The Abortion Debate in Mexico: Realities and Stalled Policy Reform

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Over 500,000 clandestine abortions occur annually in Mexico, many under unfavourable health conditions. An uneasy silence about this situation has long prevailed. Since the 1970s, abortion has appeared periodically in public discourse and on the decision-making agenda, only for action to be repeatedly postponed. Mobilisation around the abortion issue grew slowly, but debate and controversy became nationwide as the country began to experience systemic change in 2000. Despite increasing political pluralism and growing awareness of the existing problems, for now in Mexico, as elsewhere in Latin America, the question of abortion is not judged sufficiently pressing to merit major policy change. However, improved contraceptive use and the institution of new technologies and post-abortion care are helping to make abortions safer and rarer.

Keywords: abortion, Mexico, health policy, reproductive rights, Catholic Church, feminism.

Each year in Latin America about four million women undergo induced abortion (Henshaw, Singh and Hass, 1999), often in unsafe health conditions and despite severe legal and moral sanctions. One in seven of those abortions takes place in Mexico, where this state of affairs has been, until recently, shrouded in secrecy. Even though abortion has figured increasingly in public discourse, many aspects of the issue remain taboo. As a result, the question of what to do about abortion is mired in obscurity and compromise, with the attendant problems only tacitly recognized and partially addressed.

Since the mid-1970s, successive Mexican governments have considered the question of abortion, initially tightly controlling discourse on the subject. With the development

1 Only Cuba, Barbados and Puerto Rico in the Caribbean, and Belize in Central America, permit abortion on broad social grounds (David and Pick de Weiss, 1992; UN, 2001). All other Latin American countries list punishments for abortions performed for non-therapeutic reasons. An ‘induced abortion’ refers to the intentional termination of a pregnancy before the foetus is capable of independent life outside the womb, whereas a ‘spontaneous abortion’ (or miscarriage) refers to a nonviable foetus, that is, any involuntarily induced abortion.
of civil society and the growth of political pluralism (Camp, 2002; Preston and Dillon, 2004), the ability of different groups to express themselves and influence the course of debate slowly increased. The new social agents included feminist groups that have sought to lift the veil of secrecy on abortion and to legalize the procedure, as well as anti-abortion groups galvanised by the strong lead of the Catholic Church that have worked to keep the issue from public purview and to prevent major policy change. Considerable energies have been expended on changing laws and policies relating to abortion. Nevertheless, it is unclear if there is a gradual tendency towards decriminalisation, as certain trends suggest, or whether further change in that direction remains unlikely because groups hostile to the provision of abortion services have actively mobilised about the issue.

This article analyses the current abortion situation in Mexico and the surrounding policy context. In particular, it seeks to explain why attempts to reform abortion policy in a way that would lead to a resolution more likely to improve women’s health have repeatedly stalled. The article applies insights from three political science literatures – agenda-setting, elite theory and models of policymaking – to investigate the following: (a) how abortion has emerged as an issue requiring policy attention; (b) the processes by which policy alternatives have been framed and contested; (c) the strategies of different groups seeking to influence abortion policy and (d) the barriers to implementing policy reform. It is based on multiple sources of evidence including 60 interviews conducted over the last decade with high-level policymakers, religious leaders, health workers, activists, academics, lawyers and other key informants. It also draws on a range of written materials and data, including published and unofficial documents, newspaper reports and interest group material.

The article first describes how access to abortion services varies, outlining the legal, demographic and health care contexts of abortion. It then explains the course of the abortion debate and assesses the roles played by different social agents who have attempted to determine its nature and outcome. I consider both domestic and international influences on abortion policy, and analyse why there has been little substantive policy change on a subject long identified as a serious health and social problem inadequately resolved by existing policy measures. Nevertheless, several steps have been taken recently to extend access to emergency contraception, improve post-abortion care and revise the legal context of abortion. The article reflects on the prospects for further policy changes and on how Mexico’s experience sheds light on how this issue is considered elsewhere in Latin America. I conclude that without more fundamental social and political change, only minor efforts will be made to confront the reality that abortion is a greater problem than it need be.

Abortion in Law and Practice

The Mexican legal system classifies abortion as a crime in most cases. Although there is no federal regulation, most states follow the example of the Federal District’s (i.e. Mexico City’s) 1931 Penal Code (articles 329–324, prior to their amendment
in 2000), so that their criminal codes differ little from each other (De la Barreda Solórzano, 1991). Abortion requires the approval of two physicians and is allowed only in the event of rape, incest or endangerment of the woman’s life. However, legal and institutional mechanisms for women to benefit from these exceptions are lacking, while cumbersome and bureaucratic practices plus social and cultural barriers restrict access further. Some rape victims do not know that they can legally seek an abortion, let alone the procedure for obtaining one (Ehrenfeld, 1999).

In 2000, the Federal District extended the grounds for a legal abortion to situations where a woman’s health is in danger, where foetal defects exist, or when non-consensual artificial insemination occurred. It reduced from five to three years the maximum prison sentence for women who obtained an abortion for other reasons and clarified the procedure for rape victims to obtain an abortion within a maximum waiting period of 24 hours. The Supreme Court subsequently upheld these ‘leyes robles’ (‘Robles laws’, named after the incumbent city mayor who pushed the amendments). Penalties for performing or procuring an illegal abortion have rarely been enforced (Human Rights Watch, 2006). As is also common to most Latin American laws, the wording of the extenuating circumstances of liability (which reduces imprisonment if the woman is not of ‘bad repute’, manages to hide her pregnancy, and if it was the result of an illegitimate union) essentially protects the honour of the husband the woman is considered to belong to. It would seem that the law preserves the mystification of motherhood and the myth of fidelity within marriage, while sanctions are not intended to be enforced if the abortion act is sufficiently masked.

