

Paraguay: A culture that respects Life

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1. Introduction

When we talk about life, a fundamental principle on which the other rights are based, and what it represents in the legal, philosophical and cultural sphere in Paraguay, we can recognize that its protection from conception to natural death has been a fundamental axis fully installed since he assumed the rule of law model, especially in the democratic era that began with the 1992 constitution.

In the noble culture of the ordinary Paraguayan mother, always extraordinary, pious and sacrificed, there was never room to think of death as a means to remedy problems or alleviate external inequalities; but, on the contrary, in this country, women have had the sacred mission of repopulating the nation of a great devastating war and becoming the moral and cultural support of our people.

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Although life is fully guaranteed within our homeland, the abortion debate has been settling, as in other countries of the region, through foreign ideological bases, or impositions in the human rights vision given by the introduction of gender approach in sexual and reproductive health rights. These concepts have been permeating and preparing ground through secretaries and observatories installed in our government institutions, through official academic discourse and some social movements, although they are not legitimized and they contravene our legal framework.

It is known that political demands in this order would not have had such an impact if population growth had not been considered a danger to international security, which led to the adoption of philosophical theories that have relativized the biological basis not only of sexuality, but also of life, pawning with this true freedom. In this regard, and as you will see in the next pages, many organizations that are promoting the decriminalization of abortion are the same that provide misrepresented data to justify their arguments with the complicit line of multilateral organizations.

With this panorama, we are still pleased to be able to ensure that none of these claims has emerged from a genuine desire of the average Paraguayan woman to exercise what they boldly call “the right to abortion”, and even most families see the gender approach as an affront to their collective conscience and the construction of their children's identity. The emergence of strong resistance movements against this attempt at cultural colonization with a “deconstruction” cover has been proof of this, consecrating that life is not an act of the will with which it can be negotiated, but is an inherent part of nature and human dignity.

2. The protection of the right to life in Paraguayan legislation

2.1. Political and legal organization of Paraguay

The Paraguayan State, as a political-legal organization, is reflected in its political order in its current Magna Carta, namely the National Constitution of 1992. In Chapter 1 it establishes that the Republic of Paraguay is constituted as a social state of indivisible and decentralized unitary law. As a form of government, it adopts representative, participatory and pluralistic democracy, founded on the recognition of human dignity².

The government is exercised by the legislative, executive and judicial branches in a system of separation, balance, coordination and reciprocal control. The spirit of the 1992 constitution is to protect the Paraguayan political system from dictatorial regimes, therefore, it does not allow any of the powers to make extraordinary powers, as well as prevents the presidential re-election in all cases.

²National Constitution of the Republic of Paraguay. <http://jme.gov.py/transito/leyes/1992.html>

As for the Party System, 26 parties and 8 political agreements are registered before the Superior Court of Electoral Justice. Although in recent years there has been a modest advance towards multi-party, it can be seen that the party system in Paraguay is shaped around a strong bipartisanship, considering that it is two traditional parties that have the greatest possibility of accessing positions most important electives, as well as a greater proportion in the distribution of power; these are the ANR (National Republican Association) and the PLRA (Authentic Radical Liberal Party).

The Legal System of Paraguay and its hierarchy of law derives from the National Constitution, which in its chapter 137 establishes the hierarchy of law (priority of laws):

1. National Constitution (as well as the laws that regulate it,
2. Treaties, Agreements and International Agreements approved and ratified,
3. Codes and other laws dictated by Congress, and
4. Other legal provisions of lower hierarchy (provisions administrative)

2.2. References to the protection of the right to life from the Conception in the Paraguayan legislation

The National Constitution of the Republic of Paraguay promulgated in 1992, in its Article 4 clearly recognizes the right to life of all persons as the first right of those declared and guarantees their protection from the moment of conception.

"The right to life is inherent in the human person. Its protection is guaranteed, in general, from conception."³

The constitutional principle that recognizes human dignity from the moment of conception has governed the entire legal and regulatory system of Paraguayan legislation. There is no case law that has failed against this principle that has been expressly incorporated as a fundamental axiom of the Paraguayan Constitution.

In the previous edition of this issue, the authors Carlos Agustín Cáceres Sarubbi and Carmen Viviana Chávez de Talavera have done an excellent job of compiling the references in domestic legislation, that is, in the Civil, Health, Childhood and Adolescence Code and in the Criminal Code that mentions the right to life from conception, work that we will refer entirely to below⁴.

³Art. 4 National Constitution of the Republic of Paraguay. Full text available at: <http://jme.gov.py/transito/leyes/1992.html>

⁴ Carlos Agustín Cáceres Sarubbi and Carmen Viviana Chávez de Talavera in "Americans United for Life", First Edition, Year 2012.

They show us that in the Paraguayan Civil Code, law capacity is recognized for every natural person from conception, and can acquire goods by donation, inheritance or legacy. This confirms that, from the moment of conception, one is a person and therefore subject to rights⁵.

In the same way, the Health Code recognizes the condition of person and the quality of a child from the moment of conception. Expresses that it is the obligation and right of the parents to take care of their health and that of their child from the beginning of pregnancy. So also that the state will protect and healthily assist the child from conception to the majority of age⁶.

