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Women's Rights to Contraception and Abortion in Chile and Spain

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I. Introduction

Sexual and reproductive health, recognized as “fundamental to individuals, couples and families,” is considered essential for the social and economic development in communities around the world (WHO, 2008). Over the past 60 years, there have been global attempts by international communities to promote human rights in all areas, including reproduction, with the United Nations (UN) leading the effort. On December 10, 1967, UN Secretary-General U Thant noted in a statement on population that “the Universal Declaration of Human Rights described the family as the natural and fundamental unit of society” and therefore, “any choice, and decision with regard to the size of the family must inevitably rest with the family itself, and cannot be made by anyone else” (UN, 2003). Men and women should have access to reproductive health care services, including family planning and sexual health (UN, 2003). The UN declared that “all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so” (UN, 2003). Singh et al. (2009) reported data from 1995 to 2003 indicating one in eight or 13% of maternal deaths worldwide are the result of unsafe abortion. Spurred by high mortality rates of women due to pregnancy, there have been social and political movements to improve women’s reproductive rights around the globe (Lopreite, 2009). To promote the international acceptance of family planning, the United Nations has advocated lowering high rate of population growth and fertility as a way to

facilitate socio-economic development, as well as a way to help families achieve their desired sizes (UN, 2003). With the cooperation of the international community, NGOs and civil society; resources and grass roots support for family planning efforts in developing countries were mobilized based on the principle of human rights (UN, 2003). The efforts led to the wide distribution and acceptance of effective, safe, low-cost and easy-to-use contraceptives (UN, 2003). The United Nations has played a crucial role in establishing family planning programs within a wide framework of reproductive health and reproductive rights (UN, 2003).

Women's reproductive rights, particularly the rights to contraceptives and abortions, have often been a contentious issue among people from different political spectrums. The issue is especially controversial among countries in Central and South America where the majority of the population is Catholic. With only a few exceptions, the laws in Latin America either totally criminalize abortion (i.e., Nicaragua, El Salvador, and Chile) or only allow abortion in certain circumstances (i.e., Brazil, Argentina, Colombia, and Peru) (Bergallo, 2010). The Catholic Church's doctrine has been consistently allowing only abstinence as a method of birth control. The Catholic Church has, at time, exerted its influence on birth control policy in countries around the world. In academic year 2009-2010, I had the privilege of studying abroad in two countries: Chile in the Fall semester and Spain the Spring semester. In each country, I did an independent study related to women's rights to birth control. I found it very interesting that while the population in

Chile and Spain is mainly Roman Catholic (70% in Chile and 94% in Spain) and both countries are the member states of the UN, there has been a big difference in the speed of reforms of women's reproductive rights policies between the two countries. Since Spain has much higher percentage of Roman Catholic, one would think that the advancement of women's reproductive rights in Spain would lag behind that in Chile. However, my observations in both countries indicated otherwise. This contradiction piqued my interest to investigate it further which led me to choose this topic as my Honors Capstone Project. Based on my observations, my hypothesis for this research is that Spanish women have more reproductive rights than Chilean women.

The objective of this paper was to examine women's rights to contraception and abortion in Chile and Spain. Since the majority of the population in both countries is Roman Catholic and both are member states of the UN that ratified the CEDAW, the first part of this research presents the theoretical frameworks (Section II), followed by a historical perspective of the UN policies (Section III) and the doctrine of the Catholic Church (Section IV) on birth control and abortion. Then, this work investigates the policies and laws on contraception and abortion, as well as the implementation of the UN policies and the influence of Catholic Church doctrine in Chile (Section V) and Spain (Section VI). Lastly, the factors affecting women's rights policy reforms in each country as well as key differences between Chile and Spain concerning women's rights to contraception and abortion are discussed in

Section VII. The Discussion and conclusions are presented in Section VIII.

This research was based on an extensive review of literature involving documents from government and non-government agencies, the Vatican website, university libraries, peer-reviewed journals, newspapers and magazine articles. Most of these sources are available online.

II. Theoretical Framework

There have been global movements to improve women's reproductive rights for decades now. Some countries have succeeded in the improvement more than others, even though on the surface, their political and social structures appear to be similar. Experts have tried to theorize what variables lead to the advancement or stalling of women's reproductive rights in various countries. From my literature review, the main variables or factors affecting countries' policy on women's reproductive rights include religious influence, democratization, geography or region, feminist movement, gender-based society, class-based society, and international pressure. Women's rights advancement may not be affected by individual variables but rather by a combination of many variables. These variables may not have an impact on all countries in a predictable way; consequently, they may result in different outcomes in different countries.

Religious Influence

Religions tend to have influence over the culture and politics of countries, which in turn affecting the government's policy concerning women's sexual and reproductive rights. This influence seems to be true in

countries whose majority of the population is either Christians or Muslims. In 2008, the Swedish Women's Organization Green Women conducted a survey of the member states of the European Union and the NGOs about the role of religious influence on their government's policy on women's sexual and reproductive rights (Larsson, 2010). Governments or the NGOs in nine out of the 27 European Union countries believed their government works were affected by religious belief, while three countries stated that they were partly influenced by religion (Larsson, 2010). For example, the Polish government admitted that "abortion on demand" will never be legal in Poland because of the powerful Catholic Church's influence there (Larsson, 2010). In Italy, the Pope supported and contributed money to the electoral campaign of Silvio Berlusconi when he promised to completely ban abortion if he was elected Prime Minister (Larsson, 2010).

Blofield (2006) found religions to have more influence in countries where there is a higher income inequality among the population. The Catholic Church, a transnational institution with hierarchy style of governing, uses its tremendous resources to influence the culture and politics of Catholic countries. The Church is particularly influential on domestic policy in Latin American countries which tend to be conservative (Blofield, 2006). During the democratization period in Argentina and Chile, "the Vatican made abortion and divorce priorities" and the domestic Church hierarchy issued a stern warning of "negative consequences democracy could bring, as they prepared to fight against open debate on family and sexual morality"

(Blofield, 2006). The two most influential elite Catholic organizations are the Legionaries of Christ and Opus Dei which are very “successful in gaining access to the elites in Latin America” (Blofield, 2006). Both organizations consist of lay people and priests working to “promote Catholic doctrine on sexual and family morality” (Blofield, 2006). Those elites who tend to be conservative and politically powerful lack incentives to challenge the Church because they themselves and the middle classes have access to contraception or safe abortion (Bergallo, 2010). Christian Democratic parties have been established in many Catholic countries with the aim at “bringing principles of Catholic social doctrine into politics” (Blofield, 2006). In countries where governments are dominated by the Christian Democratic or right-wing parties, it will be harder to reform women’s rights policies since those parties will try to postpone or weaken any proposal or prevent it from having a debate altogether (Blofield, 2006).

Htun & Weldon (2010) stated that “Much of Asia, Africa, and the Middle East are governed by multiple legal systems or by religious law.” In countries with religious law, the laws tend to endorse “male dominance and female submission, particularly in the areas of family law, reproduction, and sexuality,” as well as designate “sex-appropriate fields of work” (Htun & Weldon, 2010). In a society like that, it will be difficult for women to fight for their reproductive rights.

Regions or Geography

Regions where countries are located can have influence in shaping each country's policy. Jejeebhoy & Sathar (2001) investigated women's autonomy in three regions, one Pakistani province (mainly Muslim), one northern Indian state (Hindu and Muslim), and one southern Indian state (Hindu and Muslim). They found that once the region and nationality were controlled in their analysis, religious influence was little or inconsistent. They concluded that women's autonomy was shaped by the region where the women lived, rather than by their religions or nationality.

Each region in the world tends to have a similar religion, culture, and tradition. For example, countries in South America tend to be Catholic and conservative, while the Middle Eastern countries are mainly Muslims and very conservative. Europe is more diverse with many secular countries. There will be no pressure to change women's rights policies in countries in the Middle East or Latin America since most neighboring countries have a similar ideology. Countries that are member states of the European Union are more secular and they are bound by the treaty which includes Article 2: "The Union is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. These values are common to the Member States in a society in which pluralism, non-discrimination, tolerance, justice, solidarity and equality between women and men prevail" (EUR-Lex, 2008).

Abortion laws vary in European countries. Except for Ireland and Portugal, most countries in Europe have abortion available on demand (Blofield, 2006). In contrast, “abortion is illegal in most countries in Latin American countries,” although some countries allow abortion to save women’s lives or in case of rape (Blofield, 2006). Chile, El Salvador, and Nicaragua are the only countries in Latin America that have an absolute ban on abortion. However, regional differences may not be the key factor for the women’s rights reform. For example, Uruguay legalized divorce since 1914 in contrast to other Latin American countries (Blofield, 2006).

