REPRODUCTIVE HEALTH matters

VIEWPOINT

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

Ana Cristina González Vélez,[a] Simone G. Diniz[b]

a Doctoral Student, Programa de Pós Graduação en Bioética, Ética aplicada e Saúde Coletiva (PPGBIOS), Fiocruz, Brazil. *Correspondence*: acgonzalezvelez@gmail.com

b Associate Professor, Department of Maternal and Child Health, School of Public Health, University of São Paulo, Brazil

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

Keywords: Zika epidemic, Latin America, Colombia

Inequality and reproductive health in Latin America

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

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

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

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

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

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

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

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

Zika and reproductive health

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

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

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

it. However, the latter have not been approached from a holistic standpoint in all cases, and they have not addressed the most important issue that arises in light of this epidemic: inequality and its effects on reproductive health.

Recent epidemics are, as a whole, inextricably linked with significant changes in environmental conditions, such as wide deforestation due to mining activities in the case of Ebola,[16] or the rise of informal urbanization, poverty and the absence of proper sanitary conditions in the case of Zika. In general, the spread of epidemics can be associated with the presence of dense zones of poverty on the outskirts of urban areas with open sewage.[†] As the World Health Organization (WHO) has recognized since the beginning of the outbreak, "the burden of Zika falls on the poor… In tropical cities throughout the developing world, the poor cannot afford air-conditioning, window screens, or even insect repellents. With no piped water and poor sanitation, they are forced to store water in containers, providing ideal conditions for the proliferation of mosquitoes".[17]

The presence of mosquitoes exposes women to an extra risk in many of these countries: the potentially carcinogenic and teratogenic environmental contamination with insecticides like Malathion, and larvicides like Pyriproxyfen (used in the drinking water). Aiming to eliminate mosquitoes, the Health Ministry can end up poisoning human beings with disseminated, non-regulated environmental pollution with chemical agents. The effects of these chemicals in interaction with viral infections, in the emergence of other diseases such as allergies, immunotoxicity, cancer, hormonal disruption or neurotoxicity, are poorly understood, and rarely monitored.[13] Given the high level of uncertainty on why the Zika epidemic in Brazil has been so much more teratogenic than in other settings, investigating the potential synergy of these health risks should be a research priority.[14] Public health interventions can be more or less safe or effective, and just as access to appropriate interventions leads to improved health, access to potentially harmful interventions can further harm the health of those already at a disadvantage.[18]

The cases of severe congenital Zika syndrome affected the poorest populations disproportionately.[13,14] All the factors mentioned above affect women who already face poor sexual and reproductive health outcomes on a global scale, and poor support for the work of caring for children, even when they are healthy and developing normally. The same women among whom maternal mortality, otherwise largely preventable, is persistent due to social and cultural determinants are also the most vulnerable to teen pregnancy and unwanted pregnancy.[2] All of these women are poorer and less educated; they dwell in rural areas or on the outskirts of cities; and are subjected to environmental hazards, from mosquitoes to chemical contamination in their homes and drinking water, with their potential for reproductive poor outcomes.[11,13]

This is also the profile of the women who are now facing the majority of the burden of the Zika epidemic, because of where they live, the social and economic conditions associated with them and because they are the ones giving birth to babies with neurological malformation.[11] Because of that we affirm that Zika epidemics, together with inequalities and the lack of reproductive rights, constitute a perverse synergy in Latin America

"…Epidemics primarily affect the poor and the disempowered…. Malnutrition, dirty water, crowded living conditions, poor education, lack of sanitation and hygiene, and lack of decent health-care provisions all increase chances that those who suffer from poverty will also suffer from infectious disease…. Crowded living and working conditions facilitate the spread of disease from person to person. Those who are poorly educated fail to take sufficient disease avoidance measures. And poor communities often lack adequate resources to improve sanitation."[19]

It is clear that the link between this disease and reproductive health represents more than a short-term issue, more than just the effects of an outbreak: it represents the additional burden of suffering imposed on women who are pregnant, infected with the Zika virus and unable to terminate their pregnancy. These women are forced to face the ordeal

[†]As can be observed in the documentary "Zika, un documental" and in the Book recently edited and written by Débora Diniz "ZIKA. Do Sertao Nordestino Á Ameaca Global", "el perfil de las mujeres afectada por ZIKA que han llevado a término gestaciones con nacidos con alternaciones neurológicas severas reúne las características acá descritas. Se trata de mujeres pobres, con bajos niveles educativos y que ya viven una situación de desventaja en materia de salud reproductiva". Access to documentary: https://www.youtube.com/watch?v=9tZbr9H5_5w

of giving birth to a child that may have severe neurological malformations, thus increasing the already existing burden placed upon these women before the epidemic by their precarious and vulnerable position. This is why, more than ever, the argument must focus unflinchingly on the roots of the problem.