The existing situation causes serious problems of social justice and public health. Women have needed to obtain court orders in order to have legally permissible abortions that physicians sometimes refuse to perform. The government has still not enforced laws guaranteeing the right to abortion for rape victims. Current laws discriminate against poor women who cannot secure safe services that are available to the socio-economically advantaged. The black market increases the economic and psychosocial costs of abortion for women. The legal restrictions serve no useful purpose in reducing the incidence of abortion, but contribute to many unsafe procedures.

In Latin America, abortion is greatly underreported owing to the illegality of the procedure, its social stigma and the failure to distinguish between spontaneous and induced abortions. Research in the late 1960s first revealed that abortion was common and could be reduced through contraception (Frejka and Atkin, 1996). In the early 1970s studies conducted on women covered by the health services of the Mexican Social Security Institute (IMSS) highlighted the growing number and costs of abortion complications in public sector hospitals. Most women having abortions were multiparous housewives who had an insufficient income or had already too many children in the family. At this time, an estimated 700,000 abortions each year occurred nationally (Ordóñez, 1975). Typically, abortion rates are highest when societies approach the middle stages of fertility transition, that is, when reproductive preferences are falling but contraception is not yet widely adopted (Kulczycki, Potts and Rosenfield, 1996). This would have occurred in Mexico in the 1970s and 1980s, when induced abortion
may have accounted for as much as one-quarter of deliberate fertility control (Frejka and Atkin, 1996).

Estimates of the annual number of induced abortions performed in Mexico during the early 1990s range from 110,000 (CONAPO, 1996) to 850,000 (López García, 1994). Another study suggested that 533,100 abortions occurred in Mexico in 1990 (Singh and Wulf, 1994), equivalent to an abortion rate of 23 per 1000 women of childbearing age (higher than rates in Western Europe, but slightly lower than in the USA at the time). If this rate prevailed throughout the 35 years of a woman’s reproductive lifetime, the average Mexican woman is likely to have had about one abortion by the time she is 50 years old. Physicians interviewed by the present author in 2003 at several hospital sites in different Mexican cities, along with other informed observers, believe that the incidence of abortion had probably not risen since the start of the decade due to increased and improved contraceptive practice, as well as the relatively high cost of a safe abortion.

Research conducted in Mexico City, Acapulco and Oaxaca during the 1990s shows that most women underwent induced abortions because of economic constraints and conflicts with their partners that might impede a child’s upbringing. Some women also said they became pregnant at a young age whereas others indicated no wish to have another child (Elu, 1999). Poor women and those with low levels of education typically sought induced abortions from untrained providers and were more likely to suffer complications (Núñez Fernández, 2001). Researchers, family planning and other health-care providers in Ciudad Juárez additionally confirmed to the author that the single young women who mostly work in the maquiladoras [northern border assembly plants] frequently resort to abortion to keep their jobs.

Abortion-related deaths are often hidden as deaths from haemorrhage, infection, anemia, renal failure or other causes. However, even official statistics indicate that abortion-related complications are the fourth leading cause of maternal mortality in Mexico, accounting for seven per cent of all such deaths in the late 1990s (Aguirre, 1997; Núñez Fernández, 2001). Abortions (both spontaneous and induced) are still the third most common reason for hospitalisation among childbearing age women; approximately 110,000–120,000 women receive abortion-related care each year in public sector facilities (INEGI, 2001).

Abortion is easier to obtain in a large city where there are more physicians and women have a greater chance of securing anonymity. Private clinics increasingly provide vacuum aspiration, a very safe surgical procedure; more dangerous methods, particularly in rural areas, include the now rarely used sonda (a rubber tube inserted into the uterus), and abortifacient herbs. These include the cihuapatli, a widely known indigenous plant that is usually effective in strong doses (Pick, Givaudan, Alvarez Izazaga and Collado, 2003). Powerful pharmaceutical and hormonal products are also used to provoke abortions that are often ended in hospitals under emergency care.

Over 1970–2005, Mexico’s population doubled in size from 51 to 105 million and fertility rates fell rapidly from 6.5 to 2.2 births per woman (UN, 2004). Although contraceptive prevalence rates increased from 30 per cent to over 70 per cent, the absolute number of abortions may not have fallen due to sustained demographic growth and incidence of unintended pregnancies.
In the early 1990s, Mexico’s major public sector health institutions extended use of manual vacuum aspiration (MVA) for emergency treatment of abortion complications. MVA is a safe, inexpensive and highly effective method of uterine evacuation that can be used by health professionals at rudimentary rural and primary-level facilities. By 2001, over 25,000 health care providers had been trained to offer post-abortion care services at nearly 60 per cent of all public hospitals nationally (Billings, Velásquez and Pérez-Cuevas, 2003). This major service expansion has undoubtedly improved maternal health, although confirmatory data are lacking. In 2004, the government approved the use of emergency contraceptive pills to reduce the incidence of unintended pregnancy and the consequent need for abortion. However, family planning and health care providers confirm to the author that access to such pills and knowledge of their potential benefits remains poor.

