Table of Contents

- ***POLAND: Reject new curbs on abortion, sex ed***
- ***WORLD: Some governments are using coronavirus to restrict women's rights***
- ***WORLD: UNFPA study shows limits on women's reproductive decision-making worldwide - one quarter of women cannot refuse sex***
- ***ARGENTINA: Argentina president to introduce bill to legalise abortion***
- ***WORLD: Anti-abortion laws: a war against poor women***

IRELAND: Ireland to lay bare scandal of baby deaths at Church-run homes

Relatives have alleged the babies at mother and baby homes were mistreated because they were born to unmarried women.

Al Jazeera (12.01.2021) - https://bit.ly/3i783Zv - One of the Catholic Church's darkest chapters will be revisited on Tuesday when an Irish inquiry into death rates among newborns at church-run homes for unwed mothers hands down its final report.

Relatives have alleged the babies at the mother and baby homes were mistreated because they were born to unmarried women who, like their children, were seen as a stain on Ireland's image as a devout Catholic nation.

The 3,000-page report is due to be published by mid-afternoon following the five-year investigation by the Mother and Baby Homes Commission of Investigation.

It is expected to reveal that 9,000 children – one in seven – died in the 18 institutions investigated between 1922 and 1998, when the last one closed, according to a leaked version of the report obtained by the Sunday Independent, an Irish newspaper.

The institutions, which doubled as orphanages and adoption agencies, were established across Ireland throughout the 19th and 20th centuries.

While run by nuns, they received state funding and were also regulated by the state.

Deputy Prime Minister Leo Varadkar on Monday said the report into their history made for difficult reading.

"One of the things that hit me was the extent to which this was an enormous societal failure and an enormous societal shame that we have a stolen generation of children who did not get the upbringing they should have," he told national broadcaster RTE.

Irish Prime Minister Micheal Martin is expected to issue a formal state apology to the victims in the country's parliament on Wednesday.

Tuam 'chamber of horrors' prompts investigation

Tens of thousands of women, including rape victims, were sent to the homes to give birth.

Government records show that the mortality rate for children at the homes was often more than five times that of those born to married parents.

The commission into the institutions was formed in 2014 after evidence of an unmarked mass graveyard at an institution in Tuam, in the western county of Galway, was uncovered by amateur local historian Catherine Corless.

Corless found death certificates confirming that nearly 800 children had died at the site, but there were no burial records.

She said she had been haunted by childhood memories of skinny children from the home.

Excavations in 2017 revealed "significant quantities of human remains" in 20 underground chambers in a decommissioned sewage tank on the site's grounds, the commission said in an interim report.

Then-Prime Minister Enda Kenny described the burial site at Tuam as a "chamber of horrors".

The grim revelations have further tarnished the Catholic Church's reputation in Ireland, which has been shattered in recent years by a series of tragedies that includes abuse at workhouses, forced adoptions of babies born out of wedlock and priests who have sexually assaulted children.

During the first papal visit to the country in almost four decades in 2018, Pope Francis begged for forgiveness for the scandals.

COLOMBIA: COVID-19 sees more expectant Colombian mothers turn to traditional help

'We go to the most difficult parts, where the doctors cannot go.'

By Ana Luisa González

The New Humanitarian (07.01.2021) - https://bit.ly/2LtqjjW - In November, Juana del Carmen Martínez, an Afro-Colombian midwife self-taught in traditional medicine, waited outside the door of a zinc-roofed shack on the outskirts of Quibdó, the capital of Chocó, a region in western Colombia.

Inside waited Elina Chamorro, a young Indigenous woman about to deliver a baby girl.

Martínez had come to find out if Chamorro had gone into labour. She had brought a medicinal plant, celandine, to brew with cinnamon and sugar. If labour pains continue after the expectant mother drinks the tea, the birth is imminent.

The scene reflected ongoing maternal care not only in Chocó, but in communities throughout Colombia.

In rural areas, the COVID-19 pandemic has driven up maternal mortality as pregnant women have avoided health centres. Many women have instead resorted to Afro-Colombian midwives – who have inherited ancestral knowledge and skills – for care prior to their deliveries. But these health workers often lack official recognition of their work.

In her 38-year career as a traditional midwife, or partera, Martínez, who is 58, has helped deliver more than 780 babies. Since the start of the pandemic, she has helped with at least five home births and has delivered care to at least 10 pregnant women.

Chamorro, 27, belongs to the Emberá Dobida indigenous community – Dobida means "people of the river" – based mostly in the Chocó department. Her earlier children were born at the local hospital. But not this year.

"I prefer to deliver my baby at home," she told The New Humanitarian by phone. "At the hospitals, the service is very slow and the doctors are not taking the time to check up on me because they have several patients."

During the pandemic, midwives like Martínez have been essential in delivering maternal healthcare to Indigenous and Afro-Colombian communities, especially in rural areas, where access to hospitals and clinics is difficult.

Martínez travels throughout the Chocó department, one of the poorest parts of the country – and one in which illegal armed groups flourish. She is well-respected in her community and able to deliver assistance in areas that are too dangerous for others to enter.

"I wear my midwife's uniform, with my card and bag, so I can pass anywhere," she said. "We go to the most difficult parts, where the doctors cannot go."

Mothers more vulnerable

The work of Martínez and others like her has been critical to improving maternal health in Afro-Colombian and Indigenous communities in Chocó. Midwives here extend the reach of prenatal and birthing services beyond the small villages and towns – like Quibdó – to the more remote areas. They also often detect dangerous conditions during pregnancies and urge mothers to go to the hospital for prenatal checks.

As COVID-19 has overwhelmed healthcare services globally, pregnant women around the world face serious risks. In many countries, a rise in stillbirths has been recorded due to the closure of maternity units during surges in coronavirus cases.

And women who need critical sexual and reproductive health services are avoiding health centres because they feel they will be exposed to the virus. Others have lost access to healthcare due to lockdowns and restrictions on movement.

Such restrictions in Chocó have been enacted not by the government, but by illegal armed groups that have imposed strict lockdowns.

The weather also reduces movement. This region is one of the rainiest places in the world, where average annual precipitation totals 8,000 to 13,000 mm.

"When mothers are about to deliver their babies, some of them are assisted by midwives, while others go to doctors," said Martínez. "But sometimes we are stuck. The recent landslide in the Lloró municipality took everything away. It took the health centre, several houses, and people lost everything."

And it's not just in Colombia that conditions during the pandemic are impacting women's health.

The United Nations Population Fund, or UNFPA, found that, worldwide, "many hospitals and health centres are reporting declines in the number of women and girls receiving

critical sexual and reproductive healthcare, including antenatal services, safe delivery services and family planning."

And the Pan American Health Organization (PAHO) has reported a 40 percent decrease in pregnancy checks in 11 Latin American countries.

In addition, UNFPA experts in Colombia have warned local authorities about an increase of maternal deaths during COVID-19.

Preliminary data from Colombia's National Institute of Health (INS) documents the human cost: In 2019, 298 maternal deaths were recorded in Colombia. In 2020, the number was at least 350 – a 17.5 percent increase.

"These partial numbers are alarming because women are not going to [health] services, because they are not close enough to them to prevent these deaths," said UNFPA expert Ana María Vélez. "We have not organised a healthcare system outside hospitals or clinics."

Even before the pandemic began, maternal mortality in Colombia was high – although not as high as Venezuela, Peru, or Ecuador. According to the INS, the maternal mortality rate in 2019 was 46.7 deaths per 100,000 live births, with numbers even higher in rural communities. But Afro-Colombian women die at twice the national rate, and the mortality rate in Indigenous communities is five times higher than the average.

As part of the UN's Sustainable Development Goals, UNFPA hopes to achieve zero preventable maternal deaths by 2030. However, during this pandemic, Vélez reported that Colombia lost eight years, with rates of maternal mortality returning to levels not seen since 2012.

That, in the opinion of many, is where traditional midwives can help.

"The work of midwives is fundamental, but it is not only working with them, it is working with a healthcare system, and that implies several actions," Vélez said. "First, the community works with the midwives. And second, [it's necessary] to work on the different cultural worldviews within the institutions, because often the problem is discrimination."

Midwifery and health centres' response

In Colombia, midwifery was officially recognised as an International Intangible Culture Heritage in 2016. But unlike in Mexico, which has also seen a rise in midwife-assisted birth during the pandemic, these traditional health workers still receive no financial backing from the state. And many of them, including Martínez, say their work is not valued by the government. Furthermore, according to Vélez, newborns assisted by midwives are not counted by DANE, the national statistics department.

Nonetheless, Martínez said, midwives like her play a crucial role.

"First, we value the pregnant mother; we tell her to go to the doctor so that the doctor can do the relevant exams, and she can go to about five or six check-ups," she said. "Then I can help them without problems."

But during this pandemic, requests for assistance have exceeded the capacities of the midwives. Local organisations are trying to respond to such shortfalls. Asoredipar Chocó, an association of more than 800 midwives in Chocó, focuses on training and supporting their work.

Manuela Mosquera, a former volunteer nurse at the Colombian Red Cross and the leader of Asoredipar Chocó, said there had been an increase of 20 percent in home births assisted by midwives within the association since the start of the pandemic.

While the services of these traditional midwives are on the rise, Mosquera views COVID-19 as an opportunity for health centres to better acknowledge their work.

"The pandemic should imply a recognition of midwifery by local health institutions, since they have identified that pregnant women are not attending their health centres," she said.

UNFPA is currently working on developing a phone app with Asoredipar Chocó to register home births, newborns, or maternal or neonatal deaths by mobile phone. The project aims to integrate Chocó's traditional midwives with health services and with DANE. This will help midwives establish a "live birth certificate" of newborns that is sent directly to DANE to better integrate the records of newborns assisted by parteras. This way, home births may be recognised.

"This innovation can help ensure that women do not experience discrimination in services, that midwives who help can register births, and that those births count," said Vélez.

The integration of midwives within the formal health system, with an ethnic and intercultural approach, could, it is hoped, increase communities' access to health services and reduce preventable maternal deaths.

Recently, PAHO analysed the impact of COVID-19 on Indigenous and Afro-descendants in the countries of the Americas, working with local leaders to rethink the health system. They discussed not only reducing the inequity in access but also how to place greater value on ancestral knowledge – including that of parteras and healers.

The need for regional investment

Even though the countries of Latin America and the Caribbean, except for Haiti, are not among those with the highest rates of maternal mortality globally, PAHO has reported an increase due to COVID-19 in the region, with the highest rises in Mexico, Brazil, and Colombia.

PAHO encouraged countries in the Americas to step up their efforts to ensure access to prenatal care services for pregnant women, while UNFPA urged more funding to meet rising needs due to the pandemic, secure maternal healthcare, and promote reproductive health.

According to a recent study, government funding can contribute significantly to the reduction of infant mortality in Latin America. But the amount of money invested is different in each Latin American country. In Colombia, for example, the entire national health development budget (which includes maternal health) was only $70 million in 2020.

That is why the work of Martínez, and people like her, is crucial.

A week after she visited with the herbal tea, Chamorro went into labour. Martínez took a motorcycle to Chamorro's home early in the morning to help her with the delivery.

"The labour wasn't difficult, but it was longer and painful because her last baby was eight years ago," Martínez said.

Still, after eight hours of labour, and with Martinez's help, Chamorro gave birth to a healthy, five-pound baby girl. Her name is Helean Sofía Serna.

LATIN AMERICA: Women's movement sweeps Latin America to loosen abortion restrictions

By Daina Beth Solomon & Cassandra Garrison

Reuters (01.12.2020) - https://reut.rs/3orDvUe - Several weeks pregnant and about to start a job away from home, Lupita Ruiz had no doubts about wanting to end her pregnancy, despite knowing she could face jail time for having an abortion under a law in her state of Chiapas in southern Mexico.

She asked friends for help until she found a doctor two hours from her town who agreed to do it in secret.

Five years later, lawmakers in Chiapas are set to consider an initiative to halt prosecutions of women who terminate their pregnancies, part of a movement sweeping Latin America to loosen some of the world's most restrictive abortion laws.

Several out of more than 20 Latin American nations ban abortion outright, including El Salvador, which has sentenced some women to up to 40 years in prison. Most countries, including Brazil, the region's most populous, allow abortion only in specific circumstances, such as rape or health risk to the mother.

Just Uruguay and Cuba allow elective abortions.

In Mexico, a patchwork of state restrictions apply, but the debate is shifting, Ruiz said.

"When someone talked about abortion, they were shushed," said the 27-year-old activist, who helped draft the Chiapas initiative. "Now I can sit down to eat a tamale and have a coffee and talk with my mom and my grandma about abortion, without anyone telling me to be quiet."

Change is palpable across the predominantly Roman Catholic region. A new Argentine president proposed legalization last month, Chilean activists are aiming to write broader reproductive rights into a new constitution, and female lawmakers in Mexico are resisting abortion bans.

The push can be traced to Argentina's pro-abortion protests in 2018 by as many as one million women to back a legalization bill that only narrowly failed to pass - in Pope Francis's home country.

Catalina Martinez, director for Latin America and the Caribbean at the Center for Reproductive Rights, a legal advocacy organization, said Argentina's example inspired protests across Latin America.

"It was an awakening," she said.

Outrage at worsening gender violence in Latin America, where the number of femicides has doubled in five years, has also spread awareness of the abortion rights movement

and fueled demands for recognition of women's rights in a conservative, male-dominated society.

"Women are finally understanding that they are not separate issues," said Catalina Calderon, director for campaigns and advocacy programs at the Women's Equality Center. "It's the fact that you agree that we women are in control of our bodies, our decisions, our lives."

The rise of social media has afforded women opportunities to bypass establishment-controlled media and bring attention to their stories, Calderon said.

"Now they're out there for the public to discuss and for the women to react, and say: 'This does not work. We need to do something'," Calderon said.

As in the United States, where conservatives have made gains in restricting a woman's right to an abortion, there is pushback in Latin America against the calls for greater liberalization.

Brazil, under far-right President Jair Bolsonaro, is making it even harder for women to abort.

The Argentine Episcopal Conference has said it does not want to debate abortion during the coronavirus crisis, and alluded to comments by the Pope urging respect for those who are "not yet useful," including fetuses.

Yet trust in the Catholic Church, which believes life begins at conception, is fading, with many Latin Americans questioning its moral legitimacy because of sexual abuse by priests.

Spreading 'green wave'

Argentina could be first up for sweeping change, with a bill submitted to Congress by center-left President Alberto Fernandez seeking to legalize elective abortions.

Approval for legalization has risen eight percentage points since 2014, according to an August Ipsos poll, with support split nearly evenly between those who favor elective abortion and those who are for it only in certain circumstances.

"The dilemma we must overcome is whether abortions are performed clandestinely or in the Argentine health system," Fernandez said.

According to the Guttmacher Institute, a U.S.-based reproductive health research organization, an estimated 29% of pregnancies in Latin America and the Caribbean from 2015 to 2019 ended in abortion, encompassing 5.4 million women. The abortions are often clandestine, so figures are hard to determine.

The mass demonstrations in Argentina two years ago, known as the "green wave" protests, have reverberated.

Since mid-2018, lawmakers in Mexico have filed more than 40 proposals to end punishment for abortion, according to Mexican reproductive rights group GIRE.

In Chiapas, the de-criminalization effort is the first of its kind since a brief period in the 1990s when abortion was legalized during the left-wing Zapatista rebellion.

Although Chiapas does not on paper punish abortion with prison, it can jail women for the "killing" of their infants.

With Mexico's first leftist government in a century in power, national lawmakers are considering two initiatives to open up restrictions and strip away criminal punishments from places like Sonora state, where abortion can be punished by up to six years in prison.

Only two federal entities, Mexico City and Oaxaca, allow elective abortions.

Wendy Briceno, a Sonoran lawmaker who has backed a nationwide legalization bill, said the initiatives have a good chance to pass if the debate centers on women's health, especially given rising outrage over femicides.

