



INTERNATIONAL CAMPAIGN NEWSLETTER Face to Face

FEDERACIÓN DE PLANIFICACIÓN FAMILIAR DE ESPAÑA

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Member of the International Planned Parenthood Federation



TEN YEARS AFTER THE CONFERENCE OF THE UNITED NATIONS ON POPULATION AND DEVELOPMENT

The percentage of Official Development Aid allotted to programmes of sexual and reproductive health does not even reach 1%

While the international commitments speak of a 4-5%, and the European average is close to 3%, from 1995-2002 Spain has only allocated 0.78% of the ODA to sexual and reproductive health programs.

The International Conference on Population and Development (ICPD), held in Cairo in 1994, gathered together for the first time the commitment of more than 160 countries to promote people's sexual and reproductive health and rights (SRHR) all over the world. At Cairo, SRHR was considered a necessary tool to ameliorate not only people's living conditions, but also to increase the level of development in poor countries. All these commitments, also included as part of the Millennium Development Goals, are still on the front stage, and even more so at this time when we are celebrating ICPD 10th anniversary.

We related in our last "Cara a Cara" newsletter that several activities are taking place at the international and national level to follow-up and monitor the implementation of Cairo's Programme of Action. In this framework, the Spanish Interest Group on Population, Development and Reproductive Health (GIE) has carried out a study to analyse the Official Development Aid directed to population and reproductive health during the period 1995-2003. Here and now this report brings forward several data that allows us to make a serious judgment of Spanish contribution to ICPD.

Commitments assumed by Spain at the United Nations Conference on Population and Development, El Cairo 1994

In Cairo, developed countries committed to make a contribution of one third of the resources required for guaranteeing sexual and reproductive health services for all in 2015. Therefore, 4% of the Official Aid Development was supposed to be directed to sexual and reproductive health programmes (SRH) in developing countries. SRH programmes were defined as those including, at least one of the following components:

- **Family Planning**, including contraceptives and services; information and education and improvement of the equipment and the services.

- **Basic reproductive health services**, including services for prenatal care, safe delivery, and post-natal care, especially breast-feeding, infant and women's health care; prevention and appropriate treatment of infertility; abortion as established in national legislation, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases and HIV/AIDS should also be available, as required.
- **Prevention of STI and HIV/AIDS**: school education, awareness raising, promotion of abstinence and sexual responsibility and improvement of condoms distribution.
- **Basic investigation, data compilation and analysis of population and development policies.**

Spain fails the exam and lags far behind its European colleagues

In spite of the increase in the percentage of ODA allotted to sexual and reproductive health programmes registered in the years 2000 and 2002, when it rose above the barrier of 1% to reach 1.27%, the Spanish contribution to the implementation of Cairo PoA in the period 1995-2002 was only **0,78%** of the ODA.

Going more deeply on the different components of Spanish ODA, we can observe a relevant increase on the regional contributions to sexual and reproductive health programmes. In the period 1995-2002 regional ODA rea-

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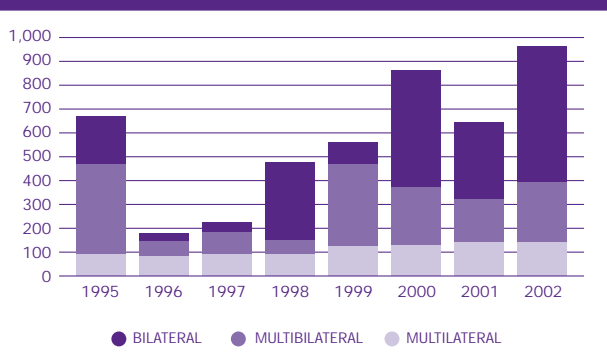
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EVOLUTION OF SPANISH ODA TO POPULATION AND REPRODUCTIVE HEALTH 1995-2002 IN MILLION PESETAS



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.

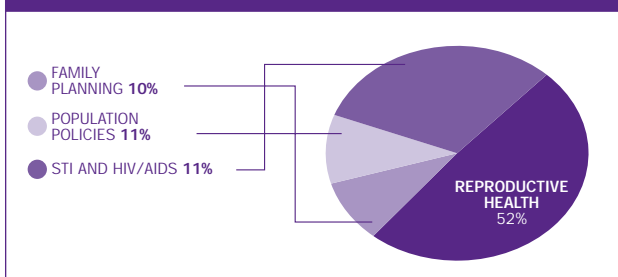
ched 27% of the total Spanish ODA and 3% of the total regional ODA was directed to sexual and reproductive health programmes, which is a substantial increase with regards to the total ODA percentage for SRH programmes (0,78%).

