REPRODUCTIVE HEALTH matters

VIEWPOINT

Inequality, Zika epidemics, and the lack of reproductive rights in Latin America

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Abstract: *It is well-documented that structural economic inequalities in Latin America are expressed through and reinforce existing gender gaps. This article aims to look at the relationship between structural inequalities and reproductive health in the case of the Zika epidemic. The consequences of the epidemic will continue to affect the same women whose access to comprehensive reproductive health services, including safe abortion, is restricted at best.*

Keywords: Zika epidemic, Latin America, Colombia

Inequality and reproductive health in Latin America

It is a well-documented fact that Latin America, as recognized by the Economic Commission of United Nations (ECLAC) in many official documents, is the most unequal region in the world and that structural inequalities are expressed through, and reinforce, the existing gender gaps.[1]

A recent study performed in Colombia to evaluate gender gaps (differences between men and women and differences among different subsets of women) via a series of indicators used in the Millennium Development Goals (MDGs) highlighted inequalities that are usually masked by presenting only average reproductive health indicators for the general population.[2] These data show that persistent maternal mortality in certain groups of women and adolescents explains why Columbia still has among the highest maternal mortality ratio in the region, and shows how the disproportionate burden on indigenous, black and less educated women is at the core of this situation. At the same time, there are still high levels of intentional teen pregnancies, chosen as a way of life by disadvantaged adolescents. In the midst of other problems, these generate huge "costs of omission":[3] that is, public policies that omit reproductive health and rights negatively affect women's physical autonomy and thereby their ability to generate an income and gain some degree of financial autonomy. A consequence is the intergenerational transmission of poverty, affecting societies and states as a whole.[2] This is particularly harmful in settings where policies to protect women's and children's rights, such as paid maternity leave and good public daycare and pre-school centers for working and student mothers, are not in place. Gender gaps combined with geographical gaps impeded the achievement of the MDGs relating to reproductive health, and now challenge the realisation of the Sustainable Development Goals (SDGs), as stated by the study used here as a reference.[2] Maternal mortality and teen pregnancy can be compared to other indicators such as use of modern contraception[4,5] and access to legal abortion in terms of inequality: these indicators all demonstrate that the poorest, indigenous and black women and adolescents are more affected.

Reflecting the situation of several Latin American countries, the following information from the national study on gender gaps in the MDGs, conducted by UN agencies in Colombia, reveals how inequality is expressed in the intersection of poverty, race, educational level and geographic location, leading to the exacerbation of negative outcomes.[2] Elevated rates of maternal mortality are persistent, linked to gender and other inequalities that widen the gap between certain subgroups of women. Simultaneously, maternal mortality rates are even higher in the poorest quintile, being 1.72 times higher in the departments with the highest rates of

unmet basic needs.* Maternal mortality is also 70% higher in remote rural areas, amongst indigenous communities or groups of African descent.

Maternal mortality is also linked to gender-based violence and unwanted pregnancy. The indicators relating to violence against women are a sensitive reflection of gender inequality and the limited physical autonomy of women. National statistics indicate that certain characteristics of gender-based violence (such as physical violence or being controlled by a partner) are determining factors when it comes to explaining maternal deaths at a local level. Teen pregnancy reflects power dynamics that reduce women to a reproductive role throughout their lives, at the expense of their rights. This happens when a pregnancy is the product of a profoundly asymmetrical sexual relationship between girls or women and their partners. This phenomenon is more significant before age 14, when, on average, the age difference between the teen and her partner varies from 7 to 11 years,[2] so that most of these pregnancies could be considered as the result of a rape, according to the legislation of several Latin American countries. A further expression of unequal power relationships is the very high level of pregnancy among the most socioeconomically vulnerable teens, perpetuating the cycle of poverty through intergenerational transmission.[5]

Women in the lowest quintiles of wealth, with the lowest educational levels, usually have the highest average number of wanted offspring and the lowest rates of unwanted pregnancies. When "unwanted pregnancy" is used as a stratifying variable, the highest percentages of unwanted pregnancies and unplanned first children are pointedly among teens who belong to the highest quintiles of wealth and have high educational levels. Conversely, among the most socioeconomically vulnerable, a high percentage of pregnancies is linked to the absence of other possible life choices, and the majority are reported as wanted. Pregnancy as a life choice has been documented in many recent studies, such as in Colombia.[5]

*According to the National Survey on Health and Demography, carried out in Colombia since the 1990s, the unmet need of family planning has three components: women with unmet need of family planning; women who are currently using contraceptive methods; and pregnant women or those who became pregnant while using a contraceptive method.

Abortion deserves special focus in Latin America. In spite of having been progressively decriminalized in some countries, it is still illegal in several others including Brazil, El Salvador, Honduras and the Dominican Republic.[6] In addition, access to legal abortion is difficult and thousands of women still face disproportionate barriers.[7] According to a recent report published in The Lancet, while abortion has decreased in most developed nations, there has been virtually no decline among developing nations.[8] In Latin America, abortion is mostly a clandestine or quasi-clandestine procedure, and the roots of most significant reproductive health issues are in the profound inequalities among different groups of women: the poorest and the richest; the less and the more educated; the women who live in socioeconomically precarious urban, peri-urban and rural conditions and the ones who do not; and finally, women who are indigenous or from African descent compared to women who do not belong to these ethnic groups.

Zika and reproductive health

In 2015, the Zika epidemic escalated in the Americas, leading to an acute response on a global[9] and national level in countries like Colombia,[10] as well as a deep level of concern for the scale of its unforeseen effects, in nations like Brazil.[11]

This epidemic led to unsuspected consequences because the virus is linked to reproductive health and, specifically, because it affects pregnant women and their babies. In spite of ongoing uncertainty and incomplete knowledge,[11] the association between infection with the Zika virus and microcephaly as well as other severe foetal brain alterations (presently called congenital Zika syndrome) has been confirmed by the scientific community.[12] The impact of the infection on severe neurological malformation of the offspring of affected women in Brazil had no parallel in other countries, leading to questions about the reasons for the local increased aggressiveness and teratogenicity of the virus.[13,14]

From the beginning of the epidemic and in a myriad of responses, this situation has led many countries to recommend that women postpone their pregnancies for up to two years, as has been the case in El Salvador where, contradictory to the message, abortion is without exception a criminal offence.[15] In other words, measures have been set in place to fight the epidemic and, simultaneously, to face reproductive health challenges associated with