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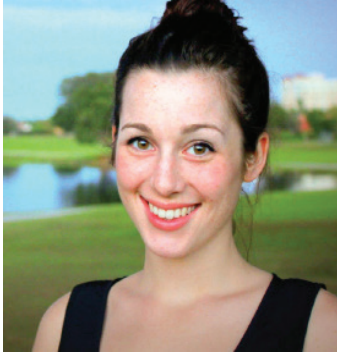
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Cover Page Footnote

Thank you to Professor Posner, of the Clark Political Science department, who provided methodological guidance as well as literature for this study, and whose intellectual support and passion helped lead this project to its' completion.

Reproductive Rights in Latin America: A Case Study of Guatemala and Nicaragua

Katherine W. Bogen



Katherine Bogen is a senior studying Political Science, English, with a concentration in Latin American and Latino Studies. She uses these three disciplines to examine global issues. Katherine completed her Honors Thesis on women's reproductive health, primarily focusing on the effect of authoritarian regimes and democratic transition movements in Argentina, Brazil, and Chile. Katherine has done additional research on the use of rape and sexual violence as a tactic of war, and independent research on gender and race in mentoring relationships in university and business settings. After Clark, Katherine hopes to pursue a Ph.D in Policy or Public Health to contribute to her understanding of feminist social issues, women's rights, reproductive healthcare, and international reproductive health policy.

Abstract

The lack of access to contraceptives and legal abortion for women throughout Nicaragua and Guatemala creates critical healthcare problems. Moreover, rural and underprivileged women in Guatemala and Nicaragua are facing greater limitations to birth control access, demonstrating a classist aspect in the global struggle for female reproductive rights. Some efforts have been made over the past half-century to initiate dialogue on the failure of medical care in these nations to adequately address issues of maternal mortality and reproductive rights. The women's reproductive health movements of Nicaragua and Guatemala have struggled to reach an effective solution to this problem. As a result, women of Nicaragua and Guatemala are falling below the human development goals of organizations such as Planned Parenthood and the United Nations Population Fund (UNFPA) to ensure universal access to birth control and a subsequent reduction in each nation's maternal mortality rate.

Introduction – Purpose Statement and Research Question

The purpose of this paper is to examine the success of reproductive rights movements in Nicaragua and Guatemala, and their relationships to the socio-political and cultural ideologies, as well as class divisions on a national level. The Planned Parenthood Who We Are mission statement declares that for many individuals around the world, access to vital reproductive and sexual healthcare and information is blocked. According to Planned Parenthood, this is a result of poverty, lack of basic services, politics, or war. Although programs like Planned

Parenthood work to enhance access to birth control and education services worldwide, some nations are still at a disadvantage in the face of crippling social conservatism as a result of religious sentiment. More importantly, restricted access to abortion and contraceptive services in Latin America have contributed to very high maternal mortality rates in both Guatemala and Nicaragua. In 2010, the Central Intelligence Agency ranked Guatemala as having the 65th worst maternal mortality rate in the world with 120 deaths per 100,000 mothers. The same year, Nicaragua was ranked 77th worst with 95 deaths per 100,000 mothers (Central Intelligence Agency 2010). While the prevalence of maternal

mortality has declined since the late 20th century, it remains a problem in Nicaragua and Guatemala, especially among religious societies and low-income, ethnic minority groups.

According to a Gallup world poll conducted in 2009, 84% of adults in Nicaragua and 88% of adults in Guatemala consider religion an important part of their daily lives, respectively (Gallup Global Reports 2009). Despite superficially similar degrees of religious penetration, the religious aspects of Nicaraguan society have been much more aggressive in preventing women's health reforms, including abortion rights. The presence of the Church in Guatemala has provided necessary support for new women's

reproductive rights legislation by advocating for greater availability of birth control and more widespread availability of sex education. My research project seeks to discover how the influence of religion has affected the reproductive rights movement in Nicaragua and Guatemala, why the reactions of each nation have varied so greatly, and how each country has been able to utilize religion to pursue their political objectives.