The Course of the Abortion Debate

Policy reform can often seem an opaque process, especially in countries without mature democratic systems and when the subject matter is contentious, as is abortion (Yishai, 1993). Contextual conditions, agenda-setting circumstances and policy characteristics influence the perceptions and concerns of policy elites and social actors, along with the nature and scope of conflict surrounding efforts to introduce policy change. One framework for thinking about policy reform includes agenda, decision and implementation phases, and posits that a decision for or against a policy can be made at each stage (Grindle and Thomas, 1991). Thus, it either continues toward successful implementation, or is derailed. Another influential policymaking model suggests that policy change comes about when three policy streams (problems, politics, and policies) connect (Kingdon, 1984). Each policy stream has its own forces acting upon it. Given consistent and sustained action by advocates, the three streams may come close together for a policy to emerge. In Mexico, abortion has been put on the agenda several times and on each occasion a decision has been taken against enacting major policy reform. Only recently has tacit acceptance been given for quiet implementation of piecemeal change in the health sector to make abortions safer.

Six phases in the course of the abortion debate can be distinguished since the mid-1970s. Abortion first moved onto the agenda through the efforts of the emerging

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3 MVA uses a handheld syringe to produce a vacuum to dislodge the contents of conception. It requires only local anesthesia and a short patient stay (Johnson, Benson, Bradley and Rábago Ordoñez, 1993).

4 Other studies also suggest low awareness of emergency contraception among both providers and potential clients in Mexico (Walker, Torres, Gutierrez, Flemming and Bertozzi, 2004). Emergency contraceptive pills are a short course of a high dose of oral contraceptives. If taken within 72 hours of unprotected sexual intercourse, they may prevent pregnancy by inhibiting ovulation, fertilization or implantation of a fertilized egg (Grimes and Raymond, 2002).

5 Grindle and Thomas (1991) developed their influential analytical framework on the basis of a series of economic policy reform initiatives in developing countries.
feminist movement and as a result of the discussion surrounding the state’s introduction of a new population policy. A government-commissioned study favoured legalizing abortion (CONAPO, 1976), but submitted its testimony just before a presidential succession when the suggestions were not followed and the ‘expert dialogue’ soon ended (Tarrés, 1993). A second phase began after left-wing parties were legalised at the end of the decade. An uneasy alliance between feminists and communists proposed a measure on ‘maternidad voluntaria’ [voluntary motherhood], but differences soon deepened among its sponsors (Ortiz-Ortega, 2001). The Catholic Church, buoyed by Pope John Paul II’s first visit to Mexico in 1979, voiced its objections more publicly than when the state instituted a national family planning programme. A church-linked organization, Pro-Vida, was formed to forestall legalization of abortion and set out to assume a role as a guardian of the nation’s moral conscience.

The third conjuncture occurred when the incoming president proposed to decriminalise abortion (De la Madrid, 1982). The initiative was closed off once its detractors rallied more strongly than did its supporters. A fourth and very different debate took place after police raided an abortion clinic in Mexico City over Easter 1989. Several of the arrested women publicly denounced the police action and expressed their support for legalised abortion services; so did over 700 elite women who signed a widely publicised declaration which showed that feminists and non-feminists could cross ideological, party and class lines over this issue.6

A fifth period concerns the huge controversy that flared up when it was announced in December 1990 that the Chiapas state legislature had revised its abortion law two months earlier to permit first trimester abortion on broad grounds. Legislators said they acted on behalf of thousands of women who suffer injury, infertility or death from clandestine unhealthy abortions. The state attorney repeated to the author that 200,000 abortions occurred each year in Chiapas, an implausibly high number first publicized by the state governor.7 The incident re-galvanised feminist voices in support of abortion rights, but the Catholic Church and Church-linked organisations reacted sharply and the central government did not want to risk putting new obstacles in the way of mending church-state relations. Within two weeks, the Chiapas state legislature had suspended the process. The extensive media comment included television discussion involving prominent figures holding diverse views about abortion, a subject still taboo until then (Monsivais, 1991). The federal government defused the issue by shifting it to the National Human Rights Commission which avoided ruling on whether the revision violated human rights.

All the major presidential candidates in the 1994 election avoided the issue (Vera, 1994), but it resurfaced dramatically on the national stage in the run-up to the

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6 This declaration, published as a full-page advertisement in major national newspapers on 5 April 1989, began with the words ‘ninguna mujer aborta por gusto’ [‘no woman has an abortion for the heck of it’]. Those signing it included well-known politicians from the ruling party, opposition figures, feminists, artists and professionals.

