



Bolivia

When a judge in Cochabamba authorized an abortion for a 12-year-old girl who became pregnant after being raped by her stepfather, the decision sparked outrage. The girl's mother could not find a health-care provider who would perform the procedure — many physicians protested, and others were wary of taking on such a high-profile case. With the help of local women's groups, the mother and daughter finally found a health center that was willing to perform the abortion. Ultimately, the girl received a safe and legal abortion — however, the family, the health center and the provider have all kept their identities secret to avoid possible retaliation from the public, the government or the Catholic Church (Getz 2007).

Background

The combination of poverty, sexual violence and limited access to health care has tragic consequences for Bolivian women. Bolivia has South America's lowest earned income for women and one of the highest maternal mortality ratios (MMRs) in Latin America and the Caribbean (UN 2005). Bolivian women are over 30 times more likely to die during or shortly after childbirth than women in the United States (WHO 2007) — and many of those deaths are the result of unsafe abortion.

Bolivia's penal code prohibits abortion except in cases of rape, incest or when the woman's life or health is endangered, and physicians must receive judicial authorization to legally perform abortions. However, the country's strict penal code, cultural

stigma and biases in the health-care and legal sectors make it nearly impossible for women to obtain this authorization. As a result, many are forced to resort to clandestine providers, placing their lives at risk.

Eight years ago, in response to the large number of unsafe abortion-related deaths and injuries, the Bolivian government implemented a postabortion care (PAC) model, known as hemorrhage in the first half of pregnancy (HFHP), as a basic, free service within its Universal Health Insurance package (SUMI).

Based in La Paz, Ipas Bolivia developed a comprehensive approach to ensure that victims of sexual violence have access to abortion and other health services, as well as to law enforcement and judicial processes. Ipas Bolivia worked with the Vice Ministry of Women's Affairs and other government authorities to create and release national norms and protocols outlining comprehensive care for survivors of sexual abuse and to guarantee safe, legal abortion, psychological counseling and other support services for rape victims.

Statistic	Data
National population	9,800,000
Total fertility rate for women aged 15–49	3.7
Maternal mortality ratio (deaths per 100,000 live births)	290
Percent age of married women married aged 15–49 using modern contraception	35

Key accomplishments

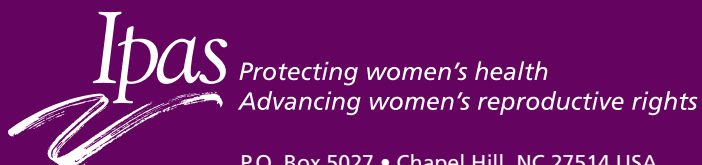
- Ipas Bolivia and government authorities agreed to use oil and gas taxes to finance efforts against sexual violence, including the establishment of a committee against sexual violence. This committee consists of the Ombudsman, the Ministry of Health and Sports, the Ministry of the Government, the Vice Ministry of Citizens' Safety, the General Police Commander, Ipas Bolivia and Marie Stopes International Bolivia.
- Ipas Bolivia helped develop a system for collecting medical-legal evidence for sexual assault, ensuring that forensic evidence is kept in case it is required by the victim.
- Ipas Bolivia designed and distributed songs, posters, booklets, a 24-chapter soap opera and radio spots dealing with sexual and reproductive rights, gender issues and human rights. These materials were designed to improve women's knowledge of these issues and the legal norms that protect them.
- Four medical schools, two public-sector nursing schools and two obstetrics-gynecology programs included a HFHP-competency model using manual vacuum aspiration (MVA) in their curricula. Approximately 100 clinical and assistant professors were trained to improve their HFHP/MVA-model skills. In 2007, approximately 600 medical students, 250 interns and 20 residents in these schools received information and training on treating HFHP with MVA.
- Training sites for the HFHP/MVA model were established in two hospitals. Approximately 24 physicians and nurses will be trained each year. More than 20 professors have already been taught to provide HFHP/MVA training.
- With local medical associations in La Paz and health departments in Cochabamba, Ipas Bolivia trained providers in the use of misoprostol. In La Paz, 26 public-sector providers and 94 private-sector providers were trained; in Cochabamba, 28 pharmacists were trained.
- As Bolivia's constitution was being re-written within the Constituent Assembly, Ipas Bolivia worked to modify the constitution's language to replace the phrase "The State's Political Constitution protects the right to life from conception..." with "The State's Political Constitution protects the right to life."
- Ipas Bolivia presented before the Constitutional Court of Appeal arguing that the requirement of judicial authorization for performing therapeutic abortion is unconstitutional.

What Ipas's work means for women

Ipas Bolivia works both to improve women's ability to receive reproductive health care and to prevent and reduce sexual violence. Ipas Bolivia is training a new generation of health-care providers in the HFHP model to provide a higher quality of care for women who have had induced abortions or miscarriages. Ipas Bolivia is also helping to train health-care providers in the use of medical abortion. Additionally, because violence against women is such a pervasive problem, Ipas Bolivia and the Bolivian government are working to call greater attention to sexual violence and to change the legal system to help victims of violence find justice.

Works cited

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