In addition to discrepancies between the effects of religion in Guatemala and Nicaragua, class divisions have also caused a partition in the advancement of the women's reproductive rights movements in both nations. While Guatemala has a larger indigenous population than Nicaragua, both nations suffer from high rates of income inequality and substantial class division resulting from pre-existing ethnic conflicts. As such, women belonging to indigenous minorities suffer not only reduced access to reproductive rights but also political apathy from other ethnic groups within both nations. This tension has fostered a repressive environment for underprivileged advocates of female body-autonomy and reproductive rights. The poor in both Guatemala and Nicaragua are suffering more than the elite, demonstrating the pervasiveness of class divisions throughout all aspects of life, even pregnancy and healthcare. However, Guatemala has made vast strides in recent years to strengthen the nation's capacity to distribute birth control and higher quality reproductive healthcare throughout the nation in both low-income and high-income areas. Through my research, I examine how Guatemala has been able to decrease the gap in reproductive healthcare availability between the upper and lower classes. Additionally, I explore

reasons why Nicaragua has been unable to diminish their own class divisions, as well as what this says about the impact of socioeconomic inequality in the fields of reproductive rights and women's health.

Background and Preliminary Discussion

Efforts in Guatemala and Nicaragua to establish greater access to birth control and abortion in order to reduce the number of maternal mortalities have varied in their success. Although Guatemala has taken strides since the late 20th century to provide sex education, birth control, and post-abortion care to women, it still has not succeeded in legalizing abortion except in the case of maternal endangerment. Moreover, access to contraceptives is limited for women living in rural areas, representing a class separation in the Guatemalan reproductive rights movement. However, initiatives in Guatemala to reduce maternal mortality have established a socio-political dialogue on the importance of female health and safety. This shift in focus from one of condemnation of female sexuality to protection of maternal health and bodies may increase access to and utilization of birth control services, proving that solutions to this health issue are achievable in Latin America.

Conversely, in Nicaragua, a strong Catholic presence in both culture and politics has greatly reduced its capacity to pursue progressive reproductive healthcare reforms. In fact, Nicaragua passed Latin America's most restrictive abortion law in 2006, forbidding abortions even in instances of rape, impregnation by incest, or for those whose lives may be endangered by a full-term pregnancy. The passage of this law

and the current alienation of feminist and reproductive rights movements by major political parties in Nicaragua represents an unwavering rejection of abortion and a dismissal of female body-autonomy, which is defined as the freedom of women to decide the fate of their bodies as well as their pregnancies. As a result, more women in Nicaragua have turned to illegal abortion leading to complications and potentially increasing the maternal mortality rate.

These themes indicate that the social stance towards women's reproductive rights can greatly impact the capacity of governments to pursue progressive reforms. Furthermore, the Nicaraguan case demonstrates the limiting effect that religious sentiment can have on the reproductive rights movement, especially when pertaining to abortion rights. It is also clear that class divisions and inequalities within Nicaragua and Guatemala have greatly limited the capacity of rural and indigenous women to access birth control. Finally, efforts must continue in the area of women's reproductive rights in order to guarantee universal access to contraceptives and abortion. These research results and analyses can be used to shape social approaches to body-autonomy and reproductive rights as well as to reduce maternal mortality.

Methods

A literature review of reproductive health journals, women's health and rights journals, and gender and development publications evaluated the severity of women's unmet reproductive health needs. A study of health sector guidelines in Reproductive Health Matters, The Central Intelligence Agency 2010 – Country Comparison, Maternal Mortality Rate, a

USAID Health Policy Initiative 2008 – Task Order I, as well as a number of additional academic journal articles and reproductive rights publications have provided the basis for this study and further analysis.

This methodology is based on a Most Similar Systems Research Design (MSSRD). The political histories of each nation and their modern socio-political atmospheres provide the rationale for this research design. Both Guatemala and Nicaragua were conquered by Spain in the 16th century and were consequently forced to adopt Catholicism as their dominant religion. The strict gender hierarchy upheld by traditional conservative Catholicism, which condemns abortion, may negatively affect the capacity of women's movements in Guatemala and Nicaragua to increase access to contraceptives and legalize abortion.

It is clear from the following research that the influence of the Catholic Church has greatly affected social attitudes towards reproductive rights and has contributed to a social atmosphere of suspicion and distrust of abortion and contraceptive practices. Moreover, within the past half-century, both Guatemala and Nicaragua have been engaged in bloody civil wars as a result of socio-political unrest. Both civil wars were decidedly political in nature, given that the oppositional sides identified with either leftist or conservative ideologies. In each case, the right-wing maintained official military backing and received substantial support from the United States, which provided counter-insurgency training. Finally, both Guatemala and Nicaragua experienced sweeping economic reforms in the past half-century with a focus on agrarian economic reformation.