Democratization

Democratization after dictatorships’ rules typically leads to an improvement of women’s rights. In Latin America, democratization appears to have less impact on the improvement of women’s rights when compared to that in European countries. The party system after democratization whether it is political right, central, or left, will have a different impact on setting women’s rights agenda. The political Right tends to be conservative and associated with religions while the political left is more liberal and tends to be secular. Consequently, the liberation of women’s reproductive rights will more likely occur when the government is dominated by the political left. This seems to be the case in Spain where most women’s reproductive rights reforms occurred during the Socialist government (Blofield, 2006). In fact, Lopreite’s literature review found a “positive association between leftist

progressive political parties and the advancement of reproductive rights, especially through the legislative arena” (Lopreite, 2009).

According to Blofield (2006), it is harder to pass legislation in countries with a presidential system, such as Argentina and Chile, especially if the country has a divided government. Consequently, the system creates additional obstacles for “feminists and reformists” who seek to change legislation (Blofield, 2006). Spain has a parliamentary system and methods of representation that “reduce the number of veto points in the system,” thus decreasing the conservative elites to block legislature (Blofield, 2006). Therefore, it is easier to pass legislation in Spain than in Chile. Bergallo (2010) concluded that in Latin America, “democratization did not equal liberalization.”

Feminist Movements/Gender Equality

Feminists have long been demanding the control over their bodies and the ability to choose if and when they want to have children. Consequently, they tend to be in conflict with the Catholic Church. Feminists do not have an organized global force, but rather the woman liberalization in more developed countries inspires domestic movements of feminist organizations in less developed countries (Blofield, 2006). In Latin America, the feminist movements are not very effective, particularly in controversial issues like the morning after pill or abortion, because they lack domestic social and financial supports and tend to rely on international funding (Blofield, 2006). Without support from politicians, feminists in those

countries have sought help for their reproductive rights reform from international law by bringing their plights to international forums (Bergallo, 2010). Conversely, they have brought international human rights laws into domestic discussions in favor of reproductive rights which advocate decriminalizing abortion (Bergallo, 2010).

The feminists' most successful argument for the reform in recent years appears to be when they equate reproductive rights to sex equality and the right to health of women which makes it more palatable to the medical and public health communities as well as politicians (Bergallo, 2010). One such successful story of using the women's right to health argument was when the Colombia Constitutional Court in its 2006 decision ruled that the total ban on abortion was unconstitutional and gave "a permission for abortion in case of risk for the mental and physical health of the woman" (Bergallo, 2010). The right to health argument used by feminists is expected to help open the door for women to gain access to free or subsidized legal abortion as well as drugs and medical treatments, particularly among "marginalized women" (Bergallo, 2010). Feminists have also continued to appeal to "international human rights law in support of the recognition of a right to have an abortion as a sex equality claim" (Bergallo, 2010).

Gender-based society has cultures that give men more privileges than women and it affects all women regardless of their social positions (Htun & Weldon, 2010). Men are considered the "standard" while women are "subordinate" (Htun & Weldon, 2010). Although 185 countries had ratified

the United Nation's Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 2008, many countries still have not sufficiently addressed the issue of women's rights or implemented it into their legislative policy (Larsson, 2010). Women are still being subjected to discrimination or sexual violence in many countries, particularly the Middle Eastern region and Africa, as well as in other regions in the world. Some countries indicated that women have reproductive and sexual rights but they cannot have an abortion since it is illegal (Larsson, 2010). In Poland, "the Catholic media is targeting young people by portraying women as objects whose bodies belong to the family, in which father should make all decisions" (Larsson, 2010). In most contemporary conservative cultures, women are viewed as caretakers for children and elders, as well as household maintenance (Htun & Weldon, 2010). Lopreite (2009) believes that the "conservative gender regime is sustained through a strong male breadwinner family form and moderate levels of women's paid labor," and this type of society tend to be resistant to change in women's rights policies.

Arab culture may be the best example of a gender-based society. Women in those countries tend to be marginalized, restrained, and shielded from the public (Zeid, 2010). Consequently, they are not allowed to participate or be represented in the political agenda. Zeid (2010) stated that "the average woman in the Arab world is considered a second-class citizen in both the private and the public sphere, that is, in the family, by the state, in the job market and in civil society." The Arab World often links women's

rights to the domestic domain so it would be governed by family law (Zeid, 2010). Family law “cast women as inferior to men and gave them few or no rights over marital property, minor children, or the ability to work” (Htun & Weldon, 2010). Very few Arab women participate in the parliament, constituting less than 10% of parliamentarians in the Arab region, and less than 30% of the whole work force are women (Zeid, 2010). In a society like this, improving women’s rights is probably not its priority.

Income Inequality

As stated in the gender-based society, women are tasked with domestic labor work (i.e., caretakers for children and elders, as well as household maintenance), but not all women bear the same burdens. Rich upper class women can hire someone to do the labor works for them (Htun & Weldon, 2010). Blofield (2006) found that the political dynamics in each country was influenced more by the income distribution, rather than per capita income. The elites can use their wealth to influence politics by contributing to political candidates of their choice as well as spending it on media and propaganda; thus influencing political agenda-setting or opposing agenda they dislike (Blofield, 2006).

Economic constraints can be a huge obstacle for women’s rights to family planning. In many countries where it is legal, contraceptives, voluntary sterilization, or abortion is available only in private clinics, but not in public hospitals (Larsson, 2010). In other cases, contraceptives such as the morning-after pill and birth-control pill are available at pharmacies but

women need a doctor prescription to get them (Larsson, 2010). In those countries, only the wealthy upper class can afford it since the cost of seeing a doctor and the contraceptives can be prohibitive for the poor. In countries where abortion is illegal, the upper class can afford to have an abortion by traveling to another country where it is legal, while the poor will most likely resort to an illegal, dangerous, back-alley abortion. Many countries allow abortion in public hospitals only in certain circumstances such as rape or women's health risk. In such cases, women who want an abortion for other reasons have to get an abortion at private health institutions which can be very expensive, thus not affordable for the poor who rely on public health care (Larsson, 2010).

The level of economic inequality is particularly high in Latin America, resulting in little or no solidarity among women. When the economic inequalities in the country are high, attempts to change women's rights policies are harder (Blofield, 2006). In countries where there is a sharp division between the rich and the poor, people tend to blame the poor themselves for being poor; consequently, they are not likely to push the governments for social reforms (Blofield, 2006). Gender discriminations that affect mainly poor women will not have any support from the upper and middle class women. Poor women lack resources to organize or mobilize to fight for their rights or are not able to participate politically. In Latin America, most media are owned by wealthy conservatives who can use them to their advantage in framing the conservative ideas on social issues. They

also have more control over campaign financing, agenda-setting, and “the direction of politics and policy reform” (Blofield, 2006).

CEDAW and International Pressure

Over the past 30 years, there has been an exponential growth and increasing involvement of transnational advocacy networks and global agreements on women’s rights (Htun & Weldon, 2010; Lopreite, 2009). These international networks share ideas and resources across countries as well as provide financial supports, help train local activists, and pressure governments (Htun & Weldon, 2010). These organizations use the UN’s CEDAW agreements as a basis to pressure countries to reform women’s rights policies (Htun & Weldon, 2010). This tactic works well in poor countries seeking financial supports from international community since they have to establish their human rights credentials. In other cases, some countries such as Nigeria and Peru reform their human rights policies to divert the international focus from their other failing domestic policies (Htun & Weldon, 2010).

The International Planned Parenthood Federation (IPPF) is an example of transnational organizations that has been working to promote women’s reproductive rights in countries such as Chile and Mexico with funding mainly from the UN (Blofield, 2006; Lopreite, 2009). The presence of women’s organizations at UN-sponsored conferences had an impact on the shift in focus on women’s rights agenda. At the UN’s Cairo Conference on Population and Development in 1994, the international debate resulted in

using maternal mortality and women's sexual health as critical indicators in development (Lopreite, 2009). In Latin America where there is a very high rate of maternal mortality resulting from illegal abortion or other complications, these international events had an impact on countries in the region, particularly those that ratified the CEDAW. The impact of each factor or variable on women's rights is summarized in Table 1.

Table 1. Summary of factors influencing women's rights.