ODA to reproductive health in the period 1995-2002 has been characterized in global terms by the role of bilateral aid (funds that are negotiated between States), which has represented 88% of the total aid. Up to 26 countries have received funding but only six of them comprised 80% of the total amount while only the first, Morocco, stood for 49%. Honduras, Ecuador, China, Panama, and Namibia were other countries that benefited from bilateral aid.

On the contrary, both multilateral (funding for international bodies) and multilateral (funding for specific projects that are being implemented in developing countries by international bodies) reached a scarce 9% and 3% in each case. On a global basis, more than 67% of the Spanish ODA to reproductive health was channelled through NGOs.

One of the characteristics of Spanish aid in relation to the objectives of Cairo is its weak contribution to the creation of family planning services. On the contrary, the basic reproductive health services, mostly oriented to mother-child attention, comprise the bulk of the Aid. At the regional level, only Andalucía (16%), Extremadura (11%), Castilla-La Mancha (5%), Aragón (5%), Navarra (4%) and Baleares (3%) have funded family planning projects.

SPANISH ODA TO POPULATION AND REPRODUCTIVE HEALTH 1995-2002 BY SECTOR



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.

In terms of geographic distribution, Spain stands out for having maintained a very difference keynote from the rest of the donors. The list of the top 10 countries receiving aid for sexual health programs starts with Morocco (17% of the ODA), followed by eight Latin American countries. Only the tenth, Tanzania, is a country of sub-Saharan Africa and has been identified within the group of countries with a very high reproductive risk.

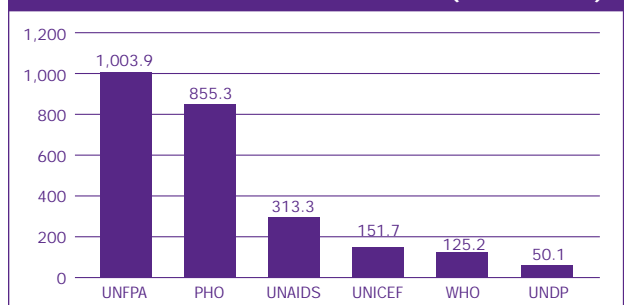
SPANISH ODA TO POPULATION AND REPRODUCTIVE HEALTH 1995-2002 BY GEOGRAPHICAL DISTRIBUTION



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.

The organizations that have benefited from multilateral aid are the United Nations Population Fund, the Pan-American Health Organization, the Joint Program of the United Nations on HIV/AIDS, the United Nations Fund on Infancy, the World Health Organization, and the United Nations Program for Development. In 2003, contributions to the Global Fund for the Fight against AIDS, Tuberculosis, and Malaria were also set up. In addition to the voluntary contributions to these organizations, Spain has supported projects from UNFPA, UNICEF, PNUD and ONUSIDA in The Philippines, Dominican Republic, Algeria, in Mauritania and Namibia.

SPANISH ODA TO POPULATION AND REPRODUCTIVE HEALTH 1995-2002 THROUGH INTERNATIONAL ORGANIZATIONS (MILLIONS PTAS.)



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.

