

Report 2019 L'Observatori de Drets Sexuals i Reproductius



The history of the recognition of Sexual and Reproductive Health and Rights is a history of resistance, subversion and, above all, the fight for the exercise of freedom and in support of social justice.

In these times of economic, social and political crisis, Sexual and Reproductive Health and Rights are the first to be attacked by fundamentalist and far-right groups in an attempt to maintain the neoliberal economic and social order. They require the repression, oppression and isolation of people to sustain their culture of privileges, to keep us individualised and isolated, something that makes building as a community impossible.

No institution either from the Global North or South complies with the obligation to respect, protect and advance Sexual and Reproductive Health and Rights. In the best of cases, they are understood as being negative liberties, free of interference or restraint from others, but in the same way as economic, social and cultural rights, they require positive actions from the states in order to be able to exercise them.

Sexual and Reproductive Health and Rights, from a feminist, anti-capitalist, anti-racist, anti-colonialist and anti-imperialist policy position undermine the heteropatriarchal system and neoliberal austericide. It is not only, therefore, a paradigm that has emerged from social resistance, but that, above all, is a transformative paradigm: a paradigm that destroys the social, symbolic, political and economic order that keeps us oppressed.

L'Observatori de Drets Sexuals i Reproductius is built on this social reality and on the ideal of subversion. We hope that this first report will help overturn the established order and contribute to the exercise of freedom for everyone.

Abortion



To expose the reality of abortion in Catalonia compels us to reveal numerous issues that cast doubt on the guarantees of being able to exercise this right. It is not widely known that abortion is one of the most extensive and everyday interventions that takes place in Catalonia. It is always surprising to discover this statistic when we consider the opacity that exists in this area and even more so if we add the fact that all the techniques necessary to carry out abortions are not taught at medical schools and, therefore, we do not have enough trained and specialised professionals to perform them. We take it for granted that in Catalonia having an abortion is a guaranteed right and the debate is now closed, but we know first-hand how a significant number of violations still occur that exert institutional violence against pregnant women and persons. The case studies presented in the report constitute a map of violations of rights that should force us to include this topic in the political and social agenda so that it is fully guaranteed. There are five basic barriers to access abortion today.

1. Information and conscientious objection. A 38-year-old woman who wants to abort devotes an entire Saturday going to health centres and making calls to get information. She goes to 2 healthcare centres and 2 hospitals where she receives contradictory and incorrect information on the procedure to follow. Finally, the following week, she goes to her healthcare centre and to follow the formalities correctly has to wait for the compulsory 3-day reflection period. However, she is told she will have to wait even longer

because at that moment in time there is not one single gynaecologist working who is not a conscientious objector.

2. Regional disparities. In tests during the first months of pregnancy, the healthcare professionals tell the woman that the embryo's development is not progressing as it should and it is likely that, if she continues, she will put her own and the foetus' health at risk. She will need a surgical abortion, but they inform her that they can't do it at the hospital she would normally be seen at, the Catalunya Central. The staff attending her recommend that she goes to Barcelona as the hospital in the area does not perform abortions for religious reasons.

3. Abortion after 22 weeks' pregnancy. At the routine 20-week check-up a problem with the foetus is discovered. The woman visits 2 more hospitals with unclear diagnoses. She visits a specialist neurologist who at 26 weeks' pregnancy diagnoses a malformation in the central nervous system. She makes her first request for a Voluntary Interruption of Pregnancy (VIP) at 27 weeks, which is rejected. They decide to continue doing tests and these confirm the extreme seriousness of the diagnosis. They make a second request for a VIP at 29 weeks' pregnancy which, this time, is approved. She finally succeeds after 9 weeks, having visited 3 hospitals, 2 different clinics, paying for extra diagnostic tests and requesting psychological help for the lack of any support circuit.

4. 16- and 17-year-old women. A 16-year-old girl is pregnant and has taken the decision to abort but cannot do so without the consent of at least one of her parents. When she explains her condition to the family and the decision she has taken, they refuse to give their consent on religious grounds. The young girl, who cannot comply with the necessary legal requirements owing to her parents' beliefs, finally has an illegal abortion.

5. Women without a healthcare card. A woman visits an ASSIR (Centre for Sexual and Reproductive Health) in Barcelona to request a medical abortion and they inform her that the service will cost her €170 as she doesn't have a healthcare card. The PASUCAT platform accompanied the woman and managed to make them admit that a VIP is an emergency procedure meaning that the woman wouldn't have to pay, thanks to social pressure.



Sexual education

The official complaint made by the Coordinator of Comissions de Gènere, Feminismes i Coeducació de les Escoles Públiques de Gràcia exposes the content of a text book used by primary year 6 pupils where the definitions of the womb and vagina are depicted in a markedly sexist, heteronormative and coitocentric way. The vagina is described as a "highly elastic passage for the penis to enter during sexual union", giving the impression that this is its only

function and reducing sexual activity to coitus. The womb is defined as "where the foetus develops during pregnancy" following the same patriarchal rationale. This is one of the cases that demonstrates the effects of violation that occurs by not having sexual education incorporated from a feminist perspective and with an SRHR focus within the mandatory teaching requirements of formal and non-formal education.

