

Adolescent pregnancy in Colombia, 1992-2006: a conflict about sexual rights

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Resumo

Gravidez adolescente na Colômbia, 1992-2006: um conflito acerca dos direitos sexuais

Objetivos: analisar as políticas de saúde sexual e reprodutiva realizadas na Colômbia para explicar a persistência da gravidez na adolescência. Quadro metodológico: produzindo uma investigação de caráter sócio-histórico a abordagem baseou-se na sociologia política. Resultados: as reformas de ajuste estrutural impostas sobre a América Latina transformaram a política social numa lógica neoliberal que excluía sistematicamente muitos adolescentes. A gravidez na adolescência mostra o fracasso das políticas desenvolvidas durante as reformas introduzidas no período compreendido entre 1992 e 2006. Dos efeitos gerados, um dos problemas é o sistema de saúde pública no país, que proporciona a clandestinidade do aborto. Conclusões: os principais obstáculos para o exercício dos direitos fundamentais são: o poder ideológico da Igreja sobre a sexualidade e reprodução, e o poder político do Estado sobre o corpo da mulher. Recomendações: Bioética propõe um desafio no desenvolvimento das políticas públicas.

Palavras-chave: Saúde sexual e reprodutiva. Saúde pública. Aborto. Políticas públicas. Adolescentes. Colômbia.



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There was a Latin American debate on fundamental rights and citizenship in the '90s. In Colombia, the political stand that came out ahead in this debate linked services and rights to property and to individual's payment capacity, with more deleterious effects for some people than for others^{1,2}. Colombia is one of the most advanced countries in this type of reform. Nevertheless, adolescents are the social actors whose rights are more often violated, particularly as it relates to sexual and reproductive rights.

Adolescent pregnancy appears as a growing and unmanageable social problem, despite the worldwide debate on sexual and reproductive rights held between 1993 and 1995, and despite the partial decriminalization of abortion in 2006 in Colombia. Both the ideological power of the Church as well as the state political power combined to cause a great obstacle to the full enjoyment of these rights within a safe environ-

ment³. Social bioethics can facilitate the exercise of these rights because it involves citizens' participation in the formulation, management, and control of policies, but also considers the inclusion of all citizens in public policies without discrimination by age, sex, gender, race, social position or religion. This involves a process of recognition of fundamental rights and social redistribution of resources.

The first part this paper presents the different stages of the debate that involved the politics of sexual and reproductive health policies in Colombia, occurring between two critical periods: in 1991, the approval of the new political Constitution of Colombia and in 2006, the partial decriminalization of abortion. The differences between the government and the State formulated policies and strategies are explained. The second part presents the social contribution of bioethics to this problem and makes some recommendations.

Methodological framework

We used a qualitative research method with a socio-historical perspective with the aim of building an approach to policy analysis. It is based on the historical institutionalism proposed by Skocpol, Tilly^{4,5}, Almeida⁶ and Hernandez⁷. It also allows questioning the traditional evaluation of policies and their positivist emphasis⁸. The approach adds a methodology called *Contention Performance*, for the detailed study of the correlation of forces, key actors, mechanisms and strategies used. We reviewed as primary sources the conferences and reports of key international

actors, laws and decrees made during the study period by the legislature, the law on the subject, the agreements and resolutions of the Executive and the major national news media. We also reconstructed the history of some actors, such as Youth and Women, social organizations and forms of collective action on the subject under study. Individual interviews were conducted as well as other in-depth interviews and several focus groups. We analyzed the speech of all political actors from an interpretation approach based on the speech as Speech Act³. Published studies and reports were taken as secondary sources.

