's roles as mothers and the family institution that they support.

## 6 Promotion of sexual and reproductive rights

Pro-choice advocates used arguments from political, scientific, legal, and moral viewpoints to assert their position for abortion and the problems that this issue entails, as anti-choice activists do to promote their points of view. During the last discussion, pro-choice advocates were very concerned about the presentation of the issue of abortion as a problem of public health and sexual and reproductive rights. The arguments on decriminalisation of abortion based on sexual and reproductive rights has been analysed in chapter 3. Therefore, in this part I concentrate on the counter-arguments that pro-choice advocates use as a response to anti-choice accusations and pronouncements.

Pro-choice advocates assign spokespersons within areas of competence in different sectors of the pro-choice movement, with the aim of maintaining a clear debate with the opposition, and to avoid the opposition's focus on religion and fundamentalism. In this context, the primary work of CDD (Catholic for Free Choice) was to reply to the moral and religious arguments of the opposition. In this part of the thesis, I concentrate in the arguments used by CDD to support the liberalisation of abortion as an alternative option to the arguments of the hierarchy of the Catholic Church. I begin with advocates' understanding of being pro-choice. Next, I summarise the relation between rights and the state, and I analyse the theological and ethical arguments that CDD exposes in defence of their own position. Finally, I explore some pro-choice counsellors' reflections on their job as abortion providers.

### **'Pro-choice does not mean pro-abortion'**

The pro-choice movement makes a differentiation between being pro-choice and being pro-abortion. One of the pro-choice activists, Sandra Mazo, the director of CDD, explained that many people understood that they were advocating for the right to choose and not for the right to abort, as was the case during the public campaign to decriminalise abortion between 2005 and 2006, when Sandra was pregnant and participated actively in debates, on public events and television. At that moment, many people could see that they were not a group that supported the 'killing of innocents' and 'banned motherhood', as the opposition referred to them.

Pro-choice activism introduced the concept of 'free motherhood' at this moment. Sandra explained that motherhood must be an option which is not forced by fear either for the life of the woman or the child. Despite considering herself a Catholic, she disagrees in the way the Church exposes women's roles and motherhood. She argues for a more responsible approach to motherhood and said 'it is important to love, care and fulfil each life from the moment people begin to plan a child. This could be our first step to stop violence and misery in this society'. Thus, motherhood, instead of being a natural phenomenon that just happens to women, is seen as taking care of a child in the best conditions. Motherhood should be planned and wished in order that parents assume with responsibility their roles as nurturers.

Pro-choice advocates consider abortion as the private and individual decision of a woman that is not easy to take. Activists stated several times that they did not want to promote abortion but that they considered that sometimes abortion is a necessary option. They also said that it is essential to prevent abortion, but it is only possible with the establishment of special programs that promote sexual and reproductive rights and prevent unwanted pregnancies. The members of CDD explained that the challenge is not only to modify the law on abortion. The big challenge is the transformation of the views on sexuality, reproduction, and men's and women's roles which allows all Colombian citizens to comprehend and manage their sexual and reproductive rights in a correct way. In this context, abortion became one of the multiple issues that CDD worked on within the promotion of sexual and reproductive rights.

The CDD believes that meeting this challenge is a long and slow process. Before I arrived, they had finished a two-year process carrying out a women's school project. The purpose of the project was to teach the importance of sexual and reproductive rights to women from diverse parts of the country. Although the first stage of the process was finished the next goal was the reproduction of these ideas in the local communities that these women are a part of. Nonetheless, it has been a slow process, because the women have other work and activities to attend to. Thus, they have to find the best place and time to talk about sexual and reproductive rights inside women's work places and communities. A lot of them work as teachers in public schools and are members of local organisations that work with other issues, not only with sexual and reproductive rights. In this way, the work with CDD is a variable in addition to many others issues.

Few of the pro-choice activists deliberate openly about the tensions and contradictions between their political beliefs and the personal beliefs in relation to abortion. It suggests that not all the women that support the pro-choice movement are willing to carry out an abortion in case of an unwanted pregnancy and it is not the core of the question of abortion in this context. Pro-choice advocates decided to fight for decriminalisation of abortion in a few defined cases. Pro-choice activists are seeking the establishment of minimum conditions that guarantee the real possibility to choose and respect women's choices, without putting at risk women's health, dignity and, in extreme cases, the wellbeing of other persons which women are in charge of.

Beatriz Quintero, the director of *La Red Nacional de Mujeres*, outlined the question of abortion as a problem of freedom. She says that it has to do with the concept of freedom that allows subjects to choose under the best possible conditions. It assumes a differentiation between public and private matters. The pro-choice movement asks for a public liberalisation of abortion and demands, at the same time, the respect of women's privacy concerning their own decisions. This argument differs from the argument presented by the opposition that argues that abortion is now being imposed on women in the legalised cases.

Pro-choice advocates understand the pro-choice struggle as a political struggle, which seeks the legalisation and regulation of abortion in the best possible health, and sanitary conditions that the authorities can offer. Pro-choice activists consider the claim of abortion on demand was too risky. They did not believe that Colombian society was ready for it, despite many of them seeking legal access to abortion on demand in Colombia. Therefore, the real practices of individuals' sexual and reproductive rights concerning abortion are still restricted, as people need to justify abortion in 'specific cases of necessity'. This position also demonstrates that the recognition of sexual and reproductive rights is not yet widely accepted in Colombian society.

The pro-choice advocates' next goal is to generate a change in Colombian mentalities in the way they understand sexuality, and women's and men's roles. Advocates are optimistic, as they believe that the change of law will support the transformation of the attitudes of Colombians. However, it is a long and slow process. Most of them said that maybe in fifteen years abortion on demand might be legal in Colombia.