Likewise, the Childhood and Adolescence Code recognizes the status of a person from conception and guarantees the protection of the unborn person. Article 10 provides that the protection of the unborn child is exercised by caring for the pregnant woman from conception and even after delivery⁷.

In the Paraguayan Penal Code, abortion is classified as a crime, the life of the fetus being the legal good protected by excellence. It should be noted that the fetus is "the embryo of the human being until the time of delivery⁸".

Article 109 of the same Criminal Code provides:

1st. - The one that will kill a fetus will be punished with imprisonment of up to five years. The attempt will also be punished.

2nd- The penalty may be increased up to eight years, when the author: a. work without the consent of the pregnant woman; or b. with your intervention it will cause the serious danger of the pregnant woman dying or suffering a serious injury.

3rd. - When the act is carried out by the pregnant woman, acting alone or facilitating the intervention of a third party, the imprisonment will be up to two years. In this case the attempt will not be punished. In the measurement of the penalty it will be considered, especially, if the fact has been motivated by the lack of guaranteed support to the child in the Constitution.

4th.- The one that indirectly produces the death of a fetus does not work, if this, according to the knowledge and experiences of medical art, were necessary to protect the life of the mother from a serious danger.

As we see, in Paraguayan legislation abortion is punishable under any circumstance. A sole case of non-punishable abortion is foreseen: in the case of an attempt to save the

⁵ Art. 28. Paraguayan Civil Code.

⁶ Art. 22. Paraguayan Sanitary Code.

⁷ Code of childhood and adolescence

⁸ Art. 14. Section 1, no. 18. Paraguayan Penal Code.

mother's life as a result of a risky operation, the death of the fetus is indirectly produced. Indirectly means that the death of the fetus was not wanted or sought as a means to try to save the life of the mother but occurred from the use of other means to save her.

2.3. International instruments in force in our legislation on the protection of the right to life

There are international instruments, such as International Treaties, Covenants and Human Rights Conventions, whether regional or universal on the protection of life in which Paraguay is a signatory. Since the last edition of this issue, Paraguay has not ratified any new international human rights agreement, so we will take as reference the same section of the authors Carlos Agustín Cáceres Sarubbi and Carmen Viviana Chavez de Talavera have made an important exhibition of the same⁹.

This means, as the authors indicate, that by not making reservations mentioned above, domestic legislation is in accordance with international law, and Paraguay is therefore obliged to respect and guarantee the rights provided therein. In general, these are provisions that expressly recognize every person's intrinsic right to life.

The authors also explain that the hierarchy of these international instruments, respecting the order of priority of the National Constitution in article 137 in relation to international treaties, is of the second degree. That is, sub-constitutional but supra legal norms for being above the law¹⁰. Fortunately, the rights recognized by international instruments are recognized in our own National Constitution.

Among the main instruments concerning the right to life are the following:

The Universal Declaration of Human Rights, article 3rd, 6th, 25th and 30th recognize that the right to life is inherent in the human person.

The Convention on the Elimination of all forms of discrimination against Women (CEDAW) also provides for the protection of the unborn person. *"The states parties shall take all appropriate measures to eliminate discrimination against women in the field of medical care¹¹"* and that *"the states parties shall guarantee women appropriate services in relation to pregnancy, childbirth and the postpartum period , providing free services when necessary, and will ensure adequate nutrition during pregnancy and lactation. ¹²"* Following this, it is interpreted that the purpose of the

⁹ Carlos Agustín Cáceres Sarubbi and Carmen Viviana Chávez de Talavera in "Americans United for Life", First Edition, Year 2012.

¹⁰ Idem.

¹¹ Art. 12°, CEDAW.

¹² Idem

convention is to guarantee women access to health services on equal terms as men, recognizing and protecting especially pregnant women and the unborn child¹³.

International Covenant on Civil and Political Rights (ICCPR). Signed on November 26, 1966 at the UN, approved by Law No. 5/92, effective September 10, 1992. The following provision should be noted: *"The right to life is inherent in the human person. This right shall be protected by law. No one can be deprived of the life arbitrary¹⁴".*

American Convention on Human Rights, Pact of San José de Costa Rica (CADH). Signed by Paraguay on February 2, 1971, approved by Law No. 1/89, effective March 26, 1993. Article 4.1 of the Convention provides that: *"For the purposes of this Convention, a person is every human being¹⁵"* and *"Everyone has the right to have his/her life respected. This right will be protected by law and, in general, from the moment of conception. No one can be deprived of life arbitrarily¹⁶".*

United Nations Convention on the Rights of the Child (CRC). Signed by Paraguay on April 4, 1990, approved by Law No. 57/90 and in force since October 26, 1990. To comply with the following provision: *"For the purposes of this Convention, a child is understood as any minor human being 18 years of age, unless, by virtue of the applicable law, he has reached the majority of age before¹⁷".* *"The States Parties recognize that every child has the intrinsic right to life¹⁸".*

The Convention on the Rights of the Child (CRC) considers that every human being under 18 years of age is such; but when the right to life from conception is recognized in the National Constitution, the definition of "child" in Paraguayan law is completed, resulting in such being "every human being from conception to 18 years of age¹⁹".