Results

The debate on sexual and reproductive rights in Colombia did not arise as a result of the government or the guidelines issued by its policies, but by the power of the struggle of the social actors involved. Women and feminist movements sued the government, with the aim of eliminating the political control over women's bodies and improving their rights. This conflict with the state began more than 50 years ago with the first sexual revolution that occurred in the 60s. This sexual revolution was labeled by several authors as the first one in youth political history due to the importance of the autonomy and freedom of the sexual behavior of young people. They appeared in the political arena demanding to be recognized⁹⁻¹¹. Determined to challenge the society in which they lived, they opposed the values of discrimination and ignorance that had reproduced the social conditions of poverty and war that they had experienced for long.

Nevertheless, it was necessary to wait more than 30 years, for this problem to be addressed. This occurred during the debate for the right to health under the 1991 Constitution, with the recognition of the two key actors in the formulation of these policies: women and youth. However, the reform imposed a structural adjustment proposed by the Washington Consensus that reshaped the entire balance of forces in the debate on sexual and reproductive rights of Colombians ³.

From policies of control to those of autonomy

During the sexual revolution of the 60s as well as in the 70s, the country went through three changes in this field: 1. the acceptance of birth control, 2. the establishment of family planning and, 3. the providing of care for new mothers and their children. These policies were then abandoned for the criminalization of abortion and the teaching of sexual education in the schools with the retention of a modicum of family planning. These policies, formulated between 1964 and 1974, were based on traditional ideas of sexuality, family, women, motherhood and society that arose from traditional Catholicism and from the rule of the corporate state proposed by ex-president Laureano Gomez. This government was opposed to any proposals concerning modernization, communism or unions, and even conservatism derived from the mid-last century (1950s) ¹²⁻¹⁴.

Sex education that emerged in this context was basically *Behavior and Health*. This time,

it was necessary to wait 20 years to see any change in sexual education. Prior to this sexual education on behavior and health, some actions carried out under UUEE had an influence in the mid 70s. It was assumed that the same approach to traditional family planning was in vogue. The difference was in the political speech, which was then associated with dignity and poverty, the essence of moral behavior. A large, poor family represented the opposite idea of dignity for the government; which justified its control action based on this idea ¹⁵.

Abortion, in this context, was not discussed by the State, although since the early years of the 70s feminist and women's movements began their fight to decriminalize it. It was not until 1991, after the National Constituent Assembly (*Asamblea Nacional Constituyente*) ¹⁶, and under the influence of student mobilization and pressure from women, that there was a change. The parliamentary debate of the Constituent Assembly election on the abortion issue had a high cost due to a moral sanction on the Congress by the Church. However, the Church then decided to accept the divorce of Catholic marriages for a continuation of abortion criminalization ^{17,18}.

The women's and student's agency agreed that changing the law regarding divorce was a good move. The Constituent Assembly showed that young people, mainly students, were able to produce changes with great transformational capacity without the influence of the political parties, just as the women movements, their predecessors, did. They showed their autonomy.

Government policies, 1992-1996:

In the early 90s, youth policies suffered their first major change. First, this influenced government policies and then state policies. The first change occurred between 1992 and 1996. This change was caused by the reforms following a neoliberal logic implemented by the government of Cesar Gaviria under the international influence of actors like the World Bank, the International Monetary Fund and the Inter-American Development Bank. The Consensus of Washington imposed structural adjustment measures that affected all the social policies in Latin American countries. In Colombia, the social policy most affected related to youth. Despite frequent and abundant government assessments that preceded the formulation of these policies, these were not questioned at their core because the most common aspect assessed was related to indicators of outcomes, not indicators related to the process of policy formulation or its context.

In sexual and reproductive health, technical issues such as the use or knowledge of contraceptive methods, the coverage of sexual education, and the biomedical protocol for abortion were discussed^{19,20}.

This change was made through a development model introduced by CEPAL (Council of Economic and Social Policy in Latin America) that facilitated an economic and social reform²¹. Although Colombia had signed a new political agreement in the 1991 Constitution, this was not enough. The Gaviria gov-

ernment seized the political opportunity to implement a set of structural adjustments and introduce the measures recommended by the aforementioned international agencies^{22,23}. These policies of a technocratic government were divided into two areas: neoliberal and social, which evolved to become the center of the approach. I have called that approach *A preventive scheme*, to point out the essential feature of the youth policies of sexual and reproductive health, thereafter.