This demonstrates the tendency of Guatemala and Nicaragua to address social problem through the use of responsive economic and social policies. Given the aforementioned shared experiences of both countries, these nations provide useful parallels in examining the development of women's rights movements and their ability to improve human development indicators such as maternal mortality. The nations' similarities allow for the control of variables such as the relative strengths of the Catholic Church and the effect of socioeconomic inequality on access to reproductive rights and health-care. As such, an MSSRD approach to this study lends validity to research outcomes and creates a useful, comparative theoretical approach.

Definitions

For the sake of clarity and to provide the reader with necessary vocabulary, below is a list of defined key-terms that will appear throughout this research paper.

Maternal Mortality Rate (MMR) – National rate of deaths due to complications from childbirth, usually measured in number of deaths per 100,000 live births.

United Nations Population Fund (UNFPA) – The UN Agency responsible for reproductive health, especially healthy pregnancy and birth. The mission of the UNFPA is to ensure that every pregnancy is wanted, every birth safe, and every young person's potential is fulfilled.

Sandinista National Liberation Front (FSLN) – A Nicaraguan leftist organization founded in 1962 that participated in the overthrow of the repressive Somoza dictatorship in Nicaragua in 1979. The FSLN (also

called the Sandinistas) are a socialist party but have participated in democratic elections and hold a plurality in Nicaragua's parliament.

National Opposition Union (UNO) – A loose coalition of fourteen political parties that united in the 1908s to provide political competition for the politically dominant FSLN. UNO is largely centrist, and is considered fragmented due to the large ideological disparities between its coalition parties.

Ladina – Mixed-race or Hispanicized peoples. Ladina women tend to have lighter skin than indigenous women.

Therapeutic Abortion – Abortion used to end a pregnancy that endangers the life of the mother or in the case that the fetus has birth defects.

Manual Vacuum Aspiration – A surgical abortion procedure that uses suction to remove uterine contents.

Literature Review

Decades of political unrest and war have plagued Nicaragua and Guatemala, putting both of these nations at greater risk for limited health services and restricted access to birth control and abortion. Although Nicaragua has had nearly a decade and a half longer than Guatemala to adjust to democracy, Guatemala has been able to pursue reproductive health reforms while still in the midst of a civil war and has been able to take much greater strides towards access to birth control and reproductive rights. Much of the literature demonstrates that while both societies have strong religious presence and influence, religion in Nicaragua has been more instrumental in suppressing the growth and success of the reproductive

rights movement. In 1973 Guatemala passed Congressional Decree 17-73, which advocated for greater availability of women's healthcare and authorized the performance of therapeutic abortions in order to prevent harm to the mother or loss of life (United Nations Publication 1993). Conversely, Nicaragua's 1987 constitution advocated equal rights for men and women, but studies have indicated that contraceptives and sex education were minimally promoted due to the presence of the church (Wessel 1991).

Kane (2008) asks that proponents of the women's health movement consider the partnership between the Catholic Church and Evangelical Protestants as well as political coalitions as factors in weakening the reproductive rights movement in Nicaragua. In making this argument, Kane implies that the necessity of political coalitions in Nicaragua to gain a representative majority has weakened the women's reproductive rights movement through establishing ties between the center-left and more conservative parties. As a result, this has decreased the influence of leftist, pro-choice advocates. In addition, Kampwirth (2008) identifies the "emergence of a global anti-feminist movement with strong links to like-minded organizations in other countries, especially organizations affiliated with the Catholic Church" and establishes a restrictive socio-political agenda regarding family values and pervasive anti-abortion sentiment.

Although the women's reproductive rights movement initially had support from the revolutionary-era FSLN, Chinchilla (1990) demonstrates a recent digression of the FSLN from the reproductive rights cause, stating that the party has "appeared to conciliate

the advocates of a more traditional position on women in its silence on the questions of birth control, sex education, and abortion... (a concept shared with and often equated to that of the Catholic Church)" (Chinchilla 1990, 371). Chinchilla's statement supports Kane's more recent assertion that political party coalitions and the cultural predominance of the Catholic Church have caused Nicaragua's political platforms to become more conservative than they were during the left-wing Sandinista revolution and have greatly weakened the impact of progressive advocates for women's reproductive rights on current state policy. Not only does the literature demonstrate the influence of the Church on societal conservatism, but it also suggests that the Church in Nicaragua is powerful enough to shape state policies and greatly hinder prospects for greater women's reproductive rights and a decreased maternal mortality rate.

