

Vox

The Zika virus is fueling demand for self-induced abortions in Latin America

Updated by Emily Crockett on June 23, 2016, 2:10 p.m. ET

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Photo by Mario Tama/Getty Images

The Zika virus presents a huge Catch-22 (
<http://www.vox.com/2016/2/3/10899202/zika-pregnant->

women-catch-22) for pregnant women in Latin America, where Zika infections are most prevalent. The virus causes (<http://www.vox.com/2016/4/6/11348908/zika-science>) profound brain defects in babies, and many governments are recommending (<http://www.vox.com/2016/1/22/10814734/zika-virus-birth-defects-cdc/in/10579041>) women put off getting pregnant for now. El Salvador went so far as to say that women should wait until 2018 to try to have a baby.

Yet many of these same countries don't actually give women the tools they would need to avoid getting pregnant or staying pregnant. Access to contraception is spotty, and abortion is often outlawed.

And according to a new study (http://www.nejm.org/doi/full/10.1056/NEJMc1605389?query=featured_home&) in the New England Journal of Medicine, this bind has caused an increase in the number of women who are turning to extralegal methods to end their pregnancies.

More women in Zika-afflicted countries are trying to buy abortion pills online

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For several years, the study authors note, many women in Latin America and other countries where abortion is restricted have turned to Women on Web. It's a nonprofit organization that consults with women who want abortions using telemedicine, then sends them abortion pills (mifepristone and misoprostol) in the mail. Women on Web operates in a legal gray area (http://www.nytimes.com/2014/08/31/magazine/the-dawn-of-the-post-clinic-abortion.html?_r=3), but the pill regimen has proven safe and effective (<http://www.acog.org/About-ACOG/News-Room/Statements/2016/ACOG-Statement-on-Medication-Abortion>).

The study found that in Latin American countries that issued warnings to pregnant women about Zika complications, requests for abortion medication through Women on Web increased significantly. There was a 36 percent increase in Costa Rica. Brazil, the first country affected by the virus, where abortion is outlawed except in cases of rape or life endangerment, saw a 108 percent increase.

The study probably underestimates the increased demand for abortion in the wake of Zika, the authors note, since “many women may have used an unsafe method, accessed misoprostol from local pharmacies or the black market, or visited local underground providers. But accurate data on these choices are difficult to obtain.”

The researchers couldn't definitively attribute the rapid increase in abortion requests to concerns about Zika, and their data set is limited. Still, they write, "our data provide a window on how concern about Zika virus infection may have affected the lives of pregnant women in Latin America."

The American Congress of Obstetricians and Gynecologists (ACOG) has "<https://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?la=en>) long recognized (<https://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?la=en>) that access to reproductive services, including abortion care, is essential for all women," said ACOG President Thomas Gellhaus in a statement about the report. "The Zika crisis makes it impossible to ignore that women around the world do not have access to this basic health care need."

The governments telling women not to get pregnant are really bad at helping women do that

It's a big thing under any circumstances for governments to ask a woman to hold off getting pregnant when she's ready to start a family. For women in Latin America, the ask seems impossible. Most of these governments have already denied women any choice in the matter: Abortion is largely illegal, and contraception can be difficult to get.

Well over half ([58 percent](http://www.guttmacher.org/pubs/journals/3704611.html) (<http://www.guttmacher.org/pubs/journals/3704611.html>)) of pregnancies in Latin America are unintended, partly because

women don't have adequate access to contraception (http://kff.org/global-health-policy/perspective/zika-virus-the-challenge-for-women/?utm_campaign=KFF-2016-February-Zika-Virus&utm_source=hs_email&utm_medium=email&utm_content=2_GPQgDczLTqdF-dUjJ47xQLfkgOM-Gs4BrbjQpmL4oZwbogzgMcE2un9ZCdkLpnVuEqzo3cTJMbCWH2vsVRpGC2sWw&_hsmi=25828728). Contraception is generally not covered even in countries with strong public health programs, and high poverty rates put it out of reach of many women. Birth control might be subject to legal restrictions like parental consent, and emergency contraception is sometimes outlawed. Schools in Zika-affected countries lack comprehensive sex education (<http://www.statnews.com/2016/02/01/zika-pregnancy-warnings-latin-america/>). The programs that do provide education and services are often underfunded or undersupplied.

Gillian Kane, senior policy adviser at the global reproductive health nonprofit Ipas, remembers doing contraception consultation for youth in a public health clinic in Peru many years ago. "They'd give kids, like, two condoms for a month," she said. "It's not very realistic."

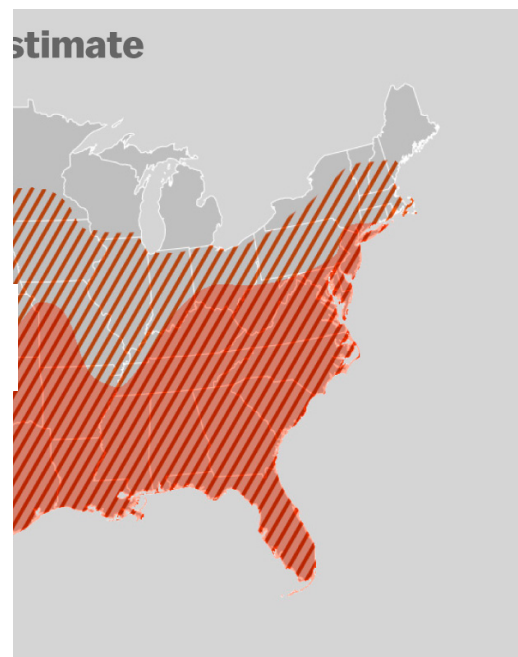
Sexual violence is also rampant (<http://www.svri.org/SexualViolenceLACaribbean.pdf>) in the region, and further compromises women's ability to control their fertility.