Factor	Influence on women's rights
Religion	negative
Region	depends
Democratization	positive
Feminist movements/gender equality	positive
Income inequality	negative
CEDAW, international factors	positive

III. United Nations' Policy on Contraception and Abortion

In order to discuss women's reproductive rights, a historical perspective of the global effort on the subject is presented in this section. Based on the principle that men and women should have basic equal rights, the United Nations (UN) has been promoting women's rights for more than half a century. The Commission on the Status of Women (CSW) was granted a full commission in 1946 (UN, 2011). Since then, several women's rights

conventions have been adopted by the General Assembly, such as the Convention on the Political Rights of Women (1952), the Convention on the Nationality of Married Women (1957), and the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962). On November 7, 1967, the General Assembly adopted the Declaration on the Elimination of Discrimination against Women (UN, 2011). The Declaration, although not enforceable, appeared to be the turning point in raising awareness of women's predicaments. From 1972 to 1976, the CSW considered making the Declaration a binding treaty for UN Member States (UN, 2011). Working groups within the CSW drafted the text of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1976 (UN, 2011). The drafting work was inspired by "the World Plan of Action for the Implementation of the Objectives of the International Women's Year, adopted by the World Conference of the International Women's Year held in Mexico City in 1975" (UN, 2011). The World Plan emphasized effective implementation procedures to eliminate the discrimination against women (UN, 2011). The CEDAW was finally adopted by the UN General Assembly in 1979 and 64 states, including Chile and Spain, signed the Convention in a special ceremony at the Copenhagen Conference on July 17, 1980 (UN, 2011). Chile and Spain later ratified it on December 17, 1989 and January 5, 1984, respectively (UN, 2011).

The CEDAW, considered an international bill of rights for women, consists of a preamble and 30 articles which provide a definition of what

constitutes discrimination against women as well as an attempt to end such discrimination by setting up an agenda for national action (UN, 2011). Based on the 1979 Convention, family planning is considered a human right guaranteed to men and women to decide the number and spacing of their children (Casas, 2004). The states that signed the Convention commit themselves to adopt a series of measures that will end all forms of discrimination against women (UN, 2011). According to UN (2011), the Convention is the only human rights treaty which affirms women's reproductive rights and their rights to change or retain their nationality and their children's nationality. Member States that have ratified or acceded to the Convention are legally bound to implement its provisions (UN, 2011). Those countries are required to submit reports at least every four years, to describe measures they have made to comply with their obligations to the treaty (UN, 2011). The reports can be found on the United Nations' website under "Country Reports" (UN, 2011).

In addition to the original CEDAW, the UN General Assembly adopted the 21-article Optional Protocol to the Convention on October 6, 1999, and it went into effect on December 22, 2000 (UN, 2000, December 21). The Optional Protocol provided an international solution when women's rights violations occur and it will also act as an incentive for governments to examine their current means available to women to enforce their rights at the domestic level (UN, 2000, December 21). Currently, 64 nations, including Spain, have ratified the Optional Protocol whereas Chile entered its signature

on December 10, 1999 but has not ratified it (UN, 2011). The countries that ratified the Optional Protocol recognize the CEDAW's ability to accept petitions from individual women or group of women after they exhausted all national corrective means, as well as its authority to investigate grave or systematic violations of the Convention (UN, 2000, December 21).

The goal of the United Nations to achieve "universal access to reproductive health by 2015" was committed by nations across the world at the 2005 World Summit at the UN Headquarters in New York City (UN, 2009). Two indicators, "contraceptive prevalence relative to the use of any method" and "unmet need for family planning," are used to measure the reproductive health in each country (UN, 2009). Based on the survey of representative samples of women of reproductive age, it found that the goal of women having universal access to reproductive health is still not close to being realized. More than 20% of married women between 15 and 49 years of age (i.e., reproductive age) have little or no access to contraceptives (UN, 2009). However, the global trend indicates that the use of contraceptives among these women continues to increase. The world average of women in union or married women of reproductive age using contraceptives is 63%, ranging from 3% in Chad and 88% in Norway (UN, 2009). Based on 2001 data, about 88% of European countries provided either direct or indirect support for contraception and the support continues to rise (UN, 2003). Based on the world data, most common contraception methods, in order of

popularity, are female sterilization (20%), the intrauterine devices (IUD) (14%), birth control pills (9%), and male condoms (6%) (UN, 2009).

In response to a question about the UN's stand on the issue of abortion, the UN issued Fact Sheet #6 stating, "the United Nations does not promote abortion as a method of family planning" and "the legal status of abortion is the sovereign right of each nation" (UN, 2000). The goal of the United Nations Population Fund (UNFPA) is to eliminate or reduce the needs for abortions by giving assistance to countries in terms of reproductive health services, including family planning and information, which are considered the most effective ways to prevent abortions (UN, 2000). The United Nations recognizes abortion is a controversial subject which usually generates passionate reactions from people. Contentious issues associated to abortion include women's rights to have control over their own bodies; the obligation of the state to protect the unborn, the tension between the secular and religious views of human life, the individual, and the society; the rights of spouses and parents to participate in the abortion decision; and the conflicting rights of the women and their fetuses (UN, 2002).

UN's Population Division published *Abortion Policies: A Global Review* on June 14, 2002 which is also available online (UN, 2002). National policy on abortion was examined country-by-country in the publication. Overall, percentages of countries where abortion is legally allowed for various reasons are presented in Table 2.

Table 2. Percentage of countries in the world allowing legal abortion for various reasons.

Reason for Abortion	Legally Permitted in Countries in the World (%)
To save a woman' life	98
To maintain mental and physical health	62-63
In case of rape or incest	43
Fetal malformation	39
Economic or social reasons	33
On request	27

Based on the 1994 data from the World Health Organization (as cited in UN, 2002), only 40% of the 50 million abortions carried out in the world each year were performed legally. The global abortion rate is expected to increase with the invention of “abortion pill” such as RU 486, because the pill makes it easier to terminate pregnancy without having to go to special facilities (UN, 2002). The United Nations emphasizes that the highest priorities must be to prevent unwanted pregnancies through contraception and every effort should focus on eliminating the need for abortion (UN, 2000).

IV. Catholic Church's Doctrine on Contraception and Abortion

The Catholic Church's doctrine with regards to contraception and abortion is presented here in order to understand what kind of influence the Church may or may not have on the two Catholic countries being evaluated.

The Vatican has always been against any artificial forms of contraception (PBS, 2003). According to the Public Broadcasting Service, the Church was not concerned about contraception in the early time because most involved “folk remedies and homemade cervical cap” (PBS, 2003). However, it became alarmed in the 1920s-1930s when rubber condoms and diaphragms had been mass-produced. Prior to the 1930s, traditional Christians tended to associate birth control with promiscuity and adultery (PBS, 2003). Pope Paul VI asserted that artificial birth control could open the door to marital infidelity as well as lower moral standards (Pope Paul VI, 1968).

Catechism of the Catholic Church declares that the conjugal love of a man and a woman has the twofold commitment of fidelity and fecundity (The Vatican, 2010). The Catholic Church has always viewed procreation as the primary purpose of sex, and condemned the use of any artificial birth control (i.e., contraceptives such as pills, condoms, diaphragms, cervical caps, douches, suppositories, and spermicides) as a violation against the law of God and of nature, and the offenders are stigmatized as committing the worst sin (PBS, 2003; The Vatican, 2010). The Church’s doctrine considers tampering with the sperm as equivalent to murder (PBS, 2003). In 1930, Pope Pius XI issued an encyclical entitled “*Casti Connubii*” to confirm the Church’s position opposing birth control but acknowledged a secondary, unitive, purpose of sex for the first time, allowing married couples the right to engage in intercourse at the times when it would not result in pregnancy

(i.e., current pregnancy, menopause, and interfile times of the menstrual cycle or rhythm) (Pope Pius XI, 1930).

In a speech addressed to the Italian Catholic Union of Midwives on October 29, 1951, Pope Pius XII formally accepted the rhythm method and declared that “direct sterilization, either perpetual or temporary, in either the male or the female, is unlawful according to natural law” (Pope Pius XII, 1951). With the invention of birth control pill in 1960, many Christians became optimistic that the Church would accept the pills as a birth control method since it consisted of natural hormones already existed in women’s bodies (PBS, 2003). However, after eight years of deliberation which included a study commissioned by the Vatican, it was concluded the pill was considered an artificial method of preventing birth (PBS, 2003).