In Chile, activists are celebrating a vote in October to write a new constitution as a chance to expand a 2017 law that permitted abortion to save a mother's life, in cases of rape, or if the fetus is not viable.

Colombia, where the constitutional court has agreed to consider a petition to remove abortion from the penal code, could set an example, said Anita Pena, director of Chilean reproductive rights group Corporacion Miles.

Activists agree there is still a long way to go, with restrictive laws entrenched in many countries.

To Briceno, Brazil's shift to the right under Bolsonaro, who has vowed to veto any pro-abortion bills, was a reminder to push even harder for abortion rights.

"No fight is ever finished," she said.

SOUTH KOREA: Single women in South Korea have rights to a family too

TV star's parenthood choice highlights barriers to reproductive rights.

By Susanné Bergsten

HRW (23.11.2020) - https://bit.ly/2HArjAW - Recent news of a celebrity in South Korea giving birth after in vitro fertilization (IVF) treatment in Japan sparked debate in a country where single parents, especially unwed mothers, are often ostracized. Sayuri Fujita, a Japanese-born television star, seemed aware of this as she posted a joyful photo of herself and her newborn on social media, writing, "Becoming a single mother was not an easy decision, but it is also not a shameful decision. I want to thank my son for making me a proud mother."

Giving birth outside of marriage is often stigmatized due to the country's Confucian culture and patriarchal family structures in which women are seen as less valued.

An estimated 20,761 single-parent households are headed by unmarried mothers in South Korea. The actual number may be significantly higher, as stigma leads some to conceal their unmarried status. Lack of social acceptance for unwed mothers and their children means they are more likely to be living in poverty and be socially isolated.

Although South Korea's birth rate is among the lowest in the world, and the government is concerned about the country's aging population, artificial insemination and IVF treatments are not an option for unmarried women. Sperm banks set their own criteria for accepting patients and will not provide services to unmarried women.

But public attitudes towards single parenthood are changing; a recent survey found 31 percent of South Koreans accept having children without getting married.

South Korean women and girls have long faced violations of their reproductive rights as the government pursued policies seeking at different times to reduce and then increase the birth rate. Stigma against unmarried mothers—and severe restrictions on abortion--helped drive high rates of international adoption from South Korea. Women have long fought for access to abortion, and the country's Constitutional Court recently ordered the government to reverse its abortion ban.

It is high time for South Korea to fully respect reproductive rights. The government should eliminate barriers to accessing abortion and make assisted reproductive services available for everyone, no matter their marital status, sexual orientation, or family configuration. It should also act to eradicate all forms of discrimination and stigma against single parents, particularly unwed mothers. Everyone has a right to decide for themselves if they want a family or not.

POLAND: Poland delays abortion ban as nationwide protests continue

Anti-government rallies continue over court's ruling to restrict access to terminations.

By Shaun Walker

The Guardian (03.11.2020) - https://bit.ly/36vbMdW - Poland's rightwing government has delayed implementation of a controversial court ruling that would outlaw almost all abortion after it prompted the largest protests since the fall of communism.

"There is a discussion going on, and it would be good to take some time for dialogue and for finding a new position in this situation, which is difficult and stirs high emotions," Michał Dworczyk, the head of the prime minister's office, told Polish media on Tuesday.

The decision by the country's constitutional tribunal promised to further tighten Poland's abortion laws, which were already some of the strictest in Europe. The tribunal ruled that terminations should be illegal even in cases where a foetus is diagnosed with a serious and irreversible birth defect. This kind of abortion accounts for almost all of the small number of abortions performed legally in the country.

The decision has still not been published, despite a Monday deadline, and as such has not entered into force. "It's clearly a political decision," said Anna Wójcik, a researcher at the law studies institute at the Polish Academy of Sciences. "Judgments are meant to be published with no delay. It's a legal trick to withhold publishing."

The tribunal's decision, which was in response to a challenge from a group of rightwing MPs, has focused anger on the Law and Justice (PiS) party. PiS has ruled Poland since 2015 and has been accused of eroding democratic norms during its time in power, including by packing the constitutional tribunal with its supporters.

The abortion ruling has caused anger beyond the usual groups of PiS opponents, and the scale of the protests appears to have taken the government by surprise. The more extreme wing of the party supports the constitutional ruling, but surveys show that much of the party's voter base does not support tighter abortion restrictions, so the PiS hierarchy finds itself in a difficult spot.

The prime minister, Mateusz Morawiecki, has called for talks with protesters and opposition MPs, while the PiS-aligned president, Andrzej Duda, suggested a new proposal that would allow abortion in cases of life-threatening birth defects but not for conditions such as Down's syndrome.

Duda's proposal is likely to be criticised from both sides – as too weak by the extreme right of the ruling coalition, and as not going far enough by those leading the street protests.

The protesters have ignored a ban on gatherings of more than five people, intended to slow the spread of coronavirus, and have come out in force. More than 100,000 people gathered in the streets of Warsaw on Friday evening for the largest gathering so far. They shouted pro-choice and anti-PiS slogans.

There has also been violence in which far-right groups have attacked protesters, and government figures appeared to stoke the tensions. The PiS leader and deputy prime minister, Jarosław Kaczyński, told people they should "defend churches" from the protesters after some were defaced. Senior figures in the country's powerful Catholic church have spoken out in favour of the constitutional ruling.

QATAR: Women reportedly subjected to forced gynecological exams in Qatar

Policies criminalize and punish pregnant women outside of wedlock.

By Rothna Begum

HRW (27.10.2020) - https://bit.ly/3egMN1H - On October 2, Qatari authorities removed 13 women from an Australia-bound Qatar Airways flight and subjected them to forced gynecological examinations after a premature baby was found abandoned in a toilet at Doha's Hamad International Airport according to an Australian news report this week.

Airport officials said the infant is "safe" and being cared for in Qatar. The media reported that airport officials said they took action after "medical professionals expressed concern" about the health of the mother and "requested she be located." But such actions would demonstrate the opposite of respect for women's health and dignity.

The media reports say these women were given no information and did not have an opportunity to provide informed consent. Forced gynecological examinations can amount to sexual assault. Media also reported that authorities removed and examined additional women from the airport and other flights.

The Australian Minister of Foreign Affairs said she is expecting a report from Qatari authorities sometime this week.

The reported invasion of these women's privacy is rightfully making headlines. But the circumstances that might have led a woman to leave the baby in the airport bathroom should be too.

In Qatar and across the Gulf region, sexual relations outside of wedlock are criminalized, meaning a pregnant woman who is not married, even if the pregnancy is the result of rape, may end up facing arrest and prosecution. Hospitals are required to report women pregnant outside of wedlock to the authorities. Abortion is also criminalized with limited exceptions including that women must have their husband's consent. Low-paid migrant women, like the more than 100,000 migrant domestic workers, in Qatar are disproportionately impacted by such policies.

The alleged actions of the Qatari authorities on October 2 would have failed many women – the unknown woman apparently forced to give birth in an airport toilet, unable to ask for assistance with her labor or on what to do with the baby, and the multiple women reportedly pulled off the plane for examinations.

Qatar should prohibit forced gynecological exams and investigate and bring to account any individuals who authorized any demeaning treatment. It should also decriminalize sex outside of wedlock. Authorities should ensure that pregnant people, regardless of their marital status, have access to quality sexual and reproductive health care and choices, including access to contraception, abortion, prenatal care, obstetric care, and adoption services without fearing arrest or prison.

POLAND: Polish court outlaws almost all abortions

Protests will be difficult to organize due to the worsening coronavirus outbreak.

By Wojciech Kość

POLITICO (22.10.2020) - https://politi.co/3dXUedS - A top Polish court on Thursday tightened one of the EU's toughest abortion regulations by ruling that abortions undertaken because of fetal defects are unconstitutional.

The ruling means that Polish women may have abortions only in cases of rape or incest, or if the life of the woman is endangered.

The abortion issue has been a minefield for the ruling nationalist Law and Justice (PiS) party. It's under pressure from far-right and ultra-Catholic groups to crack down even harder, but that risks outraging Polish women. A legislative effort to restrict abortions in 2016 sent hundreds of thousands of women onto the streets and prompted a quick retreat on the part of the government.

By turning to the Constitutional Tribunal, the PiS avoids setting off a legislative fight, but the opposition, women's groups and many European organizations denounced the decision.

Street protests will be difficult to organize, however, thanks to Poland's worsening coronavirus outbreak. The whole country is set to be declared a "red zone" on Friday.

"Removing the basis for almost all legal abortions in Poland amounts to a ban & violates human rights. Today's ruling of the Constitutional [Tribunal] means underground/abroad abortions for those who can afford & even greater ordeal for all others. A sad day for

Women's Rights," tweeted Dunja Mijatović , the Council of Europe's commissioner for human rights.

Poland only has about 1,100 legal abortions a year, mostly carried out under the fetal abnormality clause, according the Federation for Women and Family Planning, known as Federa, a women's rights NGO.

"I was really hoping this wouldn't happen. Women's rights to live healthy lives have just been swept aside," said Krystyna Kacpura, head of Federa.

"It doesn't mean there won't be abortions now," she added. "It means that poorer women will have abortions risking their lives and health and the better-off will pay for terminations abroad in the Czech Republic, Slovakia, Germany, or the Netherlands. Abortion clinics there must be overjoyed today."

She estimated that the true number of abortions by Polish women is between 100,000 to 150,000 a year.

The tribunal ruled on a motion, filed last year by over 100 conservative lawmakers, asking the court to find that abortion on the grounds of fetal abnormality is anti-constitutional because it violates a child's right to be free of discrimination for health reasons.

"We are asking for the right to life of everyone, no matter their sex," Bartłomiej Wróblewski, a PiS MP, told the tribunal on Thursday. "We don't think that it's correct to say that this is being done against women. This is being in part in the name of women."

Poland's conservatives rejoiced at the ruling.

Jerzy Kwaśniewski of the Catholic organization Ordo Iuris, which has campaigned intensely for the ban, called the decision "a great day."

The ruling also risks worsening already fraught relations with Brussels, as the legality of the tribunal's makeup remains disputed.

The court is supposed to rule on the constitutionality of laws passed by parliament. However, some of the justices were appointed by President Andrzej Duda in violation of the Polish constitution.

The tribunal's head, Julia Przyłębska, is a personal friend of PiS leader Jarosław Kaczyński. Only two of the court's 13 judges opposed the verdict.

The status of the court has been one in a large number of points of friction between the Polish government and the European institutions.

ITALY: Burial of aborted fetuses causes outrage in Italy

Women take legal action over fetus graves marked with mothers' names in so-called Fields of Angels.

By Hannah Roberts

POLITICO (15.10.2020) - https://politi.co/2HitsR9 - At the Prima Porta cemetery, hundreds of white wooden crosses mark the burial plots of aborted fetuses. On each cross is written the name of the woman who terminated the pregnancy.

Until recently, the existence of the cemetery was unknown to many of the women, who say they consented neither to a burial nor to being named. Now that they do know, more than 100 have come together to pursue legal action demanding those responsible be identified.

In Italy, where women still struggle to access abortion four decades after legislation permitting the procedure was passed, the discovery of the burial site has resulted in an outcry. It has also focused attention on dozens of similar sites across Italy — known as "Fields of Angels" and created with the involvement of anti-abortion, ultra-conservative associations.

For opponents, such burial grounds stigmatize abortion and undermine the legitimate choices of women at a time when conservative groups globally are attempting to push back reproductive rights won decades ago.

The Prima Porta site stands out because it names the women.

Its existence came to light earlier this month after Marta Loi made inquiries about what happened to her fetus. Writing on Facebook, she described the "anger and anguish" at discovering a burial plot with her name on it, and that "without my consent, others have buried my child with a cross, a Christian symbol, which does not belong to me."

Silvana Agatone, president and founder of LAIGA, the Italian association for doctors who carry out abortions, told POLITICO that the burials were "the most serious violation of privacy. Many women do not tell relatives or friends about the procedure."

"It is a way of punishing the women by creating a sense of guilt," she said. "To have a tomb with your name on implies that you are as good as dead."

Monica Cirinnà, a senator in the Italian parliament, told POLITICO: "Every woman who terminates a pregnancy has the right to choose if and how to bury the fetus and according to which ritual. These are deeply personal decisions that cannot be brought into question."

The issue is a reminder of the global pushback against women's rights, Cirinnà said. "Even today, women's bodies are battlefields. Attacks on women's freedom, regarding the choice to become or not to become mothers, are now coming from everywhere, continuously undermined by small, silent but insidious procedures like this one."

Medical objections

Although abortion has been legal in Italy since 1978, it has been fiercely opposed from the start by an alliance of religious and political conservatives. There are similar situations in many other countries, but campaigners say the extent to which the Catholic Church remains embedded in Italian institutions means it has been particularly effective in frustrating the implementation of abortion rights.

The majority of doctors qualified to carry out an abortion refuse to do so on ethical grounds — that's an average of 69 percent across the country, rising to 80 percent in the south, according to the health ministry. That means access is limited and delays common.

Junior doctors often fear their career will be damaged if they don't join the ranks of objectors, and department heads refuse to hire non-objectors, said Agatone.

The rise among Italian doctors of conscientious objectors does not constitute a problem, according to the health ministry, because the number of abortions is falling while the number of objectors remains stable.

Elisa Ercoli, president of Differenza Donna, an advocacy group representing 130 of the Prima Porta women, said the Fields of Angels "are emblematic of the obstacles to women exercising their right to an abortion in Italy."

"The level of objectors is so high that the health care guaranteed by law is not accessible," she said.

Most of the women, Ercoli added, had degrading experiences in hospital, with some medical staff refusing to help them even though they were in pain: "These women feel betrayed by the state. There was a total violation of their legal rights and privacy."

According to a 1990 law, women can request the aborted fetus and bury it within 24 hours. But if they don't, the local health service is responsible for arranging transport and burial. Over the past two decades, Catholic associations have increasingly stepped in, relieving the local health authority of the cost and trouble of burying aborted fetuses.

The most prominent group doing this, Difendere la vita con Maria, has 3,000 members and says it has carried out over 200,000 burials. It solicits donations for funding on its website, which says: "For only €20 you can bear the cost of burying an unborn child."

Spokesman Stefano di Battista said the group does not work in Rome at present. But in the cities that it does work, it collects the fetuses, usually once a month, from the hospitals with which it has agreements, before burying them after a short ceremony. The group never identifies the women, he said, adding: "Anonymity is a guiding principle for us. We do not do this practice to battle against abortion rights. We are not interested in crusades. We believe it is at the basis of civilization to bury with dignity and piety the children that never came into the world."

Church ties to the right

Catholic associations might be responsible for the Fields of Angels, but they wouldn't have been able to proceed without political sympathizers at regional and national levels.

In 2007 in Lombardy, a center-right/conservative administration introduced new regulations stipulating that all fetuses had to be buried in specific areas within cemeteries. Le Marche and Campania have approved similar laws.

Last year, an attempt to introduce similar legislation by the hard-right Brothers of Italy party in Lazio was defeated. The liberal Italian Radicals party condemned it as "psychological violence against women."

"It is in [the political right's] nature to try to bring back a patriarchal culture, before women's liberation," said Ercoli. "But it is not just about political parties, it is a larger cultural discussion. Since 1978 women have been fighting to try to win the actual implementation of the rules."

It is not clear who bears responsibility for the naming of the women at the Prima Porta cemetery. The section where the fetuses are buried contains only those aborted after the 20th week of gestation, when the procedure is permitted only on health grounds, according to Agatone.

The hospital involved, San Camillo, said responsibility for transport management and burial lies with Ama, a company that manages cemeteries on behalf of the city of Rome. Ama said in a statement that it had no contact with patients and followed the rules of the health system.

Italy's privacy watchdog has opened an investigation into the burials, and Health Minister Roberto Speranza has been called to speak about the case in parliament.

