

# Latin America's Safe Abortion Hotlines: Women Take Reproductive Rights Into Their Own Hands

April Howard, Upside Down World

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09 de marzo de 2015 - [Upsidedownworld](#) - Carolina is 33 years old, a feminist, sociologist from Iquique, Chile, and one of the operators who attends the Línea Aborto Libre [Abortion Liberty Hotline]. This hotline gives callers information about how to safely self-induce a chemical abortion using misoprostol pills up to 12 weeks of pregnancy. In Chile, where abortion is currently illegal in all cases, women suffer an estimated 160,000 illegal and often unsafe abortions per year. A self-induced abortion with misoprostol, on the other hand, allows women to avoid predatory and unsafe clinics. At the hotline, Carolina takes turns with other volunteers answering a prepaid cellphone between 8 and 11 PM on weekdays. Even though the callers have to find the pills on their own, either over the counter, through friends, or on the black market, the hotline often take 15 calls per day, just during those three hours.



## Unsafe Abortion: “A Persistent, Preventable Pandemic” - The World Health Organization

Why so many calls to a volunteer-run DIY abortion hotline? In the vast majority of Latin American countries, a legal abortion is banned or so highly restricted that it is impossible to obtain. But according to the International Pregnancy Advisory Services (IPAS), a global reproductive rights NGO, “studies show that restrictive abortion laws neither prevent nor reduce the incidence of abortion, but rather force women to resort to unsafe, clandestine procedures. In countries where abortion is illegal, the risk of death and injury from abortion is 30 times higher than in countries where abortion is legal.”

Indeed, death from an unsafe abortion and complications including septic shock and internal organ perforation is the leading cause of mortality of young women in Latin America. According to the World Health Organization (WHO), Latin America and the Caribbean have the highest regional rate of unsafe abortions per capita in the world (31 per 1,000 women, aged 15 to 44), and see an estimated 4.2 million unsafe abortions every year. Because statistics about illegal activities are difficult to obtain, the true number is probably much higher. Pro-women politicians, doctors and activists in the region continue to work tirelessly on both sides of the law to save their family members, friends and fellow citizens from what the WHO calls the “persistent, preventable pandemic” of unsafe abortions.

“For us,” says Carolina of the Abortion Liberty Hotline in Chile, “abortion isn’t a discussion of morals or values. We aren’t going to enter in the debate of when life starts or ends. Maybe there are even different understandings between the women here. But this is an issue of health, and a woman that wants to have an abortion must have all the information available to do so.”

## **Women’s Bodies: The Trenches of Capitalism**

Still, some progress has been made. Access to abortion has increased in incremental ways over the past decade in Colombia, Argentina, Bolivia and Peru in cases of rape, incest and fetal anomaly. In 2012, Uruguay became the first Latin American country since Cuba (in 1965) to legalize abortion for any reason in the first 12 weeks of a pregnancy, the first 14 weeks in the case of rape, and at any time when a woman’s life is at risk or in the case of severe fetal anomalies. In 2007, Mexico City made abortion legal up to 12 weeks upon request, and free to city residents.

Chilean President Michelle Bachelet introduced a bill at the end of 2014 to permit women to have an abortion in the first 12 weeks of a pregnancy in cases of rape, fetal impairments and life-endangerment (though not health risk) with the permission of two doctors. If passed, this would be a landmark law in Chile, which is one of the five Latin American countries (out of seven in the world) that currently hold an absolute ban on abortion. Bachelet deserves enormous credit for following through on her recent inaugural promise to decriminalize abortion for the women of Chile, and for continuing to fight for reproductive rights, as she has since her first presidency.

However, even if the Chilean bill passes, it is unlikely to lower the number of calls the Chilean Abortion Liberty Hotline receives, or the number of self-induced abortions in the country. In reality, in Latin American countries that permit abortion in these cases, it is still nearly impossible even for women who are pregnant due to rape or incest, or whose health is put at risk to actually access safe abortions, due to the multiple permissions from doctors, law enforcement and judges that the laws require. In addition, these specifications exclude the majority of women worldwide who would like to terminate a pregnancy for any other reason.