Difficulty in accessing emergency contraception

A 16-year-old girl goes to a chemist to ask for an emergency contraceptive pill (morning after pill), feels she is being interrogated and mentions to them that she took one three months ago. After explaining this they refuse her the pill, saying she is under-age and that there must be a six-month interval between taking one pill and another. The girl ends up pregnant. This is one of the most frequent cases of complaint received by the L'Observatori. It

violates the right to access contraception and healthcare. All too often the information given on emergency contraceptive pills is false - there are no problems in repeating taking it - and legally girls should be given the treatment even though they are under-age. What's more, they are often treated in a patronising manner or are reprimanded at a time when the girls are exercising empowerment and self-care.



Difficulties for LGBTBI+ women accessing AHR

For two years, a lesbian couple have been in the process of Assisted Human Reproduction using the public health system. Throughout this time, they have observed that the Health Department Protocol is not being applied as intended. In addition to this, during their various consultations they have had to cope with substandard care that is insensitive, lacking in respect and LGBTBI-phobic.

This situation proves there is no real guarantee of rights for persons accessing AHR techniques through the public health network and that discrimination towards the LGBTBI+ community, fuelled by a heteronormative attitude, is a reality. The couple also report that consultation waiting times have been incredibly long and that there is a significant disparity in regions in relation to accessing AHR.

Fundamentalism

The CUP (Popular Unity Candidacy) in Tarragona makes an official complaint to the L'Observatori that a religious entity, whose objective is to fight against the right to abortion, receives public funding. In parallel, the Observatori complains that 75% of users referred to anti-rights entities come from public services and that these also receive public funding from Catalan institutions.

Absolute respect within the framework of human rights is an obligation for institutions, as it is precisely these who are the guarantors of compliance with human rights. Under no circumstances can fundamentalist entities and groups that attack the sexual and reproductive rights of women receive public funding just as, under no circumstances, can any public institution establish collaboration or work agreements with these entities.





Sexual violence

A 16-year-old-girl comes to the CJAS to request emergency contraception. During the consultation the protocol to detect sexual violence is applied to her which finds she has suffered multiple rapes. She is told she will have to go to a service that specialises in sexual violence to receive post-exposure prophylaxis for HIV. The girl refuses to go as she knows the centre will inform her family.

This situation demonstrates how protocols that are developed without a focus on rights, intersectionality and sexual violence and that deny the minors' best interests generate more violence, and can result in violating fundamental rights such as the right to healthcare, thereby creating situations of institutional violence.

Obstetric violence

A woman suffers verbal abuse during childbirth without being able to protest and being told "hasn't anyone shown you how to push" and "you're doing it all wrong". What's more, the woman doctor uses various highly-questionable procedures, such as the ventouse suction cup, the Kristeller manoeuvre - pushing down on the stomach with force - and an episiotomy. At no point does she receive any information or the opportunity to discuss matters

at all. The entire procedure made her feel very abused, small and afraid to say or do anything. During her first year post-partum she has had to go to pelvic floor physiotherapy for the pain and has been diagnosed with postnatal depression. In this case, the right to physical integrity, the right to healthcare and the right to information were violated. Obstetric violence is still highly widespread and naturalised.



Substance use disorders (SUD) and SRHR

The Sub-direcció general de Drogodependències reports that women who suffer from SUD experience a lack of access to long-term contraception, postnatal healthcare resources and support, "perinatal pain", resistance by health services to allow breastfeeding, violation of the right to confidentiality, stigmatisation and being held in punitive regard, the infantilisation of women (associating their substance abuse with the inability to be mothers),

lack of fostering of their preserved capabilities and no analysis in relation to other causes that each woman may have suffered, such as poverty or migration. The SRHR of women with SUD are constantly violated and can only be guaranteed when they are no longer judged for their SUD and are supported, always taking into consideration their particular needs and circumstances.

Obstacles in accessing services

The request by a woman to have a tubal ligation is denied, saying that she should "wait till she has had children, as, as a woman, her aspiration should be motherhood" and they offer her and insist she uses an IUD but she receives no information about the discomfort and problems this may cause her. For another woman the process of obtaining the Anti-D vaccination is made difficult, something essential for women with Rh after an abortion. A third woman

says that they have explained at her ASSIR (Centre for Sexual and Reproductive Health) in Barcelona that they can't give out any appointments as the diary is full and don't know when they will be able to start again. These are three instances of the various cases received that have a common thread: an obstruction to receiving different sexual and reproductive healthcare services and that have constituted a violation of rights to healthcare access.