## Strengthening the state by extending rights

Pro-choice advocates see the liberalisation and decriminalisation of abortion as a way to fulfill other rights such as the right to live free of violence, the right to health, and the right to free development, among others<sup>73</sup>. Monica Roa explained that during the last discussion on abortion in Colombia, pro-choice advocates used various recommendations on abortion from international committees. For instance, the ICCPR<sup>74</sup> had established that in the cases that the law of a state is too restrictive when it comes to access to abortion, the state violates women's rights to life as there is a confirmed direct relation between death/maternity rates and illegal abortion. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) committee confirmed that restrictive access on abortion also violates women's right to equality because it criminalises a medical practice that is only required for women, in many cases just to save their lives or protect their health. Those arguments established a link between public health matters, the vulnerability of specific rights, and legal access to abortion.

Pro-choice activists have actively used notions of sexual and reproductive rights and the different recommendations from international agencies that monitor the fulfilment of human rights on the part of the state. Despite the fact that these documents are merely recommendations and do not bind government, pro-choice activists find them important tools to claim specific rights. Pro-choice advocates claim that the inclusion and protection of concrete rights evidences the will of governors to strengthen the state. In this way, pro-choice advocates could claim the decriminalisation of abortion in Colombia is an advancement in the consolidation and strengthening of a social and democratic state of law<sup>75</sup> and a real approximation to the practice of a secular state.

Pro-choice activists also explained several times that they are 'pro-life' as they are really concerned about the conditions and quality of the lives of women and their children. Advocates are aware of the health risks that the illegality of abortion entails. This situation puts women's health, especially that of the poor and marginal, at risk.

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<sup>73</sup> This has been widely discussed in chapter 3.

<sup>74</sup> International Covenant on Civil and Political Rights

<sup>75</sup> A social state of law is a concept of a state that represents a middle ground between socialist and liberal notions of the state (Morgan 2005:76)

It is interesting the way that pro-choice parties perceive the state. For them, the function of the state is to guarantee citizens' rights as a way to achieve individuals' own self-realisation. In this context, the individual is the core of the society and their self-realisation becomes its mantra.

## **Alternative positions to the hierarchy of the Catholic Church**

The CDD teaches Catholic women on making personal moral decisions about reproductive health and works to change laws and practices so that abortion will be safe, legal, and accessible. The group promotes sexual and reproductive rights from a Catholic approach to its principles of individual conscience and social justice. Their work is based on principles of liberty, life, and dignity, where the right to choose becomes fundamental to their work. CDD disagree with the statements from the Vatican and the hierarchy of the Colombian Catholic Church on matters related to sexuality, contraception, and abortion.

The CDD supports women's right to choose. They state that Catholics have the moral capacity to make choices about whether and when to become pregnant or to end a pregnancy and that this position is supported by Church teachings. Sandra affirms that Catholics have the right to dissent from the teachings of the Church. She explained that we are moral agents that must behave according to the dictates of our consciences and use of free will, as those principles are grounded in the law of Catholic doctrine. CDD interpretations on Church teachings concerning liberty of conscience let women have an abortion without considering it a sin. Sandra argues that the Church teaches that the conscience of an individual is one of the fundamental principles of behaviour as moral agents. Thus, if a woman examines her conscience and decides that an abortion is the most moral act that she can perform at that moment, it is not a sin. They believe that abortion is a moral resolution where a woman's own conscience is the final judge of any abortion decision. The CDD believes that every woman and man must follow her or his own conscience and respect the rights of others to do the same. Thus, teachings on the primacy of conscience means that no one can, for any reason, ever be forced to have an abortion or to give birth.

The staff of the CDD confirmed that the influence of the Church and conservative sectors of the population on public policies lobbying against abortion affects everyone, Catholic and non-Catholic, by limiting the availability of reproductive health services. Sandra

asserts that ‘the inability of women to access basic family planning services and information undermines women’s efforts to determine their own destiny and their families’. She considers that family planning gives women the possibility to space births, preserving their health and improving the probability that their children will be born healthy. Then, women and men should have access to the best information, to know and understand their bodies and make the best and most responsible decisions to enjoy their sexuality. The CDD believes that people should be empowered and given real choices to exercise their sexual and reproductive rights.

CDD had also interpreted Canon Law<sup>76</sup> and its position on abortion. Canon Law declares that a person who procures a completed abortion incurs a *latae sententiae* i.e. automatic excommunication. However, the same law explains that there are specific characteristics that make a person incapable of committing a crime, or incapable of punishment under the law. For instance, people under the age of seventeen and those who were ignorant that they were violating the law; and those forced through fear or necessity or serious inconvenience. Then in reality, the Church should not punish Catholic women that chose abortion under such circumstances.

The CDD argues for an analysis of the Church’s teachings and Catholic principles such as the primacy of conscience, the role of faith-defining legitimate laws and norms, and the separation of the church and the state, in order to leave room for supporting a more liberal position on abortion. The church has acknowledged that it does not know when the foetus becomes a person and has never declared its position on abortion to be infallible i.e. dogmatic.

The church has taught that abortion is a sin, but the reasons for judging abortion as sinful have changed over time. Currently, the Church teaches that abortion is immoral regardless of any circumstance, as for instance when a woman’s life is at risk or in case of sexual assault, even in the most rudimentary stages of embryonic development. However, the Catholic Church has not always been unanimous on the issue on abortion and it has been subject to debate from the beginnings of the Church to the present day (Hurst 2004, Ruethed 2006).

