

Women's reproductive rights and the Zika virus epidemic

Os direitos reprodutivos das mulheres e a epidemia do Zika vírus

Los derechos reproductivos de las mujeres y la epidemia del virus Zika

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A headline of the newspaper *O Dia*, in Rio de Janeiro on May 15, 2015, alerted readers to the presence of a new virus in the Brazil, called Zika, transmitted by the *Aedes aegypti* mosquito that had already circulated for more than 30 years in the country and made dengue an endemic disease, with worrisome case-fatality rates. The newspaper quoted then-Minister of Health Arthur Chioro as saying that Zika symptoms were milder than dengue and that unlike dengue hemorrhagic fever, Zika virus infection was not fatal.

At the time, the connection had not been made between Zika and microcephaly and Guillan-Barré syndrome. A year later, Brazil is experiencing a public calamity with the outbreak of microcephaly cases associated with Zika infection in pregnant women, in what specialists have called the Zika virus congenital syndrome, including, along with microcephaly, a series of other malformations and neuropathies affecting the infant's vision, hearing, and upper and lower limb movements.

Research institutes, laboratories, academic centers, and health organizations like the World Health Organization (WHO), Pan-American Health Organization (PAHO), and Oswaldo Cruz Foundation (Fiocruz), among others, have mobilized significant investments at the national and international levels to improve diagnosis, elucidate how the virus acts, and develop vaccines. Various organizations have produced statistical data that reliably portray the Zika virus epide-

miological profile, as the epidemiological bulletins of the Brazilian Ministry of Health in 2015 and 2016.

Most mothers of infants with Zika virus congenital syndrome live in Northeast Brazil, where dengue and chikungunya are also prevalent. They live with precarious sanitation and housing, irregular water supply (forcing families to store water at home, thus favoring proliferation of the mosquito vector), and difficult access to health services. These poor, vulnerable, and marginalized women are the ones living the drama of bearing children with microcephaly, thereby shaping the epidemic's image (<http://blogs.oglobo.globo.com/na-base-dos-dados/post/dengue-zika-e-microcefalia-em-quatro-mapas.html>, accessed on 30/Jan/2016). However, pregnant and childbearing-age women all across the country are living the stress and even the panic of giving birth to a child with microcephaly. Every prenatal visit and every ultrasound test is a moment of emotional torture. It is urgent and necessary that responses to the Zika virus epidemic include the issue of women's reproductive rights.

The definition of a sphere of rights associated with sexuality and reproduction, grounded in the classical liberal theories of individual rights and socialist principles of social justice and equality, as well as in human rights principles, brought new arguments to the debates on relations between the personal and the social, the individual and the collective. The inclusion of sexual and

reproductive rights in the field of the right to health and the valorization of women as subjects of full rights in international human rights conventions, in Declarations and Action Plans from United Nations Conferences, and in national legislations like *Brazil's 1988 Constitution*, raised new challenges for the debate on the right to choice in reproductive life. It also highlighted the State's responsibility vis-à-vis such choices. The Action Plan of the International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994 by the United Nations Population Fund, and to which Brazil is a signatory, adopts as the framework for its recommendations the human rights principles pertaining to human reproduction and constitutes a milestone in the explicit definition of reproductive rights in an official U.N. document.

The Brazilian and international women's movement has endeavored to show the intrinsic links between reproductive autonomy and the State. For the movement, to become pregnant or to avoid pregnancy, or even to interrupt a pregnancy – not as a method for regulating fertility, but as a last recourse in the face of the impossibility of assuming the huge responsibility of bearing a child at the present moment –, should be part of all nations' agenda for individual and public health rights.

In the last decades, the legislations of countries in Europe, Africa, Asia, and Oceania, as well as of the United States and more recently some Latin American countries, have been modified, expanding the circumstances in which voluntary interruption of a pregnancy is permitted, with conditions that increase according to gestational age, especially from the first 12 weeks onward, since it is not about an unconditional right. In fact, the debate on abortion should consider weighing rights, while recognizing that the rights of the unborn fetus do not extend as far as eliminating women's fundamental right to self-determination, as well the respect for their health, physical and emotional integrity, and dignity.

Not only pregnancy resulting from rape or involving risk to the mother's life, but also risk to the pregnant woman's physical or psychological health, severe fetal anomalies that compromise quality of life, social conditions, and other problems are considered by countries that have revised their legislations, as situations that permit voluntary, legal, and safe abortion.

Brazil, which already has extremely restrictive abortion legislation, is currently witnessing the growing politicization of religious dogmatism, to the point that the health and rights dimensions are overshadowed by shrill moral or criminal condemnation. Here, the debate on

the expansion of situations in which abortion is permitted is taking the opposite direction from the rest of the world. Voluntary interruption of pregnancy is suffering constant threats of retrocession, in the sense of eliminating the only three circumstances in which interruption is not penalized: risk to the pregnant woman's life, pregnancy resulting from rape, or an irreversible fetal anomaly that is incompatible with life. Legal abortion services and even emergency contraception are constant targets of pressure and threats by conservative forces. Abortion has remained a "police matter" and a crime under the same circumstances since the *Brazilian Criminal Code* of 1940. It is featured on the crime pages of newspapers. The persecuted and criminalizing saga of women that undergo abortion runs counter to Brazil's international commitments in the ICPD in 1994, the 4th World Conference on Women in 1995 (Beijing, China), and the 1st Regional Conference on Population and Development in 2013 (Montevideo, Uruguay).

The relationship between pregnancy and Zika virus calls for urgent revision of Brazil's legislation on reproductive rights, so that all women, and particularly those now experiencing the fear of carrying a fetus with microcephaly, may have, in the name of their right to health, reproductive autonomy and safeguards for their physical and emotional integrity, choosing whether to proceed with or interrupt the pregnancy. This choice should be made outside the parameters of moral condemnation and criminalization and within the framework of respect for their human dignity. For women that choose to carry the pregnancy forward and who give birth to a child with Zika virus congenital syndrome, the State is responsible for providing the mother and infant with all the appropriate care.

The epidemic of Zika virus, transmitted by the *Aedes aegypti* mosquito, raises challenges for government in vector control, reliability, accessibility, and speed in diagnosis, vaccine production, and intensification of basic sanitation policies. However, the proliferation of cases of microcephaly in Brazil raises another challenge: to ensure women's reproductive rights, including the right to interrupt the pregnancy.

At a time when thousands of childbearing-age women have already contracted or may contract Zika, it is urgent to raise the debate on voluntary interruption of pregnancy to a higher level, considering that:

- Abortion should result from choice, never imposition;
- In a secular, democratic, and pluralistic country, the regulation of abortion should be based on parameters of individual rights and public health, and not on criteria and values of one or another religious dogma;
- Criminalization of abortion violates all women's right to autonomy and reproductive health;
- The morbidity and mortality resulting from unsafe abortion particularly affect poor women, including a major contingent of black women;
- Abortion is the fourth cause of maternal mortality in Brazil. The prevailing legislation compromises women's health and lives and does not save the lives of embryos;
- Brazil signed the Declarations and Action Platforms of United Nations Conferences, committing the country to consider revising punitive abortion laws.

Pregnancy in times of Zika demands that government assume its responsibility to ensuring full access to family planning and to revise punitive and restrictive laws on access to legal and safe abortion. These are the recommendations of the Office of the United Nations High Commissioner for Human Rights, issued on February 9, 2016, for countries dealing with the Zika virus epidemic.

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