We are bringing about changes

L'Observatori de Drets Sexuals i Reproductius was conceived from the desire to change anything that the general public detects as violations within Catalonia. In this first year, these are the actions we have carried out, always following on from complaints we have received.

Abortion. In conjunction with other collectives we have driven the campaign for universal abortion. Taula d'Avortament: a meeting space for all players involved in access to abortion in Barcelona: i.e., professionals from clinics authorised to perform VIPs, ASSIR professionals and members of the Estratègia de Salut Sexual i Reproductiva (Strategy for Sexual and Reproductive Health) from Barcelona City Council. This has enabled the identification of aspects of public policies that need to be revised which are at present creating difficulties and obstacles during the process of care, referral and performing VIPs. The participants have emphasised their desire to continue and extend to other relevant players in Catalonia.

Sexual education. Following the directions of the Coordinator of the Comissions de Gènere, Feminismes i Coeducació d'Escoles Públiques de Gràcia on the key complaints relating to the primary year 6 text book, we brought these to the public domain via social media and also took their complaint to the school administration that uses them, to the publishing house and the Department for Education. The Coordinator also made another complaint to us regarding the information in the ICS (Catalan Institute for Health) and the Agència de Salut Pública (Public Health Agency) vaccination campaign, for its sexist wording. We approached the relevant institutions via social media which has resulted in success, in that the new campaign for vaccinations has seen a positive change in its use of language. At the same time, multiple requests for information have been responded to in relation to ascertaining the reality of sexual education in schools across Catalonia.

Contraception. Regarding the numerous complaints received about obstacles encountered when attempting to access emergency contraception, a meeting took place with the Col·legi de Farmacèutics de Barcelona (Barcelona's Professional Body of Pharmacists) to present them with all the facts and explain the violation of rights that refusing emergency contraception constitutes, as does offering inaccurate information or treating people with little respect in pharmacies. Their response was that they would make sure the information reached their professional members and would reformulate the action protocols regarding this matter.

LGTBI. Official complaints received in relation to following and applying the protocol for assisted reproduction and the development of services were presented to the relevant agents at the Departament de Salut and the Direcció General d'Igualtat de la Generalitat de Catalunya. The Àrea per a la Igualtat de tracte i no-discriminació de persones LGBTI (Department for the Equality of Treatment and Non-Discrimination of LGBTI Persons) informed us that they had registered the complaint and had referred it to the persons in charge at the Departament de Salut. The Department of Health responded that they were working internally to resolve these problems of implementation but we have not received any further information in this regard.

Obstetric violence. At the behest of the woman who had brought the case to us, a written request was sent to the hospital where the incidents had occurred detailing them and asking for an explanation on the matter. All the information was provided to them, including the name of the woman doctor who had conducted the malpractice. They replied that they had reviewed the medical record but had not found any anomaly in the procedure. At the same time, however, they were sorry about any discomfort and distress it may have caused.

Sexual violence. Put pressure on the Circuit d'atenció a les Violències Masclistes de Barcelona i de Catalunya (Circuit for Helping in Cases of Sexual Violence of Barcelona and Catalonia) to incorporate a new work paradigm for adolescents and young people.

Antifundamentalism. A digital activism campaign to officially denounce the public funding these entities receive and referrals from the public social services themselves and others. A question was put to Councillor Chakir el Homrani in a Parliamentary Plenary Session, a proposal was presented to Barcelona City Council and a motion was presented to Barcelona District Council to monitor public funding to ensure it is not a promoter of organisations that are in opposition to guaranteeing the human rights of women. Direct contact with clinics that carry out abortions to collaborate on the protection of women and professionals against harassment from anti-choice groups.

SUD and SRHR. The Sub-Directorate General of Drug Addictions works to detect and reverse this situation together with resource teams from the Xarxa d'Atenció a les Drogodependències (Network for Drug-Dependent Treatment) and associations of user women, such as Mujeres canábicas, the Xarxa de dones que usen drogues, Metzineres and Entorns d'Aixopluc per a dones que usen drogues, sobrevivint violències, along with others. The Observatory has made the public space available in order to make visible the numerous violations that continue being the most invisible.

All the complaints received by the Observatori have received a response and, in each case, an agreement has been reached with the complainant on the type of follow-up they wanted to be offered. Through the knowledge and trust shared by the general public, today this report can be presented, which seeks to achieve impactful changes in guaranteeing SRHR in Catalonia.

L'OBSERVATORI DE DRETS SEXUALS I REPRODUCTIUS

L'Observatori has been spearheaded by L'Associació de Drets Sexuals i Reproductius (Association of Sexual and Reproductive Health and Rights) to provide a space for the entire population of Catalonia to report any violations of SRHR. It is an independent space and a tool for driving political incidence by using knowledge of the political and social reality and monitoring legislation concerning Sexual and Reproductive Health and Rights. The Observatory studies and compiles the cases received and analyses the data to draft public reports on the violation of SRHR that will help impact and transform public policies and the services intended to guarantee SRHR in Catalonia.