The Vatican’s position on contraception was officially expressed on July 25, 1968 when Pope Paul VI explained it in his encyclical letter, *Humanae Vitae*, the document that condemned contraception (PBS, 2003; Pope Paul VI, 1968). His 1968 encyclical letter confirmed that all artificial contraception was “seriously evil” and considered a mortal sin. At the present time, catechism of the Catholic Church only allows “periodic continence” (i.e., the methods of birth regulation based on self-observation and the use of infertile periods) which is considered the only moral and natural way to exclude the possibility of pregnancy (Pope Paul VI, 1968; The Vatican, 2010). The Catholic Church’s stand on prohibition of artificial contraception has been reiterated repeatedly in modern time by Pope John Paul II and Pope Benedict

XVI. "Theology of the Body," a series of 129 lectures given by Pope John Paul II between September 1979 and November 1984, reaffirmed Pope Paul VI's *Humanae Vitae* which banned artificial contraception while accepting the "natural family planning (NFP)" or natural periods of fertility and infertility (Hogan, 2003). Pope Benedict XVI also reiterated the Catholic Church's ban against artificial birth control in a speech that marked the 40th anniversary of *Humanae Vitae* (Emilio, 2008). In an interview during the flight to Africa, Pope Benedict XVI made a controversial comment about the use of condoms to fight AIDS, stating that "the problem cannot be overcome by the distribution of prophylactics: on the contrary, they increase it" (Pope Benedict XVI, 2009). However, when asked later about the remarks in an interview published in *Light of the World*, he seemed to retract and imply that it was acceptable for male prostitutes to use condoms to prevent the spread of AIDS (Smith, 2011).

The Catholic Church had not been consistent in its stance on abortion until about 150 years ago when it established that abortion was a serious sin equivalent to murder, a ground for excommunication. At the present time, the Church is against abortion for any reason, not even when a woman's life is in jeopardy. On June 28, 1974, Pope Paul VI ratified the Declaration on Procured Abortion and ordered it to be promulgated (Pope Paul VI, 1974). He later gave a speech on the Declaration at the Sacred Congregation for the Doctrine of the Faith on November 18, 1974, to commemorate the Dedication of the Basilicas of Saints Peter and Paul in Rome (Pope Paul VI, 1974). The

Declaration continues to be the Vatican's position on abortion today. The Church is firm in its conviction that life begins at the moment the ovum is fertilized and considers any embryo's destruction to be an abortion. It is affirmed in the Declaration that "You shall not kill by abortion the fruit of the womb and you shall not murder the infant already born" (Pope Paul VI, 1974).

The Church asserted modern genetic science confirmed that the moment fertilization occurred, it created an individual human being with certain characteristics already well determined (Pope Paul VI, 1974). It proclaimed that no reasons (whether it be a serious question of health/life/death for the mother, the burden of having an additional child, the fear of the child being born abnormal or retarded, and so on) "can ever objectively confer the right to dispose of another's life, even when that life is only beginning" (Pope Paul VI, 1974). The Church's position on abortion has been reiterated over and over by subsequent Popes. During a news conference on the plane to Brazil in 2007, Pope Benedict XVI remarked that legislators who voted to legalize abortion in Mexico City should be excommunicated (AP, 2007). He was determined to halt the expansion of legal abortion in the region and expressed his confidence in Latin America's Catholic leaders to stand firm on anti-abortion stance and to reinforce "respect for life from the moment of conception until natural death as an integral requirement of human nature" (AP, 2007).

V. Chile's Policies and Laws on Contraception and Abortion

Since 1970, Chile's political regime shifted from a Marxist/Socialist government (Salvador Allende) to a military dictatorship (Augusto Pinochet) in 1973, and then back to a democratically elected government in 1990 (U.S. Department of State, 2011). Serious human rights violations, including murdering and torturing, were committed during Pinochet's ruling (1973-1990) of which he was criminally charged in later years before his death in 2006 (Reel & Smith, 2006). In 1989, one of his last acts was to outlaw therapeutic abortions that would save women's lives or health (Blofield, 2006). From that moment on, all abortions became illegal regardless of circumstances, and Chile became one of the two countries (the other is El Salvador) with the absolute ban on abortion (Blofield, 2006). However, a survey of 1,800 women in 22 cities showed the majority of them preferred abortion to be permitted if the pregnancy would endanger mother's life or health (78%), if the fetus was congenitally deformed (70%), or if it was a result of incest or rape (59%) (Casas, 2004).

The Catholic Church plays an important role in politics of women's reproductive rights in Chile. Roman Catholic makes up the majority of the population (70%), followed by other Christians (17.2%), other religions (4.6%), and agnostic or atheist (8.3%) (U.S. Department of State, 2011). According to a survey in 1991, people who practiced religions were against abortion at higher percentages than those who did not (Hudson, 1994). Women's rights to family planning have constantly been hindered by

influential people linking to the Opus Dei and the Legionnaires of Christ who established themselves as “moral crusade leaders” (Casas, 2004; Blofield, 2006). These conservative Christian groups inserted their influence on social agenda by building “schools and universities, fostered think tanks, and created fundamentalist civil society organizations to dominate framing and agenda-setting on family and sexual morality” (Blofield, 2006). They were also responsible for the delay of legalizing divorce which resulted in 56% of children born out of wedlock, because couples simply found legal technicality to annul their marriages or just separated and lived with their new partners without legal marriages (Blofield, 2006). Divorce finally became legal in 2004.

Unlike other countries, the shifting of the government to democracy did not seem to have as much impact on women’s rights to contraception or abortion. Latin American countries in general are traditional societies where women tend to be viewed as “mothers or caregivers” (Casas, 2004). Lopreite (2009) called it “conservative gender regime” where males were “breadwinners” and women’s reproductive rights were limited, although it may not necessary be true in Chile. According to Casas (2004), feminists in Chile have had little role in women’s reproductive rights movement because “feminism is depicted as an anti-male movement that does not represent the majority of women.” Feminist groups were unable to cultivate a financial base domestically , but rather depend on international funding since the middle class are less likely to identify with or struggle for the poor (Blofield,

2006). Although opinion polls consistently favor the progressive stand on reproductive rights, politicians as well as academics are careful in advocating their positions either for or against it (Casas, 2004). Despite all abortions are banned in Chile, a large number of women continue to obtain illegal abortions which often lead to complications or death (Blofield, 2006). It was estimated during the 1990s that there were between 120,000 and 175,000 abortions per year, which was equivalent to approximately one abortion for every three live births, one of the highest rates in South America (Blofield, 2006). According to Hudson (1994), it was estimated that “about a third of all Chilean women have one or more induced abortions during their childbearing years.” A more recent statistics indicates that approximately 40,000 teenage girls become pregnant and 35% of them end the pregnancy by having illegal abortions each year” (Barroso, 2008).

Serious family planning in Chile started in 1964 with the establishment of the Asociación Chilena de Protección de la Familia (APROFA), an organization which was later affiliated with the International Planned Parenthood Federation (IPPF) (Casas, 2004). In 1966, the APROFA succeeded in persuading the government to pass “the successful Family Health and Birth Regulation (FHBR) Program,” ensuring freedom for couples to choose how many children they want to have (Casas, 2004). The goal of the program was to reduce the need for women to have abortions and to protect the health of women and children (Casas, 2004). Outreach programs were set up by Eduardo Frei’s government with the assumption that the

family planning was the foundation for protecting the health of women and children (Casas, 2004). Free birth control measures were made available in medical facilities during that time (Casas, 2004). The program was so successful that women's abortions as well as the related mortalities fell sharply by 1971 under President Salvadore Allende (Casas, 2004).

According to Casas (2004), small but influential groups, such as a medical community, have more impact on women's reproductive rights than the feminists' movement. This is probably because the middle class in Chile tend to neither identify nor struggle with the poor; thus, feminists have a hard time building a support base to challenge a more structured and powerful religious rights (Blofield, 2006). The medical community utilized "irrefutable medical evidence" in the argument for the need of family planning, including the data showing half of the country's blood supply had been used to treat women with complications from illegal abortion, as well as half of maternal mortality were due to abortions (Casas, 2004). Researches by the medical community also led to the development of an intrauterine device (IUD) that was cheap, highly effective (last 12 years), and could be fitted by "non-medical personnel" (Casas, 2004). However, after Augusto Pinochet took over of the country in a military coup in 1973, his government dismantled or weakened the family planning programs, including advising doctors not to promote birth control (Casas, 2004). The government also issued a resolution restricting voluntary female sterilization by requiring women who wanted sterilization to be over 32 years of age, have at least four

living children, and have a spouse's or partner's consent (Casas, 2004).

During the Pinochet government, women were not given much say in their reproductive rights, including the decision regarding the number of children they wanted to raise (Casas, 2004).

A Christian Democrat, Patricio Aylwin, won the presidential election in December 1989 and that marked the end of a dictatorship/military rule. The Women's Health Program (WHP) was established to focus on women's health and reproductive rights, including classifying a voluntary sterilization as an irreversible contraceptive method (Casas, 2004). However, the birth control services gave access to only "young mothers" and excluded other young women who did not have children (Casas, 2004). The spousal consent requirement for sterilization was repealed in 2000 after several NGOs filed complaints with the CEDAW Committee, which in turn criticized the Chilean government for the lack of women's groups and NGOs' inputs when drafting sterilization reform legislation (Casas, 2004). The acceptance of the sterilization reform prompted a protest from conservatives and the Catholic Church claiming it would erode family life and harmony and it would eventually lead to legalize abortion (Casas, 2004).

