

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN CENTRAL AMERICA AND MEXICO



This document summarizes the current context of sexual and reproductive health and rights in the countries where Ipas works in Central America and Mexico.

Women and girls in Central America and Mexico face an adverse context when attempting to exercise their sexual and reproductive rights. Institutional barriers to access legal abortion, the criminalization of abortion and of women experiencing obstetric emergencies, the lack of preventative measures and comprehensive care for survivors of sexual violence, and the prohibition of emergency contraception are just some examples of governmental actions that have immeasurable negative repercussions on the sexual autonomy and reproductive health of women and girls in the region.

As several international human rights institutions have demonstrated, the COVID-19 pandemic has exacerbated inequality, violence, and the violation of women's human rights with negative consequences that include increases in the number of unwanted pregnancies and maternal mortality rates.



CENTRAL AMERICA

COSTA RICA, EL SALVADOR, GUATEMALA, HONDURAS, NICARAGUA, AND PANAMA

In Central America, women make up 49.56% of the total population. Guatemala is the most populous country in the region with 16.9 million residents and it also has the highest total fertility rate of 3.3 children per woman.¹ The region faces significant social challenges due to high levels of poverty, inequality, and violence, as well as increases in the number of people migrating north, with some differences by country. Important consequences of high inequality include increased migration, lack of public safety, and growing organized crime and drug trafficking. Central American migrant women and girls are exposed to a wide range of risks that include exploitation, gender-based violence, and barriers in access to sexual and reproductive health services. Government lack of political will to respond to citizen demands and their increasingly serious violations of human rights and fundamental liberties have led to a crisis and deficit of democracy in the region.²

Three countries in Central America prohibit abortion with no exceptions. The laws of El Salvador, Honduras, and Nicaragua also impose prison sentences on women who consent to the termination of their pregnancy under any circumstance and, since 2008, Honduras prohibits and criminalizes access to emergency contraception.

The legal frameworks of Costa Rica, Guatemala, and Panama permit abortion when continuing the pregnancy poses a risk to the woman's life. Panama's legislation also allows abortion when the pregnancy is a product of rape, and Costa Rica permits abortion when continuing the pregnancy endangers the woman's health. In practice, however, women face significant barriers when attempting to access this socially stigmatized health service.

The total criminalization of abortion has created an environment of persecution and criminalization of women and other pregnant people seeking abortion care or who experience obstetric emergencies. In Honduras, 47 women have been prosecuted and imprisoned for abortion.³ In El Salvador, there are 17 women with prison sentences of up to 40 years who are accused of abortion and aggravated homicide.⁴ To date, **the Inter-American System for Human Rights has accepted two cases against El Salvador that highlight the devastating effects of these policies on the lives of women and their families.**^{5,6}

Women and girls in Central America experience a context of generalized violence characterized by widespread impunity and a lack of public policy focused on the prevention and care for victims and survivors of gender-based violence, especially regarding comprehensive sexual and reproductive health care for survivors of sexual violence.

In El Salvador, there were 2,894 reports of sexual violence in 2019, or eight cases a day. In 75% of the cases, the victims were girls and adolescents under 17, with 848 cases involving girls under the age of 11.⁷ In 2015, the health system reported that five out of every 1,000 prenatal visits were among girls under the age of 14, and in 2017, 781 pregnancies in girls 10 to 14 years old were recorded.⁸ According to official statistics, the 2019 maternal mortality ratio in El Salvador was 28.6 deaths per 100,000 live births.⁹

In Nicaragua, the epidemic of sexual violence against adolescents and girls is one of the most serious in the region. In 2018, 41% of medical legal investigations on sexual violence involved child victims between the ages of 0 and 12 and 40% between 13 and 17 years old. Ninety-nine percent of the victims are women.¹⁰ According to a survey conducted by Nicaragua's Ministry of Family, 50% of pregnancies in girls and adolescents are a result of sexual violence.¹¹ Although the Nicaraguan Penal Code criminalizes sexual relations with people under the age of 14, pregnant girls are forced to become mothers after experiencing sexual violence, which puts their health and life at risk. From 2006 to 2016, at least 16,400 girls aged 10 to 14 gave birth in public hospitals in Nicaragua according to hospital records.¹² These figures highlight the

barriers that survivors of sexual violence encounter when accessing comprehensive medical care, including contraception and emergency contraception.