On the issue of the moral status of the foetus, the Catholic Church is one of the strictest. Nevertheless, it is not just a question that only concerns Catholics. Other religions

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<sup>76</sup> Canon Law is the body of laws that govern the Catholic Church. (Catholics fro Free Choice 2003:2)

recognise some limited time to perform an abortion, according to their own ideas about the ensoulment of the foetus and its implications for its moral status. For instance, some Jewish traditions allowed abortion during the first three months of pregnancy. During this time, various Jewish theologians considered that the foetus was not an ensouled person and therefore has a lesser moral status (Zoloth 2003:39). Jewish tradition also allowed abortion when the life and physical and mental health of the mother was in danger (Ibid: 40-42). Islam believes that the foetus is ensouled at 120 days. Ensoulment gave the status of person and legal personality according to Islamic jurisprudence. Thus, the abortion of a formed foetus, i.e. after 120 days, is considered a criminal offence and prohibited by all Islamic legal schools. However, there are exceptions to the prohibition such as when the mother's life is in danger or when the foetus is deformed (Khilafah 2003:121). Thus, religions are not unanimous on the issue of the beginning of life. Islam is more careful with the use of science. It admits that science can contribute to the description of the foetal development, but express that it is not its job to determinate the point of spiritual transition into the full human essence (Ibid: 120).

## **Pro-women**

I decided not to describe the pro-choice centre as a means of protecting the place and my informants. The quantity of people that visit this place was significantly higher in comparison with the other centre. There were always patients with companions and employees. Almost every patient had a companion, in the form of a boyfriend, husband, parents, or friends. One day, after the counselling session of a couple I got the opportunity to follow, I met the husband of a woman in the waiting room. We chatted and he said that when he saw me for the first time some hours before, he understood that I was in this place for other reasons. He explained that while we were in the waiting room, of all people I was the only one who looked stress-free and did not seem stuck in my own world. This situation exemplifies the tension related to the decision to have an abortion and to perform it in this city. Women did not see abortion as a game or as usual practice, at least not the people I got the opportunity to meet. The various counselling sessions I followed also evidences this. A woman's decision to choose an abortion is full of contradictions and depends on the particular circumstances that affect that woman's life at a particular moment.

## **The staff**

There are different health workers from diverse specialities that worked in the pro-women centre. I had the opportunity to get to know and to follow the work of six counsellors, five women and one man. I refer to them as Clara, Maria, Laura, Antonia, Juana, and Manuel. Their age varied from 35 to 50. All of them had at least 10 years of work experience as counsellors. Three of them were psychologists and the others were social workers. In general, only the counsellors' close friends and relatives knew about their work. However, they did not reveal to other people the specific conditions of their job. They said that they were not very worried about the illegality of their activity but were more afraid of the personal confrontations that an open recognition of their activity could imply to their close relationships with, for instance, their neighbours, classmates of their children and other parents at the school their children attended. This affirmation shows that abortion is still a hotly contested issue in Colombian society.

## **Goals**

The pro-choice centre had developed a holistic approach to managing abortion and unwanted pregnancies. Their main goal, as a health institution, was to provide a comprehensive care programme on sexual and reproductive health as a way to reduce the risk for unwanted pregnancies and improve patients' health. Therefore, as part of the counselling meeting, counsellors gave information and training on the importance of performing breast self-examinations, cytology, HIV-testing, and the use of contraception, as part of an integral care regime concerning the sexual and reproductive health of women.

Pro-choice counsellors perceived themselves and their jobs as instruments to help women to take control of their lives. The counsellors that work in Pro-women consider themselves pro-choice activists with a low profile. They state that they are committed above all to the institution and the women that come there. They had a clear political agenda as they try not only to help women in difficult situation, but also to create some kind of improvement. I was able to identify two different intentions from counsellors' standpoints on their interaction with women. One is to support women and their choices with all the respect that they deserve. The other is to empower women with the aim of promoting social change. The possibility to encounter those objectives varied depending on the counsellors' own awareness as well as on the level of receptivity of the women. As Antonia explained,

*When I began to work here, I saw my work as a place where I could provide women with compassion. Here, women are treated with consideration, respect, and solidarity... After some years of work, I observed that women need to be instructed on their rights, they need to be stronger... Thus, I began political work on educating women on their rights, and so on... After a while, I understood that not all the women came to here to be coached on the importance of women's rights... Now I understand that each woman has a specific need. Sometimes, a woman only needs consolation or simply someone to talk to about her situation. Other times I can introduce some ideas on rights alongside the relief process... However, the most important thing for me now is to focus on the patient and her needs.*

Women's ambivalence when struggling with the decision to abort is one of the main issues that the counsellors explore. Many women feel guilty about their decision and do not recognise it as a reproductive right. Other women feel pressure from third parties and have difficulties finding what they really want for themselves. In such cases counsellors are there to support women's choices through a considerate analysis of circumstances related to the pregnancy.

Manuel stresses the importance of the counselling session as the place and time where a woman has the chance to make a very personal choice. Manuel also affirmed that 'the decision must be as clear as possible, as its consequences are irreversible'. This affirmation reflects the sense of responsibility that decisions on unwanted pregnancy demand. Whatever a woman chooses, it is a decision that affects a woman's life. The emphasis on the clearness of the decision by the women responds to two concerns of the staff of the centre. One is to promote the real empowerment of women and the promotion of sexual and reproductive health and rights. The other is to prevent regretful patients, as it would be too risky for the general operation of the centre, due to the illegality of abortion. I was able to observe that when the counsellors noticed that a woman was not clear about her decision, they would schedule another appointment one or two days after the first meeting. Then, the woman could have some time to reflect by herself on her situation and find out what she really wants.

Counsellors recognise the immediate relevant measures of the whole process of abortion and believe that their interventions could reduce future emotional crisis in women's lives. Manuel affirmed that 'if the decision is not clear, it is easy to allow prejudices, guilt, and contradictions that will emotionally affect a woman in the future'.