2.4. National legislative initiative on the protection of the right to life

The Paraguayan National Congress, since the New Constitution of 1992, has followed a clear line of defense of life and family, cunrestrictedly omplying with Article 4 of the National Constitution of the right to life from conception and Art. 49 of protection of the family as the foundation of society, understood as the stable union of men and women. We quote these articles below:

Article 4 - THE RIGHT TO LIFE

¹³ It is worth mentioning that despite the clear letter of the Convention, its Implementation Committee does not hesitate to make recommendations contrary to respect for unborn life. Much of his work goes against this principle and puts pressure on countries that have not yet approved abortion in their legislation.

¹⁴ Art.6, PIDCP.

¹⁵ Art.1.2, CADH

¹⁶ Art. 4, CADH

¹⁷ Artículo 1, CDN.

¹⁸ Artículo 6.1, CDN

¹⁹ Carlos Agustin Caceres Sarubbi and Carmen Viviana Chavez de Talavera in Americans United for Life, First edition 2012 Argentinean edition book. ISBN, p. 109.

"The right to life is inherent in the human person. Its protection is guaranteed, in general, from conception".

Article 49 - THE PROTECTION OF THE FAMILY

"The family is the foundation of society. Its integral protection will be promoted and guaranteed. This includes the stable union of men and women, children and the community that is constituted with any of their parents and their descendants."

Since 2008, there is a public access resource for information on the bills and declarations that are presented in the National Congress and all the legislative process of the same until its rejection or final approval with the issuance of the resolution final.

There is no law, decree or regulation in Paraguay that threatens the right to life from conception to the natural death of the person, nor a bill that decriminalizes abortion under any cause²⁰. On the contrary, there have been bills and declarations that urge the protection of the right to life and the family, from the exhortation to the Executive to support positions before international organizations that respect our National Constitution in this regard, until the issuance of Declarations of the National Congress as Pro Vida and Pro Family.

In 2005 the National Senator Carlos Filizzola of the Solidarity Country Party, of socialist ideology, presented the project of "Sexual, reproductive and maternal perinatal health" which was rejected in the plenary. In 2008, it was presented again, and was again rejected by a large majority.

This project, like the Sexual and Reproductive Health projects of all countries, introduces the concept of "Sexual Health" within the meaning of the IV International Women's Conference in Beijing of 1995, which includes as a measure to eliminate obstacles to the advancement of women, birth control methods and contraceptive methods, including abortion. The project also mentions the right of women to make "free decisions during their pregnancy", without defining the scope and limits of what that freedom implies, and during that period.

In 2009, Senator Roger Caballero of the UNACE (National Union of Ethical Citizens) party issued a declaration that repudiated Senator Filizzola's attempt and urged both Houses of Congress to reject projects that threaten the right to life and family

In 2015, a draft law (Law 5425) was approved, and it declared the "NATIONAL DAY OF THE FAMILY" as a national interest, to be held on the 4th Sunday of the month of April of each year.

²⁰ As we mentioned, the only situation in which abortion is not punishable occurs when indirectly to save the life of the mother, during the procedure there was the death of the unwanted or desired fetus.

In 2017, Law 5833 on the registration of deaths of the unborn child was approved in Paraguay. This law is probably one of the most important and significant in relation to the recognition and valorisation of the unborn child. It is no coincidence that the groups most interested in curbing this noble project have been parliamentarians of socialist parties, including Senator Carlos Filizzola and Esperanza Martínez (Guazú Front Party) and international organizations such as Amnesty International.

The project aims to allow families to register their unborn children and give them a name, as well as remove the body and bury it if they wish. It was the initiative of Patricia Coronel, general coordinator of the organization “The same heart, the same feeling” dedicated to providing support to mothers and fathers who lost their children in the womb and / or suffered perinatal deaths. Paraguay is the first country in Latin America to recognize the dignity of the unborn, by claiming its registration of the Civil Status.

In the years 2016 and again in the year 2019, the “Parliamentary Front for Life and Family” was created to address within the parliamentary periods corresponding to any initiative that undermines the constitutional principle of life from conception and family as a stable union between men and women and the right of parents as the main persons responsible for the education and sexual education of their children, enshrined in our National Constitution. This was generated as a result of other attempts to introduce the gender ideology, theory or perspective in our legislation, especially in draft laws or decrees related to women and to comprehensive sexuality education with a rights and gender perspective, which so far they have failed to pass both cameras.

In this context, in June 2018 the Coordinating Team of the Promoting Group for Democratic Parity (GIPD), composed of women representatives of the most radical feminism of Paraguay, representatives of the European Union, the United Nations and the Ministry of Women, they presented the democratic parity project and was rejected by the Paraguayan Congress in 2019. Although the project did not contain articles related to the right to life, the members of the coordinating team and the national and international organizations that promoted it have publicly stated that abortion, like political quotas by sex are rights that must be conquered in our country. This discourse on “rights”, represented mainly by feminism and the left, has failed to generate adherence in Paraguayan citizens, mainly because it is linked to sexual and reproductive health rights, abortion and gender ideology²¹.

