



**F**our-months pregnant, feverish, bleeding and in severe pain, 18-year-old Jazmina sought emergency care at a public hospital in Managua. However, her doctors could not confirm a miscarriage, and intervening without this confirmation — even to save Jazmina’s life — could mean years of imprisonment. Thirty-six hours and two hospital transfers later, ultrasound testing revealed a detached placenta, but Jazmina’s uterus had already filled with blood, and she went into fatal septic shock. Several days after her burial, Jazmina’s husband reflected on the tragedy, saying “Now I’ve lost not just our baby, but my whole family” (Aizenman 2006).

## Background

In Central America, complications of unsafe abortion are one of the leading causes of maternal death (Sedgh et al. 2007). Poor, rural, indigenous and other marginalized women are at especially high risk for resorting to unsafe abortions.

In late 2006, the Nicaraguan National Assembly voted to make abortion illegal under any circumstance; Nicaraguan law had previously allowed an exception for therapeutic abortion, or abortions performed to save a woman’s life or preserve her health. In September 2007, attempts to legalize therapeutic abortion in Nicaragua through judicial and legislative initiatives failed. El Salvador has also eliminated all legal indications for induced abortion since 1998.

The four other Central American countries where Ipas works — Costa Rica, Guatemala, Honduras and Panama — have restrictive abortion laws that only permit induced abortion under limited circumstances. Few women in Central America can obtain safe abortion care, especially those who cannot afford services in the private sector. However, despite these punitive laws, an estimated 900,000 abortions — most of them unsafe — take place annually in Central America (Sedgh et al. 2007).

Since the late 1980s, Ipas Central America, based in Managua, Nicaragua, has worked to protect women’s health and rights, focusing on ensuring access to high-quality postabortion care (PAC) throughout Central America.

Statistic	Costa Rica	El Salvador	Guatemala	Honduras	Nicaragua	Panama
National population	4,500,000	6,900,000	13,400,000	7,100,000	5,600,000	3,300,000
Total fertility rate for women aged 15–49	1.9	2.9	4.4	3.3	3.2	3.2
Maternal mortality ratio (deaths per 100,000 live births)	30	170	290	280	170	130
Percent age of married women married aged 15–49 using modern contraception	72*	61	34	56	66	Unavailable

\*data prior to 2001

## Key accomplishments

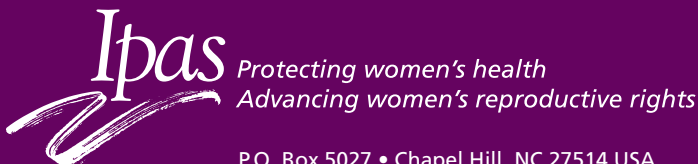
- Ipas Central America led a broad coalition to restore therapeutic abortion in Nicaragua, including working to raise awareness and ensuring therapeutic abortion remained in the public debate.
- Ipas Central America provided technical assistance and consultation about sexual and reproductive health and rights to government institutions, universities, women's movements, communication media and international organizations.
- Ipas Central America developed a successful program aimed at training and motivating young activists who promote sexual and reproductive rights.
- Ipas Central America worked to incorporate human, sexual and reproductive rights and health in the medical school curricula of cooperating universities.
- Ipas Central America worked with regional ministers and secretaries of health to install and maintain an information system for PAC; additionally, Ipas Central America implemented a model focusing on the right to PAC in one of the most important hospitals in the region.
- Ipas Central America disseminated information calling for greater advocacy and capacity-building in human rights, reproductive rights and the effects of therapeutic abortion to nongovernmental organizations, universities, the media and government decisionmakers.

## What Ipas's work means for women

Despite significant obstacles, Ipas Central America will continue working to ensure women have access to safe and effective reproductive health care. By reaching out to a new generation of health-care providers about the importance of sexual and reproductive health services, Ipas Central America aims to increase future medical professionals' commitment to women's rights. Pursuing abortion as a human-rights issue may also be a potential avenue for easing restrictions; framing restrictive abortion laws as violations of international treaties could be a significant strategy for changing legislation in Central America.

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