## **Abortion as a choice**

Clara described her work as ‘a therapeutic intervention on an unexpected event that is highly complex’. During the intervention, a woman can talk freely about her situation, the circumstances of the pregnancy, the kind of relationship with her partner, her material conditions, work, studies, family expectancies, and fears, etc. Maria reflected on the decision-making process and her work as counsellor. ‘It is such a shocking situation that a woman feels like she has lost control ... The idea is to make her see that she has not lost control and, despite the fact that the decision is difficult, it is possible to act in other ways...’.

Pro-choice counsellors agree that an unwanted pregnancy is a conflictive issue that raises many questions in a woman’s life at medical, psychological, moral, religious, affective, social, and ethical levels. Thus, the intervention process that they offer will give women enough tools to make a decision. Clara stated that ‘the most important thing in the process of making a decision is whether the reasons that women give are valid to them. The reasons are not to convince others; the reasons are neither valid nor invalid. Therefore, it is important to talk’. Clara stated that the conversation has a double effect when people talk and listen at the same time. In this way, they can internalise their reasons much better. Maria and another counsellor confirmed that the idea is not to impose the counsellor’s beliefs on the patient. Instead, counsellors must find out their own prejudices and avoid projecting them on the person in front of them in the counselling session.

The relationships between counsellors and women are complex, with mixed feelings. On the one hand is the wish to help and support one who has difficulties. On the other hand is her intervention as an expert. Counsellors recognise that they are full of prejudices and that they have a specific agenda. They are aware of their influence on women’s choices. Nevertheless, counsellors believe that it is the best way to support women’s decisions, as the structure of the counselling session used nowadays is the result of many years of experience.

Laura, another counsellor, explained that the issue of abortion is not the problem. She clearly recognises that her goal in a counselling meeting is to break schisms. She says: ‘an abortion is the consequence of a specific relationship in the history of a woman, that in some way, allows her to take control over and to be responsible for her sexuality’. Counsellors believe that the crisis of abortion gives the woman the opportunity to evaluate her life and encourage her to be more autonomous and independent. Nevertheless, they are also aware of

the restrictions of their interventions. In many cases, the unwanted pregnancy is the result of complex relationships where violence, low self-esteem, and unequal relationships, among other elements are the constant. Therefore, one session is not enough to confront the deepest issues of a woman's life.

Several times, counsellors argued that they support the idea of choice and not abortion as a right. Whether a woman can or cannot assume an unwanted pregnancy depends on the specific conditions that surround her. Therefore, it is important to assess the value of life, the quality of life, and the real possibilities of the woman and her family to assume the responsibility to raise a child. Pro-choice counsellors understand motherhood as a complex process that is not directly related to the biological process of reproduction. They assert that having a child does not mean loving it at once. Counsellors accept the importance of the commitment to love and to take care of a human being as a way of contributing to the establishment of a better society. Therefore, to become a mother cannot be an imposition for women.

In this place the quality of life of both women and the future child are taken into account. Clara says, 'it is important to question the value of life as an absolute one. Besides, it is important to discuss the meanings of the dignity of life and the real possibilities that a woman or a couple have at this moment to raise a child'. In many cases, a child is perceived as a burden and an obstacle that has hindered and frustrated the plans of a woman or other family members. In those cases, both women and children become miserable. Pro-choice counsellors consider that the imposition of a pregnancy in those circumstances is a means to maintain and prolong inequality and injustice.

## **Conflicts on abortion**

During the sessions between counsellors and women, it was possible to identify two main conflicts related to choices on abortion. One is the women's own understandings of the beginning of life and the implications on their moral and religious attitudes and beliefs. The other is the type of relationship between the woman and her partner. The discussions of those issues were fundamental to a woman's choice on abortion during the counselling.

Women understand the process of pregnancy in different ways. They recognise that life is in the process of formation and that they will interrupt it. For some of them it is very



important to know if the embryo will suffer pain. Women need to confirm that in early phases of pregnancy the embryo has not completed the development of the nervous system. These women believe that it is less traumatic to have an abortion in the early weeks of the pregnancy than later on.

The relationships of the women to their partners were very intricate. Each case was unique. Nevertheless, there was a constant: the men's support or lack of support became relevant to the woman's decision-making process, both before and after the procedure. The event of abortion reveals the kind of relationship that those women have with their partners. In some cases, women and men had established an equal relationship where they had discussed and concluded together that to perform an abortion was the best solution for both of them. In other cases, the lack of support from the man became the main argument to interrupt the pregnancy. One of the women argued that she was not ready to deal with single parenting. She wished for a traditional family: mother, father, and children together. She had finished her relationship with the father of the baby before she knew she was pregnant. She told him and he left the decision to her. Then she decided to interrupt the pregnancy. It was a very difficult situation as she was alone. She was grieving for both her relationship and her abortion. In other cases, women decided not to inform their partner that they were pregnant, as they were sure that their partner would want to keep the baby. The women in those situations wanted to be independent and decided by themselves. In most of these cases, their mothers supported them. Counsellors think that the men's support or lack of support has an important significance in the way that women manage their feeling after an abortion.

Despite the fact that post-abortion syndrome has not been clinically recognised, pro-choice counsellors consider that contradictory feelings after an abortion are a consequence of a woman's bad decision-making process. For them, a kind of post-abortion syndrome is associated with the process of the decision to have an abortion. If the decision is not clear, it is possible that this syndrome will occur. Antonia affirms through her own experience that those contradictory feelings have more to do with the kind of relationship between the couple. If the couple ends the relationship after an abortion, the woman can regret the abortion and enter a major conflict. In those cases, the woman misses two things; the pregnancy, and her partner. In other cases, the woman might think that if she had not had the abortion maybe her partner would still be with her. Moreover, women expect some kind of support from their partners but

if it does not happen in the way they anticipated, loneliness occurs and they will feel terrible. This can unleash a kind of post-abortion syndrome.