²¹ In particular, the issue of democratic parity generated a debate in public opinion with a large majority of women who radically positioned themselves against sex quota laws. So much so, that spontaneously generated groups that lobbied to argue that they did not feel represented by those who said they spoke on behalf of women in this project. The main reason was based on the fact that “Parity” is not a legitimate claim of Paraguayan women, who have felt excluded from political participation in their communities and who felt the need to meet and claim parity rights. The idea of the project together with the financing for the implementation was brought from the international organizations,

Regarding declarations of interest or other legislative initiatives at the national, municipal or government level, declarations of interest were approved that exhort the legislative bodies or the Executive to execute the mandates of the constitutional articles related to life and family.

In 2014 and 2016, declarations (Declaration 21 and Declaration 508) were approved in which the Executive and the Ministry of Foreign Affairs were urged before the OAS General Assembly “to support positions that recognize that abortion is NOT a right human”. Also to reiterate the commitment to comply with Art. 4.1 of the American Commission of Human Rights to protect the right to life from conception.

In 2017, the Minister of Education and Culture Enrique Riera of the ANR party, issued Resolution No. 29,664 / 17 “*which prohibits the use of printed materials such as digital references to gender theory and / or ideology in the educational institutions dependent on the Ministry of Education and Science*”. This, following a citizen mobilization of parents and associations of educational entities in rejection of education with a gender perspective, which prioritizes in education the social construction of identity generating in children confusion about their own sexuality, by leaving in the background the certainty of the biological aspect of being born male and female.

In May of 2018, the Chamber of Deputies “Declares of National Interest” (Declaration 687) the resolution by which the Municipal Board of Alto Paraná declared the city of Minga Guazú as a city Pro Vida and Pro family.

In December 2018, a project was approved in plenary that declared The Chamber of Deputies of the Nation as “Pro-life and pro-family”, presented by Deputy Del Pilar

in alliance with feminist organizations and the Ministry of Women. The implementation methodology was based on indoctrination talks on quota rights by sex, or the right to “Democratic Parity” in a few locations in the country and with this they tried to legitimize the project. Certainly there was no opening of the debate or a dialogue table for the elaboration of the debate until the moment it was presented in the parliament and women's groups began to raise the voice of rejection for not representing true interests and needs of Paraguayan women. In many locations, pregnant women do not have drinking water or health centres for prenatal care, however, international organizations were trying to forcefully introduce the right to political quota by sex. Another argument is that there is no impediment to the participation of women in politics in our legislation. There are limitations to participation, such as economic ones, for example, and limitations on the electoral system of closed and blocked lists that impede the access of citizens in politics, but suffer from both men and women, and are not limited exclusively to women. Another argument about the project is that Parity fundamentally despises the interests and preferences of women, assuming that women should have the interest of entering politics, when the surveys of the National Statistics and Census Directorate show that there is no gap between men and woman, and that the gap that exists is of interest. Women are in the area of interest you have chosen. They are in the scientific, medical, sales, finance, among other occupations, to a greater extent than men. Politics is just one more area whose access is totally deregulated if the woman so wishes. All these reasons came to light, but the common sense of not needing quota laws by sex, since representativeness goes through common ideas, and not by the person's sex. Paraguayan women have demonstrated a rejection of the project imported from the European Union and international organizations.

Medina, of the ANR (National Republican Association) of conservative and driven ideology by associations of educational institutions and movements and pro-life organizations of Paraguay. It does nothing but ratify the provisions of Art 4 of the National Constitution that defends the right to life from conception and undertake to defend it. Although this has no legislative impact, both the initiative and its social support, endorse the social culture of defense of life.

In the same vein, in March 2019, Senator María Eugenia Bajac of the Liberal Party (PLRA) is the promoter in the Senate of the Republic of Paraguay of a PROLIFE AND PROFAMILY statement, in which she urges that legislative body support initiatives in favor of life and family.

Between 2017 and 2019, the municipalities of approximately 15 cities in Paraguay and a provincial government, which covers the entire Department of Alto Paraná, issued statements of “PROVIDA and PROFAMILIA Cities”. These statements are a message to authorities and citizens that within the municipal management or at the government level, no regulations, decree, norms related to issues that promote sexual and reproductive health issues understood as the right to abortion will be issued, or against the family as a stable union of men, women and their parents, the right of parents as primarily educators of their children according to their family values and beliefs, which rejects education with a gender perspective, and all other issues generally imposed by international organizations through agreements, using these principles as conditioning for aid and cooperation.

These “Cities for Life” initiatives were pushed by the “Generation Pro-life” youth movement, dedicated to raising awareness and training young people about the value of the person's sexuality, the right to life and the truth about abortion. Through talks they raise awareness in the population and it becomes the same community that drives the Declaration in their city.

3. Abortion

3.1. Maternal mortality in Paraguay and its alleged relationship with abortion laws

One of the main arguments used by organizations that are dedicated to the promotion of policies in favor of the decriminalization of induced abortion is that which affirms that the criminalization of it is ineffective in preventing its realization; causing them to be carried out in hiding under conditions of risk to the health and life of the pregnant woman, resulting in an increase in the number of maternal deaths due to the significant number of unsafe induced abortions. To support this hypothesis, calculations of epidemiological estimation of the number of abortions induced in hiding have been carried out in practically all Latin American countries, always resulting in very large numbers in order to create alarm in the population (in the next

section we will expand our comment on these estimates). We emphasize the word “estimate”, since the exact figures cannot be known due to the status of criminal offense that induced abortion has in Latin American countries and therefore it is necessary to resort to epidemiological estimation methods.