The Roman Catholic Church is powerful in Latin American countries, like Chile. According to Blofield (2006), "it is the largest single land-owner in Chile and commands a significant sector of the private education system." The Church has repeatedly exerted its influence on legislature concerning women's reproductive rights. It urged the Chilean Senate to vote against

ratifying the Optional Protocol to the CEDAW which would give power to the UN to “accept and investigate complaints from claimants within its jurisdiction,” because it believed that would lead to legalize abortion (Casas, 2004). Chilean politicians seem to avoid the abortion issue even though the public opinion polls consistently have shown the majority of Chileans prefer legalizing abortion, at least under certain circumstances. The reason why the Chilean government accepted the 1994 Cairo International Conference on Population and Development was because the conference frame work did not regard abortion as a birth control method (Casas, 2004). The Cairo Conference affirmed “reproductive rights to be a human rights where men and women have the right to information and access to family planning methods of their choice” (UN, 1994). Despite the objection from the Catholic Church, the Chilean delegates accepted and signed the final Declaration and the Platform for Action at the Fourth World Conference on Women in Beijing in 1995 (Casas, 2004). The Conference frame work was gender-sensitive and required the signees to revise punitive abortion law in their countries (Casas, 2004). The Department on the Status of Women (SERNAM)’s ten-year plan (2000-2010) was revised to “include improving the status of women and dealing with sexuality and reproduction issues from a gender perspective” (Casas, 2004). Despite accepting the framework at both Cairo and Beijing Conferences, the Chilean government did not follow through with the policies for fear of antagonizing the powerful Catholic Church (Casas, 2004).

Concerns about the high rates of teenage pregnancies (40,000 annually), illegal abortions (140,000), and the increasing AIDs incidence in the mid 1990s, the Ministry of Education with a strong support from President Eduardo Frei established a sex education program called “Conversational Sessions about Affection and Sexuality” or JOCAS (La Epoca, 1996; Shepard, 2006). The program called for collaborations among parents, teachers/professors, and high school students in the discussion of sexual issues (La Epoca, 1996). However, the program ran into a heavy resistance from conservatives and the Catholic Church, claiming it promoted “immorality by discussing sexuality in clinical rather than moral terms and subverting parental rights” (La Epoca, 1996). The opponents used some controversies to condemn the program. One of such controversies was staged by a conservative newspaper “El Mercurio” in 1996 when it published a photograph of two youths holding condoms at one of the program schools with a corresponding story claiming those students received condoms through JOCAS (Shepard, 2006). The students later said the reporter handed them the condoms right before they took their photograph. Several other controversies helped by the conservative newspaper followed (Shepard, 2006),

The Church eventually succeeded in preventing schools from teaching sex education and it also campaigned against “the inclusion of emergency contraception in the treatment protocol for victims of sexual violence” (Casas, 2004). An attempt was made by an NGO’s Open forum on

Reproductive Health and Rights between 1994 and 1995 to legalize abortion in case of incest and AIDS (HIV) but it was not successful (Casas, 2004).

Some conservative lawmakers even tried to increase a more severe penalty for women who chose to have an abortion or their providers (Casas, 2004).

One of the reasons Chile has not had a significant reform of women's reproductive rights might be due to legislatures simply avoid it by not bringing it up for a discussion in the Congress because it is such a divisive issue. Any discussion occurred usually deals with technical issues (such as medical evidence or the consequences of public health) rather than women's rights (Casas, 2004). Although the Catholic Church strongly objects to premarital sex, it is broadly accepted by the majority of Chileans, including 63% of practicing Catholics (Hudson, 1994). Most Chileans favors all kinds of birth control methods (Hudson, 1994). Since 1960s, contraceptives have been widely used, facilitated by Chilean's national health programs mainly for women with at least one child (Hudson, 1994). It was more difficult in the 1990s for women without children to obtain contraceptives, particularly for those who were poor, with consequences of having a baby out of wedlock or resorting to having an illegal abortion (Hudson, 1994). Forty percent of sexually active teenagers between 15-18 years of age do not use any form of contraception (The Economist, 2006). In addition, sex education is not taught in schools, information about AIDS is non-existent, and condom-vending machines are rare (The Economist, 2006).

The contraceptive method that was considered highly controversial and spurred the most debates was the emergency contraception (EC) or morning-after pill. Its purpose is to prevent unwanted pregnancy after unprotected sex (WHO, 2005). This pill is effective up to three days after sexual intercourse. Its mode of action is to prevent fertilization using concentrated doses of the same active ingredients as those in regular birth control pills (Barroso, 2008). The morning-after pill is controversial because some people believe it only prevents implantation, thus violating the right to life of fertilized eggs (Barroso, 2008). Conservative Chileans are also afraid that easy access to emergency contraception will lead to increasing promiscuity among teenagers and undermine parents' authority, despite past research shown otherwise (Barroso, 2008). Over the years, pro-life groups mainly the members of Opus Dei and Legionnaires of Christ filed several lawsuits to ban the ingredients of the emergency contraception but they were summarily dismissed by the Court (Casas, 2004). Fortunately, the challenges were not successful; otherwise, it would mean outlawing birth control pills since they contain the same active ingredients (Casas, 2004). The Opus Dei and Legionnaires of Christ have used El Porvenir de Chile, an online Christian website, as a powerful tool in filing lawsuits and lobbying the public and the press (El Porvenir de Chile, 2011). When Michelle Bachelet who was an agnostic pediatrician became president in March 2006, she issued an executive order to allow the National Health Service to freely distribute the morning-after pill to any woman over 14 years of age who

wanted it (The Economist, 2006). The reaction from terrified parents and opposition politicians were swift and the practice was temporarily blocked by an Appeals court on September 13, 2006, and later the Chilean Constitutional Court ruled the emergency contraception distribution by the public health system to minors without parental consent illegal on April 4, 2008 (The Economist, 2006; Gallardo, 2006; Barroso, 2008).

Chile's dual health care system is funded by a 7% universal income tax deduction under which citizens can choose either the public National Health Insurance Fund or any of the country's private health insurance companies (Bastías, Pantoja, Leisewitz, & Zárata, 2008). The private insurance coverage can be upgraded by paying an extra premium. This dual system of public and private healthcare coverage creates inequality in health care between the rich and the poor. As of now, women may legally obtain the morning-after pill from a pharmacy if they have a prescription from a health professional. However, most women who rely on the public health system simply cannot afford it because the pill and the visit to a doctor's office are expensive (Bonney, 2010). Affluent women can buy it easily from their private health insurance, while poor women who rely on the public health service can only obtain it if they were raped (Gallardo, 2006). In July 2009, the Lower House of the Parliament of Chile passed a bill to regulate information and distribution of contraception methods which includes the free distribution of emergency contraception in the public health system (Castellanos, 2009). The goal of this bill is to guarantee women free access to the pill regardless of

their economic situation (Castellanos, 2009). The bill must still receive approval from the Senate (Castellanos, 2009).

VI. Spain's Policies and Laws on Contraception and Abortion

In the early 20th century, motherhood was considered “an inescapable biological mandate for women” by the majority of doctors in Spain (Nash, 1999). Women had little rights to regulate the number of children they wanted to have. During that time, women did not discuss birth control or abortion in public (Nash, 1999). Only eugenics or medical condition such as hereditary disease and “race degeneration,” not women’s reproductive rights, was used to justify birth control or abortion (Nash, 1999). Spain under Dictator Francisco Franco (1939-1975) was an authoritarian, single party state and very conservative (Solsten & Meditz, 1988). The government controlled every aspect of life, aiming at preserving traditional values using law and church regulations (Solsten & Meditz, 1988). Officially, contraceptives sale was completely banned, although with the introduction of birth control pill, at least 500,000 women used it as an artificial contraception by 1975 (Solsten & Meditz, 1988). Sexual attitude started to change in the second of half of 1960s due to the influence from a blooming tourism industry and the return of workers from more liberal countries in Western Europe (Solsten & Meditz, 1988). After Franco’s death, the ban on contraceptives sale was canceled in 1978 and it was the beginning of sexual liberalization although the government did not have a policy on contraception and abortion during that time (Solsten & Meditz, 1988). No

sex education was offered in school and family planning centers rarely existed; consequently, it led to an increase in unwanted pregnancies and abortion (Solsten & Meditz, 1988).