The main strategies of the Preventive scheme were: 1) Targeting key populations: youth and women; 2) Promoting subsidy, starting with the poorest; 3) Blaming the individuals for their sexual behaviors and habits; 4) Changing peoples' inherent right for health care to only those services deemed necessary by the State; 5) Reducing governmental expenditures.

These strategies sought to achieve two things to: lessen the impact of the adjustment measures mentioned and to promote their expansion within the specific social policies. These policies were able to serve a vehicle for controlling the youth, which was based on the preventive approach mentioned above^{24,25}. At the same time, this took the approach of targeting strategies for controlling the *wrong behaviors* of youth. The Colombian government formulated youth policies since 1992. However, they kept three aspects with the same approach: family planning; sex education; and the criminalization of abortion. These aspects were the central components of sexual and reproductive health of the 60s.

Not only the approach of these policies have kept similar, but also their role. This Preventive scheme was introduced by the government by different mechanisms such as:

- a. The creation of new political actors in the Presidency of the Republic, the *Ministry of Youth, Women and Family*, responsible for directing the policy for which it was intended;
- b. The presentation of the new institutions of youth located in the presidency that were actually part of the Preventive scheme;
- c. The beginning of multiple programs designed by the government with the aim to influence youth through advertised media images.

Between 1992 and 1996, youth policies were discussed in the Congress and in the judiciary. Both political arenas ignored the constitutional mandates and the guarantee of the rights of citizens driven by the global debate. Among its implications we mentioned the increase in the illegal practice of abortion, which had a high social cost in women's lives, their conditions of citizenship and the health system in general. It hindered the public debate on sexuality and women's autonomy over their bodies, while it morally sanctioned poor or unemployed single mothers and pregnant women. Since the 90s young people and women were systematically excluded from the rights to health, education, social security and employment. One of the most important reasons for the political struggle was the inability of the state actors involved in the debate to

achieve the constitutional principles of the Political Charter. The exercise of their power kept hegemonic forms through traditional political Parties, State Agents and the Church.

State Policies, 1997-2005

Before this time, the failure of related policy was undeniable, with an increasingly high proportion of teenage pregnancies. These increases from 17% to 21% in 2005¹⁸, this proportion was doubled for displaced women (36%) and for women in rural areas. Fertility in women between 10 and 14 years rose from 2.77 live births in 2000 to 3.01 in 2007. The rate of illegal abortions has also increased since the 90's. Colombia had the highest rate of maternal mortality after Bolivia, Peru and Paraguay¹⁸. The maternal mortality ratio decreased slightly from 104.94 per hundred thousand in 2000 to 75.6 in 2007, despite the millennium development goals^{19,20}. One of the main causes of maternal mortality is illegal abortion. Besides the alarming situation given the increase in the HIV/AIDS, sexually transmitted diseases and heightened sexual violence. This raise produces several questions about the inflection in the policies, the worsening of problems and their relation with the forces involved. To answer such questions we offer an explanation of why these policies changed.

During this period the state policies maintained the same logic that was in force from 1992 to 1996 while favoring the consolidation of the Preventive scheme through broader policies and its effect over the constitution-

al mandates. Then an approach was added based on the principles of neoclassical economics, especially that of social risk management²⁶. In addition, this approach included the idea of *the youth problem*²⁷, which changed the new principles for the old ones based on the ancient concordat. The Church and the State returned to their old agreements, which moved them closer to the last century than the present time.