Attempts have also been made to support this hypothesis with studies that found a lower Maternal Mortality Ratio (RMM) in countries with less restrictive laws regarding abortion (e.g. European countries such as Spain, France, Finland and others), but none of these studies has been able to establish a cause-effect relationship.

In Paraguay, MMR has been in decline for approximately two decades²², without any decriminalization of induced abortion, which means that other factors have influenced this reduction. This trend of decreasing the RMM in Paraguay is in line with what has been happening in the rest of Latin America, where improvements in environmental sanitation, universal access to obstetric emergency services and professional delivery care, the increase in the number average prenatal consultations and the improvement of the educational level of women were the causal factors of the decline in maternal mortality²³, as in our country, where there have also been significant improvements in all these aspects concerning public health²⁴.

We can quote the Chilean example, when in 1989 it adopted one of the most restrictive abortion prohibition laws, the Maternal Mortality Ratio continued to decline steeply, without changing that trend. In Chile, MMR decreased 94% from 1957 to 2007, without decriminalizing abortion²⁵.

In Mexico, something striking was found, that in states with less permissive abortion laws, lower maternal mortality was found and vice versa, but the causal relationship was not given by abortion legislation, but that states with less permissive or less liberal laws, they were the ones with the highest educational level, the best maternal health and health care system, these being the causal factors²⁶.

Then we can conclude that, according to the best epidemiological evidence available, obtained from natural experiments in Chile and Mexico in which multiple factors that

²²Evolution of Mortality in Paraguay. Period 1970 - 2010. DGEEC, Paraguay. December 2016.

²³ *Ibidem*.

²⁴ *Ibidem*.

²⁵ Koch E, Thorp J, Bravo M, Gatica S, Romero CX, et al. (2012) Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007. PLoS ONE 7 (5): e36613.

²⁶Koch E, Chireau M, Pliego F, et al. Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states. BMJ Open 2015; 5: e006013.

can influence MMR were taken into account and not only abortion²⁷ laws do not have any type of influence. modifying maternal mortality in Latin America.

The trend of decreasing MMR in Paraguay from 2003, when it was 174 per 100,000 live births, until 2012, when it reached a figure of 84 per 100,000 live births (Image 1), is illustrated below. This trend is maintained until today, with the RMM of 67 per 100,000 live births in 2017²⁸, the last year of complete official statistics published. As already mentioned, this decrease is related to the concomitant increase in the educational level of Paraguayan women, the better access to the public health system and the improvements in environmental sanitation in general that have occurred in recent decades in our country²⁹. There is still much to improve in these aspects to continue reducing the MMR, but the tendency to decrease it without decriminalization of induced abortion is evident and is in line with epidemiological evidence in other Latin American countries.



Image 1. Evolution of the maternal mortality ratio in Paraguay. Period 2003 - 2012. Source: DIGIES - MSPBS.

²⁷Cf. Evolution of Mortality in Paraguay. Period 1970 - 2010. DGEEC, Paraguay. December 2016; Koch E, Thorp J, Bravo M, Gatica S, Romero CX, et al. (2012) Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007. PLoS ONE 7 (5): e36613.

²⁸ Basic health indicators 2018 in Paraguay. MSPBS, Paraguay. 2018 year.

²⁹ Cf. Evolution of Mortality in Paraguay. Period 1970 - 2010. DGEEC, Paraguay. December 2016. Cf. Basic health indicators 2018 in Paraguay. MSPBS, Paraguay. 2018 year.

3.2. Overestimation of the number of induced abortions in Paraguay

In 2017, the Paraguayan Centre for Population Studies (CEPEP) carried out an epidemiological analysis entitled: "Calculation of the Magnitude of Induced Abortion in Paraguay", in which they ended up estimating an induced abortion rate of 21 per 1,000 women of age fertile, with an amount of 32,237 induced abortions during 2012 (by the method of the incidence of complications due to abortion or MICA). Textually quoting what the authors put in the summary as justification of the need for the study demonstrates their intention to generate debate in the population to achieve the implementation of laws that legitimize the performance of induced abortions: *"the lack of data that allow us to visualize the magnitude of this practice represents an obstacle to the adequate implementation of policies that tend to improve the situation of induced abortions, many of them, performed under conditions of risk to women's health* ³⁰".

CEPEP, also called "Family Clinic," is a private clinic that has a medical office, laboratory analysis and gynaecological studies. He has been a permanent member of the International Planned Parenthood Federation (IPPF) since 1971. As you can read on his website, his main objective is to promote and defend "integral health" and "sexual and reproductive rights" of all people, in order to improve their quality of life, *"sensitizing the decision makers of the country, conducting studies in order to know and publicize the reality of the country, recommending actions and strategies based on the experiences and research developed"*³¹.