Politicians on the left are pushing for a change in the law. A group of leftist councilors in the Lazio region proposed a new regional law on transport and burial of fetuses, with clear consent required from the woman. The current law is too ambiguous, said Councilor Marta Bonafoni: "It must not leave any space for doubt or uncertainty."

But for some, the cemetery case has merely highlighted the need for more general reform. The obstacles to abortion have been tolerated because it is a woman's problem, said Ercoli. "After 40 years the struggle is not over. We must be alert and we must be united."

USA: Mexico says two women may have had non-consensual surgery in U.S. detention center

Reuters (13.10.2020) - https://bit.ly/374HT64 - Mexico's Foreign Ministry said it has identified two Mexican migrant women who may have had surgery performed on them without their consent while detained at a U.S. immigration center in the state of Georgia.

While being held at the Irwin center in Georgia, one Mexican woman was reportedly subject to gynecological surgery without her approval and without receiving post-operative care, the ministry said in a weekend statement.

The ministry said its findings were based on actions taken by consular staff and interviews Mexican officials conducted at the center.

Officials were also verifying the case of a second woman who may have been subject to surgical intervention "without her full consent," without receiving an explanation in Spanish of the procedure, or her medical diagnosis, it added.

It did not name the women. The ministry last month said it had identified a woman possibly subjected to surgery in the center, but did not specify whether she had given her consent.

The U.S. Immigration and Customs Enforcement (ICE) agency did not respond to a request for comment.

The ministry also said it is in touch with a lawyer about a possible class action lawsuit by Mexican women who have been detained at the facility.

In September, a complaint by a whistleblower nurse alleged medical abuse within the Georgia detention center, including unauthorized hysterectomies, a surgery to remove the uterus.

Reuters could not independently confirm those claims. In its statement, the Mexican foreign ministry said the first woman it referred to was not subject to a hysterectomy. It gave no further details on the second.

ICE Health Service Corps said in September that since 2018 only two people at the center were referred for hysterectomies, based on approved recommendations by specialists.

The contractor that runs the facility has said it strongly refutes the allegations and any implications of misconduct.

CHINA: Xinjiang government confirms huge birth rate drop but denies forced sterilization of women

By Ivan Watson, Rebecca Wright and Ben Westcott

CNN (21.09.2020) - https://cnn.it/3hPVa4h - Chinese officials have officially acknowledged birth rates in Xinjiang dropped by almost a third in 2018, compared to the previous year, in a letter to CNN in which they also denied reports of forced sterilization and genocide by authorities in the far western region.

The Xinjiang government sent CNN the six-page fax in response to questions for an article published in July that documented a campaign of abuse and control by Beijing targeting women from the Uyghur minority, a Muslim ethnic group numbering more than 10 million people. The fax didn't arrive until September 1, a month after the story was published.

These aren't the first accusations of widespread human rights abuses by the Chinese government in Xinjiang. Up to 2 million Uyghurs and other Muslim minorities are believed to have been placed in mass detention centers in the region, according to the US State Department, where they have allegedly been subject to indoctrination and abuse.

Beijing claims that these centers are voluntary and provide vocational training as part of a de-radicalization program in Xinjiang, which saw a spate of violent attacks in recent years.

But CNN's reporting found that some Uyghur women were being forced to use birth control and undergo sterilization as part of a deliberate attempt to push down birth rates among minorities in Xinjiang.

The article was based on a report by Adrian Zenz, a senior fellow at the Victims of Communism Memorial Foundation known for his research on Xinjiang, who quoted official Chinese documents showing a surge in the number of sterilizations performed in the region -- from fewer than 50 per 100,000 people in 2016 to almost 250 per 100,000 people in 2018.

Zenz said that these actions fell under the United Nations definition of "genocide" specifically "imposing measures intended to prevent births within the group."

In its response, the Xinjiang government strongly denied the claims of genocide, arguing instead that the Uyghur population has been "growing continuously" during the past decade and that Zenz's report was not "in line with the real situation in Xinjiang."

According to the government, the population of Xinjiang rose by more than 3 million people, or almost 14%, between 2010 and 2018, with the Uyghur population growing faster than the region's average rate.

"The rights and interests of Uyghur and other ethnic minorities have been fully protected," the response said. "The so-called 'genocide' is pure nonsense."

Birth rate plunges

But the government didn't dispute the rise in sterilizations or the gap in the ratio of new intrauterine devices (IUDs) between Xinjiang and the rest of mainland China. While IUD implants have plunged in China overall, falling to just 21 per 100,000 people in 2018, in Xinjiang they are becoming increasingly common.

According to local government statistics, there were almost 1,000 new IUD implants per 100,000 people in Xinjiang in 2018, or 80% of China's total for that year.

The Xinjiang government said in its response that the birth rate in the region had dropped from 15.88 per 1,000 people in 2017 to 10.69 per 1,000 people in 2018. The fax said that the drop was due to "the comprehensive implementation of the family planning policy."

Up until 2015, the Chinese government enforced a "one-child" family planning policy countrywide, which allowed most urban couples no more than one baby. Ethnic minorities, such as the Uyghur people, were typically allowed to have up to three but Xinjiang expert Zenz said that families from these groups often had many more children. When China officially began the two-child policy in January 2016, Uyghur citizens living in cities were limited to two children for the first time as well -- their rural counterparts could still have up to three.

The Xinjiang government attributed the sudden drop in population to Beijing's family planning policies finally being properly implemented in the region after 2017.

"In 2018, the number of newborns decreased by approximately 120,000 compared with 2017, of which about 80,000 were because of better implementation of family planning policy in accordance with law, according to estimates by the health and statistics department," the response to CNN said. The government insisted that those who complied with the family planning policies did so voluntarily.

The government attributed the remaining 40,000 fewer babies to increased education and economic development, resulting in fewer children in the region. The Xinjiang government did not include the 2019 birth figures for the region.

"As a part of China, Xinjiang implements family planning policies in accordance with national laws and regulations, and has never formulated and implemented family planning policies for a single ethnic minority," the response said.

But Zenz pointed out that changes to the natural birth rate should take place over several years or even a decade, not in the space of 12 to 36 months.

In reference to the government's claims that compliance with the family planning policies were voluntary, Zenz questioned how likely it was that "17 times more women spontaneously wanted to be sterilized."

"Han Chinese academics from Xinjiang have themselves written that the Uyghurs resist any type of contraceptive (and especially sterilization)," he said in a statement to CNN.

In their fax, the Xinjiang government also attacked Zenz personally, saying that he was "deliberately fabricating lies" and accused him of being a religious fanatic who believed he was "led by God" to oppose China.

Zenz dismissed the Chinese government's allegations, saying they were "resorting to personal attacks" because they couldn't disprove his research. "Far more egregious than these personal attacks on me are Beijing's smears against the Uyghur witnesses," he said in a statement.

Attacks on women

The Xinjiang government also zeroed in on claims made by two female Uyghurs quoted in CNN's article -- Zumrat Dawut and Gulbakhar Jalilova.

Dawut said she had been forced into sterilization by the local government in Xinjiang when she went to a government office to pay a fine for having one too many children. Dawut also said she had been in a detention center in Xinjiang for about three months from March 2018.

In their response, the government said that Dawut had never been inside a voluntary "education and training center," the name used by the Chinese government for the alleged detention centers, and that she had signed a form agreeing to the procedure known as tubal ligation.

In CNN's article, Jalilova, who is a citizen of Kazakhstan and an ethnic Uyghur, said she was held in a detention center for 15 months after being arrested suddenly and without explanation during a business trip to Xinjiang in May 2017.

Jalilova claimed she suffered humiliation and torture while inside the camps and said she was raped by one of the guards.

The Xinjiang government confirmed Jalilova's claims that she had been detained for 15 months from May 2017, alleging she was arrested "on suspicion of aiding terrorist activities." In August 2018 she was released on bail, after which she returned to Kazakhstan.

In their statement, the government denied that Jalilova had been raped or tortured, saying that all of her "rights were fully guaranteed" and the staff who were in her cell could prove it.

When asked to respond to the Chinese government's statement, Jalilova stood by her claims and demanded the Xinjiang authorities provide their proof. "Why don't they show a video? Why don't they show a photo during my time in prison showing that I was well fed and not beaten. The cameras were working 24 hours," she said.

"I am a citizen of Kazakhstan, what right did they have to detain me for a year and a half?"

USA: More migrant women say they did not consent to surgeries at Ice center

AP review finds no evidence of mass hysterectomies but files show growing allegations of operations women did not fully understand.

By Nomaan Merchant

The Guardian (18.09.2020) - https://bit.ly/3clezJ8 - Sitting across from her lawyer at an immigration detention center in rural Georgia, Mileidy Cardentey Fernandez unbuttoned her jail jumpsuit to show the scars on her abdomen. There were three small, circular marks.

The 39-year-old woman from Cuba was told only that she would undergo an operation to treat her ovarian cysts, but a month later, she's still not sure what procedure she got. After Cardentey repeatedly requested her medical records to find out, Irwin county detention center gave her more than 100 pages showing a diagnosis of cysts but nothing from the day of the surgery.

"The only thing they told me was: 'You're going to go to sleep and when you wake up, we will have finished,"' Cardentey said this week in a phone interview.

Cardentey kept her hospital bracelet. It has the date, 14 August, and part of the doctor's name, Dr Mahendra Amin, a gynecologist linked this week to allegations of unwanted hysterectomies and other procedures done on detained immigrant women that jeopardize their ability to have children.

An Associated Press review of medical records for four women and interviews with lawyers revealed growing allegations that Amin performed surgeries and other procedures on detained immigrants that they never sought or didn't fully understand.

Although some procedures could be justified based on problems documented in the records, the women's lack of consent or knowledge raises severe legal and ethical issues, lawyers and medical experts said.

Amin has performed surgery or other gynecological treatment on at least eight women detained at Irwin county detention center since 2017, including one hysterectomy, said Andrew Free, an immigration and civil rights lawyer working with attorneys to investigate medical treatment at the detention center. Doctors on behalf of the attorneys are examining new records and more women are coming forward to report their treatment by Amin, Free said.

"The indication is there's a systemic lack of truly informed and legally valid consent to perform procedures that could ultimately result – intentionally or unintentionally – in sterilization," he said.

The AP's review did not find evidence of mass hysterectomies as alleged in a widely shared complaint filed by a nurse at the detention center. Dawn Wooten alleged that many detained women were taken to an unnamed gynecologist whom she labeled the "uterus collector" because of how many hysterectomies he performed.

The complaint sparked a furious reaction from congressional Democrats and an investigation by the Department of Homeland Security's inspector general. It also evoked comparisons to previous government-sanctioned efforts in the US to sterilize people to supposedly improve society – victims who were disproportionately poor, mentally disabled, American Indian, Black or other people of color. Thirty-three states had forced sterilization programs in the 20th century.

But a lawyer who helped file the complaint said she never spoke to any women who had hysterectomies. Priyanka Bhatt, staff attorney at the advocacy group Project South, told the Washington Post that she included the hysterectomy allegations because she wanted to trigger an investigation to determine if they were true. Wooten did not answer questions at a press conference Tuesday, and Project South did not respond to interview requests Thursday on behalf of Bhatt or Wooten.

Amin told the Intercept, which first reported Wooten's complaint, that he has only performed one or two hysterectomies in the past three years. His attorney, Scott Grubman, said in a statement: "We look forward to all of the facts coming out, and are confident that once they do, Dr Amin will be cleared of any wrongdoing."

Grubman did not respond to new questions Thursday.

Since 2018, US Immigration and Customs Enforcement says it found records of two referrals for hysterectomies at the jail, which is in Ocilla, Georgia, about 150 miles (240km) from Atlanta.

"Detainees are afforded informed consent, and a medical procedure like a hysterectomy would never be performed against a detainee's will," Dr Ada Rivera, medical director of the ICE Health Service Corps that oversees healthcare in detention, said in a statement.

LaSalle Corrections, which operates the jail, said it "strongly refutes these allegations and any implications of misconduct".

Women housed at Irwin County detention center who needed a gynecologist were typically taken to Amin, according to medical records provided to the AP by Free and lawyer Alexis Ruiz, who represents Cardentey. Interviews with detainees and their lawyers suggest some women came to fear the doctor.

Records reviewed by the AP show one woman was given a psychiatric evaluation the same day she refused to undergo a surgical procedure known as dilation and curettage. Commonly known as a D&C, it removes tissue from the uterus and can be used as a treatment for excessive bleeding. A note written on letterhead from Amin's office said the woman was concerned.

According to a written summary of her psychiatric evaluation, the woman said: "I am nervous about my upcoming procedure."

The summary says she denied needing mental health care and added: "I am worried because I saw someone else after they had surgery and what I saw scared me."

The AP also reviewed records for a woman who was given a hysterectomy. She reported irregular bleeding and was taken to see Amin for a D&C. A lab study of the tissue found signs of early cancer, called carcinoma. Amin's notes indicate the woman agreed 11 days later to the hysterectomy.

Free, who spoke to the woman, said she felt pressured by Amin and "didn't have the opportunity to say no" or speak to her family before the procedure.

Doctors told the AP that a hysterectomy could have been appropriate due to the carcinoma, though there may have been less intrusive options available.

Lawyers for both women asked that their names be withheld for fear of retaliation by immigration authorities.

In another case, Pauline Binam, a 30-year-old woman who was brought to the US from Cameroon when she was two, saw Amin after experiencing an irregular menstrual cycle and was told to have a D&C, said her attorney, Van Huynh.

When she woke up from the surgery, Huynh said, she was told Amin had removed one of her two fallopian tubes, which connect the uterus to the ovaries and are necessary to

conceive a child. Binam's medical records indicate that the doctor discovered the tube was swollen.

"She was shocked and sort of confronted him on that – that she hadn't given her consent for him to proceed with that," Huynh said. "The reply that he gave was they were in there anyway and found there was this problem."

While women can potentially still conceive with one intact tube and ovary, doctors who spoke to the AP said removal of the tube was likely unnecessary and should never have happened without Binam's consent.

The doctors also questioned how Amin discovered the swollen tube because performing a D&C would not normally involve exploring a woman's fallopian tubes.

Dr Julie Graves, a family medicine and public health physician in Florida, called the process "absolutely abhorrent".

"It's established US law that you don't operate on everything that you find," she said. "If you're in a teaching hospital and an attending physician does something like that, it's a scandal and they are fired."

Binam was on the verge of deportation Wednesday, but Ice delayed it after calls from members of Congress and a request for an emergency stay by her lawyer.

Grubman, Amin's lawyer, said in a statement that the doctor "has dedicated his adult life to treating a high-risk, underserved population in rural Georgia".

Amin completed medical school in India in 1978 and his residency in gynecology in New Jersey. He has practiced in rural Georgia for at least three decades, according to court filings. State corporate records also show Amin is the executive of a company that manages Irwin County Hospital.

In 2013, state and federal investigators sued Amin, the hospital authority of Irwin county and a group of other doctors over allegations they falsely billed Medicare and Medicaid.

LATIN AMERICA: Activists in Latin America battle to guarantee access to safe abortion in COVID-19 world

For decades, women human rights defenders across Latin America have been fighting an uphill battle to ensure sexual and reproductive rights, including access to safe abortion, are a reality for all. Over the last five months that battle has turned into a war.

By Josefina Salomón & Christopher Alford

Amnesty International (07.09.2020) - https://bit.ly/35BQ5dr - The figures have been shocking for a long time. The COVID-19 pandemic has turned them into a catastrophe, with a potential bleak future.

Over the last five months, already high rates of violence against women have risen exponentially across the world. Countries such as Chile and Mexico have reported increases of more than 50 percent in calls to emergency helplines for women who are victims and survivors of violence.

Experts worry about the many women who are trapped at home with their abusers without access to a phone, a computer or anyone they can contact for help or support.