In 2010, the Pan American Health Organization (PAHO) estimated that abortion criminalization in Nicaragua would result in an increase in the maternal mortality rate for abortion, from 1.6 deaths per 100,000 women to 4.6-9.2 deaths.¹³ After 2009, however, there are few reliable public data available on maternal mortality resulting from a lack of government transparency and the current administration's influence on public institutions.

In Honduras, the national Public Prosecutor's office received 1,824 reports of sexual violence between January and August 2019. Of these, 81.25% were cases of women and girls, with 68% of them being minors. Between 2009 and 2018, a total of 215,623 girls under 18 gave birth in the country. In 2018 alone, there were 843 births registered to girls under 14. In addition to the criminalization of abortion and contraception, Honduras does not have a protocol for comprehensive care for victims and survivors of sexual violence. Since 2016, feminist groups, women's organizations, and health specialists have promoted the development of said protocol; however, health authorities have rejected the proposal using criteria that lack scientific evidence. Despite the criminalization of abortion, in 2018, public health facilities reported 12,042 hospitalizations for abortion nationwide; 44% were categorized as spontaneous abortion and the remaining 66% as "unspecified abortion."¹⁴

In Guatemala, 10,893 cases of sexual violence were reported in 2019.¹⁵ Between January and May 2020, 46,863 pregnancies in adolescent girls under 19 years old have been recorded. Of these, 1,962 are among girls aged 10 to 14.¹⁶ The United Nations Population Fund (UNFPA) and the international nonprofit Plan International found that 20% of girls and adolescents in Guatemala have at least one child by the age of 18, and that 30% of women aged 20 to 24 were married before the age of 18.¹⁷ Abortion is the fifth leading cause of maternal mortality in Guatemala, making up 6% of all maternal deaths. Although the maternal mortality ratio decreased by 7% from 2013 to 2018, in 2018, 84% of maternal deaths resulted directly from obstetric complications due to medical interventions, omissions, or incorrect treatment, therefore placing the responsibility for these deaths on the Guatemalan State and its provision of maternal health care. Forty-two percent of maternal deaths are concentrated in just 25 municipalities in the country, disproportionately affecting women who live in communities that are rural, indigenous, and have lower levels of educational access and attainment.¹⁸



MEXICO

In Mexico, abortion is legal under the specific exceptions established in each of its 32 state's penal codes. Rape is the only circumstance in which legal abortion is permitted in every state. Mexico City and Oaxaca are the only states whose laws allow legal abortion up to 12 weeks of pregnancy for any reason.¹⁹

According to official estimates, 600,000 sexual crimes are committed each year in Mexico and 81% of the victims are women.²⁰ Although abortion in cases of rape is recognized in the legal and normative framework as an emergency health service that must be provided by public health institutions, **victims continue to face barriers to access due to delays in care or service denial**, which the Supreme Court has ruled a serious violation to human rights.^{21,22}

As a result of the disparities in Mexico's legal framework for abortion and persistent barriers to abortion access at the local level, **an average of 6,000 women from across the country travel to Mexico City each year to access legal abortion care provided by the city's public facilities.**²³

In 2019, Mexico's federal government launched **structural reforms to overhaul the national health system** focused on guaranteeing universal access to public health services by improving the availability of human resources, health supplies and infrastructure, and prioritizing community and primary health care.²⁴

In the face of the crisis brought on by COVID-19, the federal government's main strategy to revive the economy has been to reduce public spending through budget cuts. This has led to cuts of up to 75% to multiple Federal Public Administration agencies, including the Executive Commission for the Care of Victims, the National Institute of Women, the National Council for the Prevention of Discrimination, and the National Population Council, to name a few, who will see their capacity to operate and protect women's rights significantly diminished.²⁵