7 Interview, Chiapas State Attorney, Tuxtla Gutiérrez, August, 1992. Although the figure cited is impossibly high and reliable data are unavailable, abortion-related morbidity and mortality are higher in Chiapas than in most other states (Aguirre, 1997).
landmark 2000 presidential election won by the National Action Party (PAN), raising expectations that conservative social causes would be championed by the new government. This sixth phase in the abortion debate, by far the longest, began with the revelation that a 13-year-old rape victim (‘Paulina’) in Baja California would give birth after being pressured by hospital physicians, state officials, anti-abortion activists and Catholic clergy to drop her request for a legal abortion. This provoked a furore among feminist and human rights advocates and became something of a cause célèbre among many intellectuals and well-known writers (Poniatowska, 2000). Controversy continued when in Sinaloa a 12-year-old girl (‘Lucila’) impregnated by her father was initially denied a legal abortion that state authorities later permitted so as to reduce media attention. Shortly after the national election, PAN legislators from the new president’s home state of Guanajuato approved without prior public debate a ban on abortion in rape cases. This stirred national outrage and protests by many civic groups, forcing the governor to veto the measure and the president-elect to distance himself from it. Mexico City’s mayor warned of a growing religious intolerance and of a backlash against recent advances for women, and proposed changes to the Federal District’s law. In 2002, following a legal challenge, the Supreme Court narrowly ratified this initiative (the ‘leyes robles’) permitting women to obtain abortions in difficult circumstances. The ruling raised expectations that other Mexican states might follow suit, but none had done so by late 2006.

Most recently, the government amended federal family planning guidelines to allow use of emergency contraceptive pills, justified by statistics showing that around 40 per cent of Mexico’s pregnancies were unplanned. Church leaders criticized the decision, as did more outspoken conservative politicians. However, emergency contraceptive pills do not act on a previously implanted embryo and therefore do not cause abortions and are relatively non-controversial. The government stood by its decision, but so far has done little to promote this therapy.

The Social Construction of Abortion

A consistent feature of the abortion debate in Mexico is that it is poorly informed by basic facts. Newspapers continue to cite widely ranging statistics (Infante Castañeda and Cobos-Pons, 1989), underscoring the failure of the health and research communities to address these matters further. In addition, opinion polls indicate that no consensus on abortion exists. The same survey also showed that 79 per cent of adults aged 15–65 felt that abortion should be legal if the pregnancy threatened a woman’s health or life. In addition, 64 per cent approved of abortion if the pregnancy resulted from rape and 53 per cent approved if the pregnancy carried a risk of fetal impairment. Far fewer respondents supported legal abortion in other circumstances (Garcia, Tatum, Becker et al, 2004). Being male, of higher socioeconomic status and knowing someone who has had an abortion were all associated with greater support for abortion. Knowledge of current abortion laws remains low; a national poll conducted in 2000 indicated that 54 per cent of men and women aged 15–24 did not know the legal status of abortion in their state (Becker, Garcia and Larsen, 2002). Research findings may help move the
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issue of abortion on to the public platform, but they have not swayed public opinion, which to date has exerted little direct influence on Mexican policymakers.

Public debate on abortion has tended to be episodic and marked by many polemical arguments, underscoring a profound ‘clash’ of views. However, there is no clear framework for thinking about abortion, reflecting the lack of societal consensus and the multiplicity of views. More often, interest in abortion is not shown directly. This stems from past restrictions imposed on civil society; the primordial association of abortion with blood and ‘the feminine’, and its corresponding indelicacy in a heavily male-dominated culture; the divisive and difficult nature of the issue; and the preference of many Mexicans for more indirect ways of expression and negotiation rather than open conflict. This helps explain why many reform advocates – such as the reproductive rights group Grupo de Información en Reproducción Elegida [Information Group on Reproductive Choice, GIRE], founded in 1992 – now seek to negotiate the decriminalisation of abortion, rather than outspokenly demand the liberalisation of abortion per se. In the process, they are trying to make abortion the concern of society as a whole, not just of feminists, and to communicate an alternative position by stressing the language of choice and greater tolerance.

The state has not developed its own discourse on abortion, in contrast to its concern about population growth and its promotion of family planning which, it asserts, reduces abortion. The state has mediated between the actors engaged in the dispute and set the parameters of the debate. However, its increasing inability to promptly defuse conflict over abortion shows its diminishing control over the course of the debate. President Vicente Fox, in power between 2000 and 2006, expressed his personal opposition to abortion, but, like his predecessors, refused to take sides publicly in the dispute.

A strong undercurrent of this debate is the concern with women’s roles and lives, as in most countries (Kulczycki, 1999). In particular, abortion contradicts the idealisation of motherhood. The Catholic Church adds that abortion should not be legalised because women’s love and life are self-sacrificial before the foetus. Consequently, many people find calls for abortion rights threatening to a social and cultural order symbolised by the evocative Catholic symbols of motherhood and suffering. Moreover, the political culture continues to privilege the rights of the group over the individual, making it difficult to advance the limited autonomy and minority status of women.

The Role of Social Actors in the Abortion Debate

The Mexican Catholic Church

Before the Church regained full legal status and the state restored diplomatic relations with the Vatican in 1992, Church-state relations were governed by a modus vivendi whereby the authoritarian state did not enforce anticlerical laws while the Church kept clear of the political forum and was expected to help keep social order (Loaeza-Lajous, 1990; Puente, 1992). At the same time the clergy maintained influence by developing a network of lay organisations, such as the National Parents’ Union; by implicitly supporting PAN, the voice of national conservatism which has favoured
Church activism; and by educating Mexican elites through private Church schools and colleges. Consequently, the Church can still count on many devout followers, in spite of growing secularisation and the spread of evangelical Protestantism. Elitist and arch-conservative lay orders such as the Legionnaires of Christ and Opus Dei assist Pro-Vida, by far the most energetic of the anti-abortion groups.8

Mexican bishops assumed a greater public role in the 1980s due to the political bankruptcy and economic mismanagement of the ruling Institutional Revolutionary Party (PRI), as well as the electoral gains made by PAN. They were also emboldened by Pope John Paul II, a strong advocate of human rights, who visited Mexico five times during his papacy. The Church hierarchy and Church-backed groups have since become more assertive in rallying against abortion. However, there are continued sensitivities surrounding Church-state relations and clerical opinion over issues neither strictly moral nor religious.