The ODA to non-governmental organizations

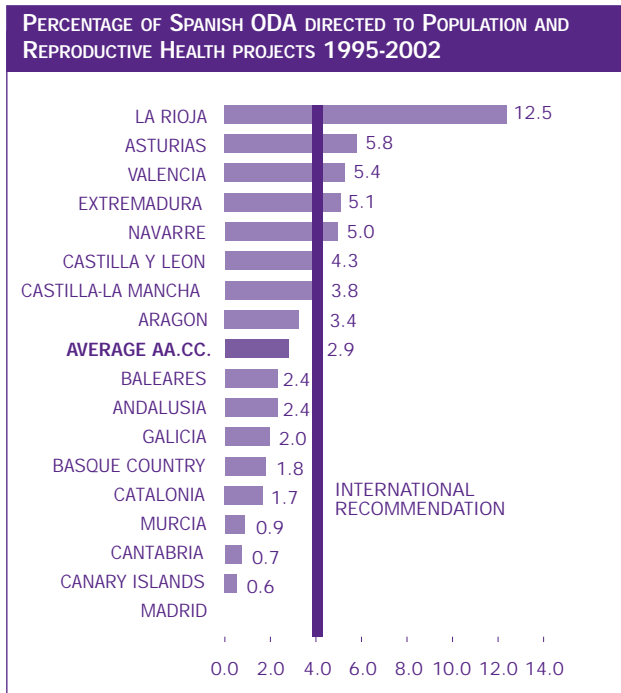
The increase in the financing to NGO projects on reproductive health is due principally to the support given to two mother-child projects within the new framework of pluriannual financing. Even this way, the reduced presence of projects in the area of sexual and reproductive health is notable. In fact, in the year 2001, 14 of the 17 cooperation projects presented in this field were rejected and did not obtain any financing.

La Rioja and Navarre hold the first place with regards to regional ODA to sexual and reproductive health programmes

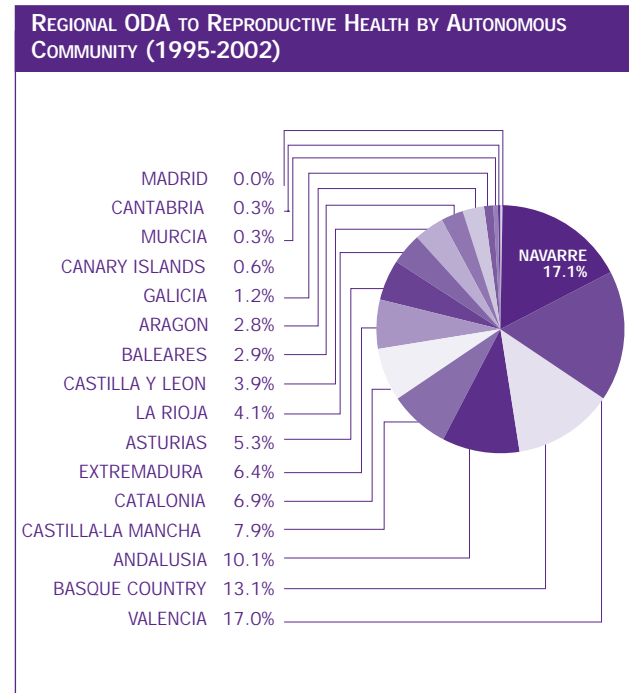
Between 1995 and 2002, regional ODA set aside more than 22 million euros to sexual and reproductive health projects. While, from 1995 to 1998, regional ODA rose by approximately 1 million euro each year, in 1999 the annual contribution started to grow stronger, reaching 7.037 million euros in 2002.

Apart from this evident growth, the study points out that there are still Regional Governments with significant budgets for cooperation that do not give enough support to sexual and reproductive health programmes. Catalonia, Madrid, and the Basque

Country, for example, should improve their ODA levels to reproductive health and approach the average of the autonomous donors, situated at 3%.



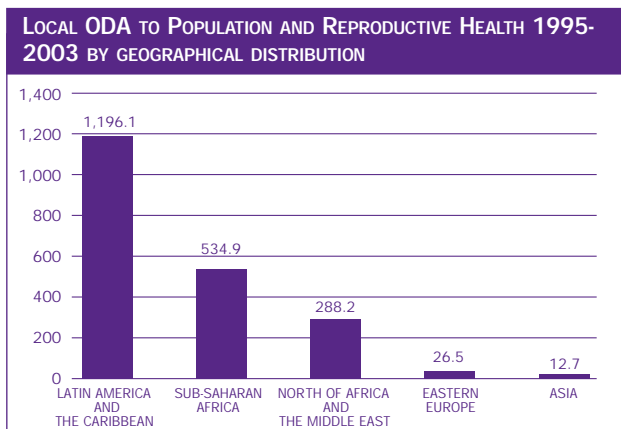
SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.