During the administration of President Ernesto Samper (1994-1998), the political mechanisms mentioned were maintained. He created new alliances between the Conservative Party and members of government and the legislature (Ministers of Finance, Education, Defense and the military commanders) to amend the youth policy. This government used the media to promote public awareness of youth as a problem and increase the need for state control. Although the investment in youth programs increased during that period, it only increased one way: programs of education for employment and entrepreneurship. In the Constitutional Court itself there was a change. It moved to accept the right to abortion for rape as an answer to questions of many people, but only under the extraordinary accomplishment of one legislator and at the same time with the discretion of the legislature.

Later, during President Andres Pastrana's administration (1998-2002), the institutional framework for youth changed again. It ended the Youth Vice Ministry of the previous government and created the Presidential program named *Youth Colombia* (Colombia

Joven), whose aim was to recover and to continue the policy of economic integration of youth with the market. However, the government reduced their investment in youth policies. This stimulated the Plan Colombia strategy with influence from the U.S. government to create a new Program *Young people in Action*, to promote a new behavior for the youth regarding free enterprise. From there, this program evolved into the *Families in Action Program*, created to try to overcome the economic crisis of 1999-2000²⁸. However, this enterprise did not provide the resources to give them stability in the market. But *The Plan Colombia* has always generated resistance from the young people, not only because of its origins and philosophy, but also because of the context of the illegitimacy of the Pastrana government. There were many forms of collective actions such as marches, forums, assemblies, gangs, and also civil disobedience, which led to an increased control by the youth policies²⁹⁻³¹. Some young people were organized to press for obtaining rights; some of their actions were graffiti, cultural expressions and political resistance, but the results were really limited due to the large magnitude of the government's offenses.

From this moment on, sexual education raised incentives for the correction of sexual behaviors because the center of the problem was seen as the result of the behavior of youth. Citizenship became an incentive as a form of membership³². In 2002, social risk management and democratic security³³ was established. It was precisely at that time, between 2002 and 2006, when there was more politi-

cal control, that women started to mobilize again^{34,35}. The movement had an impact throughout the country. As a result, a change in the *status quo* was possible while allowing a partial decriminalization of abortion. In this context of greater political control and increased, indiscriminate moral censure of youth behavior, we passed from the criminalization of sexual conduct to the decriminalization of abortion.

A preventive scheme was expanded to all the social institutions, such as the family, the school and public institutions. It affected youth social policies, such as health, labor and education. One of these effects showed that youth was able to get more information about technology systems and to acquire more technical skills than old people; but the youth didn't manage to find employment or access to technological innovation or access to social security. In the health area, the effects were shown with a biomedical logic in all activities as well as in the clinical attention services and sexual education. This logic at the same time continued to expand through social risk management. The humanist approach of sexual education was removed and replaced by the traditional moralistic approach under the coordination of a religious Catholic Organization named Opus Dei.

In this context, the social representations of women and the young stressed its moral content, as in the relationship between the *good father* and the sin of the *bad woman*. This relationship legitimized the government and its management over sexual and reproductive

health. The kind of state created by president Alvaro Uribe (2002 – 2006) and named *Community State* was characterized by capital protection over the people and encouraged the confidence of investors, both national and international. These policies allowed poor people to be more stigmatized by being selected as beneficiaries (the poorest among the poor people), but only for a short time. Finally, social policy was condensed into a series of transitional programs and partial insurance because the benefits of the subsidy were received by the poor people for a limited time, and as an incentive to correct *bad* sexual behavior to *good* behavior as sanctioned by the state. For that reason the benefit was called conditional subsidies.

Among the effects of these policies, the most important one was a decrease in the equity of financial and social rights of the citizens. Young and poor people were trapped between social risk management and the criminalization of sexual behavior. At the local level in Bogota City, discussions on youth policy very clearly showed the state's relative autonomy. The State as socio-political actor excluded the defenders of young people rights from participation in the process while including international actors for the creation of new technocratic approaches.