Pro-choice advocates understand motherhood as a complicated process that requires commitment on the part of the woman or the parents. Parenting is an important task, as through it children will receive the primordial tools needed to become social persons, capable of becoming responsible citizens. The institution of the family that pro-choice activists promote, unwittingly, is a society of persons that are free and responsible to nurture a new life in order to contribute to the establishment of a more just society. In this context, abortion became an option to women and men that did not feel ready to assume such responsibilities. Nevertheless, pro-choice activist still have problems promoting their cause. Yet, common people do not understand the importance of promoting abortion as a valid option that guarantees the sexual and reproductive rights of women and men.

## 7 Conclusions

This thesis presents the terms in which the abortion debate has been discussed in recent years in Colombia. Pro-choice Colombian advocates describe the anti-abortion movement and their followers as misogynists that threaten women's dignity, women's self-realisation, women's sexual freedom, and women's bodily integrity. Pro-choice activists also affirm that the anti-choice movement wants to impose a unique moral code influenced by the Catholic Church that it is against pluralism, diversity, and the secular character of the Colombian state which is recognised in the Constitution. Anti-abortion activists predict the destruction of the traditional family unit by selfish or misguided women and certain international agents that only want to spread a '*culture of death*'. For anti-choice advocates, the traditional family is the foundation of society and this institution reflects the fundamental values and traditions of Colombian society.

The above-mentioned positions have two diverse ideological roots: on the one hand the Catholic Church and the notion of a traditional family (i.e. father, mother, and children), and their protection has become the basis of anti-choice struggle. On the other hand there is the idea of a modern democratic state that guarantees individual self-realisation through the recognition of specific rights that is promoted by the pro-choice movement.

The consolidation of both movements was an attempt to explore the movements' existences and to show how each group depends on the other. Supporters from both movements have been present in public debates for a long time. Nevertheless, the real consolidation of both movements only occurred in 2006. Previous attempts to change the law only generated frustration for pro-choice advocates and these efforts did not create great challenges for anti-choice advocates. Therefore, it is possible to say that until 2006, both movements lacked professionalisation and strategic organisations, as thus far the circumstances had not required this.

The organisation and professionalisation of both movements in Colombia is the result of a slow process. Before 2006, the pro-choice movement lacked a concrete political strategy to deal with any favourable change in the law despite many attempts. On the other side of the debate the anti-choice movement was able to overcome such attempts without having to appear as a unified entity. Local support on the part of the Catholic Church and traditional

political parties allowed the maintenance and resistance of a restrictive law on abortion and other matters at the local level by anti-choice advocates.

The existence of the Committee for Women's Life and Health has, since 1993, helped to consolidate the pro-choice movement in a slow but fruitful way. The members of the Committee needed to feel mature enough to promote change as they did not want to blow everything all at once and lose what they had built over the years. Alongside the committee, the works of private agents that provide safe abortions have existed despite the many attempts to change the law. This work is the result of private actors to provide a real solution to the problem of unsafe abortion in Colombia. Thus, the existence of a clear division of tasks between health programs and political attempts to change the law are evident. This situation reflects the complexity of the problem of abortion. It is not only a political question, but also a real practice without or within the law that can jeopardise women's lives depending on the conditions where it is practiced.

Anti-choice counsellors concentrate their work on changing laws to restrict and ban abortion and berate family planning programs and sexual education instead of accepting that unwanted pregnancy is the main cause of abortion. Anti-choice advocates should pay attention and improve the circumstances of women's lives in order to reduce the number of abortions. They could focus on why women do not have the material or social support they need to continue pregnancies.

The thesis also shows how international opinions on abortion affect national and local processes. Advocates from both movements join and support national and international networks that influence strategies to go forward according to their positions on the question of abortion. The relationship between local, national, and international connections varies from one movement to another.

Anti-choice advocates' affiliations to international networks are evident. The consolidation of the Culture of Life Foundation and the CAMs are the result of direct work with Human Life International and their Latin American Network of Aid Centres for Women and I have analysed how anti-choice activists operate in Colombia. Nevertheless, future research on the region could establish the similarities and particularities of anti-choice work in each country of the region as a way to get a better understanding of the anti-choice

movement and their real influence in the decision-making processes related to sexual and reproductive rights in Latin America.

Pro-choice advocates have used their international connections as a tool to strengthen their political work to change the law on abortion. Their promotion of sexual and reproductive rights evidences this. This notion is the result of the work of international agencies that seek a wide understanding and implementation of human rights worldwide. Thus, the ideas of sexual and reproductive rights and the support from different international conventions became one of the core arguments that supported the decriminalisation of abortion in Colombia in 2006.

Pro-choice advocates want to reinforce the idea of a democratic state, where the main mission of the state is to protect and guarantee the rights of its citizens. This vision reaffirms the Colombian state as a state of law and shows the international community that the state plays its role properly. From this position, the pro-choice movement claimed protection of women's rights from the Colombian state through the decriminalisation of abortion in three specific cases. Nevertheless, the limitations of the claim and the decision of the Court reinforced the idea that some reproductive choices can only be exercised in extreme circumstances (i.e. rape or incest, danger to the mother's life and the foetus's non-viability after birth). In reality, the law still limits women's autonomy regarding fertility control and motherhood. Therefore, it is possible to say that in practice the recognition of sexual and reproductive rights has just begun.

