

# Structural Violence in Latin America: Access to Contraception & Abortion

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## Abstract

*As the 24-hour news cycle works harder than ever before to release headline after headline expounding acts of violence that occur around the world, it is of the utmost importance to recognise that while direct bodily harm may be the easiest to understand and document, the effects of violence inflicted through structures must not be discounted. 'Structural Violence in Latin America: Access to Contraception & Abortion' examines structural violence through the analysis of the link between the Zika virus outbreak in Brazil in late 2015 and barriers to healthcare in Latin America, a geo-political region where religious dominance has severely restricted access to contraception and abortions.*

The Zika virus outbreak in Brazil in late 2015 that swiftly spread to surrounding countries in Central and South America launched a little-known, seemingly harmless disease to the forefront of public health discourse. Whilst the evidence is currently incomplete, scientists have discovered a high rate correlation between the virus and a birth defect called microcephaly, characterised by a shrunken head and incomplete brain development — a twentyfold increase in cases have been reported in Brazil since late 2015, enough to prompt the declaration of a global public health emergency by the World Health Organization. However, significant barriers to healthcare have emerged in Latin America, a highly religious geo-political region, where access to contraception and abortions are severely restricted. This essay seeks to explore the idea of social forces shaping individual suffering presented by Farmer, and the embodiment of inequality and consequent perpetuation of social vulnerability shown by Horton and Barker in understanding the wider narrative regarding access to contraception and abortion.

The cultural norms often form the foundation upon which structural violence is constructed, and play a significant role in Farmer's multiaxial model of suffering, and can itself be interpreted as a form of violence. Cultural violence often exists in conjunction with structural violence, and is defined in Galtung's 1990 work as 'those aspects of culture ... that can be used to justify or legitimize direct or structural violence'.<sup>1</sup> Normative violence is one facet of cultural violence — the social approval of a violence to the point of widespread acceptance.<sup>2</sup> Thus,

<sup>1</sup> Johan Galtung, 'Cultural violence' (1990) 27 *Journal of Peace Research* 291.

<sup>2</sup> S J Ball-Rokeach, 'Normative and Deviant Violence from a Conflict Perspective' (1980) 28 *Social Problems* 46.

cultural norms are the process in which a perspective of violence becomes the socially accepted narrative across a culture, and its entrenchment through attitudes and beliefs. As Farmer demonstrates in his 1996 article, the distribution of structural violence can only be understood when individual biography is placed within the 'larger matrix of culture, history, and political economy'.<sup>3</sup> Socially distinguished factors such as race, gender and socioeconomic have historically designated ever-shifting populations as socially vulnerable and more susceptible to suffering. Farmer's 'Axis of Gender' provides a prism through which the normative violence that women encounter in day-to-day life around the world can be viewed, where societal structures render women politically, legally and economically inferior to men.<sup>4</sup> Gender alone cannot stand in counterpoint to an oppressive model of society which privileges heterosexual, able-bodied, Caucasian males. Intersectional vectors of oppression ultimately mean that alternative sexual preference, disability, race and socioeconomic status all interact with one another to form a complete picture of an individual's place in the artificially engineered hierarchy of society.

Cultural stigma against reproductive freedom Latin America, ubiquitous to many parts of the world, leads to a lack of accessible abortion clinics, heightening the likelihood of illegal abortions, and potential for social alienation. In Latin America, the cultural norm has foundations in the strong Catholic leanings of the region.<sup>5</sup> However, whilst the Catholicism practised by many Latin Americans seems to be the cause of oppression, the historical context of Catholicism and its introduction through the invasion and colonisation by Europeans itself constitutes a form of oppression. Through violating the social expectation of womanhood, abortion stigma is seeded into the consciousness of the region, becoming part of the culture's social narrative. Various methods through which abortion is stigmatised, including the attribution of personhood to the foetus, and its connotation of being 'dirty' have all served to constrain the agency of women. This forms a vector upon which the causes leading to the lack of contraception and abortion in Latin America can be better understood.

In his 1996 article, Farmer provides a foundation for clearer examination of structural violence, which he sums up as social forces 'ranging from poverty to racism' which shape individual suffering.<sup>6</sup> Further clarifications by Farmer provide more detail on the definition of structural violence as social arrangements which actively harm or disadvantage individuals who are 'embedded in the

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<sup>3</sup> Paul Farmer, 'On Suffering and Structural Violence: A View from Below' (1996) 125 *Daedalus* 272.

<sup>4</sup> Michelle Zimbalist Rosaldo (ed) and Louise Lamphere (ed), *Woman, Culture and Society* (Stanford University Press, 1st ed, 1974).