Enforced lockdowns and other barriers to mobility have also prevented many women from accessing essential health services, including sexual and reproductive health care, contraceptives and safe abortions.

The UN has painted a bleak picture of what is to come. Their latest estimates say that lockdowns over a six-month period could leave 47 million women across the world unable to access contraceptives. This could lead to an estimated seven million additional unintended pregnancies. Many could take place in Latin America, where access to safe abortions has been limited by draconian laws and a lack of information.

Experts and frontline workers worry that many of those women, trapped in vicious cycles of marginalization and violence, will turn to unsafe and life-threatening procedures. The consequences are too frightening to contemplate. But activists across Latin America have been stepping up to the challenge and designing strategies to help those in need.

'Things have changed a lot'

Johana Cepeda, a nurse and human rights activist from Colombia, says the pandemic has added additional hurdles to those that many women already faced when trying to access a safe abortion.

Voluntary termination of a pregnancy is only legal in Colombia under three specific circumstances that the country's Constitutional Court approved in 2006: when the life or health of the woman is at risk, when the pregnancy is the result of rape, or in cases of fatal foetal impairment.

"The barriers to access range from lack of information to incorrect interpretations of the health clause of the ruling. Many consider the concept of 'health' as limited to having an illness but lack a wider understanding of it as including physical, mental and social wellbeing," Cepeda explains.

Most clinics offering abortion services in Colombia are located in urban centres. With a significant proportion of the population living in rural areas, geography is often a factor that prevents women from accessing health care.

Appointment with doctors are usually booked over the phone or the internet. But since the start of the pandemic and the lockdowns that followed, many women have found themselves living in abusive situations or lacking the privacy needed to seek help confidentially.

"For women who have been in isolation with violent partners who abuse them or control their decisions, even calling for information has been extremely difficult," Cepeda says. "Strict quarantines make it difficult for women to travel. For many, if a police officer stops them and asks where they're going, it's not easy to say they're going to get an abortion."

The Collective for the Life and Health of Women, a feminist organization that provides support for women to access legal abortions in Colombia, has documented 30 cases of women who have faced barriers when trying to access abortions between March and the end of May 2020. The unreported number is likely to be much higher. They found that private and public health services are deprioritizing any health issues not related to the COVID-19 pandemic, despite the fact that some, such as unwanted pregnancies, are particularly time sensitive.

The situation is similar in other countries across the region. In Chile, abortion has also been permitted since 2017 in just three circumstances: when the pregnancy is a result of rape, when the life of the pregnant woman is at risk, and in cases of fatal foetal impairment. Even then, a woman seeking an abortion must secure approval from two specialist doctors. Activists say these requirements amount to life-threatening hurdles.

Gloria Maira, a human rights activist and coordinator of the Action for Abortion in Chile, a network of organizations and activists working for women's right to access safe abortions, says that, despite the recent legislation, abortion remains extremely hard to access in the country.

"There are many obstacles that limit women's ability to make their own decisions," Maira says. "The lack of information about the law, problems with its implementation and the difficulties when it comes to the accreditation of the reasons for the abortion are some of them. The implementation of the law has been minimal."

Half of obstetricians in Chile are believed to refuse to provide abortions, even under the circumstances permitted under the law, due to objections on the grounds of their religious beliefs, according to a poll by the Ministry of Health. Feminist organizations say many others lack information about the law, a subject that is yet to be included in most medical schools' curriculums.

This leaves many women with no option but to resort to life threatening back-street abortions.

Javiera Canales, a lawyer and human rights activist with Miles Chile, an organization that promotes sexual and reproductive rights, says that the figures tell a very concerning picture.

"In the last three years, we've documented 128 cases of access to lawful abortion by children under 14 years of age. However, in 2019 alone, there were 647 children aged 10 and 13 that were admitted to programmes for prenatal care. This tells us their lawful access [to abortions] is being blocked," Canales says.

"The question is: why wasn't the law applied in those rape cases? Nobody has explained this because no one has been looking at it."

A bleak future

The difficulties in accessing health care services paint a bleak picture of the future for women in Latin America.

"Women will continue to abort," Canales says. "Our concern is that they will turn to unsafe back-street abortions again."

Local activists are extremely worried that a lack of access to safe abortion will lead to a rise in preventable deaths.

The organization Marie Stopes International estimates that around 1.9 million women that were served by their programmes around the world were not able to access their services between January and June 2020. They estimate that the disruption could lead to an additional 1.5 millon unsafe abortions and 3,100 additional maternal deaths.

Maira says that, in Chile, human rights organizations have been filling in the gap left by authorities when it comes to prioritizing the provision of sexual and reproductive health services for women, particularly for those living in rural areas who have less access.

"The networks are reporting an increase in the demand of safe abortions, which would not be surprising as sexual violence has also increased but the lack of abortion medication is making any response very challenging," Maira explains.

Fernanda Doz Costa, deputy director for the Americas at Amnesty International, says that by denying turning a blind eye to women's sexual and reproductive rights, world leaders are risking a new pandemic.

"For decades, activists across Latin America have warned of the wave of preventable deaths and health complications caused by the lack of adequate health care for women. Health authorities, the UN and the IACHR are already calling on governments to guarantee access to sexual and reproductive health services, which are essential health care and, as such, should not be suspended under the pandemic."

Fighting back

Faced with a shortage of contraceptives and medicines used during abortion procedures since Chile closed its borders and the reprioritization of non-COVID-19 related health services, local activists are taking a proactive approach to helping women.

Almost as soon as the World Health Organization declared COVID-19 a pandemic, local organizations found ways to continue to provide free legal, health, social and psychological assistance online.

Miles, for example, is organizing transport for women living in cities where no doctor would approve a legal abortion so that they can reach other health centres. Other networks of activists have been expanding to reach the whole country.

Maira says part of the problem is that President Sebastián Piñera, who is a vocal opponent of the law allowing safe abortions, has kept the issue off the table.

"The pandemic is providing an excuse to the government who, since before, did not want to guarantee access to abortion," she explains.

Things have also changed a lot in Colombia since the eruption of the pandemic as activists say reproductive health services have been deprioritized.

"We had to rethink our strategies and the way we support women, but what unites us is the need women have to access these essential services and the responsibility we feel for other women who need us," Cepeda says.

One of the strategies they have been pushing for in Colombia is the use of telehealth in the public sector, so women can have access to the medication they need and take it at home, without the need to go to a clinic. This is a service that is already in use in the private sector, Cepeda explains.

"The situation is very frustrating," Canales adds. "But the small battles that we win, such as seeing a woman able to access the care she needs or free herself from her aggressor are the little victories that fuel our fight.

LEBANON: UNFPA helps maintain dignity of women and girls affected by Beirut port blast

UNFPA Arab States (06.09.2020) - https://bit.ly/33ps4nc - A month after the Beirut Port explosion, essential needs of affected women and girls have changed. Initially, the top priority concerns were safe access to healthcare, food and shelter. Now that many have resettled in their homes or in temporary shelters, their worries have shifted to their economic situations and the challenges in accessing medical services and acquiring medicines and other health supplies, including hygiene products.

An estimated 150,000 women and girls have been displaced as a result of the 4 August explosion, 81,000 of whom are women of reproductive age, including 48,000 adolescents. In order to respond to their critical hygiene needs, UNFPA is working with 12 partners on the ground to distribute prepackaged and ready to use dignity kits. The kits, which include sanitary pads, soap, toothbrushes, toothpaste and towels, are intended to facilitate the mobility of women and girls, to help them maintain their personal hygiene and, most importantly, their dignity.

"Just like I would want my girls to be fed, I would also want them to have these basic hygienic needs," said Hayat Merhi, a mother of three adolescent girls.

Importance of sanitary material

The lack of hygiene items does not solely impact women and girls' dignity, but also their health, mobility, community involvement, family functioning, and security as well as increasing likelihood of period poverty. These supplies restore women's confidence and provide them with the basic products to overcome these issues.

Rima Al Hussayni, director of Al Mithaq Association, has been canvassing impacted areas to distribute the kits door-to-door. "The look on the faces of young women and girls is so gratifying, no picture can capture that. It's a small caring gift to say 'hamdellah al salameh' [Thank God for your safety]," says Rima. "Bringing light into their broken homes and telling women and girls that their dignity, safety and personal needs matter to the world in these difficult times is the least we can do."

Many people in Lebanon have lost their jobs in the last few months as a result of the country's unprecedented economic crisis and the COVID-19 pandemic, which has drastically curtailed purchasing capacity across the country. "There was a time when my daughters were using a piece of cloth instead of pads," said Lina Mroueh, a mother of three adolescent girls.

Raise awareness through distribution

The distribution of dignity kits also serves as an important opportunity to listen to women and girls' primary concerns and raise awareness about the importance of sexual and reproductive health and rights, including for women and girls with disabilities.

"These products can be difficult to afford sometimes, and we believe that everyone has the right to feel fresh, clean, and comfortable," said Gabby Fraidy, of The Lebanese Council to Resist Violence Against Woman. "We trained our staff to demonstrate how to use and maintain the items in the kit. We had 11 year old girls who came to us, and our role was to share information about menstruation and explain to them that it is a natural and a biological process that occurs, and that it's a part of growing up," she added.

Ensuring that women and girls with disabilities receive this crucial support is equally as important. We estimate that approximately 12,000 disabled persons have been affected

by the blast. Dignity kits are included in the pressing aid services being distributed to women and girls with disabilities by Akkarouna and Al Makassed associations in partnership with UNFPA.

"It is very important to remember that dignity kits are helpful to women and girls, not only for the menstrual hygiene products, soaps and other items, but also as a way to reach women and girls with key messages about sexual and reproductive health and rights, gender-based violence and prevention of sexual exploitation and abuse services and information", said Felicia Jones, UNFPA's humanitarian coordinator. "This becomes even more critical when we are reaching out to the most vulnerable among us, including women and girls living with disabilities who often do not have access to the SRH or GBV services and information that they need to live healthy lives with dignity".

Together, with our partners and communities, we are creating a world with dignity, health and opportunity for all.

ARGENTINA: Legalize abortion

End insurmountable barriers.

HRW (31.08.2020) - https://bit.ly/33fazWD - The life and health of anyone who is pregnant in Argentina will be at risk as long as access to abortion and post-abortion care remains heavily restricted, Human Rights Watch said in a report released today. Congress should legalize abortion to protect their fundamental rights, given the insurmountable obstacles they face when trying to access abortion under the limited exceptions authorized by law.

The 77-page report named "A Case for Legal Abortion: The Human Cost of Barriers to Sexual and Reproductive Rights in Argentina," describes the consequences of the Senate's rejection of a 2018 bill that would have fully decriminalized abortion during the first 14 weeks of pregnancy. Human Rights Watch documented cases of women and girls who have, since then, encountered an array of barriers to access legal abortion and post-abortion care. The barriers include arbitrarily imposed gestational limits, lack of access to and availability of abortion methods, fear of criminal prosecution, stigmatization, and mistreatment by health professionals.

"Since the Argentine Senate narrowly rejected the 2018 bill to legalize abortion, thousands of women and girls either had to overcome major barriers to access legal abortion or resort to clandestine, often unsafe, abortions that endanger their health and lives," said José Miguel Vivanco, Americas director at Human Rights Watch. "The Covid-19 pandemic and resulting lockdown have only exacerbated the limited access to reproductive health services, making legalizing abortion more urgent than ever."

During his presidential campaign, President Alberto Fernández promised to submit a bill to Congress to decriminalize abortion. Since taking office in December 2019, he has publicly supported decriminalizing abortion. One of the first measures by his health minister was to update and improve the "National Protocol for Comprehensive Care of People Entitled to Legal Termination of Pregnancy," which, if applied properly and consistently throughout the country, would contribute to improving access to comprehensive reproductive and sexual health services.

Submitting the bill was delayed due to the Covid-19 pandemic, but Fernández's top legal adviser has said that the government hopes to submit it this year.

Human Rights Watch visited the provinces of Salta, Chaco, Santa Fe, Entre Ríos, and Buenos Aires, as well as Buenos Aires City, in November and December 2019, and interviewed 30 people, including women and girls who sought abortion care in the public and private health systems, health workers, lawyers, and activists who support those seeking abortions. Human Rights Watch also conducted follow-up interviews, requested information from the Argentine government, and analyzed laws and policies, reports by United Nations agencies and nongovernmental organizations, official health data and public health studies, and medical journals and news outlets.

A nearly century-old "exceptions model" largely bans abortion in Argentina. The only exceptions, under Section 86 of the 1921 criminal code, are when a pregnancy endangers the life or health of a woman or girl, or when it results from rape. In all other circumstances, abortion is illegal and punishable with up to 15 years in prison. The sentence for self-inducing abortion or consenting to have an abortion is up to four years.

Human Rights Watch documented cases of women and girls whose situations fell within the legal "exceptions" but who faced insurmountable barriers to access abortion and post-abortion care. Obstacles included a lack of public information about the scope of legal grounds for abortion; health facilities imposing arbitrary hurdles or waiting periods; health officials illegally requiring production of police reports or court orders to proceed with the procedure under the rape exception; and lack of access to safe and legal methods or lack of nearby health facilities providing abortion services. The invocation of conscientious objection by providers also created severe burdens or delays.

Women, health professionals, and feminist activists said that stigmatization and fear of legal consequences, including criminal prosecution, deter people from seeking – and health professionals from providing – abortions, even when Section 86 of the criminal code exception requirements are met. Women and girls faced abuse and mistreatment, including cruelty and humiliation by healthcare providers, denial of access to legal health services, and violation of medical confidentiality in health care settings.

Access to legal abortion and post-abortion care depends heavily on a person's location and socioeconomic background, Human Rights Watch found. A lack of clear and consistent regulations across the country has resulted in a patchwork of practices that disproportionately harms people with limited resources or little access to information about their rights.

In addition, the Covid-19 lockdown has made access to any reproductive health care more difficult. Furthermore, the need to visit multiple health centers and travel sometimes for hours to obtain access to services multiplies the risks of contagion.

Criminalizing abortion does not prevent people from ending unwanted pregnancies. It forces them to seek abortions outside the regulation of the state, and many are performed unsafely. Many, particularly those who live in poverty or in rural areas, resort to self-induced abortions or seek assistance from untrained providers.

Unsafe abortions can lead to short- or long-term health problems, and even death. In 2018, Argentina's National Health Ministry reported 35 deaths from abortion, constituting 13 percent of maternal deaths. Many of these deaths are preventable.

In the latest available statistics, for 2016, 39,025 women and girls were admitted to public hospitals for health complications arising from abortions or miscarriages. Sixteen percent were ages 10 to 19. That is most likely a fraction of the total amount of pregnant people facing health consequences from illegal abortions, as stigmatization and fear of criminal prosecution often keep women who suffer complications from seeking care.

Authoritative interpretations of treaties ratified by Argentina have long established that highly restrictive abortion laws violate the human rights of women and girls, including their rights to life, to health, and not to be subjected to cruel, inhuman, and degrading treatment. As long as Argentina criminalizes abortion, pregnant people will confront unjust difficulties in exercising their rights, particularly those who rely on the public health system, and who live in provinces that lack or do not implement abortion regulations.

Argentina should decriminalize abortion in all circumstances and regulate it in a manner that fully respects the autonomy of those who are pregnant, Human Rights Watch said. Argentina should also ensure that pregnant people have access to legal abortion as currently regulated and that healthcare workers cannot invoke conscientious objection to refuse to perform abortions in public care services in a manner that imposes burdens or delays in accessing legal abortion services.

For selected cases documented by Human Rights Watch, see below.