Pro-choice advocates clarify that they have not made a eulogy for abortion. Instead, they are interested in protecting women's rights. They show the inequality of the problem of illegal abortion in Colombia. Activists on this side of the debate claim that criminalising abortion is not the solution to the problem; instead, it is necessary to elaborate and promote sexual education as an effective tool to reduce but not eliminate the need for abortion. Thus, abortion is not the core goal of the pro-choice campaign; abortion is one of the problems that activists have to face in order to achieve real acceptance, recognition, and practice of sexual and reproductive rights. Their task is to change traditional notions, such as those on motherhood and womanhood that anti-choice advocates promote, for a more equal and modern relationship between women and men. Pro-choice advocates recognise that this is a very difficult task but they consider it necessary as a means to establish a more just and fair society.

Women of CDD that have participated in the project of sexual and reproductive rights, said several times that they had to pay a high price in their personal lives in order to gain recognition of their rights as women. This reflection needs more attention. The women I spoke to said that despite the fact they were alone at the time of my interview; they did not regret their choices. Nevertheless, they confirmed that they had to pay a high price which was reflected in their loneliness. Which kind of relationships can the promotion of sexual and reproductive rights generate? How are Colombian men facing these changes? Is it possible to generate a more equal gender relation in this context? These are some of the questions that require more research in order to understand the promotion and consequences of sexual and reproductive rights in this context.

### **Views on women, motherhood, family, and reproduction**

The thesis has shown how both movements reflect concrete social and political understandings of women, reproduction, family, and motherhood.

For anti-choice advocates, motherhood becomes the most essential role of a woman as part of her nature that she cannot reject. Women are bound by their biological role as mothers; motherhood becomes fundamental without regard to the age of the woman or other aspects of her life. Women must to accept and carry on their pregnancies with responsibility, i.e. by offering their lives to the new life that is being created, whatever it costs. In reality, this position put young girls that for different reasons became pregnant at a very young age at a disadvantage. In such cases, the girls are no longer children but mothers. Through the anti-choice activists and their strict moral code, young girls are bound to carry to term the pregnancy without taking into consideration the physical and emotional risk to their health. In this case, the protection of the child provided by the anti-choice state is limited to the child in the womb. If the mother is a young girl, she is no longer another child but a mother and, as a consequence she must assume the primary role of any woman, namely motherhood. This position also ignores specific situations of social and political violence that Colombian women and children have been exposed to in recent years.

In the gender universe of anti-choice advocates, men and women are different because they belong to different spheres. These gender roles are fundamental to the support of the family as a heterosexual, monogamous and indissoluble through the ritual of marriage. In theory, the married couple are the only ones allowed to have sexual intercourse. However, if a

woman has a child without being married and without the support of the father of the child, she should prefer sexual abstinence and dedicate herself to her role as a mother. In the cases mentioned above, women must try to establish and maintain a family. They must do all that is possible to change their partner and preserve the family institution despite the violence and lack of commitment by their spouses.

Through women's suffering as mothers and wives, they become superior moral agents, guarantors of a definite social order and responsible for the maintenance and strengthening of the traditional family i.e. father, mother and children (Melhuus 1996). Thus, social and legal acceptance of abortion attacks the primary role of a woman, namely motherhood, as it gave the opportunity to women to choose when they will become mothers. Abortion also affects the stability of the family structure of anti-choice advocates as women are no longer constrained by difficult relationships as they can decide with whom they want to have a child.

For pro-choice advocates, sexuality, motherhood and the establishment of a family does not correspond to natural processes or attitudes. Instead, it depends on individuals' own possibilities and the actions that he/she is competent to take. Pro-choice counsellors recognise that there is no natural connection between giving birth to a child and assuming the responsibility to care for and nurture it. Pro-choice advocates understand motherhood as a complicated process that requires commitment on the part of the woman or the parents. Parenting is an important task, as through it children will receive the primordial tools needed to become social persons, capable of becoming responsible citizens. The institution of the family that pro-choice activists promote, unwittingly, is a society of persons that is free and responsible enough to nurture a new life in order to contribute to the establishment of a more just society. In this context, abortion becomes an option to women and men that do not feel ready to assume such responsibilities. Nevertheless, pro-choice activists still have problems promoting their cause. Yet, common people do not understand the importance of promoting abortion as a valid option that guarantees the sexual and reproductive rights of women and men.

### **Christian values = Colombian values?**

Anti-choice advocates are pretty sure of a correspondence between Christian values and their resonance in Colombian society. They assume that all the Catholic people are as devoted to the teachings of the church as they are.

Monsignor Marulanda had a more complex reflection about what it means to be a Catholic.

*The Catholic theology assumes that the church is the grouping of all who are baptised [...] membership of the Church comes from several steps. The first step is baptism. Thus, all those who are baptised are members of the church. Nevertheless, after the baptism the Christian must continuously be formed and illuminated in the principles of the Catholic Church. There are various levels of enlightenment and training as different catechisms in parishes, schools and the churches. Many people are at the first level of membership of the church through baptism, but never cultivate the faith, and never practice. Then they call themselves Catholics by habit. The true Catholic is one who has acquired a life commitment in accepting the demands of the Gospel and the demands of the church.*

He explained that the authentic religion is very serious and austere. ‘The compendium of faith of a Catholic is very short; it is synthesised in the Creed’. Nevertheless, he also recognised that Colombian people are very religious in their own ways. He called this phenomenon popular religion. It has to do with diverse practices such as the veneration of saints and the cult of the dead that the Church has not properly recognised. He explained that despite the fact that between 85% and 90 % of the Colombian population have been baptised in the Catholic Church, this did not mean that they are all devoted. Conversely, he affirmed that, in the particular case of Colombia, only between 25% and 30% of those who are baptised are really committed to the Catholic faith.