Unlike Nicaragua, the presence of the Church in Guatemalan society has not succeeded in reducing the success of the women's reproductive rights movement. Rather, literature on Guatemalan women's health suggests that Guatemala was able to use religious authority to support a campaign advocating for greater sex education and availability of birth control in order to lower infant and maternal mortality. Jeremy Shiffman and Ana Lucia Garces de Valle discuss this strategy of promoting health reforms by demonstrating efforts made by politicians and political groups to involve the church in the approval of a congressional bill on reproductive health. This bill would go on to establish more progressive reproductive health laws as well as new cultural attitude of acceptance toward reproductive health

reforms. Shiffman and de Valle point out that "UNFPA approached the leading Catholic bishops (in Guatemala), positioning the bill as an effort to lower infant and maternal mortality, rather than as an initiative to promote family planning and reproductive health. Using these tactics, UNFPA secured the support of the bishops, who could hardly object to these goals" (Shiffman and de Valle 2006, 73). This implies that the reproductive health movement in Guatemala framed itself on a defense of maternal life and women's safety rather than on a platform of birth control advocacy. This new framework was instrumental in reducing cultural suspicion and condemnation of birth control and has helped to establish a more accepting social stance on abortion in the case of maternal endangerment.

Shiffman and de Valle's point is reiterated from a policy perspective in "Religion and Reproductive Health Rights." Here, the author states that UNFPA's "strategy of establishing ties with the highest authorities of the Catholic Church has led to the passage of a law that mandates that reproductive health be recognized as an integral part of the government's development policies" (Obaid 2005). The Church's support of sex and contraceptive education in Guatemala has paved the way for more progressive reforms, such as the 2006 Universal Access to Family Planning law as well as a national effort to improve post-abortion care in both rural and urban areas (Kestler, Valencia, Del Valle and Silva 2006). Sara Netzer and Liz Mallas, of the USAID Health Policy Initiative, propose that these legal reforms and medical care advancements would not have been possible without the support of the religious community due to the pervasiveness of religious

beliefs regarding family planning as well as a history in Guatemala of restrictive social environments concerning contraception and reproductive rights (Netzer and Mallas 2008).

The literature on reproductive health reforms in both countries suggests that the success of women's reproductive rights movements have been hindered by class divisions and income inequality. In Nicaragua, data has suggested that reproductive rights, especially abortion rights, are far more available to wealthy women than the underprivileged, rural Nicaraguan women or ethnic minorities. Although abortion is technically illegal, women with enough money can afford to receive abortions in Nicaraguan hospitals while poorer women do not have this same luxury. Furthermore, the literature indicates that maternal mortality figures are much higher in rural regions than in urban, demonstrating inequality in accessibility and a lack of contraceptive availability for the urban poor (Wessel 1991).

In addition to this class separation, there is an ideological disconnect between the Nicaraguan lower and middle-classes and the Nicaraguan elite. In many cases, individual rights are seen as bourgeois or counter-revolutionary and have not gained support from the more powerful, elite factions of Nicaraguan society. More importantly "because urbanized society children's labour contributes to the families' survival...government policy is to augment the small population in the interests of economic growth" meaning that low-income women need to have more children in order to survive in a competitive and capitalist society, diminishing the drive in the lower classes to obtain accessible birth control methods (Harris 1983). This

further widens the class divide, perpetuating a reproductive cycle that forces the rural and underprivileged to have more children in order to achieve economic prosperity. Despite these inequalities, as more information about maternal mortality rates have been publicized and health campaigns have focused on publicizing the upsetting statistics depicting the high number of deaths resulting from self-induced abortions, Nicaragua has witnessed a push to address more radical feminist issues, such as abortion rights and contraceptives (Chinchilla 1990).

Comparable to the challenges of class division and inequality to the reproductive health movement in Nicaragua is the disparity in Guatemala between rural and urban healthcare. The literature on barriers against reproductive health reform in Guatemala states that rural areas suffer a huge provider bias toward indigenous women, and that in many cases facilities providing family planning services have unsuitable conditions for prenatal and neonatal treatment, distribution of contraceptives, and post-abortion care (Netzer and Mallas 2008). Similarly, the maternal mortality rate in rural areas of Guatemala is 83% higher than the MMR overall, demonstrating the discrepancies in quality of care between rural and more developed settings (Kestler, Valencia, Del Valle and Silva 2006). Some literature also suggests that the quality of reproductive healthcare in Guatemala depends largely on ethnicity. Studies have shown that "Only 20 percent of Mayan women deliver in health facilities, compared to 58 percent of ladinas in Guatemala" (Shiffman and de Valle 2006). This statistic implies that Mayan women in Guatemala have a much higher potential MMR than non-Mayan women as it is

more likely that their post-partum care does not occur in a sterile, well-equipped hospital environment.