The Episcopal Commission for the Family promotes Church teaching on the family. Its board includes representatives of various Catholic groups and religious orders who vigorously oppose abortion under any circumstances. The commission’s President – since appointed as Archbishop of Mexico City, the largest diocese in the world, and the leader of the Catholic Church in Mexico – explained to the author that it seeks to stop publications and media messages ‘dealing with AIDS, sex education, non-natural methods of family planning, as promoted by non-governmental agencies and sometimes by the government, and which are part of the worldwide plan to undermine such [Catholic] values’.9 Through its pastoral letters, the Church has called for the protection of all human life and has rallied against abortion and ‘artificial contraception’, contrasting ‘family planning’ to ‘responsible parenthood’.

It is by no means certain that Mexican Catholics are listening closely to these injunctions, as most do not practice their faith rigidly (Blancarte, 1991, 2003). Beyond the public level, the Church has become more tolerant of family planning activities and has muted its criticism of condom use as an HIV/AIDS preventive measure. Pro-Vida representatives admitted privately to the author that even some priests are unsure what Pro-Vida stands for. Since it was founded in 1978, when pro-life groups began to flourish in the USA, Pro-Vida has frequently assailed family planning programmes and mobilised against initiatives deemed antithetical to ‘family values’. It publicly exposes physicians and clinics said to be carrying out abortions. One former director of Mexico’s largest family planning programme described Pro-Vida to the author as ‘the civil armed force of the Catholic Church’.

In 2000, encouraged by the rise of the conservative PAN to the centre of political life and by a president personally opposed to abortion, Pro-Vida invited US anti-abortion protestors to Mexico. This led to giant pictures of aborted foetuses being held up in the capital’s main square and outside alleged clandestine abortion clinics. The move won little support and evidently backfired. That same year Pro-Vida

8 Interviews with J. Serrano Limón (Director, Pro-Vida) and Pro-Vida state representatives, July and August 1992, and October 2001.
assumed a limited presence in discussion of the ‘Paulina case’. This may be because many press articles reported that two of the group’s members illegally entered the hospital where Paulina was admitted so as to show her an anti-abortion video in an attempt to persuade her not to have an abortion.

**Dissenting Catholicism**

Several Catholic groups have recently attempted to open up debate about their Church’s teaching on women, sexuality and reproductive health, including abortion. The most prominent, *Católicas por el Derecho a Decidir* [Catholics for a Free Choice], is a small but active group that publishes a quarterly opinion journal on these matters, along the lines of its US parent organisation. It soon earned the wrath of the institutional Church due to its calls for Church reform and for widening the legal grounds for abortion, though the group does not advocate making the procedure available on demand. The alternative strand of Catholic thought it represents is not well known in Mexico, and it possesses few resources compared to the Church hierarchy.

Despite these limitations, the group has garnered considerable media attention and highlighted some inconsistencies in the Church’s position on sexuality, birth control and abortion. On World AIDS Day, 2001, the Church hierarchy even granted it permission to hold a religious celebration in Mexico City’s cathedral as part of the group’s campaign to promote condom use to prevent the spread of AIDS.\(^\text{10}\) This shows that a plurality of opinions exists within the Church, despite initial appearances to the contrary.

**The Feminist Push for Abortion Rights**

Feminists have been by far the most vocal advocates of legalising abortion. Feminist activism grew in the 1970s, aided by awareness of the success of the feminist movement in the USA and Western Europe, the government’s new rhetorical commitment to gender equality that marked its reversal on population policy, and the staging of the 1975 UN conference on women in Mexico City. Demands for the legalisation of abortion figured prominently in the formation of various action groups, notably the *Coalición de Mujeres Feministas,* and in the leading feminist journal, *Fem.* However, differences developed over whether to push for decriminalisation alone or abortion on demand; what time limit to seek under which an abortion should be permitted without restriction; and how best to pursue such claims.

The loose-knit feminist coalition has been beset by deep, long-standing internal divisions, strategic errors and organizational problems.\(^\text{11}\) The purist convictions held by feminist leaders, and their understandable fears of being co-opted and neutralised by the PRI, made it even more difficult to succeed in a de facto one-party system. The cooperation with the communist parliamentary faction in 1979 heavily stigmatised

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10 As reported in *La Jornada*, 2 December 2001.
11 The author’s assessment is based primarily on discussions held with feminist activists and researchers, as well as other academics and well-informed observers. See also Tarrés (1993); and Lamas, Martínez, Tarrés and Tuñón (1995).
feminists; the 1990 controversy over abortion in Chiapas showed they could not rely on the political left for support and that they have not managed to exploit their opportunities. A decade later, the case of ‘Paulina’ and the attempted ban on abortion for rape victims in Guanajuato stung women’s groups into protest and facilitated passage of the leyes robles. Since Mexico entered systemic change however, women’s groups have become disillusioned by government cutbacks in women’s programmes and lack of progress on many issues. The feminist movement remains splintered and elitist in a class-ridden society.\(^\text{12}\)

In an attempt to be more effective and to avoid speaking as separate cliques talking among themselves, several women’s rights activists formed the group GIRE about the same time that the state modified the legal status of religious institutions. As its founder explained to the author, GIRE seeks to advance a reproductive rights agenda that stresses the public health and social justice reasons for revising abortion policy.\(^\text{13}\) It has sponsored jointly, with the US-based polling organization Gallup, several well-publicised surveys of attitudes on abortion in Mexico as part of its aims to promote action-oriented research and disseminate information. By 1996, four years after its foundation, GIRE had established good contacts with journalists who increasingly reported its opinions in juxtaposition to those of the Church, and had also developed links with sympathetic lawyers. However, it has struggled since to build on its initial successes.