Then, CEPEP is a clinic that has as one of its main activities epidemiological research to try to know the population reality of Paraguay and thus influence its public policies. It is a subsidiary of the IPPF, a multinational abortion provider and a strong international promoter of the legalization of induced abortion, which conducts research on sexual and reproductive health with the objective of raising awareness about the "need" to decriminalize induced abortion in the Paraguay taking into account this unavoidable fact, it is worth noting the constant existence of conflicts of interest in the conduct of his research on abortion.

This striking figure of 32,237 abortions in a year had a great impact on the Paraguayan press and was disseminated by famous and powerful Paraguayan journalists in their social networks, causing a propaganda alarm that led to debate on the need for the legalization of abortion in the country, claiming that the mortality of induced abortion practice is high in the unhealthy conditions associated with clandestinely and that therefore this important figure of 32 thousand abortions in a year makes clandestine abortion a public health problem in Paraguay .

³⁰ Almirón, L., Arévalos, H., Melian, M., Castro, C., Corvalán, C. & Battilana, N. (2017). Calculation of the Magnitude of. Asunción: induced abortion in Paraguay Paraguayan Center for Population Studies.

³¹ Cepep.org.py [Internet]. Available on: <http://www.cepep.org.py/es/nosotros.html#historia>

Almirón et al, the authors of the CEPEP study, implemented the Abortion Complication Incidence Method, which was developed by Singh and Wulf in 1994 (Dr. Singh is the Vice President of International Research of the Guttmacher Institute, which is dedicated to the promotion of “sexual and reproductive rights” in the form of decriminalization of induced abortion in the US and in several Latin American countries) ³². This method uses the perceptions of informants collected through opinion polls and combines them with the records of hospital discharges due to abortion complications³³.

The data on hospital discharges used in the CEPEP study were provided by the General Directorate of Strategic Health Information (DIGIES), of the Ministry of Public Health and Social Welfare (MSPyBS), corresponding to all the health regions of Paraguay in 2012 and which yielded a total of 9,387 registered abortion cases. These hospital discharge data are those corresponding to chapter XV of ICD 10, "Pregnancy, childbirth and puerperium", in the group "Pregnancy terminated in abortion".

Due to the known poor quality of our country's data record, Almirón et al. made several adjustments to the figure of 9,387 abortion cases (adjustments of error by inclusion and error by exclusion) for which they reached an estimated number of 6,579 induced abortions (70% of the total abortion discharges registered) in 2012³⁴. The validity of the adjustment methods is doubtful, but assuming in its favor that most cases of abortion are induced instead of spontaneous, which is unlikely, will only be the refutation of the MICA method.

This adjusted figure was multiplied by an expanding factor obtained from opinion surveys of “informants with knowledge on induced abortion in Paraguay,” a total of 55 respondents, 62% women and 38% men. 89% of those interviewed were health professionals, 5% activists from women's organizations and 6% researchers. Based on the personal opinions of the respondents, an expansion factor of 4.9³⁵ was generated.

In this way they multiplied the figure of 6579 induced abortions estimated by 4.9, which gives an estimated total of 32,237 induced abortions in 2012³⁶.

The obvious problem with this estimation methodology is that it has as a multiplier factor a figure that is based on highly subjective opinion polls, with a method of selecting non-randomized survey participants (convenience sampling) and with a

³² Guttmacher.org [Internet]. Available on: <https://www.guttmacher.org/about/staff>

³³ Almirón, L., Arévalos, H., Melian, M., Castro, C., Corvalán, C. & Battilana, N. (2017). Calculation of the magnitude of induced abortion in Paraguay. Asunción: Paraguayan Center for Population Studies.

³⁴ *Ibíd.*

³⁵ *Ibíd.*

³⁶ *Ibíd.*

very small population (55 respondents), hardly representative of the total abortion expert population across the country.

All this implies a very important selection bias, which is the main cause of the lack of epidemiological validity of this method.

Already in 2012 Koch et al. demonstrated the lack of validity of the epidemiological analysis of these estimative methods developed by the Guttmacher Institute. In their review article entitled "Over-estimation of induced abortion in Colombia and other Latin American countries", they estimate the amount of induced abortions for countries such as Colombia, Brazil, Chile, Guatemala, Peru, Mexico and the Dominican Republic from real vital statistics taken from countries with good quality of data recording, and when comparing with the estimated figures for these same countries by the estimation methods based on opinion polls, they found an overestimation of more than 18 times for most of the countries³⁷.

Cuadro 3. Sobrestimación en la magnitud del aborto inducido en 8 países Latinoamericanos en los que se aplicó la metodología indirecta del Instituto Guttmacher (GI). El número de abortos inducidos esperados por año, fue calculado en base a la tasa observada en España utilizada como estándar