<sup>5</sup> Alice Norris et al 'Abortion Stigma: A Reconceptualization of Constituents, Causes and Consequences' (2011) 21 *Women's Health Issues* 49.

<sup>6</sup> Farmer, above n 3, 261.

political and economic organization of our social world'.<sup>7</sup> The concept of structural violence is best understood as an artificially engineered aspect of social interaction, which can be expressed in a multitude of forms, from the biased economic and gender biased social model that governed Haiti in the late 1950s which affected Acephe Joseph, to the brutality and lack of legal structures that plagued Chouchou Louis.<sup>8</sup> However, as Farmer further extrapolates, structural violence is all too often invisible to the casual observer, whether that is due to physical or emotional distance, sheer scale, or the dynamics of the suffering. This form of violence is both unfathomable to those who do not fall within its parameters of harm, and a stark reality for those who do.

The idea of socially engineered disadvantages which constrain the agencies of individuals provides a scope through which the restrictions to contraception and abortions in Latin America can be better understood as a form of structural violence. In Latin America, long-held conservative religious ideals regarding family planning and female sexuality have transformed cultural values into legislative norms, and as a result, women are often prevented from accessing contraception either by her partner<sup>9</sup>, or by the lack of resources in the healthcare system.<sup>10</sup> Medical restrictions and cultural stigma enforced through legal recourses prevent the termination of unwanted pregnancies — a high statistical probability in a region where over 50% of pregnancies are unplanned.<sup>11</sup> Consequently, there is a high number of illegal (and potentially unsafe) abortions which occur across Latin America, and the lack of options for women in these situations constrains their individual choice over their body, constituting a form of structural violence. The enshrinement of barriers to the right of exercising choice over one's own body in legal and public health frameworks are an ongoing infringement to individual agency, the effects of which range from physical and mental to emotional and social.

The pervasiveness of structural violence guarantees inevitable interaction with it, whether that interaction is an advantage or a disadvantage. Disadvantage is exemplified through forms of violence, and can alter an individual's decision pathways or disposition, thus entrenching it in the behavioural patterns of a culture.<sup>12</sup> This idea of social vulnerability is touched upon by Baker and Horton,

<sup>7</sup> Paul E Farmer et al, 'Structural Violence and Clinical Medicine' (2006) 3 *PLoS Med* 1686

<sup>8</sup> Farmer, above n 3, 271.

<sup>9</sup> Matthew R Dudgeon and Maria C Inhorn, 'Men's influences on women's reproductive health: medical anthropological perspectives' (2004) 59 *Social Science & Medicine* 1389.

<sup>10</sup> Rozana Aparecida de Souza & Elaine Reis Brandao, 'Legal Framework of Emergency Contraception and the Difficulties of Its Institutionalization in Public Health Services' (2009) 19 *Physis: Revista de Saude Coletiva*, 1067–86.

<sup>11</sup> Gilda Sedgh, Susheela Singh and Rubina Hussain, 'Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends' (2014) 45 *Studies in Family Planning* 307.

<sup>12</sup> Ghassan Hage, 'Comes a Time We Are All Enthusiasm: Understanding Palestinian Suicide Bombers in Times of Exigophobia' (2003) 15 *Public Culture* 80.

in their examination of how the same health issue can be experienced differently by different populations due to race and socioeconomic factors. A particular case outlined the legacy that seemingly low-impact choice of dentists to pull damaged teeth over attempting to save them can have on the future prospects of the patient.<sup>13</sup> The crooked teeth that results from premature removal of teeth is a visual marker of difference which highlights the perceived stigmatised difference from the 'norm' which is carried throughout an individual's life, and can lead to the perpetuation of violence.

Structural violence and cultural norms continue to perpetuate the constraints over bodily agency everywhere that access to contraception and abortions are not offered. The restriction over existing technologies which offer women control over their body and reproductive process, in combination with a prevalent social model which exercises oppression upon gender, perpetuates a loss of control and power in women. The cycle of violence that is perpetuated cannot be broken without the provision of healthcare measures which allow individuals to exercise their basic right to autonomy over their body, which, in Latin America, takes the form of removing legal and cultural barriers to contraception and abortion services.

In conclusion, structural violence and cultural norms both have a substantial impact on the greater narrative of violence that affects human society, and Farmer's multiaxial model of suffering and Horton and Baker's concept of perpetuation of violence through social vulnerability greatly aids the explanation and understanding of access to contraception and abortion in Latin America, especially in the midst of the Zika virus outbreak.

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