

Sexual and reproductive health and public policy in Central America: a rights-based analysis
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Sexual and reproductive health (SRH) is among the most important of women's rights: vital for their well being and, together with their other sexual and reproductive rights (SRR), of central importance for the exercise of their citizenship. The recognition of SRH's importance has led to its inclusion in a number of international instruments, including the Convention on the Elimination of All Forms of Discrimination against Women and the agreements reached at the Cairo International Conference on Population and Development and the Beijing World Conference on Women. A key phrase of the Beijing declaration established that "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence".

However, in practice Central American women face many obstacles when seeking to exercise their SRR with serious impacts on their SRH. Studies conducted in 2003 by five feminist organisations - Las Dignas and Las Melidas from El Salvador, Tierra Viva from Guatemala, CEM-H from Honduras and Grupo Venancia from Nicaragua ¹ - clearly demonstrated this situation and the responsibility which the region's governments must accept for having failed to implement appropriate laws and public policies. In this document we present some of the most important aspects of the studies including proposals for lobbying and public campaigns.

Legislation and policies on SRH

During the last decade, Central American governments have approved a range of laws and policies designed to promote SRH. Most progress has been made during the last five years in two countries: Honduras, where the National Policies on Sexual and Reproductive Health were approved, along with other instruments which address this area; and Guatemala, where a number of measures have been approved including the National Reproductive Health Plan, the National Plan to Reduce Maternal Mortality and the Post-Abortion Treatment Programme. All four countries have approved laws on the prevention and control of HIV-AIDS.

Unfortunately, the implementation of these measures is very limited. Frequently, the major problem is lack of funding. The Nicaraguan public health system budget for 2003 was only \$22 per head while the average in Guatemala over the last few years was \$15. From such limited budgets, very few resources are assigned to SRH programmes. As a result, there are programmes which only exist on paper, such as Nicaragua's National Adolescents Integrated Health Care Programme, while others depend on international aid.

In addition, many public officials are opposed to the new policies. Because of their moral and religious convictions, they fail to provide women with adequate information and resources. Similarly, officials from the Nicaraguan Education Ministry Department of Moral Values veto all mention of condoms by the National AIDS Commission.

¹ The studies are available on the web site www.oneworldaction.org.

Abortion, contraception and sex education

The main characteristics of Central American state policy on these three key issues are prohibition, restriction and inaction. Abortion is illegal in all circumstances in El Salvador and Honduras and only permitted in Guatemala if a woman's life is in danger. Nicaraguan law permits "therapeutic abortion" but fails to define the term. In addition, the penal code typifies as a crime the causing of "lesions in the unborn".

These prohibitions condemn many women to death, either by denying them access to an abortion even though they need it to save their lives or because the clandestine nature of abortion makes it unsafe. Many women suffer complications following unsafe abortions but their fear of arrest leads them to seek medical attention dangerously late. On top of this, many women who have sought medical attention in public hospitals have reported mistreatment, even including inhumane procedures such as curettage without an anaesthetic.

These impacts fall on poor women. On the one hand, because they make up the majority of women whose pregnancies are unwanted. On the other, because they cannot pay the high prices charged for reliably safe services, much less travel abroad to have an abortion.

Given these restrictions, it would be logical for the State to ease access to contraceptives and ensure that young women and men have a sound understanding of sexuality and reproduction. However, national policies in these areas are in fact very deficient. Contraceptive information and services are directed almost exclusively to women, failing to promote male responsibility. At the same time, adolescent women's access to contraceptives and advice is seriously limited, even though they constitute the age group which least uses contraception. Only 41% of sexually-active Honduran women between 15 and 19 use contraceptives. Among 15 to 24 year-old Salvadorians with sexual experience, only 10% used contraceptives the first time they had sexual relations. It is also worrying that the methods most used by women are the most aggressive, for example sterilisation, and the least effective, such as natural methods. In contrast, condoms are little used.

Regarding sex education, Guatemala doesn't even have an official programme. In Honduras and Nicaragua, in 2003, plans to publish sex education manuals were thwarted when the Secretary for Education and the President, respectively, withdrew the manuals in response to opposition by the Catholic Church.

Why do governments fail to take stronger action?

The majority of the members of government and legislatures in the region accept the traditional view of women as subordinate to men and destined to be self-sacrificing mothers. Consequently, they neither recognise their SRR nor prioritise their health. In addition, significant changes would lead to confrontation with the church hierarchy; a situation which they prefer to avoid. The Catholic Church can count on the support of most Central American politicians while the evangelical churches exert significant influence in Guatemala. The influence of the churches is

due in part to their relationship with traditional culture but also is based on their connections with powerful individuals and groups.