It is evident that there are different ways which Colombian Catholics understand and practice their religion. In the case of my informants, anti-choice advocates can be classified as true Catholics who wholly agree with and hold up the teachings of the church. Furthermore, Catholics for Free Choice (CDD) are those who are committed to their faith as Catholics but question the Church’s influence in public policies and call for a more real separation between the State and the church. Finally, there are those who are baptised Catholics but who either lack training and commitment to their faith as Catholics, or simply consider sexual and reproductive issues private matters that do not interfere with their faith and practice as Catholics. They therefore do not consider it necessary to leave the church despite the church's positions on abortion, birth control and other social issues. Catholics are not monolithic in their views, and, more often than not, disagree with the position of the church. This was evident in their perceptions of the use of contraceptives and abortion that different surveys revealed.



In 2003, in a nationwide poll of 1,523 Catholics over the age of 18, 60% of respondents in Colombia were either in total disagreement or in some disagreement with the church's prohibition of contraception. Only 21% were in total agreement or agreed to some degree with the church on the issue. (Catholics For Free Choice CFFC 2004:12). In the same survey, 49% thought that a woman should have the right to an abortion under certain circumstances. (Ibid: 16). The Vatican teaching that bans the use of contraceptives is ignored by nearly 90 % of Colombian Catholics (Ibid: 8). 46% of Colombian Catholics have used condoms to protect against sexual transmitted diseases and pregnancy (Ibid: 14). Finally, 30% disagree with the church's position on divorce (Ibid: 21).

Subsequently, the majority of Colombian Catholics do not strictly follow the teaching of the Church when it comes to sexual and reproductive issues; nevertheless, they also accept the Church's influence on public policies regarding issues of sexuality, contraception, and abortion in Colombia through set political and institutional access. It seems that a good part of Colombians have removed religion from some aspects of their own private lives and consider that it is not a problem to be a good Catholic and at the same time differ with the position of the church. At least, this was the position of my pro-choice informants, who defined themselves as Catholics.

# Epilogue

In the present year, 2009, the debate on abortion is still valid and the movements are more aware of their counterparts than ever and different events in the political arena reflect this. The Inspector General (*Procuraduría General de la Nación*) is responsible for guaranteeing human rights; monitoring compliance with the Constitution, laws, judicial decisions and administrative acts, and monitors the performance of civil servants. In May 2008, the current Inspector General Edgardo Maya and Monica Roa representing Women's Links Worldwide, signed an inter-institutional cooperation agreement with the goal of combining efforts to coordinate activities to guarantee appropriate implementation of legal abortion services throughout Colombia. The aim was to correct and prevent the situations that Colombian women have faced regarding access to abortion services.

In January 2009, the relationship between the Inspector General's office and the pro-choice movement change radically with the change of the Inspector General. The new delegate designated by the Senate was Alejandro Ordóñez a devout Catholic opponent of abortion and homosexual rights. In turn, Ordóñez designated as his delegate for Inspector for children, adolescents, and families Ilva Myriam Hoyos, also a well-know opponent of abortion.

In April, Hoyos informed Monica Roa that the inter-institutional agreement would not be revised by part of the Inspector's office on the grounds that inspectors' functions could not be shared with foreign organisations as protectors of Colombian society. Hoyos explained that there was a conflict of interest since Roa was the plaintiff in the ruling on abortion and her organisation would take the control of the application of the law<sup>77</sup>. In May, Ordóñez asked in a circular by the defence for the right of physicians to oppose abortion.

In October the Constitutional Court ordered a national campaign to promote the sexual and reproductive rights of women, including the right to abortion in certain cases. The Ministries of Social Protection, Education, the Superintendence of Health, and the Inspector and Ombudsman were ordered by the Constitutional Court to develop a campaign to make Colombian women aware of their sexual and reproductive rights from a young age. The

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<sup>77</sup> <http://www.lasillavacia.com/historia/1451> (accessed 20.11.2009)

Constitutional Court has ordered the bodies to produce an effective campaign for women's sexual and reproductive rights within three months.

There have been cases which denounce women's difficulties accessing abortion which were the main motivation of the pronouncement of the Court. Thus, the Court called attention to the importance of promoting information campaigns on sexual and reproductive rights throughout the country. As was expected the current Inspector General Ordóñez manifested his disappointment with the court and requested that the original Court decree be nullified and the sexual education campaign stopped.

In the same week the State Council temporarily suspended Decree 4444 issued by the Ministry of Social Protection to regulate the provision of abortion services. The State Council's argument is that it is the legislative branch (through a statute) and not the Executive (through a decree), that must regulate the issue of abortion and healthcare services for women<sup>78</sup>. It is important to point out that all these arguments are simply questioning the validity of the juridical processes through which those decisions were taken or regulated. These are criticisms of a form that have had the impact of affecting the substance of the Court's landmark decisions. The suspension has left abortion in legal limbo. The Court's verdict on the decriminalisation of abortion is still in effect, but it is unclear how doctors, clinics, and other health providers should act until the State Council reviews the case.

In November, Women's Link Worldwide compiled all the constitutional guidelines that support the exercise of women's right to have an abortion in Colombia in a handbook. This is the reaction of pro-choice lobby in order to make certain access to abortion. They wish to distribute this handbook among health providers throughout the country and among people interested in the issue<sup>79</sup>.