The regional policies showed a stronger correlation of forces between the three parties involved: the Liberal Party, Conservative Party, and Alternative Democratic Pole Party. The local policies adopted an approach based on human rights due to the support of a grass-

roots youth organization and the Democratic Pole party, during the Lucho Garzon's administration; while the focus of national policy had its origin back in the presidency of the Republic, Alvaro Uribe from the Conservative Party²⁹. In the government of the State of Cundinamarca, the Liberal Party defined the youth policies.

What is interesting about this struggle between parties is that despite the state's relative autonomy, in the local area of Bogotá City which is within the State of Cundinamarca originated an administrative reform favoring political participation and a rights-based approach, which was accepted by the entire State. While at the national level, this state autonomy was activated with a conflict between the Executive and the new political movements, which hindered the defense of political participation of young people. Despite the importance of the contribution of this participation for the traditional parties, President Alvaro Uribe (member of the conservative party) opposed it³⁰.

In the sexual and reproductive health policies, the State promoted the same ideas as the government beginning in 2006. In addition, in sexual education there was a broad consensus among the traditional parties³¹ for the defense of the educative revolution of the Alvaro Uribe government, regarding the last mentioned conditional subsidies.

The conflict was re-initiated by the national women's movement with the debate over the decriminalization of abortion. At the begin-

ning of the mobilization, several actors adhered rapidly to the demand made by the women (as a social movement and as a collective action) in the Constitutional Court³⁶.

Among the political effects of this mobilization, the following are considered the most representative:

- a. Forces in the political conflict were repositioned. Key actors such as the Ministry of Social Protection changed its political position regarding abortion (*Ministerio de la Protección Social, Normas Técnicas y Circulares, 2006*). In this specific case, the Ministry legalized the services and the abortion management guidelines immediately³⁷⁻⁴¹. Only one actor did not move with this outcome: the Church. However, it was clear that within the Catholic Church there was at least discussion. Led by "Catholics for a Free Choice", one of the most progressive actors of this institution, advocated abortion as a women's sexual and reproductive right^{42,43}.
- b. Social risk management on youth and poor peasants sexual behavior remained questioned.
- c. Sociopolitical dynamics showed other forces in confrontation with the national and the international scenarios; from the pharmaceutical industry, interested in business, drugs and devices, to intergovernmental advocates for sexual and reproductive rights.
- d. Abortion was performed by conservative physicians, despite the objection of conscience as a real option. Old fears, taboos

and moral sanctions persisted. As before, the interest in the economic benefits from abortion's illegal practice prevailed.

- e. Contrary to expectations, women did not increase the demand for abortion in health facilities authorized to do so, perhaps because of the prevailing strong moral censorship. Clandestine abortion was a public health problem, as it was and remains one of the practices that contribute to increased mortality and morbidity of low-income women.

Final considerations

Between 1992 and 2006 a preventive scheme dominated related to the policies of youth's sexual and reproductive health. In addition, the main logic of this scheme was moralistic in nature. Women's organizations questioned this scheme through innovative strategies for mobilization and for struggle. However, that moralism was maintained and hindered the expansion of women's rights. This situation was not unique to Colombia. The conservative political climate predominated in all Latin America under the influence of the Catholic Church and right-wing political groups. Abortion, sexual education and health, and sexual rights in general are issues that are handled more and more as matters of great electoral performance in very specific situations.

The women's movement, in this context, is an example of the unique role of the social movement in the change of hegemonic policies. In the sexual and reproductive health policies particularly, one of the most signifi-

cant effects of this movement was over the resolution of inequities and inequalities because it slowed down the political control over women's bodies through a modification in the correlation of forces involved.