Local ODA to SRH programmes has kept growing steadily from 109 million in 1995 to 455 million in 2002

Between 1995 and 2002, the local ODA channelled 12.30 million Euro to reproductive health programmes, which means 15% of all Spanish Aid. Local Aid has kept rising steadily each year. While in 1995 the contribution reached 0.5 million Euro in 2002 it was of 3 million Euro. These statistics include the local contributions to the Cooperation Funds.



SOURCE: "Spanish Official Aid to Population and Reproductive Health 1995-2003", GIE, 2004.



tion only surpassed by those from the Regional Governments of Navarre, Valencia, and The Basque Country, and in any case much more representative than that of "big" Regional Governments like Andalusia or Catalonia.

The local entity which showed a stronger commitment to reproductive health was Madrid's Town Council. Only this local administration provided 21% of the total Local Aid to SRH (close to 2 and half million euros from 1995-2002). A contribu-

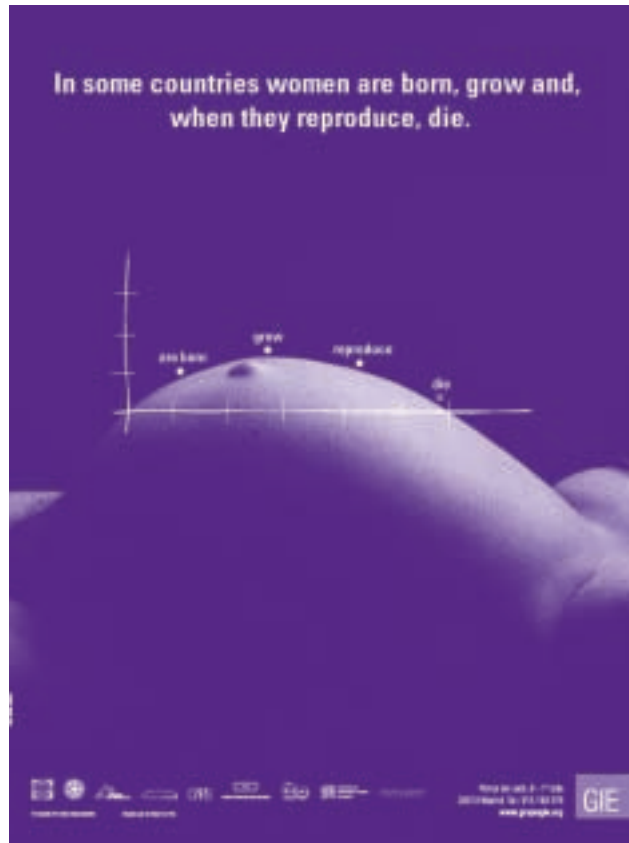
“Reproductive health as a key for reducing poverty”: achievements, reflections and proposals for the future

“The Millennium Development Goals, particularly the eradication of poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning.”

Kofi Annan, Secretary General of the United Nations

The Spanish Interest Group on Population, Development, and Reproductive Health (GIE) aims at promoting a stronger involvement of all agents related to development cooperation, like Administration’s staff, women’s associations, non-governmental organizations, and social health professionals, in advancing the commitments adopted in Cairo.

With this objective in mind, on the 10th and 11th of June, a forum entitled **“Reproductive Health as a key to reducing poverty”** was held in the Fine Arts Circle in Madrid. The Forum counted on the participation of international experts like Tomás Jiménez Araya (resident representative of UNFPA in Nicaragua and non-resident in Costa Rica and Panama); María Luisa Sánchez, director of the Information Group on Chosen Reproduction (GIRE); Edith Tristán, Representative of the International Community of Women Living with HIV/AIDS; or Violeta Horhoianu, representative of SECS (Society for Education on Contraception and Sexuality).



To request the contents and conclusions of the meetings, contact the Secretary of GIE by telephone at +34 91 319 92 76 or by email at gie@fpfe.org.



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These days the international community is focused on balancing on the implementation of the Cairo Programme of Action. In spite of the increase of the ODA to sexual and reproductive health over the last 10 years, Spain is still far away from fulfilling its commitments. We hope that, from now on, the new Government will commit actively to the Cairo consensus and will take clear steps not only to increase ODA to 7% of the GNP and 4% of that amount to sexual and reproductive health programmes but also to:

- Assume a more relevant role at the international level with regards to the promotion of The Cairo's Programme of Action, always in coordination with the European Union.
- Increase the ODA directed to those countries with a higher reproductive risk.
- Set up a specific strategy on population and reproductive health within the general Health Cooperation Strategy and change from a vertical approach to an integral approach, including sexual and reproductive health and rights.
- Avoid the terminology based on the "mother and child" terms and change it to a gender-based terminology.
- Raise the collaboration and the contributions to the United Nations Population Fund.
- Raise the level of funds for family planning programmes and projects.