Selected Cases

Veronica R. (pseudonym), 25, was receiving free contraceptive injections at a health facility when, in February 2019, the providers saw she had a new address and told her that, to continue getting free services, she would have to visit a health center closer to home. She went to a health center nearer her home and requested a tubal ligation, she told Human Rights Watch. A gynecologist there told her she was "too young and might want to have children in the future." The gynecologist, because of his personal beliefs, also refused to provide any form of contraception. Veronica had neither the time nor the resources to find an alternative source of contraceptives, and, in April 2019, she became pregnant. At six weeks pregnant, Veronica sought a legal abortion, citing the health exception, at a clinic in a small provincial city. Healthcare providers there refused, offering no reason, so she went to another clinic, where a healthcare provider told her that she was too far along in the pregnancy to have an abortion there. Veronica became so desperate, she said, that she considered getting hit by a car to end the pregnancy. When she was 20 weeks pregnant, a feminist organization referred her to a medical team that performed the abortion in a city a 4-hour drive from where she lived.

In September 2019, Leticia H. (pseudonym), 19, went to a public hospital in northern Argentina to end a pregnancy caused by rape. She was 17 weeks pregnant. The hospital denied the abortion, citing an informal rule under which the hospital provided abortions only up to 16 weeks. The rule lacked a legal basis. Leticia took medication to induce an abortion, a lawyer involved in the case told Human Rights Watch, but the abortion was incomplete; tissue remaining in her uterus placed her at risk of infection. Recognizing that something was wrong and that she needed medical intervention, Leticia went to a hospital, where health personnel left her waiting for two hours before treating her. Bleeding profusely, she lost consciousness several times in the emergency room corridor. "If you liked having an abortion," a hospital employee told her, "you'll now have to wait."

In November 2018, Carmela Toledo, 23, found out that she was carrying a fetus with anencephaly, a condition that makes it difficult for the fetus to survive. Carmela was 25 weeks pregnant. She went to a public hospital in Buenos Aires province to request a legal abortion, but doctors told her that the bill decriminalizing abortion had not passed and added, falsely, that abortion was completely illegal. They said she had to wait until she was seven months pregnant, so they could say she had had a premature birth. When she was seven months pregnant, health professionals tried unsuccessfully to induce birth. The doctor involved frightened Carmela by outlining the risks of the procedure, including the possibility of difficulties in having a child later. She decided to continue the

pregnancy, and whenever she felt the fetus move, she cried. She had a caesarean section at week 41 and delivered a daughter who died eight days later.

WORLD: Top doctors and lawyers condemn 'shocking' treatment of women in childbirth during COVID-19

Exclusive: openDemocracy investigation reveals 'traumatic' incidents defying WHO guidelines in 45 countries – as experts warn of 'tens of thousands' of extra maternal deaths.

By Nandini Archer & Claire Provost

openDemocracy (16.07.2020) - https://bit.ly/3fyJ3HE - Top doctors and lawyers from around the world have condemned the "shocking and disturbing" treatment of women giving birth during the COVID-19 pandemic, a new openDemocracy investigation reveals today.

Since March, openDemocracy has identified cases of "traumatic" experiences in at least 45 countries that contravene World Health Organization (WHO) guidance, and some national laws. In at least six countries, pregnant women have also died after COVID-19 restrictions reportedly prevented or delayed access to emergency services.

Dozens of women across Europe, Latin America and Africa have also described to openDemocracy their own first-hand experiences of:

- birth companions banned from hospitals – in some cases even after other lockdown restrictions have been lifted;
- forcible separation from newborns and being prevented from breastfeeding – despite no evidence that breast milk can transmit coronavirus;
- pain medication withheld because hospital resources including anaesthesiologists were diverted to the COVID-19 response;
- procedures performed without their consent, including caesarean sections, induced labour and episiotomies, to speed up labour.

Maternal health advocates say that while incidents like these occurred in many countries before COVID-19, responses to the pandemic have made these problems worse.

The findings come as experts warn that COVID-19 restrictions could cause "tens of thousands" of additional maternal deaths around the world.

Across Latin America, which already had the world's highest C-section rate, doctors and maternal health advocates have warned that the number of these procedures has also increased because of "misguided policies" and "fear of overloading hospitals".

In many cases, these procedures have been performed against women's wishes and without the medical justification that the WHO guidelines and national laws require.

In Uganda, a doctor at one hospital told openDemocracy she knows of at least three women who died after they couldn't reach the hospital due to transport restrictions.

Other women in labour and distress reported being turned away from health centres or shunned by medical staff, because they appeared to have coronavirus symptoms or didn't have masks, or because maternity facilities were rededicated to the COVID-19 response.

Experts have raised concerns of many more cases like this in countries where health infrastructure was already fragile before the outbreak.

Some hospitals have reversed restrictions affecting women giving birth, following local media coverage and campaigns. In countries including Armenia and Ukraine, however, bans on birth companions have remained even after lockdowns have eased.

"My husband and I are ready to handcuff ourselves together if doctors won't allow him in," said one woman in Ukraine who recently launched an online petition to be allowed to give birth with her partner in the room.

"It seems we've slipped through a gap," says Zaynab Iman from the UK, who described feeling "abandoned" in March with the "heartbreaking" cries of other women at one London hospital that had temporarily banned companions.

A woman in Ecuador also told openDemocracy she felt "abandoned" when she gave birth in late March at a health centre without medical assistance. "They left me alone with my husband in the delivery room, with no one to advise us or tell us anything."

Health experts told openDemocracy that these restrictions on women giving birth were "unnecessary" and lawyers said there could be legal consequences for governments whose pandemic responses failed to protect women's rights.

"openDemocracy's research clearly reveals how unnecessary restrictions constitute an alarming pattern of women's health and rights being deprioritised during the crisis," said Belgian MEP Petra De Sutter, who is also a gynaecologist and president of the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).

"There is no reason... that women should be denied respectful care," said Quazi Monirul Islam, a medical doctor involved in drafting WHO's 2005 childbirth guidelines. The global health body has emphasised that these guidelines still apply under COVID-19.

Islam partly blamed an "initial panic" by hospitals faced with the pandemic. He compared it to his time working in Botswana in the 1980s when, he says, hospitals misunderstanding HIV research had also separated women and children at birth.

But Melissa Upreti, a lawyer and member of a working group on discrimination against women at the UN human rights office OHCHR, warned that around the world "the risk of contagion has been used as a pretext to deny proper care."

"It's really shocking and disturbing," she said, calling the denial of services that women need "discrimination from a legal standpoint. We do have a very strong case to make… that governments are violating their own laws and policies."

"You can be sure, cases are going to be filed," says Nelly Warega, a lawyer with the Women's Link Worldwide NGO in Kenya. She said African governments could face lawsuits if their lockdown rules led to the death or injury of pregnant women.

"We expect more from our governments in times of crisis," added Austrian MP Petra Bayr, chair of the Council of Europe parliamentary assembly's equality committee and EPF vice-president. "They must be held accountable for the mistreatment documented by openDemocracy and put in place systems to make sure this doesn't happen again."

'Dehumanising treatment'

World Health Organization (WHO) guidance on childbirth during the pandemic, published in March, reiterates its long-standing advice that women giving birth should be treated with dignity and respect and given clear communication and appropriate pain relief.

This guidance adds that women should be accompanied by a person of their choice while giving birth, and they should be supported to breastfeed and have skin-to-skin contact with newborns, even if they are COVID-19 positive. Procedures including C-sections should only be performed when they are medically necessary or have the woman's consent.

Many countries have national policies that echo these principles and in Latin America several countries have in recent years passed laws against "obstetric violence".

However, openDemocracy has identified cases in at least 45 countries of women who were reportedly treated in ways that defy this guidance during the pandemic.

These cases include bans on birth companions at some hospitals in at least 35 countries; forcible separations of women and newborns in at least fifteen countries; and cases of women who said they were not supported to breastfeed in at least seven countries (despite no evidence that the virus can be transmitted via breast milk).

In eleven countries, women reported that they didn't consent to the C-sections, induction and episiotomies (the cutting of a woman's vagina) that were performed on them, or said that they did not believe these procedures were medically justified.

In at least 20 countries, COVID-19 restrictions including curfews and transport bans have blocked women's access to critical health care before, during or after birth. In at least thirteen cases in six countries, this led to deaths of the women or their babies.

Large global firms that make baby formula have separately been accused of 'exploiting' the pandemic by taking advantage of mothers' fears of transmitting coronavirus through breastfeeding to aggressively promote their products.

WHO's director of sexual and reproductive health, Ian Askew, says its guidelines are "based on the best scientific evidence available". They exist to ensure respectful care, and should be followed everywhere, both during the pandemic and beyond, he added.

"Many of us are receiving anecdotal reports of women not receiving respectful, dignified or high-quality care before, during and following childbirth," says Askew, who is also a medical doctor, calling this an "alarming" trend.

A spokesperson for the Office of the UN High Commissioner for Human Rights, Michelle Bachelet, said it has also received reports of abuses during COVID-19 childbirths. "Documenting these incidents is a critical first step to exposing the problem", they said.

"Governments need to act now," says Enid Muthoni from the Center for Reproductive Rights in Brussels, adding that "it is entirely possible for European health systems to follow WHO's guidelines while responding to the pandemic."

Disrespected and endangered

Across several African countries there have been reports of women who couldn't reach hospital in time during emergencies due to COVID-19-related transport restrictions. Some of these women reportedly died as a result, while others delivered their babies by the roadside or in other unsanitary public places.

The imposition of coronavirus curfews and transport restrictions in Latin America has also led to women missing antenatal check-ups, walking long distances to reach hospital, or being forced to have unplanned and risky home births.

Responding to openDemocracy's findings, maternal health advocates acknowledge that COVID-19 has made things worse for women in childbirth. However, they emphasise that, even before the pandemic, too many women have felt disrespected or endangered while giving birth.

In recent years, this has been increasingly well documented including by the WHO which led a study published in the Lancet last year which found that 42% of women interviewed by researchers in Ghana, Guinea, Myanmar and Nigeria said they experienced physical or verbal abuse, stigma or discrimination during childbirth in health facilities.

In Latin America over the last decade, several countries have specifically outlawed "dehumanising treatment and/or abusive medicalisation" of women giving birth, defining "obstetric violence" as a specific type of criminalised gender violence.

But, says Mercedes Muñoz, head of the NGO Venezuelan Association for an Alternative Sex Education, despite the law in her country, obstetric violence "is so normalised by authorities and medical staff".

"Women feel they risk being unassisted or neglected if they demand their rights, and this usually makes them keep quiet," she says. "What pregnant women have to go through in Venezuela is absolutely Dantesque."

KENYA: Kenya is having another go at passing a reproductive rights bill. What's at stake

Kenya's Senate is considering a reproductive healthcare bill, which seeks to address reproductive health gaps. This is the second time the bill has come before the senate. It has, once again, drawn fire from religious groups, some politicians and civil society lobbies opposed to its proposals. Anthony Ajayi and Meggie Mwoka unpack the bill and the lessons from previous failed attempts.

By Anthony Idowu Ajayi & Meggie Mwoka

The Conversation (12.07.2020) - https://bit.ly/2ZqaoXK - Kenyan women and girls face an array of reproductive health risks that can be addressed by comprehensive reproductive health care services. These include sexually transmitted infections, HIV, unsafe abortion and unplanned pregnancies.

Each year, 6,300 women die during pregnancy or childbirth in Kenya. Unsafe abortion contributes close to 17% of maternal deaths in Kenya.

The bill provides a framework governing access to family planning, safe motherhood, termination of pregnancy, reproductive health of adolescents and assisted reproduction.

It makes clear that every person has the right to access reproductive health services. It also stipulates that every health care provider is obliged to provide family planning information and services to women who need them.

There is also a provision in the bill directing the national and county government to provide free antenatal care, delivery care and postnatal care for women and girls in Kenya.

In addition, the bill sets conditions under which a woman can seek abortion services. These include when there is an emergency, when the pregnancy would endanger the life or health of the mother and where there is a risk that the foetus would suffer from a severe physical or mental abnormality. It is worth noting that the bill allows for conscientious objection on the part of health providers to perform an abortion as long as they refer the patients to a willing provider. This doesn't apply in the case of an emergency.

The bill also has provisions ensuring access to adolescent-friendly reproductive health services, but requiring parental consent.

Lastly, the bill also covers the issue of assisted reproduction services to address infertility. The sector is currently unregulated. The proposed bill sets out rules for providers as well as the rights of donors, surrogate mothers and patients.

Reproductive health has been enacted into law in different ways across the continent. A number of countries have similarly opted for a stand-alone law. They include Cameroon, Equatorial Guinea and Rwanda. But in many, various aspects of reproductive health are covered in a range of health-related bills, and sometimes in the constitutions of countries.

All countries in Africa have laws regulating the termination of pregnancy. Abortion is not permitted for any reason in seven out of 54. The rest permit abortion under certain circumstances ranging from; to save the woman's life, to preserve health, on broad social or economic grounds, and/or on request with variations on gestational age.

What are the main controversies around the current bill?

There are three main points of contention.

The first is termination of pregnancy. Opponents include religious leaders and civil society lobby groups.

There are three lines of argument against it.

The first is the assertion that the constitution of Kenya forbids abortion. This is in fact incorrect. The proposed bill simply reaffirms the legal basis for access to safe abortion, which is already in the Kenya Constitution.

The second area of contention around termination is that those who oppose the bill crudely characterise it as extending the legalisation beyond what's in the constitution.

And finally, opponents also erroneously allege that the bill mandates all medical providers to perform abortions irrespective of their religious beliefs or values. The bill in fact allows for conscientious objection.

The second controversial aspect of the bill is on sexuality education for adolescents. It provides for vocational training, mentorship programmes, spiritual and moral guidance, and counselling on abstinence, consequences of unsafe abortion, HIV and substance use. It also mandates the government to integrate age-appropriate information on reproductive health into the education syllabus.

From the look of it, this aspect of the bill has been watered down. For example, it's more abstinence focused than the earlier version. This flies in the face of research findings that this approach denies adolescents critical information to reduce their risk of unintended pregnancies and sexually transmitted infections.

Third is the controversy over the treatment of infertility. Opponents of the bill are against legalisation of surrogacy and "test-tube" babies, with the argument that it's an unnatural process.

Why have previous attempts to pass such a bill failed?

This is the second attempt in six years to guarantee reproductive rights in law. The first bill was introduced in 2014.

The failure was due to a variety of reasons. These included a lack of public awareness and political will, and misinformation by well-organised and coordinated opposition groups.

Most Kenyans were unaware of the scientific basis for the bill. They were also unaware of the magnitude and cost of unsafe abortion and maternal deaths. Also the case was not persuasively made that access to quality and comprehensive sexual and reproductive health information and services is in everybody's best interests.

This enabled local and foreign opponents to put out arguments not based on evidence. An example of misleading narratives is the claim that comprehensive sexuality education promotes high-risk sexual behaviour. This is contrary to scientific evidence which shows it delays initiation of sexual intercourse and reduces risk-taking, thus decreasing the number of unintended pregnancies and sexually transmitted infections.

Public apathy coupled with misinformation undermined the political will to push the bill through. While there were some politicians willing to champion the cause of women and girls, the vast majority were quick to withdraw their support in the face of the orchestrated public outcry.

Who suffers if the bill is shelved again or is watered down?

We know from evidence in demographic surveys and literature that socially, geographically and economically disadvantaged women and girls have worse reproductive health outcomes. They are least likely to access lifesaving reproductive health services and more likely to have early, unintended pregnancies, unsafe abortions, and die as a result of pregnancy.

Additionally, adolescents continue to suffer disproportionately from poor sexual reproductive health outcomes, as indicated by the high rates of teenage pregnancies and HIV infection.

HIV and pregnancy are the leading causes of deaths among adolescents and young women aged 15-24 years in Kenya. Over half of the 46,000 new HIV infections in 2018 occurred among adolescents and young people. Over 378,397 teenage pregnancies were recorded between July 2016 and June 2017 and 28,932 of these pregnancies occurred among girls aged 10-14.

The perception of adolescents as lacking political power often makes politicians reluctant to act in spite of the obvious need for intervention.

What to do?

