

Abortion From A Right-To-Choice Perspective: Contributions From Comparative Jurisprudence And Public Policy

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ABSTRACT

The purpose of the study was to expose the way in which comparative jurisprudence and public policies have accepted abortion on the basis of the right to decide. From a qualitative approach, of a basic type and with a grounded theory design, and applying the documentary source analysis technique in a systematic, hermeneutic and critical way, it is hypothesized that the right to decide has become a human right that allows people to assume, in certain circumstances, important decisions with social, legal, ethical and political repercussions, as in this case, the decision to have an abortion. Thus, the discussion on this issue goes beyond the entrapment of restrictive positions of rights. Along these lines, in several countries the discussion and possibility of regulating this figure has been opened in the understanding that human freedom, a fundamental aspect of the right to decide, continues to be an aspiration that sustains any norm or position that goes against it.

Keywords: abortion, right to decide, jurisprudence, public policy, human freedom.

1. INTRODUCTION

The study addresses a controversy that, although it has an ancient date and has been intensely and widely developed from various approaches, positions and proposals, on this occasion we focus on how complex this debate is when neoconservative positions sneak in that have an increasing impact on the social, academic, media and political spheres, the same that prevents understanding the problem of abortion in all its magnitude and challenges. This is based on a context in which the influence of religious beliefs in Latin America is predominant, which is reflected in a particularly rigorous regulation in the field of sexual and reproductive health, including the issue of abortion in any of its forms, circumstances or modalities. Despite this, it is evident that the prohibition of abortion does not stop its practice, it simply makes it more dangerous. Because it is illegal, women resort to unsafe and unsanitary methods to terminate their pregnancies, increasing the risk of serious complications and even death. Thus, rather than eliminating abortion, the ban only increases its risks to women's health. This is confirmed when, despite legal barriers, many women continue to resort to terminating pregnancy when it is unwanted, resulting in more than 4 million illegal abortions each year in the region. This situation puts the health and lives of the most disadvantaged women at risk¹.

In addition, there are significant differences between developed countries and those that are often euphemistically referred to as developing, but which in practice are countries with high gaps and inequality. Inequality is presented as the main obstacle to reducing poverty, promoting human development and expanding people's freedoms and opportunities². In this context, between 1995 and 2008, the rate of voluntary abortion in developing countries decreased by three times higher than in developing countries (-15 compared to -5). The largest decrease was observed in Europe (-21). In contrast, despite a reduction of 5 points, Latin America registered in 2008 the highest rate of induced or voluntary abortion in the world, with 32 abortions per thousand women aged 15 to 44³. Another revealing fact is that women who do not have children have a higher abortion rate than those who are mothers. Those who lack a partner or family support are more likely to resort to abortion compared to those who do. In addition, domestic and sexual violence are risk factors for experiencing an unwanted

¹ Piekarewicz, Mina, "Bioethics, abortion and public policies in Latin America", *Journal of Bioethics and Law*, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

² United Nations Development Program, 1st Regional Report on Human Development for Latin America and the Caribbean, 2011.

³ Guttmacher Institute, World Health Organization. "Induced abortion: incidence and trends worldwide from 1995 to 2008", *The Lancet*, February, Vol. 379, Núm. 9816, pp. 625-632, 2012.

pregnancy and opting for abortion⁴. Those who do so are prey to the moral, ethical and social sanction that pursues them for life, since the marked moralistic culture in countries such as those of Latin America is an obstacle to progress in the recognition and exercise of rights. Stigma affects women more broadly than just on a psychological level; It also influences their willingness to seek medical care, especially in settings where abortion is illegal. Women are reluctant to share their abortion decisions or experiences during subsequent doctor visits, including with their primary care physician. To avoid revealing their choice, some resort to unsafe abortion using self-induced methods or with unqualified providers⁵.

On the other hand, the lack of clarity about what constitutes the health criterion continues to hinder access to legal abortion. All member states of the World Health Organization (WHO) have adopted its definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or disease. In its guidance on safe abortions, the WHO has urged Member States to interpret health grounds according to this definition. However, progress towards this basic goal has been meager⁶. Along these lines, access to safe interventions can also be restricted by almost unintelligible or incoherent laws. Abortion provisions in many countries are confusing or even contradictory, leading to uncertainty about when abortion is, in fact, legal. The complexities of setting a legal precedent when there are conflicting provisions are best illustrated by the example of the Democratic Republic of the Congo. Until 2019, the country had three concurrent legal abortion provisions: the penal code banned all abortions; a public health law allowed abortions to save the life of the pregnant woman and in cases of fetal malformations incompatible with life; and the Maputo Protocol, issued by the Constitutional Court, which dictated the Protocol's criteria as national law⁷.

As if that were not enough, the lack of professional training in the management of abortion cases in women, especially within the field of health services, generates a vacuum that makes it difficult to identify and adequately address the needs of these women, perpetuating their invisibility and resulting in deficient care⁸. In short, current evidence indicates that the criminalization of abortion or its deficient regulation contributes to the problem instead of offering a solution, especially harming a large part of the population with low economic resources and forcing pregnant women to resort to clandestine, unsafe, inhumane places with high risk to their health and life⁹.

Likewise, the debate on abortion in the field of bioethics has long been stuck between two extreme positions: those that grant the zygote a supposed absolute right to life from the moment of conception until natural death, and those that grant women a supposed absolute right to decide about their own bodies. Both approaches are simplifications that do not capture the complexity of this problem, which has serious implications for both individual health and social health¹⁰. In this context, the discussion remains divided. On the one hand, there are those who, from feminist positions supported by science, history, atheism, progressivism and modernity, advocate for the liberation of women from the imperative of motherhood through the recognition of the right to decide and reproductive autonomy. On the other hand, the church, based on a divine mandate, justifies for women a role of submission by arguing that it is their natural duty to reproduce the species within a context of a monogamous and heterosexual family¹¹. Even with an obscurantist panorama, jurisprudence and the issuance of public policies that allow or legalize the practice of abortion show that the legal arguments of the right to decide about one's own body are increasingly taking on relevance and consideration when the State, whether through the jurisdictional or political channels, He has to respond to the woman when she asks him to perform the abortion without being criminally sanctioned. On the other hand, new bioethical movements are emerging, such as the Clinical Ethics Study Group of the Medical Society of Santiago de Chile, which focus on the study of issues related to the beginning and end of life¹².