SEXUAL EDUCATION IS EVERYWHERE...

Some thoughts from the viewpoint of a youth mediator

Isabel Rodríguez Álvarez has offered to relate in this bulletin her experiences in the sexual health workshops for youth mediators set up by the Spanish Family Planning Federation and five affiliated members in 2003, with the cooperation of Schering Laboratories. This experience has taken up many of her free afternoons but has been very positive for her at a personal level. In addition, it provided her knowledge and tools to apply in her work with young people.

Isabel is 21 and even if throughout the interview she kept repeating that she doesn't know a lot about sexuality, our impression is that the topic is very clear in her mind. It is obvious she has thought a lot about sexuality, not only from the viewpoint of a young person who works in programmes for the young people in the Madrid borough of Entrevías and who is concerned about the problems and risks they are facing, but also from her own experience.

– **Do you consider that information on sexuality for young people is adequately focused?**

– No, it's only campaigns set up to do something about sexuality on a specific date and at a specific school, but the issue is never taken up again. The last campaign I remember was the World AIDS Day which received a lot of confusing media coverage with a rock concert and all ...

– **What kind of campaign would be necessary?**

– There is too much focus on the problems and all the information is concentrated in one day, so you end up feeling afraid. I don't really know which is the best way to reach people, but I think it should be done on a daily basis, even approaching the

parents with specific activities designed for them. The problem is that sexual education issues are not approached from the viewpoint of values but only from prevention.

– **And how do you think the young people take these initiatives, as recipients of these prevention measures?**

– I'm always amazed, because I think that what they receive is prevention and a message of alarm instead of promoting the idea of giving serious thought to what sexual relationships are really about, and many girls don't want to know, they are afraid of thinking what they would do if the condom breaks or stays inside.

– **The gender issue was one of the topics regarded as a possible new content for future workshops ...**

– Yes, the gender and roles issues... Now, people are really amazed with all the news appearing about homosexual and lesbian couples who will be able to adopt children in Navarra. I think that in this sense it is very important to think deeply about this, without sticking to the traditional father/mother roles, to realise that there is not a single type of family because the institution of the family has changed. It is an important problem when people view the possibility that homosexuals adopt children as a conflict, and that they see the homosexual issue as more important than giving an orphan a family. I think it is a problem of values.

– **What was for you the main novelty of this course?**

– Many things in all areas, because I didn't even know about some. The first part is necessary to understand how sexual behaviour evolves in the course of your life, even though it see-

med a bit theoretical and boring. Also it was good to remember some concepts that I thought were very clear such as prevention, which makes you realise how little you know...

– **Who would you say a teenager turns to when he or she has a sexual problem?**

– To a peer, and secondly if he or she is in some association and has good relationships with supervisors or educators, he/she poses the question to them, that's why it's good for us to know about all these different topics.

– **Do you think it is a good strategy to work with mediators so that they can convey relevant information to young people?**

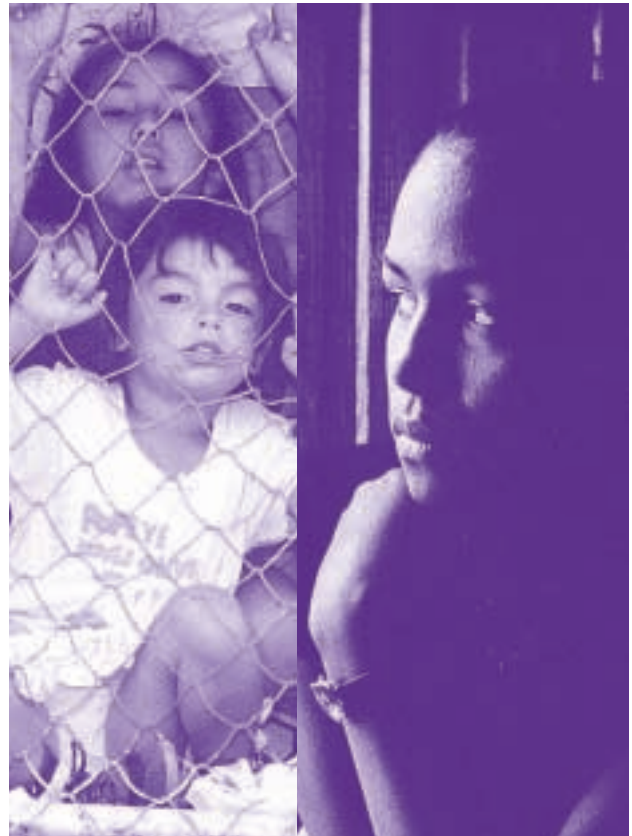
– Yes, I think it can give good results because I went into the course without any kind of knowledge and I came out with a number of resources that I can utilise in my work later on.