Since January 2020, **the right of children and adolescents to access comprehensive sex education has been threatened** by a set of legal reforms, also known as "Parental Pin," promoted in the federal and local congress of several states. The law would give parents the power to veto educational program content that they believe conflicts with their morals, values, or religious beliefs. The proposed laws explicitly indicate that they are intended to prohibit the distribution of information on sexual and reproductive health in schools. The "parental pin" proposals have prompted a swift reaction from civil society, international human rights agencies, and federal Ministries of Health, Education, and the Interior who have spoken out against the reforms as a violation of human rights.²⁶ The National Human Rights Commission, the local Human Rights Commission of Aguascalientes state, and a minority group from the Aguascalientes state Congress have filed claims of unconstitutionality before the Supreme Court. They are demanding that the "parental pin" reform, approved in Aguascalientes this year, is ruled unconstitutional for violating the human rights of children and adolescents.²⁷



THE COVID-19 PANDEMIC'S IMPACT ON SEXUAL AND REPRODUCTIVE HEALTH

The World Health Organization has recognized sexual and reproductive health care as essential services during the COVID-19 pandemic.²⁸ However, **analyses on the pandemic's human cost underscore the disparate negative impacts on the sexual and reproductive health of women and girls.** UNFPA has highlighted that the pandemic will contribute to **an increase in cases of gender-based violence and unmet contraceptive need** in low- and middle-income countries due to reduced access to sexual and reproductive health services, leading to a greater number of unwanted pregnancies.²⁹

Special attention should be given to sexual violence due to victims and survivors' need for comprehensive sexual and reproductive health care, which should include the provision of contraception and safe abortion, and potential unwanted pregnancies resulting from rape. Pregnancies that are a product of rape in victims under 15 years old are especially concerning given the associated health risks and complications during pregnancy in girls and young adolescents.³⁰

The Guttmacher Institute found that the COVID-19 pandemic has already had an adverse effect on contraceptive supply chains, sexual and reproductive health facility closures, and disruptions in health services worldwide. Their analysis estimates that a decline in sexual and reproductive health services in low- and middle-income countries will result in **additional unintended pregnancies, unsafe abortions, and maternal**

and neonatal death.³¹ In Mexico alone, the National Population Council estimates that unmet contraceptive need among women and girls during the pandemic will result in **122,000 unplanned pregnancies.**³² Mexico has also reported an increase in maternal deaths during the pandemic. As of September 2020, the maternal mortality ratio was 44.2 deaths per 100,000 live births, an increase of 33.2% compared to 2019. COVID-19 is now the leading cause of maternal death in the country.³³