Thus, the study is structured thematically, proposing, first, the contributions of comparative jurisprudence on the right to

⁴ LÓPEZ GÓMEZ, Alejandra, "Women and abortion. The role of legal and social conditions in the trajectories and subjective experiences of women in the face of induced abortion", In: Silvina RAMOS, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016.

⁵ ZAMBERLIN, Nina, "Stigma and abortion. The stigma associated with abortion as an object of study: the first steps in Latin America", In: Silvina RAMOS, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016.

⁶ World Health Organization, Safe Abortion: Technical and Policy Guide for Health Systems, second ed., Geneva: WHO, 2012.

⁷ Cabinet of the President of the Republic, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Official Journal of the Democratic Republic of Congo, 59th year, special issue, 14 de marzo, <https://www.leganet.cd/Legislation/JO/2018/JOS%2014%2003%202018.pdf>, 2018.

⁸ LÓPEZ GÓMEZ, Alejandra, "Health Professionals and Abortion. Possibilities and resistances to the incorporation of the rights-based approach in the practices of health professionals", In: Silvina RAMOS, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016.

⁹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru; 15 (1). DOI: <https://doi.org/10.35434/rmhnaaa.2022.151.1439>, 2022.

¹⁰ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", Journal of Bioethics and Law, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

¹¹ BROWN, Josefina, "Political Actors and Abortion. Clerical versus anticlerical? Searching for Vanishing Points in the Political-Ideological Debate", in: Silvina RAMOS, Research on Abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016

¹² PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru; 15 (1). DOI: <https://doi.org/10.35434/rmhnaaa.2022.151.1439>, 2022.

decide, based on the analysis of abortion cases. This allows us to see the current jurisdictional trends on a matter that is always controversial and that has legal arguments both to allow and to prohibit it. Then, the contributions from the approval and implementation of comparative public policies on abortion that are based on the right to decide are presented. This brings us to the responses that the State has offered to women who request abortion. In a third moment, the right to decide about one's own body is argued as the basis for the approval of abortion. This section exposes the theoretical, argumentative and conceptual content of this right, which, by the way, is not only used to request abortions, but also for cases of euthanasia due to terminal illnesses. Finally, the challenges for the regulation of abortion as part of the right to decide in the face of the increasingly present neoconservative onslaught and with social and political impact in Latin America are specified. This is without the intention of closing the debate, but in the line that, from the academy, arguments can be offered for high-level discussions on controversial issues and that puts the civilizing process of humanity to the test. We believe that the way to do so is to create the conditions for the full recognition and exercise of rights, in which human dignity continues to be at the centre of all arguments and decisions.

2. CONTRIBUTIONS OF COMPARATIVE JURISPRUDENCE ON THE RIGHT TO DECIDE: ANALYSIS OF CASES ON ABORTION

From the analysis of comparative jurisprudence, it can be seen that judges over the last few years have allowed or left abortion unsanctioned, considering the existing data and the undeniable context in which it is practiced. Thus, the study on induced abortion carried out between 1995 and 2008 made it possible to create a map by correlating two variables: the type of legal regulation on abortion in each country and the proportion of abortions performed in unsafe or unsafe conditions. A directly proportional relationship was observed between both variables: as legal restrictions on the termination of pregnancy increased, the proportion of abortions performed under unsafe conditions also increased. On the other hand, countries with gradual regulations showed a lower proportion of unsafe abortions, which also translated into lower rates of maternal morbidity and mortality¹³.

Justice operators who have been inclined to be permissive with abortion have also not failed to believe that, in Latin America, as in other regions of the developing world, the prohibition of abortion does not deter women who decide to terminate an unwanted or unplanned pregnancy. Instead, it forces them to resort to clandestine services generated by this prohibition. Likewise, the economic capacity of the woman determines whether the abortion will be clandestine but safe, carried out in hygienic conditions, with professional care and discretion. Most Latin American women, due to their economic precariousness, are forced to resort to clandestine and unsanitary places to perform abortions, often at the hands of people without adequate training, which increases the risk of bleeding, infection and, in extreme cases, imprisonment. In other situations, some women resort to dangerous methods to self-induce abortion through blows, sharp objects, or abortifacient potions, which significantly increases the risks to their health and life¹⁴.

Judicial decisions often consider precedents and recommendations issued by international and regional human rights bodies. For example, in 2009, in Nepal, the *Lakshmi v. Nepal* ruling led the country's Supreme Court to order the government to ensure that legal abortion services are accessible and affordable. In 2016, the U.S. Supreme Court's decision in *Whole Woman's Health v. Hellerstedt* established that abortion regulations must provide benefits that outweigh the burden placed on women to access it, leading to the repeal of regulations designed to hinder access to abortion, such as hospital privilege requirements and facility size restrictions¹⁵.

In the case of the Democratic Republic of the Congo, the capacity of African Union member States to transform the safe abortion provisions of the Maputo Protocol into national law is highlighted. Since the country's constitution gives precedence to international law over domestic law, the publication of the Maputo Protocol in 2018 meant that its criteria replaced the penal code, thus becoming national law. The president of the Constitutional Court issued a legal memorandum confirming this hierarchy and preventing prosecutions under the new legal criteria of the Maputo Protocol¹⁶.

Decriminalization, considered a fundamental step to ensure access and reduce stigma, has been suggested in a series of recommendations issued by international human rights bodies. Indeed, in recent years, Europe's regional human rights bodies have also played significant roles. In two cases in Poland, the European Court of Human Rights upheld the obligations of Council of Europe member states to ensure access to legal abortion and to ensure that conscientious objection by health care

¹³ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", Journal of Bioethics and Law, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

¹⁴ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", Journal of Bioethics and Law, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

¹⁵ Lakshmi Dhikta & Others v. Government of Nepal, Supreme Court of Nepal (2007). U.S. <https://reproductiverights.org/case/lakshmi-dhikta-v-government-of-nepal-amici-supreme-court-of-nepal/> and Supreme Court, 5-3 Decision, *Whole Woman's Health v. Hellerstedt*, on medical regulations in facilities that perform abortions.

¹⁶ Office of the President of the Republic, Circular No. 04/ SPCSM/CFLS/EER/2018, Relating to the Implementation of the Provisions of Article 14 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Official Journal of the Democratic Republic of Congo, 59th year, special issue, 5 de junio, 2018, <http://www.leganet.cd/Legislation/JO/2018/jos.05.06.2018.o.pdf>, 2018. pg. 707

providers does not prevent patients from receiving legal medical care. In Italy, the European Committee of Social Rights recognized that widespread conscientious objection, which hinders access to legal abortions, can constitute a violation of the right to health¹⁷. All this considering that, as the Constitutional Court of Spain has pointed out, the protection of the embryo is not absolute and can, and must, be overcome when it conflicts with other interests of greater normative importance, especially if these interests reach the status of fundamental rights, as is the case with the freedom, life and physical integrity of the woman, within respect for their dignity and their free personal development¹⁸.