The women's role in Spanish society dramatically changed after the country's return to democracy. More and more women graduated from colleges and entered the work force which in turn affecting their family planning (e.g., the number of children they wanted to have) (Solsten & Meditz, 1988; UN, 2005). Based on Spain's 2006 data, 65.7% of married or in-union women of reproductive age use contraceptives, with condom use being the most popular (24.8%) followed by pill (17.2%), male sterilization (7.9%), and female sterilization (5.6%) (UN, 2009). Percentage of unmet need for family planning is a low 11.8%. The government does not have an explicit policy to control population growth, and fertility is considered an individual matter (UN, 2005). The government, however, provides a direct support on contraceptive use, while improving maternal health care if a woman chooses to become pregnant (UN, 2005). It promotes health care through various programs connected with family planning and sex education. Spain has a single-payer, national healthcare system which provides a free health care to all Spanish residents and there are also thousands of primary care clinics across the country (Socolovsky, 2009). Patients do not have to fill out claim forms and have no co-payment. No one, even illegal immigrants, will be denied the services. There is an extensive network of family planning

centers in the country (UN, 2005). The World Health Organization ranks Spain's health care system seventh in the world (Socolovsky, 2009).

Spain legalized contraception and sterilization in 1978 and 1983, respectively (UN, 2005). Contraceptives are not free in Spain (Angloinfo, 2010). Contraceptive pills are available by prescription only and can be issued by a gynecologist (Angloinfo, 2010). Despite the objection of the Catholic Church and conservative groups, the Spanish government permitted the sale of the emergency contraception (morning-after pill) over the counter at pharmacies without prescription or age restriction starting in 2009 (Govan, 2009). The Spanish Social Security system pays 75% of the cost of abortion provided that it meets the legal requirements (Angloinfo, 2010). Spain's Family Planning Federation has offices in Andalusia, Castilla Y León, Catalonia and the Balearics, Extremadura, Galicia, La Mancha, and Madrid, providing support in family planning throughout the country (Angloinfo, 2010).

Spain enacted criminal law provisions in the 1800s (the first penal code of 1822), prohibiting the performance of abortions (Fulco, 2009; UN, 2005). The only exception that abortion would be allowed was when it was necessary to save the pregnant woman's life. Violation of the laws was subjected to imprisonment or other harsh punishments (UN, 2005). This law remained effective for over 150 years until the early 1980s (Fulco, 2009). There were some slight changes of the provisions during that time. For example, in 1944, Spain's Fascist government increased the penalty for

abortion from six months to six years unless the woman was unmarried (Fulco, 2009). Despite being illegal and severe punishment, Spain's illegal abortions were common with the rate ranging from 300,000 to 500,000 per year in the late 1970s (Blofield, 2006; Solsten & Meditz, 1988). In many instances, the abortions led to death or complications which posed a consequential public health problem in the country (Blofield, 2006). Most Spaniards (i.e., 94%) are Roman Catholic (Montes, 2008). During the Franco regime, there was a tight relationship between the Catholic Church and the state. The relationship started to change during the 1960s with a new generation of younger and more moderate or more radical priests feeling uncomfortable with the mixing of church and state affairs (Blofield, 2006). The church leadership started to "distance itself from the Franco regime and to call for more openness and respect for civil rights and liberties" (Blofield, 2006). From then on, the Church has remained neutral in politics and did not lend support to the conservative movement (Blofield, 2006).

As in many other countries, the political transition to democracy after Dictator Francisco Franco's death in 1975 gave rise to the feminist movement sparked by abortion-related deaths and abortion-related trials (Blofield, 2006). The movement had a broad support from men and women, including well known prominent politicians and public figures. Thousands of women signed documents admitting of having had abortions or helped with abortions, while feminists organized protests at abortion trials (Blofield, 2006). The trials were suspended and later the women were either acquitted

or their charges dropped (Blofield, 2006). The campaign by the Feminist's movement gradually changed the perception of women who had abortions from criminals to victims of oppressive and unjust government policies (Blofield, 2006). The support from middle class Spaniards helped push the Feminists agenda tremendously (Blofield, 2006). In just four years, the public opinion in favor of abortion rose from 27% in 1979 to 57% in 1983 (Blofield, 2006).

The feminist movement to decriminalize the abortion law was eventually replaced by legislative avenue (Blofield, 2006). The serious reform of abortion law began in 1982 when the Socialist Party (PSOE) came to power (Fulco, 2009). In 1983, the Socialist government passed legislation to reform the Penal Code of 1944, legalizing abortion for "therapeutic, eugenic, or ethical reasons" (Fulco, 2009), or in other words permitting an abortion if it led to a serious threat to maternal life or health, fetal impairment, or the pregnancy was a result of rape (UN, 2005). However, the reform bill was ruled unconstitutional in April 1985 by the Spanish Constitutional Court due to the lack of procedural safeguards to protect the fetus (UN, 2005). The bill was revised based on the recommendations from the Court and resubmitted to the Parliament (Fulco, 2009). The conservative Alianza Popular Party (AP) and the Socialist Party reached a compromise and the new bill, Organic Law No. 9 of 1985, was adopted on July 5, 1985 (Fulco, 2009; Gobierno de España, 2010; UN, 2005). It should be noted that a poll conducted during the Parliament debate might have some influence on the

Conservative Party to vote for the bill since it showed 75% of Spanish people and 52% of the conservative AP members were in favor of abortion under limited conditions (Fulco, 2009).

The new law legalized abortion or voluntary termination of pregnancy (IVE) if it is “performed by or under the direction of a physician in an approved public or private health centre or establishment” (UN, 2005). A legal abortion can only be done if one of the following three conditions is met:

- (a) the abortion is necessary to avert a serious risk to the physical or mental health of the pregnant woman, in accordance with an opinion expressed prior to the abortion by a physician, other than the one performing the abortion or under whose direction the abortion is to be performed, and who holds an appropriate specialist qualification;*
- (b) the pregnancy is the result of rape, provided that the rape has been reported to the police and the abortion is performed within the first 12 weeks of pregnancy; or*
- (c) the foetus, if carried to term, will suffer from severe physical or mental defects, provided that the abortion is performed within the first 22 weeks of pregnancy and the medical opinion, communicated prior to the abortion, is expressed by two specialists of an approved public or private health centre or establishment, neither of whom is the physician by whom or under whom the abortion is to be performed (UN, 2005).*

In addition to the above strict regulations, supplemental regulations were issued by the Ministry of Health, including “a controversial ‘conscience clause’ provision allowing physicians and other hospital personnel to decline to perform an abortion on the basis of their religious or moral beliefs” (Fulco, 2009). Since the law was enacted in 1985, there have been efforts from supporters to “bring it in line with the abortion policies of other countries in the European Union” (Fulco, 2009). Spain joined the European Community in 1986, which later became the European Union in 1993 (Europa, 2011). After the Socialist Prime Minister, José Luis Rodríguez Zapatero, took office in 2004, he has pushed for several bold social reforms, including a less restriction on abortion (AP, 2010). His Socialist government sponsored a bill that “would give women full rights over their reproductive choices and bring Spain into line with other European countries” (Woolls, 2009). As a result, the bill brought out a rally of large crowd (estimated at more than one million) of anti-abortion protesters on October 17, 2009 (Woolls, 2009). Nevertheless, the bill was approved by the Spanish Parliament on December 17, 2009 and sent to the Senate (Goodman, 2009).

On February 24, 2010, the Spanish Senate approved the bill declaring abortion a woman’s right and eliminating the threat of imprisonment. The new bill permits abortion without any restrictions up to 14 weeks, as well as allowing 16- and 17-year old girls the right to have an abortion without parental consent (AP, 2010). It also permits “abortion up to 22 weeks if two doctors certify there is a serious threat to the health of the mother, or fetal

malformation” (AP, 2010). Beyond 22 weeks, abortion would be allowed only when the fetus was diagnosed with an extremely serious or incurable disease (AP, 2010). The new law, published in the state bulletin in April, became effective on July 5, 2010 and was expected to bring an end to illegal abortion in the country (AP, 2010). Spain’s new law brought the country in line with more secular countries in the European Union (AP, 2010). Table 3 compares relevant information related to women’s reproductive rights between Spain and Chile.

Table 3. Relevant information related to women’s reproductive rights.