Because of severe class separations in Guatemala due to ethnic divides and rural/urban separations, indigenous Guatemalan women suffer from diminished healthcare availability and quality. According to Anne-Emmanuelle Birn and Emma Richardson, contributors to the academic journal *Reproductive Health Matters*, "In Guatemala, indigenous women are twice as likely as non-indigenous women to die due to pregnancy-related causes. Indigenous women across the region face triple discrimination based on gender, ethnicity, and socio-economic factors" (Birn and Richardson 2011). The literature also demonstrates that the upper-class are designated more reproductive health options, as politicians and lobby groups are more concerned about pleasing the elites in Guatemala and are thus more likely to succumb to their demands.

However, "the political and economic elite have other options, such as private clinics offering clandestine abortions, which diminishes their need to support progressive policy changes" (Birn and Richardson 2011). In essence, wealth undercuts the desire to push for policy reform in the areas of reproductive rights, creating an oppressive environment for change and greatly decreasing the capacity of reproductive health reforms to succeed. Despite the prevalence of inequality in Guatemalan society, Guatemala has prevailed in pursuing health practices that emphasize pregnancy prevention rather than abortion and have seen an improvement in rural reproductive health rates and a reduction in the national MMR as a result of preventative care, specifi-

cally contraceptive use, effective sex education, and better post-abortion care (Kestler, Valencia, Del Valle and Silva 2006).

Research and Results

Data and analysis have indicated that Nicaragua and Guatemala do not lack the capacity to provide greater access to birth control and abortion. Clinics are equipped to deliver medical treatments for post-abortion care and to distribute birth control to patients. Rather, the problems with improving access to contraceptives are socio-political. Public rejection of contraceptive practices, restrictive lack of information and education pertaining to birth control, religious and cultural condemnation of abortions, and issues of class inequity between ethnic groups as well as rural versus urban settings greatly decrease each nation's capacity to establish a successful reproductive rights movement and to increase the availability of birth control. The establishment of NGOs advocating for greater focus on women's health and the ability of political actors in Guatemala to shift the cultural dialogue from a defense of procreation to a reduction in maternal mortality has allowed Guatemala's societal condemnation of birth control and abortions to diminish. Subsequently, rates of maternal mortality have decreased and women have experienced freer access to birth control, post-abortion care, and have established dialogue on the necessity of reproductive rights. Nicaragua has not undergone this same cultural shift. Access to birth control in Nicaragua has remained strict and laws concerning abortion have grown more stringent. These disparities have caused Guatemala and Nicaragua to institute vastly different trajectories in their respective move-

ments toward women's reproductive rights.

Current politics in Nicaragua accurately reflect the effect of religion on state politics and, by extension, the obstacles to the reproductive rights movement. Daniel Ortega, incumbent president of Nicaragua, enacted Latin America's most restrictive reproductive health reform in 2006. This reform, which eliminated legality of abortions even in the case of therapeutic abortions, has been criticized by the international community for its blatant rejection of human rights and female body-autonomy. Even the FSLN, the political party that championed feminist causes during the Sandinista revolution (see "definitions" section), has succumbed to the political pressure of forming wide-based coalitions with more conservative Christian factions.

The goals of the FSLN have shifted since the end of the revolution from gender equality and progressive reform to the consolidation of political power. Support for the FSLN by religious ideological groups such as Catholics and Evangelicals has been instrumental in its pursuit of political prestige and influence. It has become obvious in recent years that regardless of political history "politicians' support for abortion cannot necessarily be counted on, if the issue involves political risk. Ortega supported abortion during his first presidency...and quickly abandoned that position – and his wider support for the women's movement – when it became clear that doing so was politically expedient" (Kane 2008, 366). Ortega, a popular FSLN candidate, has forsaken the cause of women's reproductive rights in favor of political re-election, demonstrating the failure of center-Left Nicaraguan politicians

to champion the cause of women's reproductive rights.

