

# SUPPORTING MATERIAL **DOLL AND SILENCE** AN OPPORTUNITY TO DISCUSS ABORTION

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## INTRODUCTION

Abortion is still considered a taboo subject in Brazil. Considered a crime in most instances, it is only allowed in cases of pregnancy resulting from rape, pregnancies with a risk of death to the mother, or anencephaly (when the fetus does not have a brain), which makes life outside the uterus impossible.

To the anthropologist Debora Diniz, researcher at Instituto Anis and coordinator of Pesquisa Nacional do Aborto (National Study on Abortion), criminalizing abortion does not prevent its practice and ends up forcing women into clandestine, insecure and illegal procedures that put their health and lives at risk.

Meanwhile, to specialists contrary to decriminalization, abortion is a violation of the fundamental right to life. Lenise Garcia, professor at Universidade de Brasília and president of the Movimento Nacional da Cidadania pela Vida – Brasil Sem Aborto (National Movement of Citizens for Life – Brazil Without Abortion), defends the idea that we come into being when an egg joins a sperm. To her, a new life begins at the moment of conception.

## Doll and Silence

The short film *Doll and Silence*, directed by Carol Rodrigues, tells the story of Marcela, a 14-year-old girl who decides to terminate an unwanted pregnancy but finds herself in a situation of complete abandonment. Without the financial means to pay for the procedure in a clinic, Marcela chooses a solution that is often times the only option for many Brazilian women: a self-induced abortion. The film exposes a problem in Brazil that is seldom debated because it deals with delicate issues like religion, philosophy and politics.

To help broaden the discussion on this subject, VIDEOCAMP has prepared supporting material on abortion in Brazil and around the world. The goal of this document is to provide more facts and information for the dialogues that can happen after a screening of the short film *Doll and Silence*.

## **A PUBLIC HEALTH ISSUE**

- 7 million women per year around the world are hospitalized due to complications from clandestine and unsafe abortions.
- 22 thousand women die annually due to the same reason\*.
- In Brazil, every two days a woman loses her life as a result of an unsafe abortion, making it the fifth highest cause of maternal death in the country.
- Complications from self-induced abortions are responsible for 250 thousand hospitalizations per year in Brazil.

\*According to a 2012 study conducted in 26 developing countries by researchers connected to The Guttmacher Institute.

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## CRIMINALIZATION DOES NOT REDUCE THE PRACTICE OF ABORTION AND INCREASES ITS RISKS

- According to the World Health Organization, in 2008 **21.6 million women resorted to unsafe abortions around the world.** Of this total, no less than 21.2 million lived in developing countries, where laws related to abortion are almost always highly restrictive (see map) and public policies for family planning are scarce.
- In Africa, where abortion is prohibited under almost all circumstances in the majority of countries, the rate of abortion is 29 for every 1,000 women at reproductive age. **In Latin America, where restrictions are also widespread, the rate is 32 for every 1,000 women.**
- In Uganda, only 23% of sexually active women use some form of contraception. Half of the pregnancies in the country are unplanned, and almost one third of them end in abortion, even though it is only allowed if there is a risk of death to the mother. **Even with these legal restrictions, the abortion rate in Uganda is alarming: 54 for every 1,000 women.** And 26% of all documented maternal deaths in the country are related to unsafe abortions.
- Abortion is legal in most Western European countries. The rate of abortion there is 12 for every 1,000 women.
- **Uruguay, where abortion up to the 12th week of pregnancy has been legal since 2012, has one of the lowest abortion rates in the world: 12 for every 1,000 women.** 8,500 legal abortions were performed in the country in 2014. There are no official numbers for how many clandestine abortions took place before 2012, but it is estimated that the rate was approximately 30,000 per year.

In 2001, clandestine abortions were the main cause of maternal death in Uruguay. **Between 2013 and 2014, only one woman died as a result of an abortion in the country. She had resorted to an unsafe clandestine procedure.**

The legalization of abortion was implemented along with a broad family planning program in the country. In addition, when a woman seeks out the Uruguayan public health system for an abortion, she is treated by a multidisciplinary team that explains the procedure and its inherent risks, and offers alternatives for support if the mother decides to continue the pregnancy after a mandatory five-day waiting period. In 2014, 9% of women treated by this system kept their pregnancy, 30% more than in 2013.

