



An Advocacy Brief: Post 2015 Development Agenda LATIN AMERICA & THE CARIBBEAN

Introduction

Shortly before reaching the 20-year mark since the International Conference on Population and Development (ICPD) held in Cairo in '94, in partnership with ARROW (The Asian Pacific Resource & Research Centre for Women), the Latin American and Caribbean Women's Health Network (RSMLAC) developed a follow-up study to the Program of Action (PA) agreements in six countries of the region: Argentina, Brazil, Colombia, Nicaragua, Mexico and the Dominican Republic.

This report is an analytical synthesis of the regional context contrasting the challenges posed over 20 years ago with the new social, economic, political and cultural reality. In this report, there is an emphasis on advances that occur when states come to accept their position as the true guarantors of the rights of women. On the other hand, the underlying causes that prevent the advancement of the ICPD agenda are noted, of which the most recurrent and historical interference is that of the religious orders, which calls into question the validity of the secular state in Latin America and the Caribbean.

Through monitoring as a "Citizen Women's Practice," effective social control has been carried out that monitors, in an informed manner, whether the laws, regulations, public policies, programs, regulations, services and state actions in the participating countries, progress in complying to the agreements and commitments made by states before the international community.

From the beginning, the monitoring experience has produced significant gains for organizations and the women's movement because open spaces of reflection have been created and renewed discussions about the regional context beyond Cairo + 20 have been prompted. Linkages have been enhanced with government sectors through more refined and consistent advocacy work and regional, national and local political action has been strengthened by identifying critical points in the failure to implement the Action Plan.

Nevertheless, we continue to demand a secular character by the states, positioning sexuality and reproduction as free and autonomous areas for women, from a human rights perspective, while recognizing the diversity and interculturality of women in Latin America.

Context Analysis

The intervention by civil society organizations remains critical in order to monitor international agreements made by the states in the area of human rights, especially in regard to the Sexual and Reproductive Rights.

In the last 20 years of committed effort and systematic monitoring of Action Plan agreements, we have witnessed and participated in significant progress, in spite of unfortunate setbacks that have occurred in different countries of Latin America, of which the possible notable causes relate to: the lack of legislation that guarantees the exercise of these rights, the influence of religious orders in public policy and educational programs, the scarcity of formally defined population policies, the lack of reliable national statistics and the precarious public information about health and rights.

The regional panorama influenced by the aforementioned causes currently is presented as follows and can be analyzed along the following lines:¹

Sexual and Reproductive Health in Adolescents and Youth

309 millions of women live in Latin America and the Caribbean (LAC), of these nearly half (140 million) are adolescents and Young people. This population group (15-24 years old) has the highest rates of unmet needs of family planning. The proportion of adolescent women with children usually exceeds the average of non-indigenous adolescents: the rates are four times higher than those of Paraguay and twice as much as those in Costa Rica and Panama. The knowledge they have regarding contraception, the fertile period and HIV/AIDS is available in few countries and is relatively outdated. Access to services continues to be discriminatory, public policies and health standards maintain their paternalistic approach, which implies viewing them as sexually passive. Ownership of Sexual and Reproductive Rights (SRR) is undermined by legal ambiguities and the lack of specificity of the legal frameworks and policies of the countries.

Integral Sexual Education

For the most part, this is regulated in countries, with exceptions such as the Dominican Republic, in the region education policies and programs are unstable, intermittent, and inconclusive. The diffusion and promotion of sexual and reproductive rights unequally affects some sectors of the population. In fact, in many countries information in this matter is not formalized part of the education system.

Sexual Diversity

For persons with sexual identity or orientation which is not heterosexual (LGBTTI), exercising their SRR is greatly frustrated by the lack of recognition by the states, which translated into systematic discrimination based on sex and gender which affects, among other dimensions, their access to health. In Ecuador there are illegal clinics that offer services to “cure homosexuality,” while in Brazil a Legislative Decree Project was presented as a “homosexual cure.”

Voluntary Termination of Pregnancy

The legal framework in LAC is characterized by the disregard for women’s rights. Other than Cuba, Puerto Rico, Mexico City and Uruguay (relatively), the rest of the countries range from enforcing laws that are prohibitively restrictive (Chile, El Salvador, Dominican Republic, etc.), restrictive (Paraguay, Peru, Ecuador, etc.) and moderately restrictive (Argentina, Colombia, etc.). In practice, these limitations become even more intense. In addition, several jurisdictions, women, traditional birth

¹ Texto tomado del documento “Seguimiento de la CIPD en América Latina y el Caribe después del 2014. Articulación Regional enero del 2014.

attendants and health professionals are denounced and arrested for practicing “illegal” abortions, for example: Bolivia, Brazil and El Salvador. Between 2007 and 2008, approximately 1000 women were imprisoned for abortion in the State of Matos Grosso do Sul, while human rights defenders suffered threats and persecution for trying to support these women.

Sexual and Gender Violence

The majority of countries have approved laws and designed policies with the purpose of preventing, responding to, punishing and eradicating violence towards women; implementation has many conditions that fail to be resolved, which causes serious problems in terms of access to justice, as experienced by victims of violence, like the low protection coverage, the lack of free legal aid and limited specialized psychological, medical and legal services.

Maternal Health

Maternal mortality is part of the existing social inequality in the region and is marked by the state’s behavior, which frequently minimizes or overlooks the problems, lack of accountability and control mechanisms for sexual and reproductive health services.

Utero-cervical and Breast Cancers

There is a deficit of prevention and control programs throughout the region, raising female mortality rates for these causes. While Argentina, Colombia and Mexico have a public vaccination program against HPV, Brazil, Nicaragua and the Dominican Republic, among other countries, do not have specific rules due to the high costs and efficiency in relation to cost and benefit.