| <i>Autores</i> | <i>País</i> | <i>Año Estimación*</i> | <i>Abortos inducidos Estimados (a)</i> | <i>Población en Edad fértil**</i> | <i>Abortos inducidos Esperados (b)</i> | <i>Sobrestimación (a/b)***</i> |
|--------------------|----------------------|------------------------|--|-----------------------------------|--|--------------------------------|
| Mario y Pantelides | Argentina | 2000 | 446,998 | 8,087,284 | 16,336 | 27,4 |
| Singh y Wolf | Brasil | 1991 | 1,444,000 | 35,368,987 | 71,445 | 20,2 |
| Singh y Wolf | Chile | 1990 | 160,000 | 3,552,327 | 7,176 | 22,3 |
| Prada et al. | Colombia | 2008 | 400,400 | 10,500,731 | 21,211 | 18,9 |
| Singh et al. | Guatemala | 2003 | 64,954 | 2,693,295 | 5,440 | 11,9 |
| Juárez et al. | México | 2006 | 725,070 | 26,240,334 | 53,005 | 13,7 |
| Juárez et al. | México | 2006 | 725,070 | 26,240,334 | 16,945 | 42,8 |
| Singh y Wolf | Perú | 1989 | 271,000 | 4,885,634 | 9,808 | 27,6 |
| Singh y Wolf | República Dominicana | 1990 | 82,000 | 1,655,713 | 3,345 | 24,5 |

* El año de la estimación difiere del año de publicación del informe que es posterior. (a) Se refiere a la cifra de abortos estimada por los autores utilizando la metodología del GI. En caso de existir más de una estimación, se ha escogido el punto medio, excepto para México, en el que se utilizó la cifra más baja estimada.²³ (b) Estimación basada en la tasa por mil mujeres en edad fértil observada en España (1987) dos años luego de su despenalización. La tasa española es utilizada como población estándar para la estimación y corresponde al primer año de estadística oficial completa de abortos inducidos en 1987. Se asume que la cifra observada aquel año, es el número más cercano a la cifra de abortos inducidos ilegales que estaban ocurriendo en España antes de su despenalización en 1985. Para México se utilizó también la cifra de abortos legales totales contabilizados el año 2010 por una fuente no oficial.²⁶ ** Las fuentes de población en edad fértil para el año de la estimación fueron: *Argentina*, proyecciones del Instituto Nacional de Estadística y Censos de la República Argentina (INDEC); *Brasil*, Estatísticas do Século XX, Instituto Brasileiro de Geografia e Estatística; *Chile*, proyecciones de población 1950-2050 del Instituto Nacional de Estadísticas (INE); *Colombia*, proyecciones de población 1985-2020 del Departamento Administrativo Nacional de Estadística (DANE); *Guatemala*, se estimó directamente a partir de cifras del XI Censo Nacional de Población y VI de Habitación de 2002, corregidas por proyecciones de población 2003-2011, Instituto Nacional de Estadística (INE); *México*, obtenida del Consejo Nacional de Población (CONAPO); *Perú*, se estimó directamente a partir de estimaciones y proyecciones de la población total 1950-2050, corregidas por población total al 30 de junio de cada año 1950-2050, Instituto Nacional de Estadística e Informática (INEI); *República Dominicana*, obtenida de la Oficina Nacional de Estadística (ONE). *** Cociente de sobrestimación que representa el número de veces que la metodología del GI sobrestima el número de abortos inducidos.

Ima
ge 2

³⁷ Koch, E; Bravo, M; Gatica, S; Stecher, J; Aracena, P; Valenzuela, S; Ahlers, I. Overestimation of induced abortion in Colombia and other Latin American countries. *Ginecol Obstet Mex* 2012; 80 (5): 360-372.

As illustrated in the table above (Image 2), Koch et al. they used the knowledge of the amount of induced abortions that was recorded during the year 1987 in Spain, which was the first year that accurate statistics were obtained after the legalization of the practice in 1985. As the number of induced abortions was in sharp increase year after year after their legalization, they used the figure of the year 1987, which is the first year of complete official statistics, assuming that the figure observed that year is the number more similar to the number of clandestine induced abortions that were occurring in Spain before their decriminalization in 1985, with which the rate of induced abortions that year in Spain would be the most similar to the rate of clandestine induced abortions. Knowing the population of childbearing age in each country, the amount of induced abortions expected for each country was estimated according to the Spanish induced abortion rate of 1987 and when compared with the amount of induced abortions estimated by the MICA method, overestimation ratios were found overwhelmingly high for all Latin American countries, with an average overestimation ratio of 18 times. As an example, for Chile, by the method of Singh and Wulf, an amount of abortions induced in the year 1990 was estimated at 160,000, while the expected estimate according to the actual vital statistics of Koch et al. It was 7,176, a figure 22 times lower³⁸.

The methodology of Koch et al. remains a mere estimate, but it is an estimate that is based on real vital statistics and not on subjective surveys of personal opinion of experts chosen for convenience. In addition, Spain is a much less conservative country in morality than the Latin American countries, so it is most likely that the rate of induced abortions in Latin America is lower than in Spain, so using the same rate as the European country is to give an advantage to the MICA method when making the comparison and even so the results highlight the overestimation of this method used by CEPEP.

In 2012 we had a total of 108,401 live births³⁹, if the number of 32,237 induced abortions were approximate to the real one, we should have a very large proportion of health professionals dedicating themselves to the realization of this illegal practice, with the risk that entails a criminal action against him is initiated.

Another fact of real vital statistics that highlights the overestimation of the method is the number of maternal deaths due to abortion in 2012, which was 15⁴⁰, so it follows that if the figure of 32,237 clandestine abortions were true, the mortality of the practice of clandestine induced abortion in Paraguay is practically nil (0.04%), again

³⁸ *Ibíd.*

³⁹ Evolution of Mortality in Paraguay. Period 1970 - 2010. DGEEC, Paraguay. December 2016.