Spain	Chile
Prior to democratic government, abortion was allowed only to save women’s lives. Serious reform of abortion law began in 1983. Abortion is now legal “on demand” up to 22 weeks of pregnancy.	Prior to democratic government, abortion had been allowed for therapeutic reason until 1989 when it was outlawed by Pinochet’s government. Currently, there is an absolute ban on abortion.
Sterilization for contraceptive purposes was legalized in 1983.	Sterilization for contraceptive purposes was legalized in 2001.
Free single-payer national/universal healthcare system (paid through taxation).	Free healthcare system coverage: choose either the public National Health Insurance Fund or private health insurance companies (funded by 7% income tax, with the option of paying extra premium for an upgraded coverage in case of private insurance).
Spain’s Family Planning Federation	There is no formal network of family

Spain	Chile
has offices providing support in family planning throughout the country.	planning support in the country.
Contraceptives are not free but easily obtained. The morning-after pill is sold over the counter at pharmacies with no prescription and no age restriction.	More difficult to obtain contraceptives and the morning-after pill, particularly for the poor who rely on public health services. They are also very expensive.
The Spanish Social Security system pays 75% of the abortion cost provided it meets the legal requirements.	No abortion is allowed.
Sex education is provided in school.	There is no sex education in school.

VII. Assessment of Variables Affecting Women's Rights Policy Reform in Chile and Spain

Despite both countries' ratification of the UN CEDAW resolution, and both countries being overwhelmingly Roman Catholic, there are substantial differences in their policies and laws concerning women's rights to contraception and abortion. Factors influencing women's reproductive rights between the two countries are summarized in Table 4.

Table 4. Comparison of the factors influencing women’s reproductive rights in Spain and Chile.

Factor	Spain	Chile
Religion	94% Roman Catholic but the Catholic Church has little influence on women’s reproductive rights agenda; less institutional influence of the Catholic Church.	70% Roman Catholic; More institutional influence of the Catholic Church.
Region	EU, secular and trade-focused regional integration.	Latin America; limited regional integration.
Democratization	Since 1975, with previous democratic experiences in the 1930s. Democracy brought about immediate reform in women’s reproductive rights; the laws allow abortion and divorce were passed within 10 years of democratization.	Since 1990, with previous democratic experiences under Allende. Democracy slowly brought about the pace of women’s reproductive rights reform; divorce was legalized in 2004 but abortion has yet to be legalized.
Feminist movements/ Gender equality	Women’s reproductive rights law reform was led initially led by	Feminists had little role in the fight for women’s reproductive rights. The

Factor	Spain	Chile
	feminist groups and then replaced by legislative means	reform was mainly led by small influential groups such as medical communities and then by administrative means because the issue is extremely divisive among conservative and liberal lawmakers
Income inequality	Gini Coefficient: 34.7*	Gini Coefficient: 52.0*
CEDAW	Ratified in 1984	Ratified in 1989

* - The Gini Index or Coefficient ranges from 0 to 100, with 0 value representing absolute equality and 100 value representing absolute inequality (UNDP, 2009). Calculations were based on 1992-2007 data.

In Spain during the transition to democracy (late 1970s to early 1980s), the Catholic Church did not have much influence on politics due to the moderate stance of its domestic hierarchy. By the time John Paul II became the Pope and increased the conservative hierarchy in Spain, it was too late to change the balance of power to influence the government's policy on abortion reform (Blofield, 2006). On the contrary, the Vatican combining with the two influential Catholic organizations, the Legionaries of Christ and the Opus Dei, have had a tremendous influence on Chilean politics. Although Opus Dei was created in Spain (in 1928), it has little influence in the country's politics. In Chile, the relationship between the two Catholic organizations and the elite upper classes are very strong and consequently,

they have an enormous impact on Chilean domestic policy. The Chilean Church also has an “added leverage due to its opposition to the human rights abuses of the military regime” (Blofield, 2006). Therefore, religion influence had an impact on women’s reproductive rights reform in Chile but not in Spain.

After democratization, Blofield (2006) found Spaniards were more willing to sign petitions and participated in demonstration than Chileans. Five years after democratization, about 25% of Spaniards signed petitions or participated in protests. A high number of Chileans (30%) demonstrated against Pinochet during the 1980s but seemed to lose interest after democratization as indicated by the survey data, i.e. dropping to 15% in 1995 (Blofield, 2006). Also, more than half of Chileans in the same survey conceded they would never participate in a demonstration (Blofield, 2006). Democratization appears to help accelerate the reform of women’s rights in Spain compared to Chile which is happening at a slower pace. The political Left has managed to gain higher representation in Spain than that in Chile. Therefore, Spain’s legislature can pass the women’s rights reform laws easier than Chile.

As described in previous sections, democratization in Spain mobilized the feminists’ movement to press for women’s reproductive rights reform and succeeded in encouraging legislature to pass the laws that helped create a public health care system that included family planning as well as legalized abortion on demand. In contrast, feminists in Chile have had little success in

improving women's reproductive rights. Currently, there is still a total ban on abortion. In many Catholic countries, the best strategy feminist organizations used to force the reproductive issues onto "the political agenda has been to collect signatures from women who admit to having had clandestine abortions (and men who admit to having aided them)" (Blofield, 2006). When the strategy was used in Spain and Chile, the difference in results was remarkable. Tens of thousands of notarized signatures were collected in Spain in the late 1970s, while a similar campaign in Chile in the mid 1990s yielded only five signatures (Blofield, 2006). Women's reproductive rights reforms need strong feminist mobilization in Catholic countries.

Based on the literature review for this research, Latin America is viewed as a conservative, traditional, gender-based society where men are considered breadwinners and women caretakers. However, there is no evidence that is the case for Chile, particularly when they elected a woman, Michelle Bachelet, as president. Spain also did not appear to be a gender-based society. In both countries, women and men are equally educated and well represented in the work force.

Chile, with a Gini Coefficient of 52.0, has a great income disparity between the rich and the poor which led to the lack of solidarity among women. Blofield (2006) speculated that when there is such a big income gap between the rich and the poor, the middle classes tend to identify themselves with the rich for fear of being grouped with the poor. In Spain, the situation

is quite different because the income disparity among the population is less pronounced. Blofield (2006) analyzed the survey data collected during the mid-1990s and found that Chileans were “less likely to feel solidarity toward the poor than are Spaniards, and that Chileans were less likely to expect the government to do something about it.” Forty percent of Chilean respondents blamed the poor’s laziness for their poverty compared to 20 percent of Spaniards who felt the same way (Blofield, 2006). Income inequality may be one of the reasons why the women’s reproductive rights reform has not been accomplished as fast as that in Spain.

One might argue that to compare the pace of women’s reproductive rights reform between Spain and Chile is not fair since they are located in different parts of the world. Chile is located in the Southern Cone where the majority of the population in most countries is conservative with an enormous influence from the Catholic Church. Spain, on the other hand, is located in Western Europe among countries that are relatively more secular. After democratization in 1975, Spain wished to become a member state of the European Union (EU) and worked towards policy reforms to conform to the EU Treaty (Blofield, 2006). It finally became an EU member state in 1986. Therefore, regional influence has an effect on the reproductive rights policy reform for Chile and Spain.

As previously stated, Spain is a European Union member state which has a pressure to conform to the EU policy. There was a push to bring the women’s rights policies in line with other countries in the European Union,

providing support in family planning across the countries and passed the law allowing abortion on request. Spanish women practically have full rights over their reproductive choices. In Chile, there has been international pressure from transnational NGOs and as a United Nation member, it has the desire to implement the United Nation's guidelines for women's reproductive rights.

VIII. Conclusion

In conclusions, women's reproductive rights policy reform in both countries has been influenced mainly by democratization and regional integration. Other factors are either weakly correlated (CEDAW, income inequality) or ultimately dependent in their influence on region and democratization levels (religion, feminist movements). The biggest factors influencing the women's rights reform in Spain have been democratization and regional location, followed by feminist movement and international pressure; whereas Chile has had influence mainly from democratization and regional location, followed by the Catholic Church and its affiliated organizations, income inequality, and international pressure.

Since the majority of Chileans are Spanish descendants, one would think Chilean society would be somewhat similar to that of Spain or would follow the Catholic Church's doctrine less than Spain since there is a higher religious diversification in Chile. However, the opposite is true because religion is not the only variable affecting human rights reforms as stated in Section VII and in the previous paragraph. My hypothesis of Spanish women

having more reproductive rights than Chilean women is proved to be correct. In spite of having a population that is mostly Roman Catholic, Spanish society and government, in practice, are more secular than those in Chile which has a lower percentage of Catholic. Both countries are founding members of the United Nations and both ratified the CEDAW but Spain has rapidly improved women's reproductive rights and now is in line with other countries in the European Union, while the policy reform has been slow in Chile.

After over 20 years of democracy, women's reproductive rights policy in Chile is still not in line with that of the UN. There is still an absolute ban on abortion. Contraceptives and the emergency contraception are not as readily available as in Spain, and they are not affordable for some of the poor people who rely on the national public health system. Also, there is no sex education taught in schools. Women still have to resort to an illegal abortion where, at times, leads to serious complication which puts a burden on the public healthcare system.