REFERENCIAS

- 1 Central American Integration System (SICA). (2020). *Demographic statistics and indicators*. <https://www.sica.int/si-estad/clasificacion/estadistica/demograficas/?indicatorIds=14d1>
- 2 The Lutheran World Federation, Central America Program. (2020). *Regional Report on Human Rights and Conflict in Central America*, 2019. <https://centralamerica.lutheranworld.org/es/content/informe-regional-de-derechos-humanos-y-conflictividad-en-centroamerica-2019-66>
- 3 García, E., Lozano, G., & Arias, M. (2020). *Criminalization of women for abortion in Honduras*. Somos muchas: Por la libertad y la vida de las mujeres, Optio Global Reproductive Justice Program. <https://issuu.com/lisamariesheran/docs/criminalizacion-mujeres-delito-aborto-final03>
- 4 Citizen's Association for the Decriminalization of Therapeutic, Ethical, and Eugenic Abortion. (2020). *From hospital to prison: Consequences for women of the total criminalization of termination of pregnancy in El Salvador*. <https://agrupacionciudadana.org/download/del-hospital-a-la-carcel-consecuencias-para-las-mujeres-por-la-penalizacion-sin-excepciones-de-la-interrupcion-del-embarazo-en-el-salvador/>
- 5 The first case admitted by the Inter-American System of Human Rights is that of Beatriz, a young woman living in extreme poverty and diagnosed with lupus. Due to El Salvador's total abortion ban, she was denied a safe abortion on multiple occasions, despite the risks that the pregnancy posed for her health and fatal fetal malformations. Inter-American Commission on Human Rights. (2017 September 7). Report No. 120/17. Petition 2003-13. Admissibility: Beatriz. El Salvador. <https://www.oas.org/es/cidh/decisiones/2017/ESAD2003-13ES.pdf>
- 6 The second case is that of Manuela, a low-income woman who could not read or write and was imprisoned for aggravated homicide after receiving medical care for an obstetric emergency in the rural community where she lived. Manuela died in prison due to a lack of access to medical attention for the cancer she was suffering from. Her two children were orphaned and must suffer the consequences of stigma and discrimination by the State. Inter-American Court of Human Rights. (2020). *Caso Manuela y otros vs. El Salvador*. https://www.corteidh.or.cr/docs/tramite/manuela_y_otros.pdf
- 7 Observatory on Violence Against Women. (2020). *Sexual violence indicators*. <http://observatoriodeviolencia.ormusa.org/violenciasexual.php>
- 8 UNFPA. 2019. *Adolescent and child pregnancy map - El Salvador, 2017*. <https://elsalvador.unfpa.org/es/publications/mapa-de-embarazos-en-ni%C3%B1as-y-adolescentes-en-el-salvador-2017>
- 9 Ministry of Health. (2020). *Bulletin: National health system indicators 2018-2019*. [https://www.salud.gob.sv/archivos/DVS/unicel/boletines indicadores SNS/Boletín de indicadores del Sistema Nacional de Salud 2018-2019 v2.pdf](https://www.salud.gob.sv/archivos/DVS/unicel/boletines%20indicadores%20SNS/Boletin%20de%20indicadores%20del%20Sistema%20Nacional%20de%20Salud%202018-2019%20v2.pdf)
- 10 Supreme Court of Justice, Legal Medicine Institute. (2018). *Anuario 2018*. https://www.poderjudicial.gob.ni/pjupload/i/ml/pdf/Anuario_2018.pdf
- 11 EFE. (2019 March 29). Nicaragua must respond to child pregnancy and sexual violence according to Unicef. *El Nuevo Herald*. <https://www.elnuevoherald.com/noticias/mundo/america-latina/article228618049.html>
- 12 PAHO. (2015). *Adolescent pregnancy: Informative bulletin*. https://www.paho.org/nic/index.php?option=com_docman&view=download&category_slug=datos-y-estadisticas&alias=714-boletin-informativo-embarazo-en-adolescentes&Itemid=235
- 13 PAHO Nicaragua. (2010). *Repeal of therapeutic abortion in Nicaragua: The Impact on health*. https://www.paho.org/nic/index.php?option=com_docman&view=download&category_slug=salud-de-la-mujer-y-salud-sexual-reproductiva&alias=121-derogacion-del-aborto-terapeutico-en-nicaragua-impacto-en-salud&Itemid=235