Sexually Transmitted Infections and HIV/AIDS

There is persistent failure to carry out an integrated approach between HIV/AIDS programs and other SRR policies from a framework of public health and human rights.

Action Priorities

Historically, political action by organizations and feminist movements in Latin American hinges on the participation and collective ability of women to influence, propose and question state-governments’ responsibility to the human rights of women.

The Conference on Population and Development ICPD of ’94 was an important moment in the global struggle of women for the recognition of sexual and reproductive rights. Monitoring the implementation of the Action Plan in the following years led not only to transformative advances in laws, policies and programs favorable to health, equity, and sexual and reproductive rights, but also enhanced the coordination of networks and platforms at the regional and global levels.

It is in this new setting that women and organizations in the region are determined to continue joining forces to influence the deliberations of the new Post-2015 global agenda, positioning the feminist approach in political debate across all spheres, from national to global.

We will insist on the recognition of the body as a territory of power and emancipation, the struggle against inequalities of class, race, ethnicity, age and sexual orientation, and in favor of the freedom of choice, participation and special attention required by the issue of the care economy.

We are not absent from the development debate and its consequences on nature and human life. The agenda that we propose is just and seeks to dignify humanity in granting them the rights to enjoy equal freedoms and respect in their diversity.

It is the states that are called upon to ensure the integrity and indivisibility of the SRRs agenda as human rights, complying with the undersigned treaties on human rights.

Women and organizations in Latin America and the Caribbean committed to the cause will continue to take action in order to fully achieve:

1. The broad recognition of Sexual and Reproductive Rights
2. Access to legal and safe abortion services
3. Comprehensive education on human sexuality
4. Health and sexual rights of adolescents and youth
5. Adequate and sustainable financial commitments

CASE STUDIES

Apart from being a serious public health issue, gender violence is a notable attack on the human rights of women, girls and adolescents; the exposed cases demonstrate a situation of helplessness and social and institutionalized violence against women in the region and in the world.

Argentina, 2011

In the city of Posadas, two sisters aged 10 and 14, were raped by their uncle. Their mother filed a complaint to the authorities, but due to the inaction of state entities, the uncle decided to take revenge on one of the girls. He waits for her outside the school and rapes her again, leaving her pregnant. The mother requests an abortion with the girl's consent, but the doctors refuse to conduct the abortion regardless of the court order. The moment the occurrence is taken up by the media the child and family are re-victimized and persecuted. The girl gives birth by Caesarean section in January 2012. The case was not continued in court because the request was withdrawn.

Nicaragua, 2010

Amalia, a pregnant 27-year-old denied treatment for advanced cancer by the Nicaraguan state was forced to continue her pregnancy. In February 2010, the Inter-American Commission on Human Rights (IHR) was solicited to adopt precautionary measures to protect the life and physical and psychological wellbeing of Amelia. That same year, the precautionary measures were granted and the Nicaraguan state was obligated to provide chemotherapy treatment and did so without terminating the pregnancy. On July 23 2010, Amalia delivered a lifeless embryo with deformations that would have rendered it incompatible with life. Amalia died in December 2011 due to an advanced, metastatic cancer.

Mexico, 2001

Eight bodies were found in a cotton field with evidence of extreme sexual violence. Among the victims were 17 year-old Laura Ramos, 20-year-old Claudia González and 15 year-old Esmeralda Herrera. When their family members reported them missing local authorities did not search for them, assuming the girls were with their boyfriends. In November 2007 the IHRC filed a lawsuit against Mexico, which declares that the state incurred international responsibility based on the lack of protective measures for the victims, two of whom were minors, for the lack of prevention of these crimes, the lack of due diligence in the investigation, the denial of justice and the lack of adequate redress for their families. In November 2009, the IHRC condemned the Mexican government for violating human rights in the cases of femicide, which occurred in Ciudad Juarez, because the rights of access to justice and judicial protection enshrined in the American Convention on Human Rights had been violated.

Recommendations

- Analyzing the implications and challenges that arise in the ICPD Program of Action, beyond 2014, LACWHN recommends that states and their governments, as well as the women's movement, mainly focus on the following aspects to move forward with policies and programs that support sexual and reproductive rights in Latin America and the Caribbean:
- Legalize abortion so that it is safe and without risk, ensuring the humane care through the appropriate legislation with standards and/or protocols of care based on human rights.
- Reduce the Maternal Mortality in the region through specific prevention programs and attention to women during all stages of their reproductive lives, ensuring the provisioning of contraceptive methods, including emergency contraception.
- Impulse full coverage of periodic preventive screening tests for genito-mammary cancer at a public and private level for all post-menopausal women and women of childbearing age.
- Comply with legislation on STIs, HIV /AIDS, developing comprehensive prevention strategies and humane care, ensuring the availability of medicine and treatments, along with support to affected families.
- Adopt measures to prevent violence and ensure comprehensive attention to women, by providing a non-discriminatory legal framework that facilitates access to justice and reparations for victims and their families.
- Ensure a Comprehensive Sexuality Education from childhood, based on human rights, gender equity, and with cultural and generational relevance. Provide access to sexual health and contraceptive methods, recognizing the diversity of adolescents and youth.
- Allocate budget items broken down by priorities and specific programs aimed at the overall health of women and their rights.
- Increase the participation of women's organizations, thereby promoting favorable conditions for dialogue and coordination between state and civil society.

This regional brief was prepared by the Latin America and Caribbean Women's Health Network (LACHWN) for the Post 2015 Women's Coalition.