Doctor Viviana Díaz and activist Marjoreyn Barrientos also collaborate with the Chilean hotline. To them, the debate over abortion in Chile in recent years “is a minimal expression of the complete control that we women must have over the [sovereign] territories of our bodies, currently the trenches of capitalism.”

Religious and societal pressure can also keep women and girls from accessing safe and legal abortions. Under the current total abortion ban in El Salvador, poor women accused of aborting are currently being put in prison, some serving 50 year terms for homicide, rather than the six-year sentence for abortion. Doctors and advocates say that there is evidence that 17 of these women actually had natural miscarriages. While two were recently released, 15 remain in El Salvador’s over-crowded women-only prison.

However, the reality for many women is that financial resources, rather than laws, dictate the ability to access reproductive freedom in a safe, or even dangerous, abortion clinic. Unrepentant Chilean ex-Minister of Health, Helia Molina, resigned/was fired from her post at the end of 2014 after making this powerful statement: “Many of the most conservative families have helped their daughters have abortions in fancy clinics in this country. The richest people don’t need laws, because they have money.”

## **Misoprostol: A Game-Changer for Safe Abortion**

In the 1980s, a woman with an unwanted pregnancy somewhere in Brazil read the label on the ulcer medication misoprostol. “Do not take if pregnant,” it would have read. “May induce bleeding.” With no access to legal or safe abortion in her country, she took the pills and successfully self-induced an abortion. Women spread the news by word of mouth about this easy way to circumvent restrictions to reproductive freedom. Initially a kind of collective and grassroots public health experiment, misoprostol’s safety and effectiveness as an abortifacient has been validated by extensive clinical studies conducted by the WHO

and other medical establishments. These studies proved that, when taken as indicated, misoprostol will terminate 75-90 percent of early pregnancies, though it is most effective when combined with another abortion pill, mifepristone, and that its use is no more risky than a miscarriage, and statistically safer than giving birth. Other common uses of misoprostol are to induce labor and to stop hemorrhaging after delivery. Thirty years later, misoprostol has become a go-to “home-remedy” for women with unwanted pregnancies for women around the world.

Latin America’s hotlines grew out of alliances with the Dutch NGO Women on Waves (WOW) lead by Dr. Rebecca Gomperts and a team of international doctors and women’s rights activists. WOW initially travelled around Europe and the UK to countries where abortion is illegal, offering to perform safe abortions on board their ship. Frustrated with their inability to reach a broader audience of women, WOW became Women on Web, and focused on spreading information on misoprostol use. They created a hotline during a campaign to legalize abortion in Portugal in 2004 (abortion was legalized there in 2007), and the idea spread. Currently, WOW will mail doses of misoprostol to women with unwanted pregnancies in countries where abortion is illegal.

## How to Have An Abortion and Not Die Trying

In June of 2008, the Ecuadorian organization Salud Mujeres [Health to Women] created their abortion hotline in Quito with training and technical support from WOW, and support from IPAS. Their inaugural event was to hang an enormous banner from the city’s statue of the Virgen of Panecillo with the text “YOUR DECISION SAFE ABORTION” and the hotline number. In following years, they have added hotlines in other cities. In 2009, the Bio Bio Collective of Feminists in Concepción, Chile, worked with WOW to launch Chile’s hotline, which has since spread to Santiago and northern Chile. Other hotlines have been started by feminist collectives in Peru, Argentina and Venezuela, and soon in Bolivia.

For Peruvian journalist Celia Podestá, informed access to misoprostol is a matter of life or death for women in her country. In the article “How To Have An Abortion In Peru And Not Die Trying,” on a misoprostol use manual put out by Peru’s Abortion Hotline, Podestá writes “While you ... read this, you must know that, inside some makeshift clinic, a woman is subjecting herself to an [unsafe] abortion. It’s probable that she’ll acquire infections, that she’ll be raped or die... With the correct information, [though], women can use misoprostol as an abortifacient and reclaim their right to choose.”

A woman who can decide whether she wants to be pregnant or not is more able to care for existing children, leave an abusive partner, and make decisions about her work, health and future. Legal, safe and affordable reproductive health care allows a woman full access to her human rights. Until Latin American police, politicians, judges and doctors are willing to afford women those rights, the activists staffing the region’s abortion hotlines are standing by to take their calls.

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