Sadly, Daniel Ortega is not the only so-called "revolutionary" to do so. During the Sandinista revolution, "the Catholic church in Nicaragua prevented many pre-revolutionary Christians from advocating birth control. Progressive Christians supported the Sandinistas, and the FSLN did not want to alienate them" (Wessel 1991, 538). Over 65% of Nicaraguans are Christian, with a majority Roman Catholic and Evangelical Christianity a close second: politicians such as Daniel Ortega have attempted to use this popularly shared Christian ideology to unite his base of support through the utilization of generically Christian religious rhetoric. While this has allowed Ortega to capture the religious vote, he has consequently greatly reduced the reproductive rights of Nicaraguan women. Figure 1 illustrates the population separation between Evangelicals, Christians, and Non-Religious Nicaraguans, and how these beliefs help to establish political bases for support:

As demonstrated by Figure 1, in 1997 Evangelicals and Catholics were nearly evenly split between support for the FSLN and the UNO. This accurately illustrates the need of the FSLN to cater to more religious constituencies in order to maintain power and provides evidence that broad-based political coalitions, resulting from the involvement of the Church in Nicaraguan society, have been detrimental to the women's reproductive rights movement in Nicaragua. The Church has caused an ideological shift further to the right in the construction of catch-all parties, thereby greatly decreasing the political power of progressive, leftist organizations and proponents of the women's reproductive rights

movement.

An additional result of the 2006 Nicaraguan anti-abortion bill is the fact that it has led to an increase in the number of illegal, unsafe abortions in a nation that has not worked to improve its post-abortion medical care. Under the therapeutic abortion ban, “evidence is emerging that health-care providers are unwilling to perform emergency obstetric procedures – such as treatment for an ectopic pregnancy or post-menopausal haemorrhaging – fearing that these may be construed as an abortion, and subjected to criminal penalties” (Kane 2008, 364). Not only does this establish a disturbing precedent for reducing the healthcare available for women in life-or-death situations, but it also contributes to Nicaragua’s MMR. Furthermore, effort is not being made in the Nicaraguan medical community to improve post-abortion care. As a result of these harsh restrictions and limits on medical advancements, “many women turn to illegal abortion in often unsafe and unhygienic conditions that leave them susceptible to fatal complications” (Planned Parenthood). The 2006 bill is limiting reproductive rights that could help guarantee women’s essential rights to life and health. Nicaraguan women are not being adequately protected by legislation, nor are politicians finding the political will to uphold women’s reproductive rights, as doing so may seem politically risky given the conservative, Christian culture within Nicaragua. This illustrates the further detrimental effect of conservative, pro-life religious organizations and politicians in Nicaragua on the women’s reproductive rights movement.

Unlike the Nicaraguan case, Guatemala has been able to estab-

lish a religious base of support for the reproductive rights movement, enlisting Church authorities in the quest for lower maternal mortality rates. This goal has been championed by UNFPA (United Nations Population Fund) in the hopes of establishing a counterweight to theological arguments against birth control and abortion by instead emphasizing the health of pregnant mothers. Because religion has such a profound influence on politics in Latin American, “UNFPA has partnered with religious institutions and faith-based organizations to fashion ground-breaking initiatives to improve reproductive health and save lives” (Obaid 2005, 1170). UNFPA’s involvement in Guatemala’s reproductive health planning assisted the passage of the 2001 Safe Motherhood bill, which has led not only to more widespread contraceptive use for sexually active women, but also more effective sex education for young girls and contraceptive education for Guatemalan youth. More importantly, the goal of UNFPA and other pro-reproductive rights groups has been to “encourage safe motherhood and to uphold the dignity of women and men by affirming their moral capacity to make personal decisions concerning their own reproduction (Obaid 2005, 1170). The focus on safe motherhood and personal responsibility has helped to remove barriers to access and has emphasized sex education, pregnancy prevention, and birth control.

The trajectory of Guatemala’s reproductive rights movement differs vastly from that of Nicaragua. In 2006, the same year Nicaraguan president Daniel Ortega passed a law making all abortions illegal, the Congress of Guatemala passed the Universal Access to Family Planning law. The goal of this new legisla-

tion was to ensure that “all persons receive access to family planning services, which it defines as including information, counselling, sexual and reproductive health education and the provision of family planning methods” (UNFPA). Rather than pursuing a policy of restriction, the government of Guatemala has chosen to follow a policy of prevention in order to reduce the number of unwanted pregnancies and the maternal mortality rate of Guatemala. Figure 2 demonstrates recent statistics on teenage contraceptive use in Guatemala, illustrating that nearly three-fourths of the male youth population in Guatemala has access to condoms – data on condom use for Nicaragua, however, is not available.