– **You are working on youth related issues. Were the tools you got at the Youth Mediators Course useful to you?**

– In the team, we've decided to work with the kids and discuss sexuality issues with them. We want to base our approach on human relations, on behaviour, on talking about their values...

– **What do you think about the way in which youth sexuality is being approached by politicians and the administration?**

– In fact I don't know of any social policy on sexual education. In the course I said that we are at a point in which there is an enormous amount of information but no education, and this won't do. I think we have to start with the kids in a natural way, talking about



YOUNG SEX Mediators Project

The Young Sex Mediators Project aims at including youth mediators in the promotion of sexual health. In 2003 five workshops were held, reaching over 85 youth mediators in five Autonomous Communities. The issues discussed in the workshops ranged from biological, psychological and social issues of sexuality, our sexual evolution, myths around sexuality, health problems during puberty to contraceptive methods, emergency contraception, the condom workshop, STDs or HIV/AIDS and the methodology for working with teenagers on all these issues.

these issues in school and later also at home, but mainly in school because there are many kids of the same age answering each other's questions. And I don't think politicians of the administration are promoting this kind of approach, and if there is some policy of supplying information together with education, it's not working.

– **Do you think that in addition to information there are sufficient and adequate services related to sexuality for young people?**

– I don't think there are sufficient resources. The kids don't know where to go, they don't know if they will be received if they go to a public health care centre, they don't even know who to ask, and that's why in the end they approach their peers or remain silent, and that's where the problem begins because they don't dare ask the question. As regards resources, I think there are very few, that's why when a kid goes to a health care centre and he is not attended, he usually doesn't return and the situation gets worse and worse.

– **How would you set up a perfect sexuality care system? What would you like it to have to feel that you are taken care of?**

– I don't know, I suppose that I'd like to meet professionals who receive you supportively without judging you or laughing or loo-

king at you as a weirdo, and also all kinds of resources. Yes, one centre in each neighbourhood with the ability to adapt to the changes in the area, that reaches out to schools and has a continuous relationship with the neighbourhood, and an area centre where people could go without taboos. I think that people, and I include myself, believe that it is such an intimate thing that you are reluctant to talk about it to a stranger, even more so if you have a doubt because then they might think that you are stupid ...

– **Do you think that this kind of attention can be part of other activities for young people?**

– Sexual education is everywhere, and it is good to have some idea about it because among kids, their behaviour, their language, the relationships between them allows you to include a number of sexual education values.

– **What is your opinion about the initiative of the Madrid City Council to set up a record of users of the day after pill?**

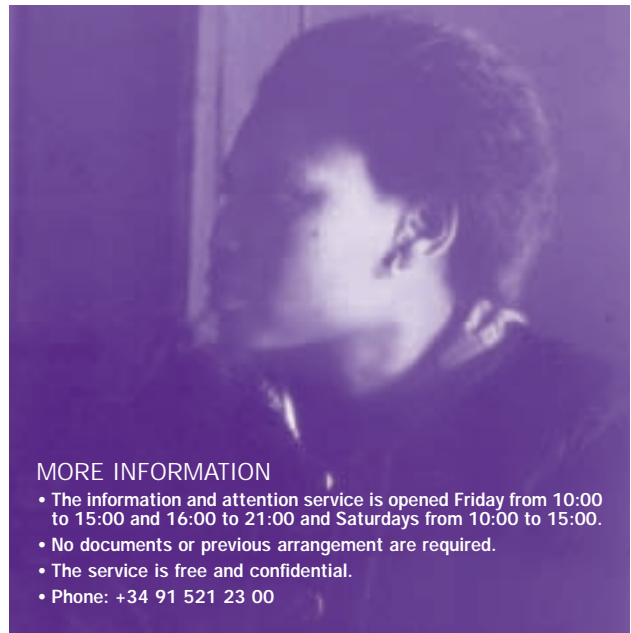
– I suppose that this loss of anonymity will create some problems, but maybe it is a good way to stop misuse and to disseminate other methods to avoid using only emergency methods.