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<sup>78</sup> [http://www.womenslinkworldwide.org/pdf\\_press/press\\_release\\_20091022\\_en.pdf](http://www.womenslinkworldwide.org/pdf_press/press_release_20091022_en.pdf) (accessed 20.11.2009)

<sup>79</sup> The manual is available at: [http://www.womenslinkworldwide.org/pub\\_manualIVE.html](http://www.womenslinkworldwide.org/pub_manualIVE.html) (accessed 20.11.2009)

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# Appendix I: Movements coalitions in 2007

	<b>PRO-CHOICE</b>	<b>ANTI-CHOICE</b>
<b>Networks</b>	La Mesa por la Vida y la Salud de las Mujeres / The Committe for Women's Life and Health	Red Futuro Colombia/ Future of Colombia Network (In the process of consolidation during my fieldwork)
<b>Well-known leaders*</b>	<p>Monica Roa, Director Women's Links Worldwide</p> <p>Beatriz Quintero Director of La Red Nacional de Mujeres</p> <p>Florance Thomas, Professor at the National University</p> <p>Ximena Castilla, independent lawyer</p> <p>Sandra Mazo, Director of CDD</p>	<p>Ilva Myriam Hoyos, Director Red Futuro Colombia/ Future of Colombia Network</p> <p>Marta Saiz de Rueda, Director Fundacion Cultura de la Vida/ Culture of Life Foundation</p> <p>Monsignor Fabian Marulanda, Secretario Conferencia Episcopal</p> <p>Jose Galat, Rector of the Gran Colombia University</p> <p>Carlos Corsi Otalora, Director of the political party Lay Persons for Colombia</p>
<b>Organisations that are members of the network</b>	<p>Católicas por el Derecho a Decidir/Catholics for Free Choice</p> <p>Women's Links Worldwide</p> <p>Fundación Orientame</p> <p>Corporación Humanas</p> <p>Red Nacional de Mujeres</p>	<p>Fundación Cultura de la Vida/ Culture of Life Foundation</p> <p>Fundación por el Derecho a Nacer/ The Foundation for the Right to Be Born</p>

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\* The person who are mentioned in this part belong to the Networks as an individual or as representativeness of a foundation.

## Appendix II: Abortion in Latin America

A number of laws worldwide make meticulous distinctions in allowing abortion in a few cases such as that needed to save the woman's life, to preserve women's physical health or to preserve women's mental health. This is the case in almost all Latin American countries. In reality, these distinctions become unclear and problematic, and their implementation depends on the diverse interpretations that legislators, authorities, doctors and women, among others, make concerning them. In many circumstances the imposition of personal religious beliefs over legal responsibilities are prevalent. That lack of clarity becomes evident especially in cases in which laws protect access to abortion but individual interpretations of those laws limit it<sup>80</sup>.

In order to understand current abortion laws in Latin America, it will be useful to use the classification of the legal conditions on abortion. The Pan-American Health Organisation in Nicaragua (PAHO) has classified abortion into four groups: 1) Illegal: abortion is forbidden without exceptions; 2) Very restrictive: abortion is allowed only to save women's lives. 3) Conditional: abortion is allowed on some grounds such as the protection of women's physical and/or mental health, or in case of rape, or in case of serious foetal impairment; and 4) Legal abortion or self determined abortion when a woman requests abortion without the necessity to invoke any of the others reasons previously discussed (PAHO 2007: 12).

Chile, Honduras, El Salvador, and Nicaragua have banned abortion entirely. The Dominican Republic, Haiti, Surinam, Guatemala, Paraguay, and Venezuela belong to the very restrictive group, which allows access to abortion only to save the woman's life. In the conditional group are Brazil and some states in Mexico<sup>81</sup> that permit abortion in order to save the woman's life and in case of rape. Costa Rica and Peru consent to abortion only to preserve women's physical health. Bolivia and Uruguay permit abortion to preserve physical health and in the case of rape. Bolivia also allows abortion in the case of incest. Argentina and

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<sup>80</sup> One example is the case of Paulina in Mexico, a 13 year-old girl who became pregnant as the result of rape. Despite the legality of abortion under those circumstances, the public hospital refused to carry out the legal abortion. Some time afterwards, the state authorities ordered the hospital to perform the abortion. However, only after two and a half months since the rape did the hospital admit Paulina. Anti-abortion advocates visited the hospital and tried to persuade her to desist in her decision to abort. Finally, before the scheduled procedure the hospital director informed Paulina's mother of the supposed risks of abortion. Her family was scared by the facts presented by the doctor and retracted their request for legal abortion. For more details, see Poniatowska (2000); Lamas & Bissell (2000).

<sup>81</sup> Mexico has a federal system in which abortion laws are determined at federal level.

Ecuador allow abortion to preserve physical health and only in the case of the rape of a woman with a mental disability. Colombia allows abortion to preserve physical and mental health, in case of rape and incest and in case of foetal impairment. Belize allows abortion also on the basis of socio-economic grounds. Finally, self-determined abortion is only permitted in Cuba, Guyana and, recently, Mexico City. Therefore, access to officially permitted abortion in the region from the legal point of view is limited to particular places and circumstances. However, in reality abortion is widely practiced. The Guttmacher Institute and World Health Organisation estimated the induced abortion rate in Latin America and the Caribbean in 2003. It was 31 per 1000 women between 15-44 years of age (Sedgh et al. 2007:1341).<sup>82</sup>

In Latin America, the abortion debate has become increasingly polarised as the issue has been discussed more openly in recent years. In May 2006, Colombia loosened its previously strict anti-abortion legislation. In October 2006, Nicaragua tightened its law. Then, in April 2007, the federal district government of Mexico City passed a law that made abortion legal during the first twelve weeks of pregnancy<sup>83</sup>. In many parts of the region, both pro-choice and anti-abortion groups have worked actively to transform the laws either to make them more liberal or restrictive. The last cases discussed for different national authorities in order to liberalise abortion without success were in Brazil, Uruguay, and Paraguay. In 2007, in Ecuador, the intention was also to change the law and ban abortion, but this was not successful either.

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<sup>82</sup> For more information see Seghd (et al.) 2007

<sup>83</sup> For more information see Replogle (2007)