Confronting the Zika epidemics: making the pandemics of violations of reproductive health and rights visible

Epidemics are defined, on a certain level, by the effects they have upon important segments of the population in addition to their potential for spreading. As such, WHO[20] considers cardiovascular disease, as well as smoking-related illnesses, traffic casualties and traffic-related environmental hazards, significant burdens in terms of morbidity and mortality. Along the same lines, it is possible to state that sexual and reproductive health inequalities place a disproportionate burden on certain groups of women – in fact, the vast majority of women – for whom morbidity and mortality as well as a variety of persistent but preventable issues can be seen as a hidden pandemic. We call this a "pandemic", because it is generalized among certain subgroups of women, and we call it "hidden" because, although it is there, affecting the lives and the dignity of millions of women, it is ultimately ignored.

Based on this, the Zika epidemic and its consequences for reproductive health will continue to affect the same women for whom access to comprehensive reproductive health services, including safe abortion, is restricted at best. In light of these issues, reaching a solution should be a matter of priority which entails, as stated before, discussing the roots of the problem in the context of reproductive health as a global and local issue.

There is an inextricable link between gender-based violence and reproductive health. It is also crucial to recognize that women who are currently affected by Zika and other public health crisis live within asymmetrical power relationships that frequently make it impossible to freely decide about their lives, their sexuality, their reproduction and, in short, their bodies.

All women, especially those that are affected by inequalities in reproductive health, including those potentially affected by the Zika virus, should receive comprehensive information regarding their reproductive health and complete access to a wide variety of services. Comprehensive information should be founded on solid sexual education programs, based on a human rights framework and delivered by all health providers so that women are able to become aware of their sexual and reproductive rights in addition to available alternatives (modern contraception and emergency contraception) to avoid unwanted or unplanned pregnancy as well as access to legal abortion services. In turn, comprehensive access to sexual and reproductive health services should include promotion, prevention and services concerning all matters relating to this important area of health and wellbeing, ensuring at least contraception, safe maternity, safe abortion, sexually transmitted infections screening, and services for teens.

Only in this context are we able to understand a recommendation of postponing pregnancy without it seeming like the state is burdening women with the responsibility of avoiding the consequences of the Zika virus on this pregnancy: it is impossible to ask women to stop getting pregnant if this is not entirely their choice to make and if they are not in a position to carry out their will. In other words, national responses to a public health crisis affecting the sexual and reproductive health of women that include asking them to postpone their pregnancies, are only feasible when women can make this decision based on complete information and in the presence of comprehensive health care services, including safe abortion, ensured by the state itself. Public policies to prevent Zika epidemics (and also dengue and chikungunya, transmitted by the same vectors) should focus more on providing proper sanitation, and less on relying on chemical agents with potential harms to humans.

Those who continue with a pregnancy in the context of great uncertainty of a healthy outcome, should be granted all possible support for their mental health, as should those who already have an affected child. Even more support is needed for the concrete, material work involved in caring for these children. From this standpoint it will become possible to confront the Zika virus at its real source: the roots of the epidemic. Effects on human mobility and on economies cannot continue to be the only motivating factors for taking action against epidemics. If human life is not taken seriously into account, and if there is no focus on stopping the pandemic of inequality, all the suffering that we have witnessed with each new emerging public health issue will have been in vain.

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Résumé

Il est bien établi que les inégalités économiques structurelles en Amérique latine sont exprimées par les écarts entre hommes et femmes et qu'elles les accentuent. Cet article souhaite examiner les relations entre les inégalités structurelles et la santé génésique dans le cas de l'épidémie de maladie à virus Zika. Les conséquences de l'épidémie continueront de toucher les femmes dont l'accès à des services complets de santé génésique, y compris d'avortement médicalisé, est au mieux restreint.

Resumen

Está bien documentado que las desigualdades económicas estructurales en Latinoamérica se expresan por medio de las brechas de género existentes y las refuerzan. Este artículo busca examinar la relación entre las desigualdades estructurales y la salud reproductiva en el caso de la epidemia de Zika. Las consecuencias de la epidemia continuarán afectando a las mismas mujeres cuyo acceso a los servicios integrales de salud reproductiva, que incluyen aborto seguro, está restringido en el mejor de los casos.