Through widespread education about contraceptive use and support of religious institutions for the use of birth control, Guatemala has been able to reduce its maternal mortality rate immensely since 2001. Figure 3 illustrates the decline in maternal mortality rates in Guatemala and Nicaragua between 1990 and 2010. Over a twenty-year span, Guatemala’s MMR estimate (measured by the number of deaths per 100,000 live births annually) was reduced by 40 deaths. Although one cannot prove that this is a direct result of religious support for the maternal health movement, literature speculates that without the support of religious authorities in Guatemala, the reproductive rights movement would not have been able to enact the women’s health policies necessary for improved maternal healthcare and the resultant reduction in MMR.

In addition to religious challenges, the reproductive rights movement in Nicaragua has faced difficulties due to class and ethnic divisions. There remains a neces-

sity in Nicaragua to recognize that “feminism has provided indigenous women with tools to question unequal relations” but has not yet established the tools for mending these inequalities (Bastian 2012, 165). Like rural Guatemala, rural areas of Nicaragua suffer from unsuitable conditions and facilities providing family planning services as well as limited information and education materials for Nicaraguan women and youth. Figures four and five demonstrate the inequality between rural and urban availability of doctors for women in labor. In a ratio of urban to rural, Nicaraguan women living in cities have twice as many skilled attendants available during the birthing process. Figures four and five also illustrate the direct relation between wealth and improved health care. The richest 20% of Nicaragua also have twice as many skilled birthing attendants present compared to the poorest 20%, revealing the discriminatory, class-dependent nature of women’s health care, and the inherent connection between wealth and women’s reproductive rights.

Like Nicaragua, rural areas of Guatemala also suffer from classist and discriminatory reproductive and maternal healthcare availability. A 2000 survey in Guatemala, “shows a maternal mortality ratio of 153 deaths to 100,000 live births in the Republic of Guatemala. In rural areas the ratio was 83% higher, with the number of maternal deaths estimated at 651 to 100,000 live births nationwide” (Kestler, Valencia, Del Valle and Silva 2006). Indigenous women still suffer the brunt of this inequality and lack of availability for necessary reproductive health resources. The same cannot be said for the elite classes. Although abortion is illegal in Guatemala, except in the case of therapeutic abortions,

elites are able to afford clandestine abortions which creates an “escape valve” scenario from which the lower classes are excluded. Therefore, “a ‘double discourse’ persists, whereby official policy is conservative and unquestioned publicly, and privileged individuals, who have choices, can ignore the problems” (Birn and Richardson 2011). Those women who cannot afford these secret procedures are left to suffer the effects of discriminatory, classist, restrictive policies while wealthy Guatemalan women circumvent political protocol and maintain some semblance of physical autonomy. Figure six demonstrates the inherent bias within the current Guatemalan reproductive health system – indigenous Guatemalan women received less than one third of the medical attention that Ladinás did in 1998-1998 and less than half of all Guatemalan women, illustrating that the current Guatemalan reproductive health system inherently favors Guatemala’s upper class.

Unlike Nicaragua, the government and medical community in Guatemala has made serious efforts to reduce such inequality. Between July of 2003 and December of 2004, a program was spearheaded to improve the quality of post-abortion care services in 22 public district hospitals across Guatemala. During the program, “13,928 women with incomplete abortions were admitted to the 22 hospitals,” (Kestler, Valencia, Del Valle and Silva 2006, 138). New medical procedures, such as manual vacuum aspiration, were used in these trials and the provision of family planning and contraceptives to women leaving the hospital were both increased. In focusing on family planning counselling and improvement of contraceptive availability, the trial hoped to spark

a healthcare movement based on prevention and maternal safety in order to reduce maternal mortality. Figures seven and eight illustrate the results of the program, indicating that the medical sector of Guatemala is not only capable of improving upon current reproductive health care, but that it has already succeeded on a trial basis.