In Latin America, Cuba, Mexico City, Argentina and Uruguay have adhered to the gradualist model of abortion regulation. Colombia, expanded the assumptions for the legal interruption of pregnancy. Thus, in 2006 the Constitutional Court of Colombia relaxed the laws on abortion after the case of Martha Solay. Despite proposals from a liberal parliamentary group to allow abortion in certain circumstances, they were opposed by a parliamentary group with strong Catholic beliefs, which ignored the existence of international treaties and conventions recommended by the WHO to modify the absolute criminalization of abortion¹⁹. For its part, in 2014, Bolivia's Constitutional Court eliminated the requirement to obtain judicial authorization to access abortion in cases of rape. Even so, despite the significant jurisprudential advances on this issue, in Latin America the majority is in a situation of restriction with respect to abortion. Only three countries in the world do not allow abortion under any circumstances, and all three belong to our region: Chile, El Salvador and Nicaragua.

Another access to the regulation or acceptance of abortion, in addition to the jurisdictional path already mentioned, is that of public policies, as discussed below.

3. THE RIGHT TO DECIDE CONTRIBUTIONS FROM THE REGULATION AND IMPLEMENTATION OF COMPARATIVE PUBLIC POLICIES ON ABORTION

There are several cases that can be presented in which the approval and implementation of public policies on abortion is evidenced and that have had, among other reasons, the right to decide as one of their foundations. From a global perspective, it can be seen that the classification of countries and their progress along the continuum of legality is a first step to understand the extent to which women at least meet the legal criteria to access safe abortion. Thus, many countries have added legal criteria in the last decade, indicating that the trend towards global liberalization has continued. Importantly, no country has gone backwards by eliminating legal criteria, although several have imposed requirements that hinder timely access to abortion. The expansion of legal grounds for abortion has been primarily the result of a general consensus on the need to eliminate unsafe abortion and ensure women's reproductive autonomy²⁰.

One aspect that is common to countries that accept abortion is that they declare and assume themselves as secular States, that is, a State that remains separate from religious beliefs, which has allowed significant progress in the promotion of the culture of human rights. This is seen in much of Europe, where abortion is seen as a matter of public health, social justice, and respect for individual choices²¹. Still, laws authorizing abortion for specific reasons do not always guarantee access to abortion services under those conditions. The full and effective implementation of the law is crucial to exercising any legal right. Recently, several countries have improved access by better implementing their existing legislation through legislation, court decisions, ministerial directives, and other national policies. These policies often provide legal clarity by specifying procedures, establishing when abortion is allowed, who can perform it, what methods are acceptable, and where they can be performed²².

It should be noted that the national abortion laws that different countries have passed over the years have been influenced by international legal norms. Building on the progress made in international consensus documents, such as the Programme of Action of the 1994 International Conference on Population and Development and the 1995 Beijing Declaration and Platform for Action, UN human rights treaty bodies have identified restrictive abortion laws as human rights violations. Almost all of these bodies have urged countries to reform their laws to meet their human rights obligations. For example, in 2013, in *Mellet v. Ireland*, the UN Human Rights Committee found that the criminalization of abortion violated international human rights

¹⁷ Italian General Confederation of Labour v. Italy, Complaint No. 91/2013, Decision on Admissibility and the Merits, Comité Europeo de Derechos Sociales, 2016, <http://hudoc.esc.coe.int/eng/?i=cc-91-2013-dadmissandmerits-en>, 2013.

¹⁸ Constitutional Court of Spain Constitutional Court of Spain. Judgment 53/1985, Legal Basis 8.

¹⁹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru*; 15 (1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

²⁰ Chavkin, VV., Stifani, B., Bridgman-Packer, David, Greenberg, Jamie, Favieret, María, Implementing and expanding safe abortion care: an international comparative case study of six countries, *International Journal of Gynecology & Obstetrics*, 143 (Suppl. 4): pp. 3–11, <http://dx.doi.org/10.1002/ijgo.12671>, 2018.

²¹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru*; 15 (1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

²² REMEZ, Lisa; MAYALL, Katherine and SINGH, Susheela, "Changes in Global Laws on Induced Abortion: 2008–2019. International Perspectives on Sexual and Reproductive Health", *Guttmacher journal, special issue*, <https://www.guttmacher.org/es/journals/ipsrh/2020/12/global-developments-laws-induced-abortion-2008-2019>, 2020.

law, and called on Ireland to undertake legal reform that could include, if necessary, a constitutional amendment²³.

In addition, in 2016, the African Commission on Human and Peoples' Rights launched a continent-wide campaign for the decriminalization of abortion in Africa, in order to ensure that States meet the legal criteria specified in the Maputo Protocol for safe abortion. The following year, leaders from across the continent endorsed the Declaration on Safe and Legal Abortion as a Human Right, which advocates for abortion under those conditions²⁴. In Spain, although in 1985 the first abortion reform was approved, which decriminalized the procedure in three specific cases: in cases of serious danger to the life or health of the pregnant woman (therapeutic indication), when the pregnancy resulted from rape (ethical indication), and in situations of serious physical or mental anomalies in the fetus (embryopathic indication)²⁵; years later, much more comprehensive legislation was approved, it is Organic Law 2/2010 on sexual and reproductive health and the voluntary interruption of pregnancy, which represents a milestone in that country by proclaiming for the first time a series of fundamental rights in the field of sexual and reproductive health. This law also establishes a new regulation of non-punishable abortion. This renewed system gives pregnant women a wide margin of autonomy to decide on their maternity during the first fourteen weeks of gestation. In addition, it includes two indications for medical causes that include situations of danger to the life or health of the woman and fetal anomalies.

For its part, France, through the gender equality law enacted in 2014, eliminated the condition that women be in danger to access a legal abortion. In addition, its legislation penalizes medical professionals who deny access to or refuse to provide information about legal abortion services. In addition, two countries have lowered financial barriers: in 2014, Israel expanded the age range at which women can receive a government-subsidized abortion, while in 2018, Nepal made abortion free for those who cannot afford it²⁶.