Sexual and reproductive health at the reach of immigrant women

E On the 8th of June the Spanish Family Planning Federation (FPFE) and the Association of Family Planning of Madrid (APFM) held a meeting with NGOs, immigrants associations, health centres, social workers, cultural facilitators and other public agents with the objective of exploring different ways of collaboration on the field of sexual and reproductive health.

In the framework of the project "Attention and awareness raising on SRHR for women immigrants", a specific service, free of cost and completely confidential has been set up on Fridays and Saturdays for those women immigrants that need information or medical attention and, by one reason or another, do not have access to the public health system. At the same time, several workshops are being organised for women immigrants in Madrid for discussion and information on all SRHR matters (family planning, contraceptives, abortion, HIV/AIDS, etc.) and a network of women promoters of SRHR is trying to be established at a the base level.

Near to 50 organizations and institutions participated at the meeting so we had the chance to set up a discussion on the interest to work on SRHR with the migrant population as well as on the obstacles and the different experiences at the field work. The need to raise awareness amongst the men immigrants, not only the women, the different problems to maintain a continuity in the assistance to the workshops, and the need to work co-ordinately, were some of the issues that were tackled during the meeting.



MORE INFORMATION

- The information and attention service is opened Friday from 10:00 to 15:00 and 16:00 to 21:00 and Saturdays from 10:00 to 15:00.
- No documents or previous arrangement are required.
- The service is free and confidential.
- Phone: +34 91 521 23 00

We want to thank all the people that participated at the meeting for all their suggestions and opinions. Those that could not assist can get in contact with the FPFE at +34 91 591 34 49 or at mokelly@fpfe.org for further enquiries.

INTERVIEW WITH VIRGINIA DEUS

The Fight for Sexual and Reproductive Health in Uruguay

Virginia Deus, psychologist, expert on youth policies, especially prevention of unwanted pregnancies. She has worked for several public institutions as The Minor National Institute and the Presidency of the Uruguayan Republic. Lately she has been working for MYSU as part of the Training Area.

– I want you to tell me about MYSU's work...

– MYSU is a way of bringing together people and women's organizations. It promotes respect for sexual and reproductive rights from a feminist perspective, acting under the conviction that this respect is fundamental for the construction, strengthening, and growth of the population in general and of women in particular. MYSU stands for Women and Health in Uruguay (Mujer y Salud in Uruguay). It was created in 1996 and has acquired extensive experience in the area of women's health and rights.

It works in the following areas: advocacy; NGOs mobilization; training; national and regional campaigns, follow-up and monitoring of sexual and reproductive health policies, follow-up of United Nations Conferences, especially Cairo Programme of Action and later agreements Cairo+5 and Cairo+10; provision of technical advice to non-governmental organizations, Parliaments, and public institutions as well as production of awareness-raising materials and other documents in the areas of health and sexual and reproductive rights. MYSU is coor-

inated by representatives of several non-governmental organizations: Casa de la Mujer de la Unión, Cátedra libre de Salud Sexual y Reproductiva, Sexualidad y Género of the Department of Psychology of the Universidad de la República, and Cotidiano Mujer and Mujer Ahora. MYSU is part of the National Follow-up Commission "Mujeres por la Democracia, la Equidad y la Ciudadanía" (Women for Democracy, Equity and Citizenship), as well as of two international networks: Red de Salud de Mujeres de Latinoamérica y El Caribe and Campaña por la Despenalización del Aborto en América Latina y El Caribe.

– What is MYSU's role nowadays in Uruguay?