Rather than shelving the bill, as recommended by the opposition, the senate must work with reproductive health experts to strengthen the bill in alignment with existing national laws and policies such as the National Adolescent Sexual and Reproductive Health Policy, 2015.

Learning from the previous attempt, it's imperative to improve public engagement and to communicate scientific evidence in a way that people can easily understand.

USA: U.S. Supreme Court permits broad religious exemption to birth control coverage

By Lawrence Hurley

Reuters (08.07.2020) - https://reut.rs/2CIaJfq - The U.S. Supreme Court on Wednesday endorsed a plan by President Donald Trump's administration to give employers broad religious and moral exemptions from a federal mandate that health insurance they provide to their workers includes coverage for women's birth control.

The court ruled 7-2 against the states of Pennsylvania and New Jersey, which challenged the legality of Trump's 2018 rule weakening the so-called contraceptive mandate of the 2010 Affordable Care Act, commonly called Obamacare. Christian conservatives, a key constituency for Trump as he seeks re-election on Nov. 3, had strongly opposed the Obamacare mandate.

The federal government has estimated that up to 126,000 women could lose contraception coverage through their employer-provided health insurance under Trump's regulation.

The Obamacare mandate requires employer-provided health insurance to give coverage for birth control with no co-pays. Previously, many employer-provided insurance policies did not offer this coverage. Republicans have sought to repeal Obamacare, signed by Trump's Democratic predecessor Barack Obama in 2010, and Trump's administration has chipped away at it through various actions.

White House Press Secretary Kayleigh McEnany called the ruling "a big win for religious freedom and freedom of conscience."

"Ensuring that women receive the healthcare they need does not require banishing religious groups that refuse to surrender their beliefs from the public square," McEnany added.

Trump's rule allows any nonprofit or for-profit employer, including publicly traded companies, to seek an exemption on religious grounds. A moral objection can be made by nonprofits and companies that are not publicly traded. The Trump exemption also would be available for religiously affiliated universities that provide health insurance to students.

Writing for the court, conservative Justice Clarence Thomas said Trump's administration "had the statutory authority to craft that exemption, as well as the contemporaneously issued moral exemption."

Liberal Justices Ruth Bader Ginsburg and Sonia Sotomayor dissented. "Today, for the first time, the court casts totally aside countervailing rights and interests in its zeal to secure religious rights to the nth degree," Ginsburg wrote.

The court's other two liberal justices, Elena Kagan and Stephen Breyer, agreed with the outcome but did not did not sign on to Thomas' opinion. Kagan wrote that the regulations could yet be challenged on other grounds, including that the moral exemption is overly broad, which she said is a "close call."

Pennsylvania Attorney General Josh Shapiro, a Democrat, pledged to continue the fight against Trump's regulation.

"Our case is about an overly broad rule that allows the personal beliefs of CEOs to dictate women's guaranteed access to contraceptive medicine," Shapiro said.

'Overjoyed'

Rules implemented under Obama exempted religious entities from the mandate. A further accommodation was created for religiously affiliated nonprofit employers, which some groups including the Little Sisters of the Poor, a Roman Catholic order of nuns that was one of the groups seeking an exemption, objected to as not going far enough.

"We are overjoyed that, once again, the Supreme Court has protected our right to serve the elderly without violating our faith," said Mother Loraine Marie Maguire of the Little Sisters.

Groups supporting the contraception mandate criticized the decision.

"Today's ruling has given bosses the power to dictate how their employees can and cannot use their health insurance - allowing them to intrude into their employees' private decisions based on whatever personal beliefs their employers happen to hold," said Lourdes Rivera of the Center for Reproductive Rights.

The legal question was whether Trump's administration had the legal authority to expand the exemption under both the Obamacare law itself and another federal law, the Religious Freedom Restoration Act, which lets people press religious claims against the federal government.

The administration was joined in the litigation by a Pittsburgh affiliate of the Little Sisters. Under a separate court ruling, the group already had an exemption to the mandate.

Thomas wrote that the Little Sisters "have had to fight for the ability to continue in their noble work without violating their sincerely held religious beliefs" and that Trump's rule resolves their concerns.

The Supreme Court on Wednesday sided with Catholic schools in a separate legal dispute with teachers who said they were unlawfully dismissed, ruling that religious institutions like churches and schools are shielded from employment discrimination lawsuits.

CHINA: Sterilizations, IUDs, and mandatory birth control: The CCP's campaign to suppress Uyghur birthrates in Xinjiang

The Jamestown Foundation (29.06.2020) - https://bit.ly/3iLdJbE - Dr. Adrian Zenz is one of the world's leading scholars on People's Republic of China (PRC) government policies towards the country's western regions of Tibet and Xinjiang. Research performed by Dr. Zenz in 2017-2018 played a significant role in bringing to light the Chinese government's campaign of repression and mass internment directed against ethnic Uyghur persons in Xinjiang (China Brief, September 21, 2017; China Brief, May 15, 2018; China Brief, November 5, 2018). Dr. Zenz has also testified before the U.S. Congress about state exploitation of the labor of incarcerated Uyghur persons (CECC, October 17, 2019), and was the author earlier this year of an in-depth analysis of the "Karakax List," a leaked PRC government document relating to repressive practices directed against religious practice among Uyghur Muslims (Journal of Political Risk, February 17, 2020).

In this special Jamestown Foundation report, Dr. Zenz presents detailed analysis of another troubling aspect of state policy in Xinjiang: measures to forcibly suppress birthrates among ethnic Uyghur communities, to include the mass application of mandatory birth control and sterilizations. This policy, directed by the authorities of the ruling Chinese Communist Party (CCP), is intended to reduce the Uyghur population in Xinjiang relative to the numbers of ethnic Han Chinese—and thereby to promote more rapid Uyghur assimilation into the "Chinese Nation-Race" (中华民族, Zhonghua Minzu), a priority goal of national-level ethnic policy under CCP General Secretary Xi Jinping.

Based on research in original Chinese-language source materials, Dr. Zenz presents a compelling case that the CCP party-state apparatus in Xinjiang is engaged in severe human rights violations that meet the criteria for genocide as defined by the U.N. Convention on the Prevention and Punishment of the Crime of Genocide.

WORLD: The sexual-health supply chain is broken

Condoms, birth control, and other items are harder to get in the developing world because of the pandemic. That is putting lives at risk.

By Anna Louie Sussman

The Atlantic (08.06.2020) - https://bit.ly/2UrVKMI - It took Dimos Sakellaridis about six years to build Kiss condoms into one of Nigeria's top brands, with approximately 91 million sold in 2019. The prophylactics are available in shops, markets, and kiosks across the country, and a combination of irreverent advertising, a growing population of young people, and a greater understanding of reproductive health within Nigeria has meant his sales have steadily risen.

But if he can't get a shipment of 12 million condoms (and 4 million packs of birth-control pills) out of the Lagos port soon, those stocks will run out. And unfortunately for Sakellaridis, it makes no difference to the customs authorities, who are working their way through a backlog of containers, that ordinary Nigerians depend on Sakellaridis's stranded cargo to prevent unwanted pregnancies and stop the spread of sexually transmitted infections. All he can do is wait—and he is not alone.

Sakellaridis is the Nigeria country director for DKT International, one of the largest family-planning providers in the world. Since mid-March, when measures taken to

contain the coronavirus cut work at the Lagos port, the process of clearing incoming cargo stretched from two to three weeks to more than three months. During that time, DKT's central warehouse ran out of condoms.

DKT's struggles highlight the fragility of a global supply chain in which essential goods and medicines are often sourced from a small handful of countries whose competitive advantage has allowed them to dominate various steps of the production cycle. This is not a challenge limited to reproductive health: All over the world, manufacturing, shipping, and logistics have slowed or halted altogether as governments have closed factories, grounded flights, and sealed off borders in response to the coronavirus. But whereas for most goods, this represents little more than an inconvenience, when it comes to vital sexual- and reproductive-health commodities, such breakdowns can put lives at risk.

Women who trust a specific brand of contraceptive might find it out of stock at the pharmacy. Couples stuck at home, unable to locate the inexpensive condoms they normally buy, might skip protection. Central warehouses may not be able to supply the mobile clinic vans that travel to rural communities unserved by the national public-health system. The results of a disrupted supply chain in this field could be disastrous. The United Nations Population Fund, or UNFPA, the organization's sexual- and reproductive-health agency, has flagged stockout risks over the coming months in 46 countries. Marie Stopes International, which provides family-planning services in 37 low-income countries, has warned that up to 9.5 million women and girls are at risk of losing access to contraception and safe abortion services, which could result in 1.3 to 3 million unintended pregnancies, and 1.2 to 2.7 million unsafe abortions. This could, in turn, lead to an estimated 5,000 to 11,000 pregnancy-related deaths.

The effects will differ depending on the individual, Sarah Shaw, the head of advocacy at Marie Stopes, told me—poor people who rely on free services will be worse off than their wealthier peers in the same country, and women in countries with robust health systems will have a wider array of options if a drugstore runs out of condoms. Although high-income countries that manufacture their own drugs import large quantities of active pharmaceutical ingredients, or APIs, from China, meaning they faced a squeeze on supplies at the height of the pandemic, manufacturers are likely to prioritize these more profitable markets over lower-income ones.

At DKT, which distributes contraception and safe-abortion products in 90 mostly low- and middle-income countries, country directors will typically keep about three months' worth of inventory on hand during normal times, according to Chris Purdy, DKT's president and CEO. Even though manufacturing across Asia has come back online as the coronavirus outbreak has eased in parts of the continent, early factory closures in countries such as India, Malaysia, and China, combined with shipping delays and port congestion, has cut this margin close.

The majority of the world's condoms, for example, are made in Malaysia and Thailand, home to natural-rubber industries. The paper for cardboard condom packages then comes from China, Indonesia, and Europe, Paul Liang, the marketing director at Karex Berhad, one of the world's biggest condom producers, told me. India and China are leading manufacturers of generic pharmaceutical products and cheap drugs, although many Indian drug companies rely on Chinese firms for APIs. Products made in one country might also be shipped to a lab in another for quality testing. Once they're ready for export, they travel by air or sea, depending on the size of the shipment, the urgency of demand, and other factors. Today, many of these travel routes are closed down, severely restricted, or drastically more expensive.

Even without the coronavirus pandemic, which has spurred new quarantine measures and waiting periods, these products were typically subject to inspection once they landed. In Uganda, for example, condoms must be sampled and tested by a regulator. In Kenya, each three-pack of condoms carries a small sticker saying they've met regulatory standards before it can be sold to consumers, which requires unpacking every shipment for manual labeling. Reduced manpower as a result of social distancing and evening curfews in Kenya meant that labeling that normally takes two weeks stretched to more than a month. Had the process been delayed any further, Lauren Archer, the DKT Kenya and Uganda country director, told me, her team would have run out of stock.

Companies such as DKT struggle even to substitute identical products in times of need: Importing countries register drugs, such as injectable contraception or the abortion pill, and medical devices, such as condoms or kits used to provide abortions, by manufacturer and country of origin, not just based on the active ingredient or product category. The process of registering a new drug or medical device with the appropriate national agency can take anywhere from six months to several years. "Let's say you have a stockout from China. It's not a simple matter of 'Well, okay, I'm just going to go buy from India now,'" Purdy told me. "You can't simply switch to a new manufacturer without undergoing re-registration."

Large parts of the world do not have domestic manufacturing capacity for these vital health products, leaving them deeply vulnerable to any glitch or disruption to the supply chain. Even countries that have some domestic capacity are not wholly self-sufficient: Iran does have pharmaceutical production, but does not make its own intrauterine devices, or IUDs, the long-acting reversible contraceptives that prevent pregnancy for several years at a time. When I spoke with Purdy at the end of May, a container holding 50,000 IUDs bound for Iran had been stuck in a Dubai port for nearly three months.

The major global organizations that buy and distribute these goods have tried to anticipate and prevent stocks from running out. Purdy encouraged DKT's country directors to place large orders back in January after a colleague in China sent him photos of empty streets and supermarket shelves scraped clean. In mid-March, Eric Dupont, the head of UNFPA's procurement-services branch, implemented fast-track procedures for bidding on important reproductive-health products and gave national offices greater powers to order what they needed. Yet many of these contracts have yet to be delivered: Marie Stopes International's orders placed in January are still en route, traveling by sea.

These organizations have been using every tool at their disposal to get products to countries where they're needed, and to push them out from central warehouses. The UNFPA used its diplomatic clout to win an export waiver for Indian-made goods. It is also working more with the World Food Programme, which is managing a global logistics cluster on behalf of multiple U.N. agencies, and the UNFPA also joined with a dozen other U.N. agencies to make a joint tender for personal protective equipment.

On a more local level, DKT's logistics partners in Uganda, having been able to obtain just a few of the limited number of permits released by the government for transit vans, are supplementing their transport network with motorbikes, though these can carry only small amounts of goods, Archer said. In Madagascar, Marie Stopes has been using its fleet of buses to pick up maternity patients—while complying with government-required social distancing—and take them to clinics, after public transport was shut down, according to Shaw. Manuelle Hurwitz, the director of the programs division at the International Planned Parenthood Federation, told me that one way to help meet demand was through calling for policy or regulatory changes, such as classifying family-planning and sexual-health services as "essential," and allowing telemedicine. IPPF's member association in India, for example, is using a hybrid model of telemedicine for counseling and follow-up care and clinic visits scheduled at intervals to keep a safe distance between

clients. "There's adaptations like that evolving all the time, but the reality is we're not reaching as many women," Shaw said.

These extra efforts have strained organizational budgets. To ensure the consistent flow of supplies—both downstream to pharmacies, clinics, and supermarkets by extending credit to his buyers; and upstream by placing large orders that will take months to arrive—Purdy said he has had to float more than the $10 million a month that he normally does, forcing him to dig into DKT's endowment (a $1.9 million grant from the Swedish government helped defray some of these extra costs). Others I spoke with said they were also spending more on the purchase of supplies—both sexual- and reproductive-health products and PPE for staff.

"I never thought in a million years I would be getting requests to say, 'Can we use our advocacy budget to buy hand sanitizer?'" Shaw said.

While manufacturing has resumed in India, China, and Malaysia, factories there face long backlogs of orders. New safety measures such as thrice-daily sanitization mean that production will be slow, Liang said, and he is still dealing with interruptions in supplies. Because of restrictions on movement and on large gatherings, many people still won't get the care they need, or will have to adjust their contraceptive method to avoid doctor's visits. Shaw said that in the short term, women in the developing world are likely to shift from highly effective long-acting reversible contraceptives such as injectables, implants, and IUDs, to condoms or oral contraceptive pills. These methods typically leave more room for human error, because they must be taken daily or used correctly every time for the highest efficacy.

All of this means that in a few months' time, there may well be an increase in demand for abortion care. "Whether we'll be able to meet that demand," Hurwitz said, "is something else."

WORLD: Countries need to do more to stop harmful marketing of breast-milk substitutes, says UN

Despite efforts to stop the harmful promotion of breast-milk substitutes, countries are still falling short in protecting parents from misleading information, according to a new UN report released Wednesday.

UN News (27.05.2020) - https://bit.ly/2Y29KxB - Titled Marketing of Breast-milk Substitutes: National Implementation of the International Code – Status report 2020, the study highlights the need for stronger legislation to protect families from false claims about the safety of breast-milk substitutes or aggressive marketing practices, findings that take on increased importance during the COVID-19 pandemic.

The UN World Health Organization (WHO), the UN Children's Fund (UNICEF) and the International Baby Food Action Network collaborated in the report's publication.

Impact of aggressive marketing

"The aggressive marketing of breast-milk substitutes, especially through health professionals that parents trust for nutrition and health advice, is a major barrier to improving newborn and child health worldwide," says Francesco Branca, Director of WHO's Department of Nutrition and Food Safety.

"Health care systems must act to boost parent's confidence in breastfeeding without industry influence so that children don't miss out on its lifesaving benefits."