**Health Care Providers**

Once family planning programmes were established, Mexican physicians stayed remarkably mute about abortion. Although they feel they can legitimately decide on matters of women’s health and fertility, many male professionals in dominant positions do not ascribe high priority to abortion problems. Moreover, Mexican physicians are largely apolitical, neither working individually nor through their professional organisations to effect change. Some physicians maintain silence on abortion because they illegally profit from it; others stay quiet for fear of being stigmatised or because they would rather not confront medical and legal institutional norms. This may stem from personal convictions about appropriate reproductive conduct and is manifested in different ways: even the quality of hospital registration forms differs between those women admitted for an incomplete abortion and those admitted for a caesarean section or a normal delivery, underlining that abortion patients are usually treated as second-class patients.

Recent health ministers have sought to strengthen efforts aimed at reducing maternal mortality and reinforcing post-abortion services throughout state health institutions. However, when they have emphasised the need to discuss abortion as a public health problem, Pro-Vida has countered with street protests outside the health ministry (GIRE, 2001). Interviews with directors of family planning and reproductive health agencies indicate that these groups have not played a more pro-active role in abortion

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\(^\text{12}\) Feminism has been mostly a force among urban middle-class women, as in many Latin American countries (Jaquette, 1994).

\(^\text{13}\) As emphasized in interviews held with the group’s personnel, July 1992, March 1996 and October 2001; and as reflected in its promotional materials.
care for various political and cultural reasons. Despite having embraced the new reproductive health agenda, family planning agencies tend to exhibit a ‘cultural bias’ against involvement in abortion-related work. Their focus is on the technical aspects of contraceptive service delivery, not on the termination of an existing pregnancy. All fear engaging in public debate about abortion.

International Influences on the Abortion Debate

Mexico has been affected by the growing international awareness that abortion is a major health problem for women. By the early 1990s this became evident in the activities of several small players in the abortion debate. International Projects Assistance Services IPAS, a US-based non-governmental organization (NGO) that works to improve abortion care in poorer countries, helped to provide training in post-abortion care and in the use of MVA equipment in public-sector hospitals to assist those suffering complications from incomplete abortion (Billings, Velásquez and Pérez-Cuevas, 2003). Both the New York-based Population Council and the Ford Foundation sponsored reproductive health programmes that included research on abortion, and the MacArthur Foundation supported the lobbying efforts of several NGOs promoting reproductive rights. As suggested to the author in a number of interviews, this activity refocused attention on the issue by bringing together individuals working in separate institutions and added to the discussion of public health and women’s choices. These developments notwithstanding, research findings have been poorly disseminated and institutional coordination between the various programmes and groups has proved elusive.

The diffusion of discourse on reproductive rights has provided a new opportunistic focus for feminist activists and like-minded researchers to recast abortion rights as part of a broader reproductive health agenda. However, feminists have still not developed significant transnational linkages that could pressure the government to reconsider the question of abortion. Moreover, the concept of reproductive health has not yet reached most of the population, nor is it familiar to many health care providers.

Mexican officials are also keenly aware that US presidents moved vigorously in the 1980s and again in 2001 to restrict access to abortion that they equated with reproductive rights. In 1984, Mexico hosted the World Population Conference organized by the UN at which the USA announced its controversial ‘Mexico City policy’ that lasted until 1992 and was then reinstated in 2001. Also known as the ‘Global Gag Rule’, 15

14 Mexico endorsed the programme of action proclaimed at the 1994 International Conference on Population and Development, convened in Cairo by the UN (Cliquet and Thienpont, 1995). This has facilitated the extension of post-abortion care, though not the promotion of other abortion services.

15 Reinstated by President George W. Bush in early 2001, the ‘Global Gag Rule’ bars US assistance for family planning to non-US agencies that use funding from any other source to perform non-therapeutic abortion; to provide counselling and referral for abortion; or to lobby to make abortion legal or more available in their own country. Assistance is defined to include not just funds but the provision of technical assistance and commodities, including contraceptive supplies (Crane and Dusenberry, 2004).
this precluded foreign aid funds for any family planning agency that so much as mentioned abortion. Although no such agency engaged in abortion-related activities, the policy affected more sensitive components of family planning programmes in Mexico, such as contraceptive provision to youth, indirectly contributing to more unwanted pregnancies.