In recent years, African and European legislation has made significant strides towards fully recognising women's reproductive rights, including their ability to make decisions about how, when and with whom to have children. For example, the Programme of Action of the United Nations International Conference on Population and Development in Cairo in 1994 states that reproductive health involves enjoying a satisfactory and safe sex life, as well as the freedom to decide whether or not to conceive, and when to do so. Similarly, the Platform for Action of the Fourth United Nations World Conference on Women in Beijing in 1995 proclaims that women's human rights include the right to have control and make responsible decisions about their sexuality and reproductive health. In addition, the European Parliament Resolution on sexual and reproductive health (2001/2128 INI) emphasizes the importance of abortion being legal, safe, and accessible to all women as a way to protect their reproductive health and rights.

Along these lines, Ghana and Peru offer outstanding examples of the positive impact of the directives on improving access to safe abortion. The Ghanaian Health Services document on prevention and management of unsafe abortion called Comprehensive Abortion Care Services, Standards and Protocols, published in 2012, contains several directives that facilitate access, such as the mandate that women are not required to present legal evidence in cases of rape, but that their testimony is sufficient. In the case of Peru, the publication of guidelines on abortion starting in 2014 followed successful petitions to two United Nations human rights treaty bodies that monitor states' compliance with treaties. Thus, in Peru, a 17-year-old girl with the initials KL, became pregnant with an anencephalic fetus in 2001, received a medical recommendation to terminate the pregnancy, but the director of the hospital refused to allow it. As a result, KL had to carry her pregnancy to the end and take care of the newborn for the 4 days she survived. This experience led to severe depression in KL. The UN Human Rights Committee heard the case and held the Peruvian State responsible for violating KL's rights, subjecting her to cruel, inhuman and degrading treatment, and for failing to address the medical community's resistance to therapeutic abortion. As a result, the government of Peru had to compensate KL and establish a protocol for therapeutic abortion that would prevent similar cases from happening again.

Another emblematic case that occurred in Peru was that of the teenager with the initials LC, from a family in extreme poverty and a victim of rape, tried to commit suicide by throwing herself from a fifth floor. As a result, she became a quadriplegic because she could not have surgery in time due to her pregnancy. Doctors argued that the drugs could affect the fetus. Eventually, she was operated on after a miscarriage, but the consequences were irreversible. Currently, the young woman needs assistance to carry out her most basic needs. Both the CEDAW Committee in *LC v. Peru* and the Human Rights Committee in *KL v. Peru* (both UN bodies) condemned Peru's denial of legal abortion services to women who requested them²⁷.

²³ CRR, Breaking Ground, Treaty Monitoring Bodies on Reproductive Rights, Nueva York: CRR, <https://reproductiverights.org/document/breaking-ground-2020-treaty-monitoringbodies-reproductive-right>, 2018.

²⁴ CRR, Breaking Ground, Treaty Monitoring Bodies on Reproductive Rights, Nueva York: CRR, <https://reproductiverights.org/document/breaking-ground-2020-treaty-monitoringbodies-reproductive-right>, 2018.

²⁵ LAURENZO, Patricia, "Women's sexual and reproductive rights: a new paradigm for the regulation of abortion", Yearbook of Human Rights, Spain, 2011.

²⁶ Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, <https://www.wipo.int/edocs/lexdocs/laws/en/et/et011en.pdf>, 2004.

²⁷ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Committee on the Elimination of Discrimination against Women, Communication No. 22/2009 on the case of *L.C. v. Peru*, 2009.

There is also the fact of seven indigenous women from Guanajuato (Mexico), of low economic resources and who had little or no educational level and with difficulties in communicating in Spanish. They were charged with homicide in the degree of kinship and received sentences of up to 28 years in prison. Two of them became pregnant as a result of rape; One of the pregnancies ended in a miscarriage, while the other four were abortions caused by recklessness. In 2010, the United Nations office in Mexico intervened to have the sentences reviewed and issued recommendations to the government of Guanajuato to take measures to eradicate gender-based violence. As a result of these actions, the seven women were released shortly after²⁸. Similarly, both the Inter-American Commission on Human Rights and the Inter-American Court have instructed the governments of Nicaragua and El Salvador to provide medical care in cases where it had been denied because of restrictive abortion laws. In the Nicaragua case in 2010, the Court ordered the government to provide cancer treatment that had previously been denied to a pregnant woman, arguing that it could lead to a miscarriage. In the case of El Salvador in 2013, the Court ordered the performance of an abortion to prevent the death of a pregnant woman.

What is becoming clear in most countries is that increasing legal penalties for abortion-related actions would not promote a preventive mindset or contribute to solving the underlying problem²⁹. Although even when new legal grounds for abortion are adopted, this expansion does not immediately guarantee greater access to services. It can take years for countries to create an enabling environment for the provision of safe and accessible abortion services. Among the many steps governments must take include: informing and educating all relevant parties (such as the public, politicians, medical, pharmaceutical, police and judicial personnel) about the legality of abortion; training health personnel in best practices for abortion care; ensure that health facilities have adequate surgical equipment and medicines, and that they are available and up-to-date; ensuring that abortion services are affordably accessible; and establish accountability mechanisms to address denials of services and poor quality of care. Perhaps the most difficult barrier to overcome remains the entrenched stigma that persists in almost all settings. Even in countries where abortion is legal without restrictions on reason, the weight of stigma can lead some women to risk their health by seeking potentially unsafe abortions outside official channels³⁰. For this reason, academia is recognizing the importance of producing reliable knowledge about abortion, not only to obtain a deeper understanding of the phenomenon in all its facets (whether subjective, social, economic, political or cultural), but also for its strategic value in guiding relevant actions³¹ and issuing the necessary public policies. Thus, thanks to scientific and technological advances in medicine and the recognition of sexual and reproductive rights, most democratic societies and countries have adopted a perspective more in line with human rights in the regulation of abortion³².

4. THE RIGHT TO DECIDE ABOUT ONE'S OWN BODY AS A BASIS FOR THE REGULATION OF ABORTION

The right to decide about one's own body arose in the 70s promoted by feminist movements in various parts of the world, which is why the movement in favor of the legalization of abortion adopted the term *Pro Choice* in the United States and *Choisir* in France³³. This proposal entered the scene of the old debate on abortion as a matter of absolute rights, and it is that to pose it as a clash between absolute rights is misleading. In the field of law, appealing to absolute rights is unfounded, since every right has limits that must consider the rights of third parties. In the face of conflicting rights, it is appropriate to carry out a weighting. Moreover, the idea that the right to life is superior to all other human rights is not valid. In the nature of human rights there is no hierarchy; they are indivisible, interdependent, complementary and cannot be hierarchical³⁴.