## DECRIMINALIZATION AND LEGALIZATION

Decriminalization means to no longer consider an act a crime. With the decriminalization of abortion, the act is no longer treated as a legal issue and becomes a question of public health. The woman who practices an abortion is no longer treated as a criminal and does not risk being arrested or suffering any other punishment under the law. Meanwhile, legalization goes a step further: it creates the regulations necessary for the procedure to be conducted by the appropriate services, as in the cases where abortion is already considered legal in Brazil.



## WHAT DOES BRAZILIAN LAW SAY?

The Brazilian penal code determines a sentence of one to three years in jail for a woman who undergoes an abortion, and one to four years for anyone who performs an abortion with the mother's consent.

The only circumstance where the practice is not considered a crime is when there is a risk to the mother's life, when the pregnancy was a result of a rape, or when it is proven that the fetus has anencephaly. In the case of rape, current legislation does not require the woman to undergo a sexual assault exam or register a formal charge to be granted the right to an abortion. All she has to do is seek out a public health clinic, where she can be directed to an institution specializing in legal abortions. The woman's word must count at this moment, according to a technical decree from the Ministry of Health that regulates this issue, called *Prevention and Treatment of Injuries Resulting from Sexual Violence against Women and Adolescents*: **"The Penal Code does not require any document to conduct an abortion in this instance other than the woman's consent. Therefore, the woman who suffers sexual violence is not required by law to file a charge with the police. (...) The Penal Code states that the word of a woman who seeks health services claiming to have suffered sexual violence has ethical and legal credibility and must be received with the presumption of truth. The health service's objective is to guarantee the right to health, therefore it is not up to the health professional to doubt the victim's words, which would further aggravate the consequences of the violence suffered."**

However, if the reason for the abortion is a risk of death to the mother or anencephaly of the fetus, the mother must present a technical evaluation by two different doctors, which are then analyzed by a judge.

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## HOW JUDGES AND DOCTORS ACT IN RESPONSE TO AN UNWANTED PREGNANCY

- 15% of female judges and 20% of male judges in Brazil declared that they have faced an unwanted pregnancy at some point in their lives. In this situation, 79.2% of male judges stated that their partner resorted to an abortion and 74% of female judges decided to end their pregnancy<sup>1</sup>.
- Among gynecologists and obstetricians who have faced an unwanted pregnancy, 79.9% of men declared that their partner had an abortion. Among women, 77.6% decided to end their pregnancy.
- If a patient asked for help under the same circumstances, 58% would tell them to seek another doctor and would not offer any guidance<sup>2</sup>.

<sup>1</sup> Study *Induced Abortion: Opinion and Behavior of Brazilian Judges*, conducted in 2006 by Cemicamp (Campinas Center for Reproductive Health Study) in partnership with Brazilian Association of Judges

<sup>2</sup> Study *Induced Abortion in Brazil: Knowledge, Attitudes and Practices of Gynecologists and Obstetricians in Brazil*, conducted in 2003 by Cemicamp (Campinas Center for Reproductive Health Study) in partnership with the Brazilian Federation of Societies of Gynecology and Obstetrics

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## ABORTION BY THE NUMBERS IN BRAZIL

- **The 2010 National Study on Abortion is the largest survey ever conducted on this issue in Brazil. It shows that 1 in every 5 women by the age of 40 have had at least one abortion during their life.**
- **Of those, 64% are married and 81% already have children.**
- **Of the total number of women who have had an abortion, 23% earn up to the minimum wage, 31% up to twice the minimum wage, 35% two to five times, and 11% earn more than five times the minimum wage.**
- **88% of them are religious (65% are catholic, 25% protestant, and 5% follow other religions).**
- **Half of the women who have had an abortion used some type of medication to induce it.**