With the second largest Catholic population in the world, Mexico remains crucial to the development of Catholicism. The Vatican views Mexico as pivotal to the diffusion of orthodox belief in Latin America, as well as a bridge linking religious movements in the region with those in the USA. Pope John Paul II consistently criticised the use of contraceptives and abortion, inspiring Mexico’s hierarchy to do likewise. His remarks on birth control underscore the degree to which the Vatican, the Mexican hierarchy and Pro-Vida consider Mexico to be a strategic point in the worldwide struggle over abortion. These thoughts are undoubtedly shared by newly elected Pope Benedict XVI. Prominent churchmen and anti-abortion activists repeatedly stated to the author that legalisation of abortion would open the door to similar moves within the region.

Both Pro-Vida and the Pontifical Council for the Family have jointly convened regional pro-life meetings in Mexico attended by senior churchmen, politicians and leaders of anti-abortion groups from every American country. Pro-Vida personnel acknowledge the momentum they have gained from US anti-abortion groups, the help given by some US Catholics in setting up Pro-Vida’s Women’s Aid Centres, and the written and audio-visual materials sent by the US-based Human Life International and others. They now envisage playing a similarly supportive role in Central and Latin America.

Barriers to Reforming Abortion Policy

Interviews with informed observers and leading participants in the abortion debate reveal many reasons why abortion does not command higher agenda status, and why major revisions in abortion policy are not being more seriously pursued at the national level. They include the strong opposition of Church-based groups and conservative sectors, the failure of potential reformers successfully to press the issue, and the lack of a societal consensus over abortion. A full explanation for this state of affairs, however, must take into account other structural impediments to policy reform. This is illustrated by the failure of feminism to find a niche within Mexican political culture, which still lacks a tradition of issue-based mobilisation and citizenry participation in debates, and remains heavily male-centred. The discussion below focuses on five sets of obstacles: women’s marginalisation; the low priority given to health matters, particularly to women’s reproductive health; cultural rationalisations of the personal dilemmas posed by abortion; the limited amount and dissemination of research documentation; and a series of political obstacles.

The ability of women to transform their realities is impeded by cultural attitudes on sexuality and on gender roles internalised by most men and women. This situation is compounded by the alienation of women’s groups from the socio-political arena and inadequate societal and governmental attempts to improve their status. Family planning
has been accepted by most people out of economic necessity rather than out of concern for women’s health or their autonomy. This impedes acceptance of abortion for public health reasons. Moreover, few people think of health issues as politically important and, besides, there are more significant health problems than abortion.

There are certain culturally accepted ways of resolving the contradictions posed by abortion which have reduced the visibility of the phenomenon. Anthropological data from several semi-rural and rural communities, as well as from pharmacies and markets in Mexico City, show that abortifacients have been redefined as medicines for keeping a woman’s period regular (Ingham, 1986; Pick, Givaudan, Alvarez Izazaga and Collado, 2003). Past neglect of the topic by researchers has additionally contributed to its oversight. The illegal status of abortion, its controversial nature and the poor quality of available data have led many researchers to pass over the subject. Researchers have, however, highlighted some of the costs of incomplete abortions, facilitating the extension of safer abortion technologies across Mexico’s public sector health institutions.

A series of political obstacles blocks more serious consideration of abortion law reform. With elite and societal consensus on the subject lacking and no politically significant sector calling for the legalisation of abortion, policymakers see no obvious political advantage to changing the status quo. The abortion issue has also been used as a political game for different ends by various political circles. For example, right-wing groups have used it to rally support from those concerned about ‘family values’, to secure Church favour and to exert political influence. Leftist deputies used the controversy over the move to legalise abortion in Chiapas as part of a tactical game to oust the authoritarian State Governor and treated abortion per se as a secondary issue. Various groups and commentators have also linked conflict over abortion to more frequent battles over morality between liberals and social conservatives that have included arguments over gay rights, sex education and increased sexual content on television. Such political games underscore the complexity of the policy-setting on abortion and make for a brew of apparent contradictions.

The symbolic significance of the Supreme Court considering the issue of abortion for the first time warrants further comment. Abortion-rights advocates believed that the capital’s legal initiative and its ratification by the country’s highest judicial authority might set a precedent, enabling easier access to safe abortion without fear of retribution. However, the new law essentially reconfirmed what had already been permitted and added a few minor amendments to provide for abortion in difficult circumstances; it did not address the gap between other aspects of abortion law and practice. The Federal District’s health authorities promised to ensure abortion services under the law, but there are many barriers to its implementation. For example, although the state prosecutor is now responsible for authorising abortions for rape victims, this is a time-consuming process.16 Even though sexual assault has been for decades a legal ground for abortion, the sharp divisions apparent among the Supreme Court’s members

16 There are also questions about how Mexican obstetrician/gynaecologists prioritise women’s health needs, even though this is often the first professional that a woman who has been raped may see. A recent study suggested that over half of such professionals did not believe themselves qualified to deal with rape cases (Uribe-Elias, 2003).
indicated the lack of consensus within the judiciary for extending further the grounds for abortion. Abortion lacks a consistent legal and policy framework that reflects a commitment to the exercise of women’s reproductive rights. Moreover, powerful social and religious norms militate against the expansion of such rights.

Presently, Mexico is in the early stages of multiparty democracy. Leftist deputies have not pursued measures that would decriminalise abortion further, and it is unclear if they would even were a more liberal party to gain power in 2006. Officials continue to turn a blind eye to clandestine abortion, with poor women unable to afford decent care. Abortion remains a deeply contentious political issue and an unsettling question for most Mexicans.