The new legal framework permissible for abortion explains why the progressive sectors that promoted the reform chose to integrate the normative treatment of voluntary abortion into public policies on sexual and reproductive health, with special attention to women's rights. This perspective made it possible to introduce into the legal evaluation of abortion an aspect that was previously little explored: women's right to sexuality. This is based on the premise that women can only achieve a truly free sexuality and, therefore, equal to that of men, if they have the power to control the possible outcomes of that sexuality, including an eventual pregnancy. Therefore, they must first be guaranteed full access to safe and effective contraceptive methods, and also, in the event of pregnancy, a sufficient degree of autonomy to decide for themselves whether or not to continue with the pregnancy³⁵. As mentioned above, legislation, public policies and comparative jurisprudence offer a wide

²⁸ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", Journal of Bioethics and Law, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

²⁹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru; 15 (1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

³⁰ SINGH, S., HUSSAIN, R., SHEKHAR, C., ACHARYA, R., STILLMAN, M., MOORE, A., "Incidence of treatment for postabortion complications in India", BMJ Global Health, 5: e002372, <https://doi.org/10.1136/bmjgh-2020-002372>, 2020.

³¹ RAMOS, Silvina, "Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy", journal Demographic and Urban Studies, Vol. 31, No. 3 (93), pp. 833-860, 2016.

³² LAMAS, Marta, "Abortion in the Development Agenda in Latin America", Latin American Profiles magazine 31, pp. 65-93, 2008.

³³ LAMAS, Marta, "Abortion in the Development Agenda in Latin America", Latin American Profiles magazine 31, pp. 65-93, 2008.

³⁴ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", Journal of Bioethics and Law, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

³⁵ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru; 15 (1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

variety of alternative approaches to the outdated system of indications to regulate the voluntary interruption of pregnancy. These approaches share the tendency to balance an adequate space of freedom of decision for women with certain practical mechanisms aimed at promoting motherhood and preventing unwanted pregnancies. In other words, they are models of abortion regulation designed to address and resolve the conflict of interest posed by an unwanted pregnancy³⁶.

This new regulatory approach has been the effect of a long historical process, let us not forget that, since the beginning of the second wave of feminism in the twentieth century, the issue of the voluntary interruption of pregnancy was positioned as one of the most relevant issues for women, which did not arise out of nowhere, but was a direct response to the reality of the deaths of women due to induced abortions in conditions extremely precarious. The recognition of the right to one's own body, the right to plan women's lives and health, emerged as an evident necessity in the face of the inability to control the number of children, the situations of pregnancy resulting from rape, risks to the woman's life, or the inability to assume responsibility on her own. Factors that, among others, have contributed to numerous psychological problems³⁷.

Women's struggle to exercise their right to decide about their motherhood reflects new forms of self-conception and perception of life. They reject the fatalistic idea of accepting to have all the children that are imposed on them, demystify motherhood as the only destiny for women and prioritize other vital options. Some women are even inaugurating a postmodern decision: that of choosing not to be mothers. Likewise, the development of the drug called RU 486 marks a milestone in women's reproductive freedom, since access to abortion ceases to depend on third parties and becomes a simpler and more accessible, almost autonomous procedure. This medication allows women to take full responsibility for a private decision, although a subsequent medical evaluation is recommended to verify the complete expulsion of the pregnancy to avoid complications. However, despite having been created in 1980 (by the French laboratories Roussel-Uclaf), to date its use is restricted by the medical body, reflecting a paternalistic attitude that treats patients as minors or incompetent³⁸.

Thus, the progressive institutionalization of sexual, reproductive and human rights offers an effective framework that brings elements of rationality to the global debate on abortion. However, it is important to remember that the recognition of women's right to control their reproductive processes is a complex and contradictory historical process, which implies not only advances, but also setbacks³⁹, and as Savater points out⁴⁰, what is truly inappropriate (what is considered inherently immoral) is the assumption that a full life should not include (or that it is irrelevant whether or not it includes) satisfying pleasures in all physical aspects and sensory. Human freedom (defined as the ability to choose, creativity, and reflect on preferences) is not in opposition to our body, nor does it deny it, nor does it ignore it in any way; rather, it arises from it and crowns it, just as the flower emerges and crowns the plant that supports it. That is, human freedom, in an earthly, non-transcendental sense, involves the active ability to manage and enhance the resources we inherently receive from both biology and culture.

Over the years, it has become clear that the conservative paradigm could hardly be maintained after the significant advances of recent years in the normative recognition of women's capacity for self-management and their right to the free exercise of sexuality. For this reason, it is not surprising that in Europe the indication-based system has gradually given way to other forms of regulation which, while recognizing the intrinsic value of the embryo, give the pregnant woman, in reasonable terms, the power to decide on her reproduction (term system). Spain has clearly followed this trend by transferring the legal regulation of abortion from the criminal sphere to a Law on Sexual and Reproductive Health which, for the first time, explicitly recognises the existence of fundamental rights in the field of sexual and reproductive health of citizens (Article 1), establishing a series of obligations for the public authorities aimed at guaranteeing. In general, a state of physical, psychological and socio-cultural well-being related to sexuality in an environment free from coercion, discrimination and violence (Article 2b).⁴¹ However, with abortion it is not a debate, nor a task nor a finished path, but the challenges remain latent, as explained below.

5. CHALLENGES FOR THE REGULATION OF ABORTION AS PART OF THE RIGHT TO DECIDE IN THE FACE OF THE NEOCONSERVATIVE ONSLAUGHT

In Latin America, feminists have taken on the challenge of addressing the termination of unwanted pregnancies from multiple approaches: as a matter of social equity, as a public health issue, and as a democratic goal⁴². This was beneficial when approving public policies, approving regulations and issuing sentences. The contributions of bioethics, understood as an ethics based on scientific knowledge and suggesting gradualism, that is, a technical model supported by scientific evidence provided by disciplines such as embryology, genetics and neurophysiology, as the appropriate approach to regulate abortion, were also decisive. Gradualism respects the right of all women to make decisions about their motherhood and is the model

³⁶ LAURENZO, Patricia, "Women's sexual and reproductive rights: a new paradigm for the regulation of abortion", Yearbook of Human Rights, Spain, 2011.

³⁷ DALTON, Margarita, "Abortion: phenomenon without nomenclature", Desacatos magazine, no. 17, January-April, pp. 7-11, 2005.