– The feeling is that MYSU is at this moment the reference institution regarding sexual and reproductive rights. The government has consulted MYSU in many areas and two members of MYSU took part of the official delegation to Cairo+5 and now in Cairo+10 in Santiago de Chile. These two women are Lilian Abracinskas, an expert in sexual and reproductive health and

Alejandra López Gómez, psychologist. Both of them have worked a lot for these rights in our country.

– **MYSU has lobbied for a long time to pass a Law Project on Reproductive Health in Uruguay. Could you tell us more about it?**

– The document was approved in the Chamber of Representatives in December 2002. It required an enormous effort from all these women I mentioned above and many others, as well as from several institutions that contributed to make up the final document. The Senate has set aside the 13th of April to decide if this document continues its way to become a Law. If this happens the 13th of April will be a very important date for Uruguayan women and I believe also for women of the region.

– **How was the process to get the Law Project to the Congress and the Senate?**

– A commission formed with representatives from all political parties, presided over by a deputy of the left –if I am not mistaken– was set up to discuss the project. Many Uruguayan lawyers offered their opinions and evaluated the situation and with all these contributions they were able to write the project in 2002. Conferences, radio programmes and other activities were organised at that time, implying a great social mobilization and coordination from different areas of work and institutions.

There are other women, as Moriana Hernández, CLADEM representative in Uruguay and the other ones I already mentioned, that could give you more details about the whole issue, as they participated actively in all the process, from the beginning to the end... At that time, I was working for the presidency of Uruguay, primarily on the field of attention to adolescents and prevention of unwanted pregnancies. My role was to design the main elements of the government policy on the issue and follow negotiations with the Public Health Ministry to co-implementing it. This task required me to get coordinated with NGOs working in the field and that way we started a close relationship. Due to personal reasons I left my work at the Presidency but my interest in working on sexual and reproductive health and rights in my country grew stronger. We must always remind that the absence and the weakness of sexual and reproductive health and rights policies in Latin America are one of the main causes of poverty.

– **Passing the law project you talked us about would imply a regulation of the right to abortion which is basically progressive, equalling or surpassing many European countries. For example, in Spain they are now beginning to discuss the issue of a period of 12 weeks. In contrast, this law already deals directly with the possibility of women making their own decision without it being necessary that a doctor authorizes it...**

– One of the points of the Law establishes that the doctor performing the abortion must first get the woman's authorization and assess her on adoption programmes as well as on economical and health resources for pregnant women.

– **So, it would not be like in Spain where the doctor has to certify that there is a risk to the psychological health of the woman...**

– No!

– **The doctor only has to write down the reason the women is alleging but it is the woman's decision.**



The Law Project on Reproductive Health, approved by the Congress commits the Government to:

- Plan and implement national policies on sexual education and family planning.
- Guarantee the right of every woman to have an abortion on the first 12 weeks of pregnancy, due to a situation of economical shortage, social or family difficulty or age, that, in her opinion, avoid the continuation of the pregnancy. Far from this period, abortion will only be accepted in case of serious risk for the health of the mother or fetal malformation.

– Yes, the cases where abortion would be legal are the ones you mentioned. We all think that this can be a very progressive Law if it is approved. That is the reason why, today, even if it is not a Law yet, we are very proud of having a document that is a reference at the regional and international level. One of the most important things is that it is not only an abortion Law but also promotes health and commits the Public Health Ministry to allocate an annual budget for sexual and reproductive health programmes. Besides, it also envisions coordination with other public institutions as the Ministry of Education. Abortion is seen as the final phase, therefore the Law establishes prevention measures to provide information, education and access to contraceptives to all people, as established at the International Conventions our country have endorsed. We are strongly convinced that this Law Project is quite optimistic, we will see what happens on the thirteenth. I want to be optimistic but there are still many obstacles on our way. If it is approved we will all celebrate it, in case not, we will keep on the fight.

THE LAW PROJECT ON REPRODUCTIVE HEALTH
WAS NOT APPROVED BY THE SENATE LAST 13TH OF APRIL.
WOMEN ORGANIZATIONS IN URUGUAY WILL CONTINUE WORKING
FOR SEXUAL AND REPRODUCTIVE RIGHTS AND
WILL MAKE A NEW TRY IN DECEMBER, WHEN THE COUNTRY WILL FACE AGAIN
GENERAL ELECTIONS.