WHO and UNICEF encourage women to continue to breastfeed during the pandemic, even if they have confirmed or suspected COVID-19, as evidence indicate it is unlikely that COVID-19 would be transmitted through breastfeeding. "The numerous benefits of breastfeeding substantially outweigh the potential risks of illness associated with the virus," the authors find.

Of the 194 countries analyzed, 136 have in place some form of legal measure related to the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions adopted by the World Health Assembly. While 44 countries have strengthened their regulations on marketing over the past two years, only 79 countries prohibit the promotion of breast-milk substitutes in health facilities, and only 51 have provisions banning the distribution of free or low-cost supplies within the health care system.

Further, only 19 countries have banned the sponsorship of professional association meetings by manufacturers of breast-milk substitutes, which include infant formula, follow-up formula and growing up milks marketed for use by infants and children up to 36-months old.

Trained healthcare professionals know best

WHO and UNICEF recommend that babies be fed nothing but breast milk for their first six months, after which they should continue breastfeeding – as well as eating other nutritious and safe foods – until two years of age, or beyond.

Babies who are exclusively breastfed are 14 times less likely to die than those who are not, the authors stress. Yet, only 41 per cent of infants 0–6 months old are exclusively breastfed, a rate WHO Member States have committed to increase to at least 50 per cent by 2025.

Inappropriate marketing of breast-milk substitutes continues to undermine efforts to improve breastfeeding rates. Measures to prevent the spread of COVID-19, such as physical distancing, meanwhile hamper community counselling and mother-to-mother support services for breastfeeding - leaving an opening for the breast-milk substitute industry to capitalize on the crisis.

"We must, more than ever, step up efforts to ensure that every mother and family receive the guidance and support they need from a trained health care worker to breastfeed their children, right from birth, everywhere," stressed UNICEF Chief of Nutrition Victor Aguayo.

The Code bans all forms of promotion of breast-milk substitutes, including advertising, gifts to health workers and distribution of free samples. Labels cannot make nutritional and health claims or include images that idealize infant formula. Instead, labels must carry messages about the superiority of breastfeeding over formula and the risks of not breastfeeding.

YEMEN: In Yemen and around the world, obstetric fistula strikes the most vulnerable women

UNFPA (22.05.2020) - https://bit.ly/2zmMqTh - Five years ago, Marwa* was a child bride living in the port city of Al Hudaydah. "I was almost 17 years old, and happy with my new life. I was a new bride and I got pregnant fast. I thought life was smiling at me," she told UNFPA. She had no idea how quickly life would turn upside down.

Like many other women and girls in Yemen, she gave birth at home. But her labour was obstructed – a potentially fatal complication. Eventually, she delivered a healthy baby boy, but suffered a traumatic injury in the process – an obstetric fistula.

"I had sudden diarrhoea and faeces coming out of my birth canal," she said. "I started to ask myself, why was this happening? I could not comprehend it."

An obstetric fistula is a hole between the birth canal and bladder and/or rectum. It occurs during prolonged, obstructed labour without access to timely, high-quality medical treatment. The injury can cause chronic pain and infections, social rejection and deepening poverty.

This was Marwa's fate: A month after her baby was born, her husband divorced her. "I had become what he described as 'ruined'," she said.

The most vulnerable women

This traumatic birth injury affects the world's most vulnerable women – those living in extreme poverty, without access to timely emergency care. Child brides are particularly vulnerable; childbearing in adolescence can increase vulnerability to obstetric fistula. Those with malnutrition and poor health also face heightened risks.

Hundreds of thousands of women are living with obstetric fistula today. The persistence of this condition is a sign of global social injustice and inequity.

And it could be worsening.

Today, as the world battles the COVID-19 pandemic, health systems risk being overstretched. Transportation barriers, movement restrictions, rising costs and other effects of the pandemic are making it harder for labouring women to reach safe delivery services. "The absence of timely medical treatment will likely spur a dramatic increase in obstetric fistula," said Dr. Natalia Kanem, UNFPA's Executive Director.

On 23 May, as the world observes the International Day to End Obstetric Fistula, UNFPA is sounding the alarm that the sexual and reproductive health needs of women and girls could be undermined. These services – including access to maternity care and safe delivery care – must be recognized as essential and life-saving.

Under the shadow of war

Marwa's fistula was only the start of her troubles. Conflict had erupted in Yemen, throwing communities into poverty and hobbling the country's health system.

"They told me to be patient and accept my fate… I was told that my life is over," Marwa said, crying over the memory of that time. "I felt so sorry for myself, my youth and my newborn baby who would grow up without a father. I felt my whole life had been taken away from me. What did I do to deserve such fate? I asked that myself repeatedly."

Marwa spent as much time and money as she could searching for a cure. "It was useless. I knocked on many doors," she said.

Finally, she visited a midwife named Na'ama, who had received training from a UNFPA-funded programme. "She was my last resort and my only hope."

By chance, Na'ama had taken a course on preventing and identifying obstetric fistula, and she knew just where Marwa could get care.

Na'ama contacted the National Midwives Association, which runs a UNFPA-supported fistula treatment programme. Marwa was put on a waiting list.

"One day they called me and asked me to travel to Sana'a within a week."

The fistula programme covered all her travel expenses. She was even able to bring her sister to look after the baby, and a male cousin; women often require a male guardian to travel within the country.

Marwa underwent a successful treatment surgery at Al Thawra Hospital.

Now, she says her life has been transformed. "I forgot all the pain I had gone through. I just felt joy and happiness," she said.

Support needed

UNFPA has supported the establishment of three fistula units across the country. Between 2018 and 2019, more than 100 fistula surgeries were successfully treated free of charge.

But today, Yemen's health system is on the verge of collapse. Humanitarian funding for programmes in Yemen has dried up, even as the country grapples with the arrival of the COVID-19 pandemic. Hundreds of reproductive health facilities have closer or are set to close in the coming weeks.

A pledging conference is scheduled to take place, virtually, on 2 June.

**Name changed to protect privacy*

WORLD: Joint press statement: Protecting sexual and reproductive health and rights and promoting gender-responsiveness in the COVID-19 crisis

Government Offices of Sweden (06.05.2020) - https://bit.ly/3brcwBo - We, the Ministers of South Africa, Sweden, Argentina, Australia, Albania, Belgium, Bolivia, Bosnia-Herzegovina, Cabo Verde, Canada, Cyprus, Czech Republic, Denmark, Finland, Fiji, France, Germany, Greece, Guinea, Italy, Latvia, Lebanon, Liberia, Liechtenstein, Luxembourg, Madagascar, Montenegro, Netherlands, North Macedonia, Namibia, New Zealand, Norway, Portugal, Romania, Serbia, Spain, Switzerland and the United Kingdom, are honored to issue this joint statement on behalf of the people and governments of 59 countries: Albania, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Bosnia-Herzegovina, Bulgaria, Canada, Cabo Verde, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Guinea, Ireland, Iceland, Italy, Japan, Latvia, Lebanon, Liberia, Liechtenstein, Lithuania, Luxembourg, Madagascar, Mexico, Moldova, Montenegro, Namibia, Netherlands, North Macedonia, New Zealand, Norway, Peru, Portugal, Republic of Korea, Romania, Serbia, South Africa, Slovenia, Spain, Sweden, Tunisia, Tuvalu, Switzerland, United Kingdom, Ukraine and Uruguay.

Humanity is confronted with the unprecedented threat of COVID-19. Around the world, the pandemic is having a devastating impact on health systems, economies and the lives,

livelihood and wellbeing of all, particularly older people. Responding effectively to this fast-growing pandemic requires solidarity and cooperation among all governments, scientists, civil society actors and the private sector.

COVID-19 affects women and men differently. The pandemic makes existing inequalities for women and girls, as well as discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty worse and risk impeding the realization of human rights for women and girls. Participation, protection and potential of all women and girls must be at the center of response efforts. These efforts must be gender-responsive and consider different impacts surrounding detection, diagnosis and access to treatment for all women and men.

The restrictive measures designed to limit the spread of the virus around the world, increase the risk of domestic violence, including intimate partner violence. As health and social protection as well as legal systems that protect all women and girls under normal circumstances are weakened or under pressure by the COVID-19, specific measures should be implemented to prevent violence against women and girls. The emergency responses should ensure that all women and girls who are refugees, migrants or internally displaced are protected. Sexual and reproductive health needs, including psychosocial support services, and protection from gender-based violence, must be prioritized to ensure continuity. We must also assume responsibility for social protection and ensure adolescent health, rights and wellbeing during schools close-down. Any restrictions to the enjoyment of human rights should be prescribed by law, and in accordance with international law and rigorously assessed.

We support the active participation and leadership of women and girls at all levels of decision-making, including at community level, through their networks and organizations, to ensure efforts and response are gender-responsive and will not further discriminate and exclude those most at risk.

It is crucial that leaders recognize the central role of Universal Health Coverage (UHC) in health emergencies and the need for robust health systems to save lives. In this context, sexual health services are essential. We recommit to the immediate implementation of the UHC political declaration by all. Funding sexual and reproductive health and rights should remain a priority to avoid a rise in maternal and newborn mortality, increased unmet need for contraception, and an increased number of unsafe abortions and sexually transmitted infections.

Around the world, midwives, nurses and community health workers are essential to contain COVID-19 and they require personal protective equipment. Safe pregnancy and childbirth depend on all these health workers, adequate health facilities, and strict adherence to infection prevention. Respiratory illnesses in pregnant women, particularly COVID-19 infections, must be priority due to increased risk of adverse outcomes. As our national and international supply chains are impacted by this pandemic, we recommit to providing all women and girls of reproductive age with reproductive health commodities. And we call on governments around the world to ensure full and unimpeded access to all sexual and reproductive health services for all women and girls.

We welcome the multilateral efforts, including by the UN, including UNFPA and UN Women, WHO, the World Bank and IMF, and regional development banks, as well as the G7 and G20 declarations, towards a coherent and global response to COVID-19. We encourage them all in their efforts with national governments and other partners to ensure an effective response and assurance of the continuation of essential health services and rights.

We must coordinate our efforts in this global health crisis. We support the UN General Assembly resolution entitled Global Solidarity to fight COVID-19. And we encourage all governments, the private sector, civil society, philanthropists and others to join us in supporting the emergency response, particularly in the most vulnerable countries, and to give full effect to the global commitment to universal access to health care.

POLAND: Reject new curbs on abortion, sex ed

Don't manipulate pandemic to endanger women, adolescents.

HRW (14.04.2020) - https://bit.ly/34Rxurv - Poland's Parliament will consider regressive legislation this week that would restrict sexual and reproductive health and rights and put the lives and well-being of women and adolescents at risk, Human Rights Watch said today. The legislation is scheduled for reading on April 15 or 16, 2020 as the country remains under a COVID-19-related state of emergency that bans group gatherings.
The bills under consideration were originally introduced in March 2018 and October 2019, and have since been stalled or not moved forward under the Parliament elected in November 2019. Both were met by street protests.

"Given its track record of undercutting the rule of law, it is fitting that the government would move to pass abusive laws when the public demonstrations that have met these laws before are prohibited," said Hillary Margolis, senior women's rights researcher at Human Rights Watch. "The Polish government's focus during the pandemic should be to protect people's health and rights, not diminish them."

The "Stop Abortion" bill would amend the criminal code, eliminating legal access to abortion in cases of severe or fatal fetal anomaly, further limiting what is already one of Europe's most restrictive abortion laws. The bill was introduced in March 2018 and supported by high-level politicians of the ruling conservative Law and Justice party. Its approval by a parliamentary committee led to mass protests, but the bill stalled as conservative parliament members requested a Constitutional Tribunal ruling on the legality of permitting abortion in cases of severe anomaly that threatens a fetus' life.

The "Stop Pedophilia" bill would amend the criminal code to criminalize "anyone who promotes or approves the undertaking by a minor of sexual intercourse or other sexual activity." People and organizations providing sexuality education or information on sexual and reproductive health and rights, including teachers, outreach workers, authors, and health care personnel, fear the bill could land them in prison for up to three years for doing their jobs. Parliament approved the bill during a first reading in October 2019, and it could expire if not considered by the newly elected parliament before mid-May, but had seen no progress until now.

Both bills are "popular initiatives," requiring 100,000 signatures for parliamentary consideration and were originally introduced in 2018 and 2019 but then stalled before the pandemic. They are drafted and backed by right-wing groups, including the conservative, anti-abortion, and anti-lesbian, gay, bisexual, and transgender (LGBT) Ordo Iuris Institute for Legal Culture. Both bills were submitted for this week's session by Elzbieta Witek, parliament speaker, a member of the ruling conservative Law and Justice party (Prawo i Sprawiedliwość, PiS).

Under Poland's current law, abortion is only legal to safeguard the life or health of women, in situations of severe or fatal fetal anomaly, or if a pregnancy results from rape or another criminal act such as incest. Even when abortion is legal, multiple barriers limit women's and girls' access in practice, including widespread invocation of the "conscience clause" that permits medical providers to refuse care based on personal or religious

belief. Laws restricting or criminalizing abortion do not reduce or eliminate women's need for abortion, but rather drive them to seek abortion through means that may put their lives and health at risk. A group of UN experts previously called on Poland's parliament to reject the "Stop Abortion" bill.

Poland's government has blocked efforts to provide adolescents with comprehensive sexuality education that is consistent with international standards. Rather, its "Preparation for Family Life" curriculum spreads misinformation that can have negative long-term health impacts, perpetuates harmful stereotypes about gender roles and sexuality, and promotes an anti-rights and anti-LGBT agenda. The ruling Law and Justice party has misrepresented comprehensive sexuality education and efforts to advance gender equality as attacks on 'traditional' family values and threats to children, using such arguments to undermine women's and LGBT rights groups. In November, the European Parliament adopted a resolution criticizing the "Stop Pedophilia" bill's introduction.

Other government efforts to further restrict sexual and reproductive health and rights have been met by public protest, including mass demonstrations beginning in October 2016 that became known as #CzarnyProtest (Black Protest) and #StrajkKobiet (Women's Strike), which led to rejection of a bill that would have enacted a total abortion ban.

In recent weeks, the government also introduced criminal code amendments, ostensibly to facilitate COVID-19 response, including significantly increased criminal penalties for people living with HIV who knowingly expose others to the infection, raising potential maximum prison terms from three years to eight. Criminalization of people with HIV violates rights and undermines efforts to curb spread of the infection and ensure access to treatment and often targets vulnerable and minority groups, including LGBT people.

Since Law and Justice came to power in 2015, Poland's government has attempted to roll back women's rights, including through smear campaigns, systematic defunding, and other attacks on women's rights organizations and activists. The ruling party's crusade against so-called "gender ideology" has gained traction and been used to galvanize support for measures that target women's and LGBT rights and smear women's and LGBT rights activists.

In the past five years, the Polish government dominated by Law and Justice has actively undermined the rule of law and eroded the independence of the judiciary, and interfered with media freedom. It has refused environmental activists entry to Poland to attend United Nations climate talks. In 2016, parliament rejected a bill that would have increased protection of marginalized groups and identities by including gender, gender identity, sexual orientation, disability, and age as potential grounds for "hate speech." Organizations working on women's rights, LGBT rights, and migration have faced harassment.

Poland's Parliament should reject the Stop Abortion and Stop Pedophilia bills and uphold sexual and reproductive health and rights in accordance with international law. This includes the right to access safe and legal abortion and to receive accurate, evidence-based information about health and sexuality.

The European Commission and other EU member states should make the best possible use of tools available, including the Article 7 procedures, to address the Polish government's policies on sexual and reproductive health and rights. Article 7 under the Treaty of the European Union provides for preventive action and possible sanctions, including suspension of a member state's voting rights within the Council of the EU if that country violates the EU's founding values, such as the rule of law.