³⁸ LAMAS, Marta, "New horizons of the legal interruption of pregnancy", Desacatos Magazine, no. 17, January-April, pp. 57-77, 2005.

³⁹ LAMAS, Marta, "New horizons of the legal interruption of pregnancy", Desacatos Magazine, no. 17, January-April, pp. 57-77, 2005.

⁴⁰ SAVATER, Fernando, Ética como amor propio, Grijalbo Mondadori, Barcelona, 1995.

⁴¹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru; 15 (I). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

⁴² LAMAS, Marta, "New horizons of the legal interruption of pregnancy", Desacatos Magazine, no. 17, January-April, pp. 57-77, 2005. **pg. 711**

adopted by countries with the best indicators in sexual and reproductive health. The gradualist proposal has managed to bring the abortion debate out of the impasse in which it found itself, and is currently being adopted by a growing number of countries that have approved various public policies to regulate it or have issued jurisprudence to allow it, as noted above. Gradualism is based on the premise that pregnancy is not an instantaneous event, but a continuous process, and therefore considers the different stages of embryonic development⁴³. Even so, the challenge for bioethics is to contribute to the design of viable measures in the fields of education, health and law that help prevent unwanted pregnancies. In Latin America, it is crucial to implement public policies and societal actions aimed at sex education with an emphasis on the sectors most likely to have unprotected sex: young people, inhabitants of rural areas, indigenous peoples and residents of informal settlements on the outskirts of large cities. Couples should have access to objective, timely, and comprehensive information on family planning, as well as effective contraceptives and guidance on their proper use. In other words, from bioethics what is at stake is to acquire a new wisdom that allows the effective use of knowledge in survival and improvement of the quality of human life. It is a vision of biology extended beyond its traditional limits, including essential elements of the social sciences and humanities, with a particular emphasis on philosophy. A bioethics as a synthesis of knowledge and values, based on scientific knowledge⁴⁴.

This is mentioned because, in the light of the facts, States are taking the initiative to implement or even discuss in their respective countries the contributions of the Universal Declaration on Bioethics and Human Rights approved by UNESCO. That is why abortion is treated as a matter of public health, social justice and the right of each woman to decide on the number and spacing of her children⁴⁵. In this context, abortion is not prohibited, but is regulated according to the gradualist model. The deadlines for termination of pregnancy at the request of the woman vary from 10 to 24 weeks of gestation, with most countries admitting up to 12 weeks. Some have adopted a mixed system of time limits and assumptions, while others are governed solely by assumptions. These cases cover various situations in which termination of pregnancy is usually required, such as danger of death to the woman, the preservation of her physical or mental health, pregnancy due to incest or rape, serious malformations of the foetus, as well as economic and social reasons⁴⁶.

In addition, in Latin America, additional efforts are needed in all areas to eradicate sexual violence against girls, young women and women in general. This not only implies more effective awareness campaigns, but also the application of effective penalties against aggressors. The challenge is considerable, but it is critical to address it to improve the health and well-being of women in the region⁴⁷. This is accompanied by monitoring programs to learn to what extent women are denied their legal right to abortion and, where necessary, implement law enforcement measures. One promising approach to reducing objections to offering abortions is to increase access to medication abortions, as providers around the world express fewer objections to dispensing pills to women than to performing surgical procedures⁴⁸. Along these lines, the WHO has endorsed two of the three steps in self-managed medical abortion. With the advancement in the accuracy and availability of multi-level pregnancy tests, women will be able to determine for themselves if they have completed their medication abortion. As women gain more control over when and where they can access safe abortion, laws that restrict its legality and access will become increasingly ill-advised and unnecessarily punitive, and will primarily undermine reproductive autonomy. In the meantime, outdated laws and regulations will have to be updated to accommodate this new reality⁴⁹.

It is also crucial to improve postabortion care to reduce disability and deaths caused by unsafe abortions, which are common in countries with restrictive laws. However, legalizing abortion under broad criteria and guaranteeing access for women in all countries would be even more beneficial. This would represent a significant step towards better health and greater reproductive autonomy globally⁵⁰. It is not easy to accept laws that contradict the right to choose, as feminists have repeatedly stressed. It is not a question of imposing abortion on anyone. The aim is to establish a level playing field for legislation to protect women and their decisions. If a woman chooses to have an abortion of her own free will, why prevent it? And if the law allows it in certain circumstances, the logical thing to do would be to ensure that it can be carried out in a safe and accessible way. What are the reasons that prevent it from being carried out? Who has the final authority to make that

⁴³ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", *Journal of Bioethics and Law*, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

⁴⁴ POTTER, V. R., "Bioethics: the science of survival, adapted from chap. I of *Bioethics: Bridge to the Future*, by Van R. Potter; to be published Prentice-Hall, Inc., Englewood Cliffs, New Jersey, pp. 127-153, 1971.

⁴⁵ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo*, Chiclayo, Peru; 15 (1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

⁴⁶ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", *Journal of Bioethics and Law*, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

⁴⁷ PIEKAREWICZ, Mina, "Bioethics, abortion and public policies in Latin America", *Journal of Bioethics and Law*, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.

⁴⁸ Advancing abortion care workforce policy, transcript of discussion,

⁴⁹ RAYMOND, E., SHOCHET, T., BLUM, J., SHELDON, W., PLATAIS, Ingrida; BRACKEN, Hilary; DABASH, Rasha; WEAVER, Mark; THI NHU NGOC, Nguyen; BLUMENTHAL, Paul; WINIKOFF, Beverly, "Serial multilevel urine pregnancy testing to assess medical abortion outcome: a meta-analysis", *Contraception*, 95(5): pp. 442-448, <https://doi.org/10.1016/j.contraception.2016.12.004>, 2017.

⁵⁰ REMEZ, Lisa; MAYALL, Katherine and SINGH, Susheela, "Changes in Global Laws on Induced Abortion: 2008-2019. International Perspectives on Sexual and Reproductive Health", *Guttmacher journal, special issue*, <https://www.guttmacher.org/es/journals/ipsrh/2020/12/global-developments-laws-induced-abortion-2008-2019>, 2020.

decision?⁵¹. To answer this, and given that there is little research examining the connection between health professionals and abortion in a broader context that addresses sexual and reproductive health and rights, it would be pertinent to incorporate the paradigm shift proposed by the international conference on population and development into the analysis of perceptions, Assessments and opinions of health professionals about abortion⁵².