Among the main effects of this movement was visible a set of policy guidelines:

- a. The inability of the State to control the problems associated with the neoliberal policies such as the high youth unemployment rate, adolescent pregnancy, and the increased incidence of sexual violence and HIV/AIDS, among others; and in general the increase of sexually transmitted diseases.
- b. Inefficient policies against poverty and inequality, due mainly to the conditional subsidies logic. A series of cuts to welfare programs led initiatives related to conditional subsidies. Some examples were: *Families in Action*, *Youth in action* and *Soldiers of my people*. These programs are associated with the government's preventive approach and moralistic policies of sexual and reproductive health because they confirmed cultural values rooted in the absence of a father figure in Colombian society.
- c. The use of control policies and strategies that hindered and undermined the autonomy and rights linked to values such as freedom, dignity and social justice.

Recommendations and contribution to social bioethics

The incorporation of sexual and reproductive health policies discussion into the new field of

bioethics can affect strongly on the exercise and the guarantee of the sexual and reproductive rights. It is about recognizing the moral pluralism that exists in the conflict over sexuality and individual reproduction in Colombian citizens. This involves the abolition of discrimination over social class, gender, religion, ethnicity and age. It is also about the socio-political power redistribution to exercise these rights without any moral discrimination. This implies questioning the cultural, ethical, economic and politically moralistic preventive arrests and reproductive health policies through the approach and principles of bioethics.

Dimensions such as intercultural and multidimensionality of health rights⁴⁴ should guide these policies. Beyond the social security card,

a minimum package of services and supplies related to a range of modern contraceptive methods is the basic right for developing satisfactory sexuality. It includes respecting the values and morals of each citizen. Is the right to live in addition to the right to sexuality according to the cultural values of the woman, man or family, and their dignity⁴⁵. It is a new way to guarantee rights by the State and their public institutions. The recommendations of social bioethics in this area involve the individual and the collective health services and rights because it is not only a debate over principles or protocols, but it is trying to improve social and political relations for exercising the health right. It will be able to change policies in various fields as well as in the culture⁴⁶ regarding sexuality and reproduction of people in this country.

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Resumen

Embarazo adolescente en Colombia, 1992-2006: un conflicto acerca de los derechos sexuales

Objetivos: Analizar las políticas de salud sexual y reproductiva formuladas en Colombia para explicar la persistencia del embarazo adolescente. Marco teórico metodológico: Mediante una investigación de carácter socio-histórica se desarrolla un enfoque basado en las ciencias sociales. Resultados: Las reformas de ajuste estructural impuestas en América Latina transformaron las políticas sociales en una lógica neoliberal que excluyó sistemáticamente a muchos de los adolescentes. El embarazo adolescente muestra el fracaso de las políticas elaboradas durante las reformas llevadas a cabo entre 1992 y 2006. Sus efectos generaron problemas de salud pública en el país relacionados con el aborto clandestino. Conclusiones: Los principales obstáculos para el ejercicio de los derechos fundamentales son: el poder ideológico de la Iglesia sobre la sexualidad y la reproducción, y el poder político del Estado sobre el cuerpo de la mujer. Recomendaciones: La bioética propone un desafío en el desarrollo de políticas públicas.

Palabras-clave: Salud sexual y reproductiva. Salud pública. Aborto. Políticas Públicas. Adolescentes. Colombia.

Abstract

Adolescent pregnancy in Colombia, 1992-2006: a conflict about sexual rights

Objective: To analyze the sexual and reproductive health policies in Colombia and their relationship with the persistence of adolescent pregnancy. Methodological framework: a social sciences approach was applied using qualitative methods. Results: Structural adjustment reforms imposed throughout Latin America in conjunction with the neoliberal model that systematically excluded many adolescents. The consequences of the policies developed from 1992 to 2006 left high rates of adolescent pregnancies and abortions. Adolescent pregnancy shows the failure of these policies because its effects generated public health problems in the country. Conclusions: The main obstacles to adolescents exercising their fundamental sexual and reproductive rights are: the Church, the neoliberal model and the state's political power over women's bodies. Recommendations: Bioethics proposes new initiatives in the development of reproductive and sexual public policies.

Key words: Sexual and reproductive health. Public Health. Abortion. Public policies. Adolescents. Colombia.



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