"Undermining access to abortion and comprehensive sexuality education doesn't protect anyone, and only raises the prospect of dire health consequences for Poland's people," Margolis said. "The chaos and anxiety surrounding COVID-19 shouldn't be used as a distraction from harmful attempts to push through dangerous legislation."

WORLD: Some governments are using coronavirus to restrict women's rights

Classing abortions as 'non-essential' is cruel and an assault on the rights of women to bodily autonomy.

By Claire Provost

Al Jazeera (14.04.2020) - https://bit.ly/3abWECf - Women are prominent on the front lines of the world's response to the coronavirus pandemic.

Globally, most of our health workers are women. They also do most of the world's unpaid care work - even in "normal times" - taking care of relatives and helping them recuperate both from extraordinary illnesses and everyday exhaustion.

And yet, the rights of these women are coming under historic attacks even now.

Back in early March, a potentially historic bill to liberalise abortion in Argentina was an early casualty; its review has been indefinitely postponed along with many other democratic debates.

In the US, conservative states from Texas to Indiana are now banning most abortions during the pandemic. By classifying them as "non-essential", they are arguing that abortions can be delayed so that all doctors focus on COVID-19 first.

Across the Atlantic, in Poland, a bill to further restrict abortion has been revived and will be heard in Parliament next week. When this first happened, in 2016, it was met with mass protests - which are currently prohibited under coronavirus emergency measures.

Are governments and anti-abortion campaign groups taking advantage of the crisis to further restrict women's rights?

It would not be the first time. Around the world, organised ultra-conservative movements are looking for ways to use this moment to achieve what they always wanted; fewer rights for women over their bodies.

Anti-abortion activists in Slovakia, Italy and the UK are also campaigning for abortions to be suspended during the pandemic, arguing that all resources must be focused on the coronavirus right now. They do not want women to have these rights after the crisis, either.

Others are celebrating the closure of clinics amid emergency measures that have already taken a drastic toll on access to abortion as well as contraception, HIV medicine and domestic violence services.

This pandemic is also exacerbating and shining new light on the astonishing amount of red tape that has long limited women's access to abortion in places where it has been legal for generations.

In Italy, doctors can refuse to perform abortions (and up to 90 percent do, in some areas). Medical terminations (consisting of two pills, taken across several days), are only available during the first seven weeks of pregnancy, rather than nine as in many other European countries. And these pills must be taken in hospitals, unlike in other countries, where they are also available at clinics.

These details are crucial. Abortions are by definition time-sensitive procedures. Even before the coronavirus, women in Italy struggled to access them.

Now hospitals are overwhelmed by the coronavirus and this access is increasingly impossible. As a result, women are being forced to endure unwanted pregnancies for longer and to have surgeries they do not want as medical abortions have been largely suspended.

In other countries, restrictive red tape includes mandatory counselling, waiting periods or requirements that two doctors sign off on an abortion.

Such rules vary across borders but their effect is the same; making difficult experiences for women even harder, even in "normal times", and exacerbating these challenges today.

These restrictions have other things in common, too. Neil Datta at the European Parliamentary Forum on Sexual and Reproductive Rights told me they stem from compromises made when abortion was first legalised, which happened in the 1970s in Italy, for example. At that time, some doctors were still "diagnosing" women with hysteria.

In other words, there is nothing enlightened about this red tape. And what ultimately lies beneath these restrictions is the toxic, patriarchal idea that women cannot be trusted to control their own bodies and make their own choices.

Today, women's reproductive rights are being sidelined - again. For its part, the World Health Organization (WHO) has issued guidelines about domestic violence, contraception, childbirth and breastfeeding amid COVID-19.

But so far, it has been noticeably silent on safe abortion during the pandemic.

Thankfully, this is not the full picture. Big changes are also happening in response to the public health crisis and its fallout in all aspects of our lives.

Some US cities have suspended evictions of renting tenants, for example. In Iran, thousands have been released from prison. Many things that would have seemed impossible a year ago, do not any more.

And we are seeing some evidence of this for women's right to choose, too. England and Wales, for instance, have issued new rules to enable women to take medical abortion pills at home and via telemedicine appointments. Ireland and France have done similar. Germany has at least made its mandatory counselling available online and by phone.

These practical moves are victories for sensibility amid crisis. They uphold rights and public health. If women do not need to travel to multiple appointments, this can help limit the spread of coronavirus and get us out of this emergency faster.

Indeed, during crises change can happen quickly. Archaic red tape can be cut. Toxic distrust of women could give way to a new common sense that prioritises rights and health over politics. And those who were afraid of women's autonomy might not find it so

scary now that they have witnessed something a lot more frightening - a historic pandemic threatening lives, health systems and democracies worldwide.

WORLD: UNFPA study shows limits on women's reproductive decision-making worldwide - one quarter of women cannot refuse sex

UNFPA (01.04.2020) - https://bit.ly/3bOMWqu - Approximately a quarter of women cannot refuse sex or make their own decisions about accessing proper health care, a major international study has found. UNFPA, the United Nations sexual and reproductive health agency, today released groundbreaking new research revealing how far the world has come in allowing women and girls to make informed decisions about their reproductive rights.

Most countries have strong laws to ensure women can access their sexual and reproductive health and rights. But the reality women face is often very different. UNFPA measured women's reproductive decision making in 57 countries, and legislation on sexual and reproductive health and rights in 107 countries, and the findings showed, amongst other trends, that in over 40% of the countries, women's reproductive rights are regressing.

"One woman in four in the countries we examined is not able to make her own decisions about accessing health care. This is shocking and unacceptable," said Dr. Natalia Kanem, UNFPA Executive Director. "This new research offers a comprehensive picture of the state of sexual and reproductive health and rights around the world, both in law and the lived reality of women and girls. It will help us better understand what works and pinpoint the challenges that remain with a level of detail we have not had before."

The new findings help us measure progress towards achieving Sustainable Development Goal 5 (SDG 5), gender equality and women's empowerment. More precisely, they cover two indicators under SDG 5 on achieving universal access to sexual and reproductive health and rights (Target 5.6). Indicator 5.6.1 measures women's reproductive autonomy and indicator 5.6.2 measures the legal and regulatory frameworks that exist in countries to allow people their sexual and reproductive health and rights.

The key findings from the research include:

*Only 55% of women can make their own decisions on sexual and reproductive health and rights.

*A quarter of women are not able to make their own decisions about accessing health care.

*Countries on average have 73% of the laws and regulations in place needed to guarantee full and equal access to sexual and reproductive health and rights.

*Almost 100% of countries' laws and regulations guarantee access to voluntary HIV counselling and testing and protect the confidentiality of people living with HIV.

*Many states impose legal restrictions that impede access to sexual and reproductive health and rights for certain groups - namely women and adolescents.

This research will be a crucial resource for UNFPA, governments, and partners to efficiently respond to the most pressing needs of women and girls around the world. For

the first time, it allows us to identify the challenges different countries still face in the full realization of sexual and reproductive health and rights that legal frameworks may not account for.

You can access the research here: https://www.unfpa.org/sdg-5-6.

ARGENTINA: Argentina president to introduce bill to legalise abortion

If the bill is approved, Argentina will be the largest jurisdiction to legalise the procedure in Latin America.

By Natalie Alcoba

Al Jazeera (02.03.2020) - https://bit.ly/2PL73NM - Argentina's President Alberto Fernandez will send a bill to Congress in a matter of days that seeks to legalise abortion, marking the first time the initiative will have the backing of the president in what could be a significant breakthrough for abortion rights in Latin America.

Fernandez made the announcement in the National Congress on Sunday, with thousands of people gathered outside, including women brandishing the green handkerchief of abortion rights. Some wiped tears from their eyes during his speech.

In Argentina, abortion is illegal and can mean jail time, except in instances of rape, or if a mother's health is at risk.

The new bill comes two years after a dramatic debate in the home country of Pope Francis in which the legalisation of abortion was narrowly rejected by the Senate.

Fernandez called the current law "ineffective" because it has had no deterrent effect.

"It has also condemned many women, generally of limited resources, to resort to abortive practices in absolute secrecy, putting their health and sometimes their lives at risk," he said.

"A state that is present must protect citizens in general and obviously women in particular. And in the 21st century, every society needs to respect an individual's decision to make choices over their own bodies.

"That is why, within the next 10 days, I will present a bill for the voluntary interruption of pregnancy that legalises abortion at the initial time of pregnancy and allows women to access the health system when they make the decision to abort."

Advancing women's rights

Argentina's feminist movement is pushing to legalise elective abortion in the first 14 weeks of pregnancy.

The president will also send a project to Congress that will provide better support to mothers and newborns, as well as a plan to ensure sexual education is delivered in schools.

The Argentine government estimates that 350,000 illegal abortions take place every year in the third-most populous country in South America, putting women's lives at risk.

Human rights groups estimate the number could be as high as 500,000. Many women who try to access abortions that are legal also face obstacles, with doctors invoking religious or moral objections.

Ana Correa, a women's rights activist who wrote Somos Belen, a book about an Argentine woman who was imprisoned after suffering a miscarriage said she was delighted with Fernandez's decision.

"We're very happy and hopeful," Correa told Al Jazeera. "We will have some important opponents, but it's going to be very difficult for legislators to oppose this project because there really is very compelling proof of how clandestine abortions impact women."

Daniel Lipovetsky, a legislator in the province of Buenos Aires, told Al Jazeera that Sunday's announcement showed how far Argentina had moved ahead on the issue.

"Just a few years ago, it would have been unimaginable that a president would send a project to legalise abortion to the Congress," said Lipovetsky, who forms part of the political opposition and in 2018 was part of the group who worked in favour of legalisation.

Argentina is in the midst of an important transformation around the advancement of women's rights. In 2015, a feminist movement known as Ni Una Menos (Not One Less) took to the streets to denounce high rates of violence against women and triggered a broader debate that set the stage for the vote in 2018.

Correa, one of the founders of Ni Una Menos, highlighted three cases that have served to "unmask" the truth of abortion in Argentina: that of Belen, who spent more than two years in prison after a court ruled that what doctors had diagnosed as a miscarriage was an abortion (her conviction was overturned in 2017 following a public outcry); that of Ana Maria Acevedo, who sought an abortion in 2007 in order to undergo chemotherapy, was refused, and died; and that of an 11-year-old girl known as Lucia, who was raped by her grandmother's partner and denied a legal abortion by health authorities in 2019, until a court finally intervened. An emergency caesarean section had to be performed, the baby did not survive, and the doctors were then accused of homicide. No indictments were filed.

Correa said Fernandez's project to provide support to new mothers also serves "to deconstruct that false notion that those of us who are in favour of legal abortion are against maternity - that's not true."

Influence of Catholic church

The president's speech opening the session of Congress addressed a slew of other issues in Argentina, which is in a deep recession and in talks with the International Monetary Fund and other international creditors to restructure its debt. He made repeated references to taking care of the most vulnerable.

"His discourse was steeped with his set of values, of an Argentina that is inclusive, that is innovative, of a state that is present, and a state that is attending to, and listening to the new demands," said political scientist Paola Zuban, director of the public opinion consultancy Zuban Cordoba & Associates. But the issue of abortion remains deeply divisive, according to polls she has conducted.

The Catholic Church is likely to play an influential role in the debate. During the president's speech, the Episcopal Conference of Argentina sent a tweet reminding people

of the mass it is planning for International Women's Day on March 8 to express opposition to abortion and "yes to women, yes to life."

"The culture of death advances," Monsenor Jorge Eduardo Scheinig, an archbishop, said in a recorded message. "We need to pray so that in Argentina, the yes to life is stronger than death."

Lipovetsky believes that the votes are there for approval in the lower house, but the Senate will be close. Still, he is optimistic.

"The chances that this will finally become law are many," he said.

And Correa says the feminist movement will keep the pressure on.

"There's no doubt that we're going to stay present in the streets and we're going to keep insisting so that legislators vote in favour," she said.

WORLD: Anti-abortion laws: a war against poor women

Given the amount of research that shows how ineffective punitive laws are in curbing the number of abortions women carry out, it is difficult to imagine any other reason that they exist, other than to keep women out of the workforce and in poverty.

By Manuella Libardi

Open Democracy (28.01.2020) - https://bit.ly/2RY08Rx - The political fight against anti-abortion legislation is infact a class battle, and the reality is that abortion is only illegal for poor women. Women with resources can always interrupt their unwanted pregnancies. Either they know a doctor who performs medical abortions for an exorbitant price, they have the resources to travel to a place where abortion is legal, or they have the means to buy an abortion pill in their own country or elsewhere.

Restricting access to safe abortions keeps poor women in poverty, perpetuates the cycle that prevents them from social mobility and allows wealth to remain in the hands of the rich, particularly white men.

Deciding if and when to have a child is essential for a woman's economic and psychological well-being: it has implications for her education and for entering the workforce. In a 2018 study based on interviews with 813 women in the United States throughout five years, researchers found that women who had abortions denied to them were more likely to be in poverty within six months compared to women who were able to interrupt the pregnancy. Women who were denied abortion were also less likely to have full-time work and more likely to depend on some form of public assistance. Both effects "remained significant for 4 years."

The study concludes that "women who were denied an abortion were more likely than women who received an abortion to experience economic difficulties and insecurity for years. Laws restricting access to abortion may lead to worse economic outcomes for women".

Latin America

In Latin America, this scenario is exacerbated by the huge inequalities of the region, which makes poor women and minorities invisible to those who are creating public

policies. Indigenous women, for example, are disproportionately affected by adverse sexual and reproductive health outcomes.

The rates of unwanted pregnancy and teenage pregnancy are high among indigenous populations and indigenous women also face greater risks of complications related to abortion such as injury or death than the general public.

Poor, young and ethnic minority women suffer the physical and social costs imposed on them by the restrictive anti-abortion laws of Latin America the most. Latin America is home to six countries that criminalize abortion in all cases, even in situations where a woman's life is at risk. In El Salvador, the Dominican Republic, Haiti, Honduras, Nicaragua and Suriname, women have to carry a full term pregnancy even if it means they could die in the process, which is an explicit violation of their human rights.

This makes Latin America the region of the world with the strictest anti-abortion legislation. The only other two places that fully penalize termination, even if the procedure is medically necessary to save the woman's life, is Malta and the Vatican.

El Salvador made headlines in 2019 when Evelyn Hernández was acquitted of a murder conviction related to the death of a fetus. She had been sentenced to 40 years in prison for giving birth to a dead baby, in other words, for miscarrying.

In this Central American country, at least 159 women have received sentences of between 12 and 40 years of prison for violating the country's anti-abortion laws. About 20 remain in jail today, and none of these women comes from rich or economically stable families. All are poor.

The race factor

The political-economic order is made up of many variables, and race is among the first. In the United States, black women have the highest abortion rates in the country. This is a consequence of the serious wealth gap between white and black families, which remains constant even among poor families.

A white family that lives near the poverty line generally has a yearly wage of around $18,000, meanwhile, black families in similar economic situations usually have a near-zero average wealth. While all women suffer the consequences of the battle against abortion, class reality means that women of color feel the effects disproportionately.

A large number of studies show that access to safe abortion in the United States had more visible positive effects among black women. After the legalization of the procedure, the entry of black women into the workforce increased 6.9 percentage points, compared with 2 percentage points among all women.

The legalization of abortion in the United States reduced adolescent fertility among all women. However, black women and girls experienced an increase in the high school graduation rate and college admission, while legalization did not improve educational outcomes for white women and girls. This is another indication of how inequality disproportionately affects women of color.

Restrictive laws do not decrease abortions

The highest abortion rates are found in developing countries, specifically in Latin America. Leading the list is the Caribbean, with 59 per 1,000 women of reproductive age, followed by South America, with 48. As expected, the lowest rates are found in North America, with 17, and in Western and Northern Europe, with 16 and 18, respectively.

Given the amount of research that shows how ineffective punitive laws are in curbing the number of abortions women carry out, it is difficult to imagine any other reason that they exist, other than to keep women out of the workforce and in poverty.