⁴⁰ Available on: http://ssiev.mspbs.gov.py/20170426/nacido_reportes/ssiev311.php

using the false assumption in its favor that the total maternal deaths due to abortion are due to induced abortions, which is unreal since there are maternal deaths due to miscarriages of different causes, so death due to induced abortions is even less than 15 and mortality from that cause is even lower.

To have another perspective, we can compare the abortion mortality induced in Paraguay according to the CEPEP estimate with the mortality of a patient with a pre-operative classification of ASA I (healthy patient), resulting 2 times lower than this (0.04% vs 0.08%, respectively), which once again reflects the negligible mortality of the practice of clandestine abortion in Paraguay if the number of 32,237 induced abortions were close to the real one.

It is worth asking what is the need to alarm the population about a supposedly safe procedure, since those who support the practice of induced abortion do so claiming the great risk suffered by women who decide to have a clandestine abortion. Of course, no death (even if only one) is negligible, but this statistic serves to show that the number of 32,237 induced abortions in Paraguay is unreal, since it does not translate into the real vital statistics of our population.

The truth is that no abortion is totally safe, not even in an abortion clinic with professionals who are experts in optimal conditions of legality and much less performed in hiding by unqualified personnel. It is logical to assume that women who resort to clandestine abortion and who have some complications, go to a medical emergency service and with more reason if they have severe complications that are the ones that eventually lead to death and remain in the registry of vital statistics, Therefore, the number of deaths due to abortion (despite not distinguishing between spontaneous or provoked cause) is the most accurate vital statistics on abortion that we have in Paraguay.

In addition, epidemiological evidence around the world shows that in all countries where induced abortion has been legalized, its incidence has been steadily increasing during the first two decades until finally reaching a stable rate⁴¹, as if it were a modern epidemic that is then installed in the population as endemic, being able to raise the hypothesis that its decriminalization not only facilitates access, but also implies a greater acceptance of the society of practice, increasing not only the number of women who resort to abortion, but the number of times the same woman resorts to it.

In the case of Uruguay, a country that already had the lowest MMR in Latin America and the Caribbean before the decriminalization of abortion (15 maternal deaths per 100,000 live births in 2008), since 2013 with the application of the Voluntary

⁴¹ Koch, E; Bravo, M; Gatica, S; Stecher, J; Aracena, P; Valenzuela, S; Ahlers, I. Overestimation of induced abortion in Colombia and other Latin American countries. *Ginecol Obstet Mex* 2012; 80 (5): 360-372.

Interruption Law of Pregnancy, the official figures for legal induced abortion were increasing every year: 7,171 in 2013, 8,513 in 2014, 9,362 in 2015 and 9,719 in 2016. The same happened in Spain, as illustrated in the following table (Image 3):

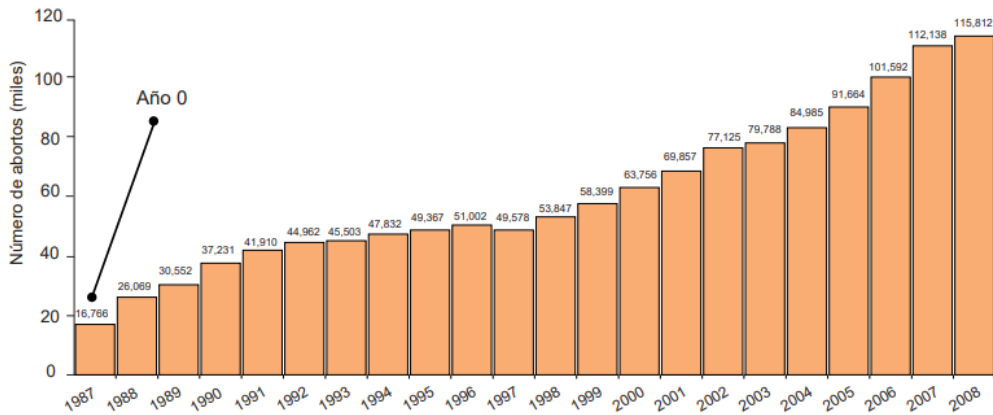


Figura 2. Evolución del número absoluto de abortos inducidos en España, 1987-2008, elaborado a partir de los datos oficiales publicados por el Ministerio de Sanidad y Política Social español.²¹ El año 0 (1987) representa el primer año de registro completo de abortos inducidos luego de que fuera permitido legalmente en España en 1985. Puede ser considerado como la cifra de abortos clandestinos (16,766) que estaba ocurriendo en España antes de ser permitido.

Image 3

4. Conclusion

As conclusions we can say that, if the criminalization of induced abortion is supposedly not effective in reducing its practice, than decriminalization is even less effective; and there is no evidence that legal abortion reduces maternal mortality. As in the rest of Latin America, in Paraguay maternal mortality has decreased over the years, without the need to decriminalize abortion. On the other hand, the estimation method used by CEPEP in its study itself is a carrier of conflicts of interest, it is not valid in epidemiological science, which is reflected in the large number of induced abortions that does not translate into our vital statistics.