In addition, it remains a challenge to consider abortion not only as an ethical and moral issue, but also as a political one, which can significantly improve the understanding of the spatio-temporal circumstances in which it occurs. All parties involved have valid perspectives to express. Both ethical values and human rights are put to the test. What is at stake among the people involved in the event (although some may be absent) encompasses affectivity, eroticism, ethics, morals, politics and religious beliefs⁵³. That is why the issue of the secularity of States is raised in the public sphere, emphasizing the separation between church and state, and emphasizing religious diversity, on the one hand, and freedom of conscience, on the other. This is done on the condition that the specific morality of the church does not influence public policy⁵⁴.

In addition, having a solid legal and technical understanding is essential for the professionals involved to commit, although it does not guarantee the acceptance of abortion or high-level care. However, improvements have been observed in the attitudes of health professionals who have received specific training on the subject of abortion. The acceptance of this practice is also influenced by the perceptions and representations that these professionals have regarding women who decide to have an abortion⁵⁵. This is related to conscientious objection, which has represented one of the main barriers to accessing legal interruptions of pregnancy in countries where progress has been made in legal, political and practical terms⁵⁶. What health professionals have understood is that the complete ban on abortion has repercussions on public health, increasing hospitalizations and promoting unsafe abortion. This leads to a systematic violation of rights, backed by state laws⁵⁷.

Since abortion will continue to be an ideological and political battle⁵⁸, but also a legal, ethical and economic battle, finally, and not least, the disparity between social classes in Latin America makes it difficult for various sectors of the population to access similar living conditions and opportunities. To reduce this inequality and develop strategies to reduce abortion, it is crucial to reduce this gap. Specifically, by providing sexual and reproductive education in an equitable manner for all, addressing fundamental aspects of abortion practices and their consequences both physically and psychologically⁵⁹.

6. CONCLUSIONS

It is pertinent to carry out comparative studies on abortion, especially since in other societies legal and social progress is increasingly strengthening the importance of women's autonomy in decision-making, under a human rights approach. New legal regulations are introducing innovative approaches to address the challenges posed by unintended pregnancies and are opening up encouraging prospects for women's right to choose.

The issuance of recent judgments and the regulation and implementation of comparative public policies on abortion have been impacted by the global approval of international human rights treaties, covenants, and norms, which have been promoted and monitored by their respective jurisdictional bodies. This shows that abortion, from its diverse circumstances and contexts, is a concern of States, whether rich or poor, and that the right to decide has become a criterion when resolving these cases.

The right to decide about one's own body has been one of the foundations for the regulation of abortion, not without being free from the discussion, rejection and questioning typical of a civilized democracy. The stumbling block continues to be that, in the face of conservative, absolutist, dogmatic, moralistic positions, the debate is reduced and the circumstances, contexts, situations that millions of women around the world live and that require effective and efficient responses from the State and society to be fully recognized in their dignity are lost. That is why this issue continues to be a challenge for the regulation of abortion as part of the right to decide in the face of the neoconservative onslaught.

⁵¹ DALTON, Margarita, "Abortion: phenomenon without nomenclature", *Desacatos* magazine, no. 17, January-April, pp. 7-11, 2005.

⁵² LÓPEZ GÓMEZ, Alejandra, "Health Professionals and Abortion. Possibilities and resistances to the incorporation of the rights-based approach in the practices of health professionals", In: Silvina RAMOS, *Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy*, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.

⁵³ DALTON, Margarita, "Abortion: phenomenon without nomenclature", *Desacatos* magazine, no. 17, January-April, pp. 7-11, 2005.

⁵⁴ BROWN, Josefina, "Political Actors and Abortion. Clerical versus anticlerical? Searching for Vanishing Points in the Political-Ideological Debate", in: Silvina RAMOS, *Research on Abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy*, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.

⁵⁵ LÓPEZ GÓMEZ, Alejandra, "Health Professionals and Abortion. Possibilities and resistances to the incorporation of the rights-based approach in the practices of health professionals", In: Silvina RAMOS, *Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy*, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.

⁵⁶ Agustina Ramón Michel, Sonia Ariza

⁵⁷ BOHÓRQUEZ MONSALVE, Viviana, "Normative and Abortion. From Rights to Facts: Analysis of the Legal Framework on Abortion in Latin America and the Caribbean", In: Silvina RAMOS, *Research on Abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy*, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.

⁵⁸ LAMAS, Marta, "New horizons of the legal interruption of pregnancy", *Desacatos Magazine*, no. 17, January-April, pp. 57-77, 2005.

⁵⁹ PONCE-CUSI, Richard, OCHOA-RODRÍGUEZ, Yodanky, PILCO-FERRETO Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America", *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo, Chiclayo, Peru*; 15.(1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.

It is undeniable that technological and scientific progress has made it easier for women to make autonomous decisions about their bodies and their lives. Likewise, certain court rulings have also had a symbolic impact on the reinterpretation of the historical meanings of life and abortion. In recent public debates, promoted by organized civil society, an element that has gained strength, in the face of the neoconservative onslaught, is the concept of quality of life, and this sometimes implies the possibility of not being born.