At the same time, neoliberal policies have led to the reduction of state social spending, thereby reducing health services and increasing the cost of care. In addition, the governments of the region have adopted policies to protect foreign patents which increase health costs by limiting access to generic medicines. The most extreme example of this is the prohibition in 2003 by the Guatemalan congress of the production of all generic medicines.

Impacts on women

Premature and unwanted pregnancies. Nicaragua has the tenth highest rate in the world of births to adolescents, with 135 births per 1,000 women between the ages of 15 and 19.² The equivalent numbers for Guatemala and El Salvador are 111 and 87 per 1,000 respectively which also places them among the 25 countries with the highest rates. Other data suggest that the rate of adolescent births in Honduras is similar to that of El Salvador. 60% of young Hondurans who have had pregnancies first became pregnant before they were 17 years old. The 2001 census for Nicaragua reported that 27% of women between 15 and 19 either were pregnant or already had at least one child; among women without formal education the proportion was double, 54%.

Many of these pregnancies are unwanted. 65% of Salvadorian women between 15 and 24 years old who had been pregnant at least once had had unplanned pregnancies while 26% of abortions in Nicaragua are carried out on women under 19. Unwanted pregnancies are also common among older women. 56% of pregnancies of Honduran women over 40 are unwanted.

Maternal Mortality. This is one of the principal causes of death for the region's women. According to the WHO, UNICEF and UNFPA³, in the year 2000 there were 110 cases of maternal mortality per 100,000 live births in Honduras, 150 in El Salvador, 230 in Nicaragua and 240 in Guatemala.

There is a close relationship between unsafe abortion and maternal mortality. In 1996, the then president of Nicaragua, Violeta Chamorro, recognised that 24% of all cases of maternal mortality in her country were related to abortion. Data published by the Pan-American and World Health Organisations that same year indicated that unsafe abortion was the principal cause of maternal mortality in Guatemala, the second most important cause in Nicaragua and the third in El Salvador and Honduras. The number of deaths due to this cause is probably actually much higher than official statistics suggest due to the culture of silence which surrounds abortion and its effects.

There is also a close relationship between premature pregnancy and maternal mortality. Data from Nicaragua show that 30% of the cases of maternal mortality in 2002 were of adolescents.

² Save the Children (2004) "Niñas que tienen niños: Estado Mundial de las Madres".

³ World Health Organisation (2004) "Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, UNFPA".

HIV-AIDS. This epidemic is growing rapidly in the region. Between 1991 and 2001, the number of cases in El Salvador increased from 2.4 per 100,000 people to 17.3. In addition, the epidemic is becoming feminised. 10 years ago in Guatemala there was one woman infected for every eight men; the rate now is one in three. The percentage of women among people with AIDS in Honduras has reached 41%.

The proportion of women with AIDS is lower in El Salvador and Nicaragua but it is increasing, especially among the young. Between 1991 and 2002 in El Salvador, women made up 20% of those with AIDS but 29% of those infected by HIV. Among children and adolescents of 10 to 19 years old, 37% of those infected were girls. In figures for 2002 from Nicaragua, 25% of all people living with HIV-AIDS were women, but among adolescents of 15 to 19 the figure was 44%.

Deaths of women of reproductive age due to this cause are also increasing. Between 1990 and 1997, the percentage of such deaths in Honduras that were due to AIDS increased five times from a little over 3% to 17%. In El Salvador, AIDS is now the fifth most common cause of death in hospital for women between 20 and 59 years old, and is the third most important cause in women between 30 and 49.

Promoting change

It is essential that the promotion of SRH be based on an understanding of the relationship between women's health and the fulfilment of their sexual and reproductive rights. At the same time, the region's governments must stop relegating SRH behind supposedly more important issues. Priority areas for action include:

- SRH needs an integrated approach in which coordination between sectors is ensured.
- Laws and policies should be designed in relation to women's real conditions, not on the basis of abstract moral principles.
- More funding must be provided from national budgets.
- All women should receive quality health care free from all forms of discrimination.
- Sex education should be incorporated into the school curriculum and information on SRH provided to the general public.
- Adult and young women require better access to contraceptives and quality advice, while programmes aimed at men should be promoted. Aggressive and inefficient methods should be de-emphasised.

Regarding abortion, its decriminalisation should be advocated on the basis of women's right to choose. At the same time, the case for this change as an urgent matter of social justice should be clearly made, emphasising the reality of the women who die every day due to unsafe abortions. This makes it important to demand that governments compile and publish reliable statistics on the relationship between maternal mortality and unsafe abortion to visibilise the problem.

Finally, advocacy and campaigning on SRH should address its context, including the cultural, religious, political and economic factors which block progress in public policy.