Beyond Mexico: The Abortion Debate in Latin America

The findings of this study appear to be reflected in many Central and Latin American countries, all of which have high abortion rates despite the near-universal illegality of the procedure, the attendant health risks and the predominant influence of the Catholic Church. Political elites who have access to safe abortion see no obvious electoral benefit in taking up the issue, and without reliable statistics on the problem, it is unclear who is affected. Notwithstanding substantial gains in women’s rights, health care, education and employment across much of the region, women still lack control over their bodies (Corrêa, 1994; Molyneux and Craske, 2002). Family, civil and penal laws, as well as gendered patterns of behaviour, are dominated by persistent stereotypes about women’s sexuality and double standards of sexual morality.

In Argentina, Brazil and Chile, abortion is virtually the only gender issue area where major policy change has not recently occurred (Willmott, 2002; Htun, 2003). Common reasons include the strength of anti-abortion activism, public ambivalence and little active public support for a substantial revision of abortion laws. Htun (2003) posits that conflict between governments and hegemonic religious institutions may facilitate gender policy reform, whereas cooperation may thwart such change. This assessment, however, is qualified by Mexico’s experience, where authoritarian governments suppressed the Catholic Church’s voice for decades and had ample opportunity to reform abortion laws. Politicians placed abortion on the legislative agenda, yet decided against reform not because they were unwilling to antagonise the Church, but because it was not a political priority. In Argentina, the 2001–2002 political-economic meltdown heightened problems of poverty, teenage pregnancy and child malnutrition. This prompted a major shift in societal and legislative support for the new government’s reproductive health initiatives. Although this created political space for considering

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17 Argentina staunchly defended strict ‘pro-family’ positions in UN conferences on women and population in the 1990s (Ramos, Gogna, Petracci and Szulik, 2001). The centre-left administration that took over in 2002 expanded the state’s commitment to reproductive health, ensuring free access to family planning in public hospitals and widespread condom distribution for HIV/AIDS prevention programmes. The policy shift was loudly opposed by groups opposed to abortion rights (‘Argentina: Major shift in political support for reproductive health’, Inter Press Service, 6 October 2004).
abortion policy reform, as in Brazil, politicians stopped short of tackling this issue. Thus, windows of opportunity to pursue policy reform may arise from different sources, and authoritarian and democratic governments alike may be reluctant to pursue such moves if there is no obvious political gain.

Without greater convergence between public policies and private values, the incidence of abortion cannot be reduced much further. Nevertheless, Mexico’s recent experience shows that upholding public health values may ameliorate some of the harmful impacts of the present situation. Incremental steps to improve contraceptive practice and the provision of post-abortion care are making abortions safer and rarer, without provoking major societal conflict. This points the way forward from the existing policy impasse. In the process, Mexico’s experience offers lessons for how other Latin American countries could tackle this question in the absence of major policy change.

Conclusion

Despite limited information on abortion in Mexico, the broad outline of existing problems is reasonably clear. For women, abortion has long been a major cause of ill-health, including death, which was hidden from public discourse. The pretence that abortion did not happen because it was outlawed perpetuated existing problems. Successive governments could have enforced changes in abortion policy on several occasions before Mexico began systemic change, but appear to have found the issue too sensitive with no clear political gain. In contrast to their active leadership in providing family planning services, which has helped reduce abortion, ambivalent government elites have passed over the problems associated with restrictive abortion laws.

Abortion has become more problematic in Mexico (and throughout Latin America) not only due to the clash between groups seeking to determine public policy. The problem has been accentuated by unmet family planning needs, the neglect of women’s reproductive health, changes in women’s status and behaviour and, more slowly, in public attitudes toward women and sexuality, as well as growing awareness of the public health risks stemming from the restrictive laws. The exposure of various social myths surrounding abortion and sexuality, the growth in research interest and publicity, and external influences have contributed as well.

Abortion has been debated periodically over the last three decades. In between such points in time, the issue of abortion seems to have vanished underground rather like the practice itself, with policymakers seemingly oblivious to the circumstances surrounding it. Until the controversy surrounding a regional initiative to reform abortion laws in late 1990 demystified the subject further, discussion of abortion was largely confined to elite and technocratic circles. Debate became truly national in 2000 following several controversial legal initiatives and the well-publicised cases of two adolescent rape victims unlawfully denied abortions. However, the question of abortion policy reform has been denied priority by a ‘system of bias’ that limits serious consideration of policy alternatives judged by the government to be too disruptive. This
mirrors the the situation elsewhere in Latin America, but does not imply that such a policy shift will never occur. Conflict over abortion is likely to be more difficult to contain as society becomes more open and women develop greater choices and secure more influence. The ‘abortion pill’ mifepristone (also known as RU-486) is not currently approved for use in Mexico, but may yet become available unofficially through the porous border with the USA.

Except for Cuba, which has long permitted legal abortion, Mexico has made greater strides than any other Central or Latin American country in steadily institutionalising post-abortion care services in public-sector health facilities across the country. This incremental change represents an important advance in public health. Debate about abortion is now more open. However, broad access to the procedure is not on the agenda. The country’s leaders are unlikely to consider more substantive policy changes in the near future for fear of provoking bitter conflict and because they have little compelling political reason to do so. For now, therefore, new ways of coming to terms with abortion are unlikely to advance much further.

References


The Abortion Debate in Mexico