In Chile, there seems to be a contradiction between the public policy and people's conduct. Although the Catholic Church is a powerful force in Chilean society and politics, people do not seem to follow the Church's doctrine in private, particularly in case of premarital sex, contraceptive use, and abortion. The survey consistently shows that the majority of Chileans prefer legalizing abortion with some restrictions. Perhaps, the situation in Chile started to change with the current young generation. Two thousand students from public and private high schools and universities signed a letter

which was delivered to the Ministry of Education on December 9, 2010, demanding “the government implement the provisions of Law 20,418 on Fertility Regulation (LACWHN, 2010). The demands on the provision’s implementation include 1) sex education in school starting from elementary level, 2) access to current information on sexuality and contraception, 3) access to better quality and more friendly public health services, and 4) access to contraceptives, including the morning-after pill (LACWHN, 2010).

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X. Capstone Project Summary

Over the past 60 years, there have been global attempts by international communities to promote human rights in all areas, including reproduction, with the United Nations (UN) leading the effort. It declared that everybody should have the basic right to decide freely and responsibly the number and spacing of children he/she wishes to have (UN, 2003). Women's reproductive rights, particularly the rights to contraceptives and abortions, have often been a contentious issue among people from different political spectrums. Spurred by high mortality rates of women due to pregnancy, there have been social and political movements to improve women's reproductive rights around the globe (Lopreite, 2009). The efforts led to the wide distribution and acceptance of effective, safe, low-cost and easy-to-use contraceptives (UN, 2003). The United Nations has played a crucial role in establishing family planning programs within a wide framework of reproductive health and reproductive rights.

The objective of this research was to examine women's rights to contraception and abortion in Chile and Spain. The majority of the population in these two countries is Roman Catholic (94% in Spain and 70% in Chile). Both countries ratified the United Nation's Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as well as signed the Optional Protocol to the CEDAW. This research was based on an extensive review of literature that involved documents from government and non-government agencies, the Vatican website, university libraries, peer-

reviewed journals, newspapers and magazine articles. The first part of this research presents the theoretical framework, a historical perspective of the UN policies, and the doctrine of the Catholic Church on birth control and abortion. Then, this work investigates the policies and laws on contraception and abortion in Chile and Spain. Lastly, variables or factors affecting the reform of women's rights to contraception and abortion policy in both countries are discussed. The hypothesis for this research is that Spanish women have more reproductive rights than Chilean women.

Experts have tried to theorize what variables lead to the advancement or stalling of women's reproductive rights in various countries. Based on the literature review, the main variables or factors affecting countries' policy on women's reproductive rights include religious influence, democratization, region or geography, feminist movements and gender equality, income inequality, and international pressure. Women's rights advancement may not be affected by individual variables but rather by a combination of many variables. These variables may not have an impact on all countries in a predictable way; consequently, they may result in different outcomes in different countries. The impact of each factor or variable on women's rights is summarized in Table 1.

Table 1. Summary of factors influencing women’s rights.

Factor	Influence on women’s rights
Religion	negative
Region	depends
Democratization	positive
Feminist movements/gender equality	positive
Income inequality	negative
CEDAW, international factors	positive

Two indicators, “contraceptive prevalence relative to the use of any method” and “unmet need for family planning,” are used by the United Nations to measure the reproductive health in each country (UN, 2009). Based on the survey of representative samples of women of reproductive age, it found that the goal of women having universal access to reproductive health is still not close to being realized. More than 20% of married women between 15 and 49 years of age (i.e., reproductive age) have little or no access to contraceptives (UN, 2009). However, the global trend indicates that the use of contraceptives among these women continues to increase. In response to a question about the UN’s stand on the issue of abortion, the UN issued Fact Sheet #6 stating, “the United Nations does not promote abortion as a method of family planning” and “the legal status of abortion is the sovereign right of each nation” (UN, 2000). The goal of the United Nations Population Fund (UNFPA) is to eliminate or reduce the needs for abortions

by giving assistance to countries in terms of reproductive health services, including family planning and information, which are considered the most effective ways to prevent abortions (UN, 2000). The overall percentages of countries legalizing abortion for various reasons as reported in the UN's *Abortion Policies: A Global Review* are summarized in Table 2 (UN, 2002).

Table 2. Percentage of countries in the world allowing legal abortion for various reasons.

Reason for Abortion	Legally Permitted in Countries in the World (%)
To save a woman's life	98
To maintain mental and physical health	62-63
In case of rape or incest	43
Fetal malformation	39
Economic or social reasons	33
On request	27

Based on the extensive literature review, relevant information related to women's reproductive rights in Spain and Chile is summarized in Table 3.

Table 3. Relevant information related to women's reproductive rights.

Spain	Chile
Prior to democratic government, abortion was allowed only to save women's lives. Serious reform of abortion law began in 1983. Abortion is now legal "on demand" up to 22	Prior to democratic government, abortion had been allowed for therapeutic reason until 1989 when it was outlawed by Pinochet's government. Currently, there is an

Spain	Chile
weeks of pregnancy.	absolute ban on abortion.
Sterilization for contraceptive purposes was legalized in 1983.	Sterilization for contraceptive purposes was legalized in 2001.
Free single-payer national/universal healthcare system (paid through taxation).	Free healthcare system coverage: choose either the public National Health Insurance Fund or private health insurance companies (funded by 7% income tax, with the option of paying extra premium for an upgraded coverage in case of private insurance).
Spain's Family Planning Federation has offices providing support in family planning throughout the country.	There is no formal network of family planning support in the country.
Contraceptives are not free but easily obtained. The morning-after pill is sold over the counter at pharmacies with no prescription and no age restriction.	More difficult to obtain contraceptives and the morning-after pill, particularly for the poor who rely on public health services. They are also very expensive.
The Spanish Social Security system pays 75% of the abortion cost provided it meets the legal requirements.	No abortion is allowed.
Sex education is provided in school.	There is no sex education in school.

Despite both countries' ratification of the UN CEDAW resolution, and both countries being overwhelmingly Roman Catholic, there are substantial differences in their policies and laws concerning women's rights to

contraception and abortion. Factors influencing women's reproductive rights between the two countries are summarized in Table 4.

Table 4. Comparison of the factors influencing women's reproductive rights in Spain and Chile.

Factor	Spain	Chile
Religion	94% Roman Catholic but the Catholic Church has little influence on women's reproductive rights agenda; less institutional influence of the Catholic Church.	70% Roman Catholic; More institutional influence of the Catholic Church.
Region	EU, secular and trade-focused regional integration.	Latin America; limited regional integration.
Democratization	Since 1975, with previous democratic experiences in the 1930s. Democracy brought about immediate reform in women's reproductive rights; the laws allow abortion and divorce were passed within 10 years of	Since 1990, with previous democratic experiences under Allende. Democracy slowly brought about the pace of women's reproductive rights reform; divorce was legalized in 2004 but abortion has yet to be legalized.

Factor	Spain	Chile
	democratization.	
Feminist movements/ Gender equality	Women's reproductive rights law reform was led initially by feminist groups and then replaced by legislative means	Feminists had little role in the fight for women's reproductive rights. The reform was mainly led by small influential groups such as medical communities and then by administrative means because the issue is extremely divisive among conservative and liberal lawmakers
Income inequality	Gini Coefficient: 34.7*	Gini Coefficient: 52.0*
CEDAW	Ratified in 1984	Ratified in 1989

* - The Gini Index or Coefficient ranges from 0 to 100, with 0 value representing absolute equality and 100 value representing absolute inequality (UNDP, 2009). Calculations were based on 1992-2007 data.

Based on the assessment of potential variables or factors that might influence women's reproductive rights policy reform in Spain and Chile, it was concluded that women's reproductive rights policy reform in both countries has been influenced mainly by democratization and regional integration. Other factors are either weakly correlated (CEDAW, income inequality) or ultimately dependent in their influence on region and democratization levels (religion, feminist movements). The biggest factors influencing the women's rights reform in Spain have been democratization and regional location, followed by feminist movement and international

pressure; whereas Chile has had influence mainly from democratization and regional location, followed by the Catholic Church and its affiliated organizations, income inequality, and international pressure.

The study found that policy reforms of women's rights to contraception and abortion occurred at a much faster pace in Spain than in Chile. Spain has a formal network of family planning throughout the country, contraceptives and emergency conception can be easily obtained, and the law allows abortions on demand providing some restrictions are met. The country is now in line with other countries in the European Union. Chile, on the other hand, still lags behind in women's reproductive rights reform. The country continues to maintain an absolute ban on abortion, contraceptives and the morning-after pill are more difficult to obtain and unaffordable for the poor, and there is neither a formal network of family planning nor sex education in schools.