If a woman gets pregnant and doesn't want to stay pregnant, most Latin American countries (<http://www.vox.com/2016/6/23/12011524/zika-abortion-pill-latin-america>

https://www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf) severely restrict or ban abortion. Five countries — including El Salvador, which recommended women avoid pregnancy for two years — don't allow abortion under any circumstances, even to save a woman's life.

"By saying women need to postpone pregnancy, governments are really putting the burden on women," Kane said.

Women in the US could soon face similar dilemmas — and some of the same restrictions



The estimated range of *Aedes aegypti* and *Aedes albopictus* mosquitoes in the United States from [CDC](http://www.cdc.gov/zika/vector/range.html) (<http://www.cdc.gov/zika/vector/range.html>). (Javier Zarracina/Vox)

It's important to note that public health officials aren't expecting an epidemic of Zika in the United States. There have been more than 750 (<http://www.cdc.gov/zika/geo/united-states.html>) reported cases of Zika in the US, and large areas of the country are at risk of minor outbreaks.

But some of the areas of the country most at risk — the Gulf Coast and neighboring states, mostly in the South — are also the areas of the country with the worst access to reproductive health care, according to the [Population Institute](https://www.populationinstitute.org/resources/reports/reportcard/) (<https://www.populationinstitute.org/resources/reports/reportcard/>)

States with poor grades on their reproductive health "report card" have some of the same issues that Latin American countries do: high rates of unintended pregnancy, poor or inconsistent sex education, and significant financial or legal barriers to either contraception or abortion.

The barriers generally aren't as severe as they are in Latin America, but they still get in women's ways — especially poor women. Abortion is still legal, but inaccessible in many areas; in other cases, low-income women can't afford abortion if their state Medicaid program isn't allowed to cover it. Emergency contraception (

https://www.guttmacher.org/sites/default/files/pdfs/spibs/spib_EC

is legal, but you might have trouble getting in the emergency room after a rape. Contraception is covered under insurance, as long as you have insurance — and as long as your insurance company doesn't arbitrarily flout the law and charge you anyway (

<http://thinkprogress.org/health/2015/04/29/3652680/insurance-companies-womens-health/>), or as long as your pharmacy

doesn't arbitrarily refuse (<http://nwlc.org/resources/pharmacy-refusals-101/>) to fill your prescription.

Could Zika help change abortion policies in Latin America?

Reproductive rights advocates are putting pressure (

<http://www.bbc.com/news/health-35435684>) on Latin

American countries to liberalize their abortion laws in light of the huge public health threat Zika poses. They warn that deaths and injuries from unsafe abortions are likely to rise unless something changes.

The United States may have a role to play as well, according to researchers at the Kaiser Family Foundation (

http://kff.org/global-health-policy/perspective/zika-virus-the-challenge-for-women/?utm_campaign=KFF-2016-February-

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Virus&utm_source=hs_email&utm_medium=email&utm_content=2
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Gs4BrbjQpmL4oZwbogzgMcE2un9ZCdkLpnVuEqzo3cTJMbCWH2vs

VRpGC2sWw&_hsmi=25828728). The US government could boost family planning aid, although it can't help with abortion services due to the restrictions under the Helms amendment (<https://www.guttmacher.org/pubs/gpr/16/3/gpr160309.html>).

The US could also use its public health expertise and diplomatic leverage to pressure countries into protecting the rights of women and girls.

US history also offers a window into how the debate over Zika and reproductive rights could play out in Latin America.

NPR reminds us (

<http://www.npr.org/sections/goatsandsoda/2016/01/31/464750384-virus-isnt-the-first-disease-to-spark-a-debate-about-abortion>)

that in the 1960s, rubella caused a similar panic among pregnant women to the one Zika is causing today. Rubella, also known as German measles, was responsible for 2,000 newborn deaths and 20,000 cases of congenital rubella syndrome, which causes deafness, heart problems, sight problems, microcephaly, and other issues.

National conversations about congenital rubella syndrome encouraged many Americans to feel more empathy for women who choose abortion — especially because white, middle-class, married women were speaking up about it. The demand for "therapeutic abortion" for pregnant women afflicted with rubella led California to legalize abortion in 1967. This helped open up

the national conversation about abortion rights, leading to the 1973 Supreme Court ruling *Roe v. Wade* legalizing abortion nationwide.

It's hard to say whether Zika could help spark the same magnitude of change in Latin America, of course. The region is heavily Catholic, and has many other radically different social circumstances from the United States. But aided by the [decades-long efforts](http://rhrealitycheck.org/article/2013/07/17/the-politics-of-abortion-in-latin-america/) (<http://rhrealitycheck.org/article/2013/07/17/the-politics-of-abortion-in-latin-america/>) of reproductive justice advocates in the region, it's a distinct possibility.

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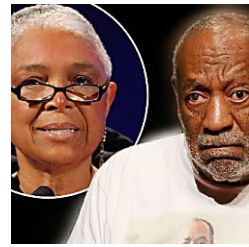


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