Trials such as these demonstrate that there is still hope for the women’s reproductive rights movement in Latin America. Although Guatemala and Nicaragua are both highly religious nations with powerful conservative factions, the maternal mortality rates in both countries have decreased over the past two decades as a result of better preventative care and sex education. Despite the influence of Christianity on political leaders in Nicaragua, human rights activists worldwide, including organizations such as the UN, continue to place international pressure on the government of Nicaragua to reduce the restriction on therapeutic birth control. Recently, politics on reproductive rights in Latin America have witnessed a shift from the anti-abortion focus due to information sharing, which has allowed, “for the first time, details of the type and number of complications related to unsafe abortion...to be recorded” (Kestler 2006, 144). The publication of this data has bred cultural empathy for women without access to safe birth control methods and has promoted a new idea of the necessity of contraceptives, preventative care, sex education, and improved medical procedures for pregnant and sexually active women.

Conclusion

Although Nicaragua and Guatemala still need to incorporate greater access to reproductive rights

into their state legislation, further advancements in women's health in both countries are ongoing. It is necessary for societies in both Nicaragua and Guatemala to recognize the impact of restrictive birth control and abortion legislation on statistics such as the maternal mortality rate, under-age pregnancies, the prevalence of HIV/AIDS, and accidental sterilization. Only through adopting progressive reforms and allowing reproductive rights to be achieved can the women of Latin America enjoy full body-autonomy and higher standards of healthcare. Issues of reproductive rights must be addressed without theological or classist challenges in order to establish a new expectation for sexual and reproductive health rights and a safer socio-political environment for Latin American women. Only through diligent work in the field of women's reproductive rights will the women's health advocates of Guatemala and Nicaragua ensure suitable conditions for family planning facilities, communication of appropriate information and education, and the shaping of more accepting social and community beliefs about family planning, contraception, and abortion.

The above research demonstrates some critical findings in the reproductive health politics of Guatemala and Nicaragua. First, Guatemala's capacity to engage the Catholic Church in safe maternity efforts illustrates the vital importance of subject framing when discussing reproductive health in Catholic or conservative nations. When discussed in terms of female autonomy or feminism, these efforts are largely unsuccessful, even inviting social and religious condemnation of abortion practice and contraceptive use. Essentially, such movements are seen as highly transgressive, as they work

to challenge the gender hierarchy on which Guatemala and Nicaragua's socio-political systems are largely based. However, when framed in the context of safe motherhood, these movements allow reproductive healthcare to take on the vocabulary of traditional gender norms. From the research discussed, one may conclude that in order to subvert the current oppressive reproductive healthcare system reproductive rights movements must be willing to adopt a traditional gender discourse in order to make political gains. Moreover, they must be able to enlist the support of religious and moral authorities to allow their policy goals to gain moral legitimacy.

Additionally, discussion of the failure of politicians in Guatemala and Nicaragua to engage in reproductive legislation reform illustrates a critical lack of political will in these nations to address controversial issues out of fear that to do so will be politically risky and largely detrimental to the success of the party. The Guatemalan and Nicaraguan political systems are complicit in this failure, as the necessity of political opposition to gain coalitions means that most controversial political measures, such as abortion legislation, will be excluded from the dialogue in order to ensure a successful coalition.

Finally, it is essential that international organizations continue to apply pressure on Guatemala and Nicaragua to meet human development goals such as the reduction of maternal mortality rates as well as the improvement of access to abortion and contraception. Essentially, reproductive rights are human rights, and the denial of such rights draws Guatemala and Nicaragua into a precarious political position. Though they claim to be developing

democracies, their unwillingness to address the critical healthcare needs of their nations' women casts doubt on such claims. In order for the governments of Guatemala and Nicaragua to be wholly democratic, they must establish policies that uphold the human rights of their citizens including the right to safe motherhood, the right to equality, and the right to adequate healthcare. It would be politically expedient for the governments of Guatemala and Nicaragua to portray themselves as democratic, modern, and dedicated to principles of freedom and equality. However, these principles are inherently challenged by limited access to reproductive healthcare, a limit which results in maternal mortality and morbidity, infant mortality, hundreds of thousands of unsafe abortions annually, and inequity of healthcare between social classes. In order to gain international esteem as a nation dedicated to democratic ideals, politicians in Guatemala and Nicaragua must summon the political will to address these controversial women's rights issues. Though it may be challenging and potentially detrimental to their party in the short run, it will benefit their nation in the long run and will allow them to engage in international dialogues on human rights and to assert their success as a developed democracy, willing to adhere to international human rights standards.

Note

Please refer to all figures on the online version of this article at surjatclarku.com

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