- 14 Women's Human Rights Observatory. (2019). *Sexual violence against women in Western Honduras, January-August 2019*. Women's Rights Center (CDM). <http://derechosdelamujer.org/wp-content/uploads/2019/11/boleti%C3%ACn-occidente-WEB.pdf>
- 15 Ministry against Sexual Violence, Exploitation, and Human Trafficking. (2020). *Statistics: Medical reports of sexual crimes*. <https://www.svet.gob.gt/estadistica>
- 16 Reproductive Health Observatory (OSAR). (2020). *Pregnancies and birth records to adolescent mothers, 2020*. <https://osarguatemala.org/embarazos-y-registro-de-nacimientos-de-madres-adolescentes-ano-2020/>
- 17 UNFPA and Plan International. (2018). A hidden reality for girls and adolescents: Forced, early, and child marriage and unions in Latin America and the Caribbean. <https://osarguatemala.org/una-realidad-oculta-para-ninas-y-adolescentes-matrimonios-y-uniones-infantiles-tempranas-y-forzadas-en-america-latina-y-el-caribe/>
- 18 Ministry of Public Health and Social Assistance, Epidemiology Department. (2019). Epidemiological situation for maternal mortality in Guatemala. <https://osarguatemala.org/situacion-epidemiologica-muerte-materna-en-guatemala-2018/>
- 19 Ipas Mexico. (2020). Legal indications for abortion: Penal code. <https://ipasmexico.org/pdf/IpasMx-2020-CausalesLegales.pdf>
- 20 Executive Commission for the Care of Victims. (2016 March 10). *First assessment on sexual violence care in Mexico*. <https://www.gob.mx/ceav/documentos/primer-diagnostico-sobre-la-atencion-de-la-violencia-sexual-en-mexico>
- 21 AR 1170/2017, Second Chamber of the Supreme Court. (2018).
- 22 AR 601/2017, Second Chamber of the Supreme Court. (2018).
- 23 Mexico City Ministry of Health. (2020). *Legal Termination of Pregnancy statistics: April 2007 – July 31, 2020*. <http://ile.salud.cdmx.gob.mx/wp-content/uploads/ILE-WEB-JULIO-2020.pdf>
- 24 Ministry of Health. (2019 December 27). Decree reforming, adding, and repealing various provisions of the General Health Law and the National Health Institutes Act. *Health Institute for Wellbeing*. <https://www.gob.mx/insabi/documentos/decreto-por-el-que-se-reforman-adicionan-y-derogan-diversas-disposiciones-de-la-lgs-y-de-la-ley-de-los-institutos-nacionales-de-salud?idiom=es>
- 25 Ministry of the Interior. (2020 April 23). Official Journal of the Federation. https://www.dof.gob.mx/nota_detalle.php?codigo=5592205&fecha=23/04/2020
- 26 Unicef Mexico. (2020 June 17). *UN agencies worried about "parental pin" and bodily punishment reforms in Aguascalientes*. <https://www.unicef.org/mexico/comunicados-prensa/agencias-de-la-onu-preocupadas-por-reformas-en-aguascalientes-sobre-pin-parental>
- 27 Murillo, E. (2020 August 23). The Supreme Court allows action against parental pin in Aguascalientes. *La Jornada*. <https://www.jornada.com.mx/ultimas/politica/2020/08/23/admite-scnj-accion-contr-pin-parental-en-aguascalientes-4795.html>
- 28 World Health Organization. (2020 March 25). *COVID-19: Operational guidance for maintaining essential health services during an outbreak*. https://apps.who.int/iris/bitstream/handle/10665/331561/WHO-2019-nCoV-essential_health_services-2020.1-eng.pdf?sequence=1&isAllowed=y
- 29 UNFPA. (2020 April 27). *The COVID-19 pandemic's repercussions on family planning and ending gender-based violence, female genital mutilation, and child marriage*. https://mexico.unfpa.org/sites/default/files/pub-pdf/COVID-19%20impact%20brief%20for%20UNFPA_24%20April%202020_ES_0.pdf
- 30 World Health Organization. (2020). *Adolescent pregnancy*. <https://www.who.int/en/news-room/fact-sheets/detail/adolescent-pregnancy>
- 31 Riley, S., Sully, E., Ahmed, Z., & Biddlecom, A. (2020). Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries. *Guttmacher Institute*. https://www.guttmacher.org/sites/default/files/article_files/4607320.pdf
- 32 Ministry of the Interior. (2020 July 13). Ministry of the Interior, through the National Population Council, presents main demographic challenges in Mexico due to COVID-19. <https://www.gob.mx/segob/prensa/expone-secretaria-de-gobernacion-a-traves-del-conapo-principales-desafios-demograficos-en-mexico-ante-covid-19?idiom=es-MX>
- 33 Ministry of Health, General Department of Epidemiology. (2020). *Weekly report on the immediate notifications of maternal death*. https://www.gob.mx/cms/uploads/attachment/file/576803/MM_2020_SE36.pdf



Ipas is a nonprofit organization that works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia, and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

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