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REFERENCES

- [1] French National Assembly, Declaration of the Rights of Man and of the Citizen of 1789, https://www.conseil-constitutionnel.fr/sites/default/files/as/root/bank_mm/espagnol/es_ddhc.pdf
- [2] Barruel, Agustín, *Memoirs Illustrating the History of Jacobinism*, New York, Hartford, tomo II, 2016.
- [3] Bohórquez Monsalve, Viviana, "Normativa y aborto. From Rights to Facts: Analysis of the Legal Framework on Abortion in Latin America and the Caribbean", In: Silvina Ramos, Research on Abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016.
- [4] Brown, Josefina, "Political Actors and Abortion. Clerical versus anticlerical? Searching for Vanishing Points in the Political-Ideological Debate", in: Silvina Ramos, Research on Abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal Demographic and Urban Studies, Vol. 31, No. 3 (93), 2016.
- [5] Office of the President of the Republic, Circular No. 04/ SPCSM/CFLS/EER/2018, Relating to the Implementation of the Provisions of Article 14 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Official Journal of the Democratic Republic of Congo, 59th year, special issue, 5 de junio, 2018, <http://www.leganet.cd/Legislation/JO/2018/jos.05.06.2018.o.pdf>, 2018.
- [6] Cabinet of the President of the Republic, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Official Journal of the Democratic Republic of Congo, 59th year, special issue, 14 de marzo, <https://www.leganet.cd/Legislation/JO/2018/JOS%2014%2003%202018.pdf>, 2018.
- [7] Chavkin, W., Stifani, B., Bridgman-Packer, David, Greenberg, Jamie, Favieret, María, Implementing and expanding safe abortion care: an international comparative case study of six countries, International Journal of Gynecology & Obstetrics, 143 (Suppl. 4): pp. 3–11, <http://dx.doi.org/10.1002/ijgo.12671>, 2018.
- [8] Italian General Confederation of Labour v. Italy, Complaint No. 91/2013, Decision on Admissibility and the Merits, Comité Europeo de Derechos Sociales, 2016, <http://hudoc.esc.coe.int/eng/?i=cc-91-2013-dadmissandmerits-en>, 2013.
- [9] Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Committee on the Elimination of Discrimination against Women, Communication No. 22/2009 on the case of L.C. v. Peru, 2009.
- [10] U.S. Supreme Court, 5-3 Decision, Whole Woman's Health v. Hellerstedt, on medical regulations in facilities that perform abortions.
- [11] Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, <https://www.wipo.int/edocs/lexdocs/laws/en/et/et011en.pdf>, 2004.
- [12] CRR, Breaking Ground, Treaty Monitoring Bodies on Reproductive Rights, Nueva York: CRR, <https://reproductiverights.org/document/breaking-ground-2020-treaty-monitoringbodies-reproductive-right>, 2018.
- [13] Dalton, Margarita, "Abortion: phenomenon without nomenclature", *Desacatos magazine*, no. 17, January-April, pp. 7-11, 2005.
- [14] Guttmacher Institute, World Health Organization. "Induced abortion: incidence and trends worldwide from 1995 to 2008", *The Lancet*, February, Vol. 379, Núm. 9816, pp. 625-632, 2012.
- [15] Lakshmi Dhikta & Others v. Government of Nepal, Supreme Court of Nepal (2007).

- <https://reproductiverights.org/case/lakshmi-dhikta-v-government-of-nepal-amici-supreme-court-of-nepal/>
- [16] Lamas, Marta, "Abortion in the Development Agenda in Latin America", *Perfiles Latinoamericanos* magazine 31, pp. 65-93, 2008.
 - [17] Lamas, Marta, "New horizons of the legal interruption of pregnancy", *Desacatos Magazine*, no. 17, January-April, pp. 57-77, 2005.
 - [18] Laurenzo, Patricia, "Women's sexual and reproductive rights: a new paradigm for the regulation of abortion", *Yearbook of Human Rights*, Spain, 2011.
 - [19] London School of Economics, Advancing abortion care workforce policy, transcript of discussion, paper presented at the E-conference on Abortion Research, 8–9 June, https://zambiatop.files.wordpress.com/2015/05/transcript-of-discussion-of-theme-1_abortion-care-workforce.pdf, 2015.
 - [20] López Gómez, Alejandra, "Women and abortion. The role of legal and social conditions in the trajectories and subjective experiences of women in the face of induced abortion", In: Silvina Ramos, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.
 - [21] López Gómez, Alejandra, "Health Professionals and Abortion. Possibilities and resistances to the incorporation of the rights-based approach in the practices of health professionals", In: Silvina Ramos, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.
 - [22] World Health Organization, Safe Abortion: Technical and Policy Guide for Health Systems, second ed., Geneva: WHO, 2012.
 - [23] Piekarewicz, Mina, "Bioethics, abortion and public policies in Latin America", *Journal of Bioethics and Law*, no. 33, January, pp. 3-13, ISSN: 1886-5887, 2015.
 - [24] Ponce-Cusi, Richard, Ochoa-Rodríguez, Yodanky, Pilco-Ferreto Néstor, "Ethical Considerations of Abortion in the Context of Public Health in Latin America," *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo*, Chiclayo, Peru; 15(1). DOI: <https://doi.org/10.35434/rcmhnaaa.2022.151.1439>, 2022.
 - [25] Potter, V. R., "Bioethics: the science of survival, adapted from chap. I of Bioethics: Bridge to the Future, by Van R. Potter; to be published Prentice-Hall, Inc., Englewood Cliffs, New Jersey, pp. 127-153, 1971.
 - [26] United Nations Development Program, 1st Regional Report on Human Development for Latin America and the Caribbean, 2011.
 - [27] Ramón Michel, Agustina; Ariza Navarrete, Sonia, "Conscientious Objection and Abortion. Conscious freedom", In: Silvina Ramos, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.
 - [28] Ramos, Silvina, "Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy", journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), pp. 833-860, 2016.
 - [29] Raymond, E., Shochet, T., Blum, J., Sheldon, W., Platais, Ingrida; Bracken, Hilary; Dabash, Rasha; Weaver, Mark; Thi Nhu Ngoc, Nguyen; Blumenthal, Paul; Winikoff, Beverly, "Serial multilevel urine pregnancy testing to assess medical abortion outcome: a meta-analysis", *Contraception*, 95(5): pp. 442–448, <https://doi.org/10.1016/j.contraception.2016.12.004>, 2017.
 - [30] Remez, Lisa; Mayall, Katherine, and Singh, Susheela, "Changes in Global Laws on Induced Abortion: 2008–2019. International Perspectives on Sexual and Reproductive Health", *Guttmacher journal*, special issue, <https://www.guttmacher.org/es/journals/ipsrh/2020/12/global-developments-laws-induced-abortion-2008-2019>, 2020.
 - [31] Savater, Fernando, *Ética como amor propio*, Grijalbo Mondadori, Barcelona, 1995.
 - [32] Singh, S., Hussain, R., Shekhar, C., Acharya, R., Stillman, M., Moore, A., "Incidence of treatment for postabortion complications in India", *BMJ Global Health*, 5: e002372, <https://doi.org/10.1136/bmjgh-2020-002372>, 2020.
 - [33] The Africa Leaders' Declaration on Safe, Legal Abortion as a Human Right, <https://www.sexrightsafrika.net/wp-content/uploads/2018/01/AU-Declaration-Safe-Abortion-2017.pdf>, 20 de enero, 2017.

- [34] Constitutional Court of Spain. Judgment 53/1985, Legal Basis 8.
 - [35] UNESCO, Universal Declaration on Bioethics and Human Rights, October 19, http://portal.unesco.org/es/ev.phpURL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html, 2005.
 - [36] Zamberlin, Nina, "Stigma and Abortion. The stigma associated with abortion as an object of study: the first steps in Latin America", In: Silvina Ramos, Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policies and advocacy, journal *Demographic and Urban Studies*, Vol. 31, No. 3 (93), 2016.
-