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## TO MAKE YOU THINK

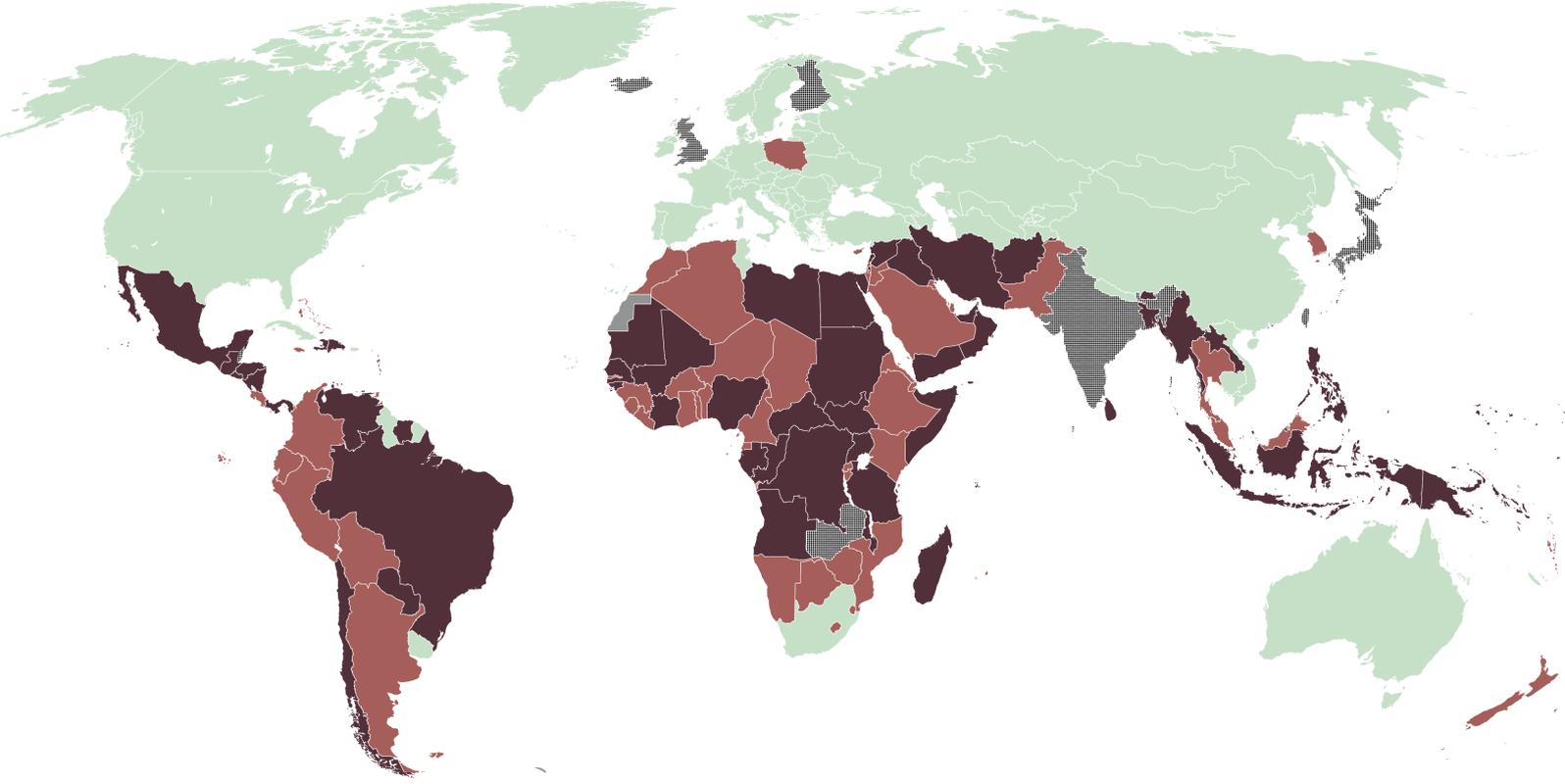
QUESTIONS THAT CAN  
GENERATE A GOOD  
DISCUSSION ON THIS TOPIC:

- 1. Do you know someone who has had an abortion?**
- 2. Do you think she should have been arrested?**

# ABORTION MAP

STUDY CONDUCTED IN 2014 BY THE CENTER FOR REPRODUCTIVE RIGHTS NGO

SUPPORTING MATERIAL  
**DOLL AND SILENCE**



## ABORTION LAWS AROUND THE WORLD

### NO RESTRICTIONS WITH REGARDS TO REASONS FOR ABORTION

Most countries allow abortions up to the 12th week of pregnancy, but this limit varies in some cases (in Guyana, for example, the maximum limit is 8 weeks; in Singapore, the limit is 24 weeks).

In some places, the law does not place a limit on the length of the pregnancy, such as in Canada, Albania, Armenia, Australia, Austria, Azerbaijan, Bahrain, Belarus, Bosnia-Herzegovina, Bulgaria, Cambodia, Canada, Cape Verde, China, Croatia, Cuba, Czech Republic, Denmark, Estonia, France, Georgia, Germany, Greece, Guyana, Hungary, Italy, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Macedonia, Moldova, Mongolia, Montenegro, Nepal, Netherlands, North Korea, Norway, Puerto Rico, Portugal, Romania, Serbia, Singapore, Slovakia, Slovenia, Spain, South Africa, Sweden, Switzerland, Tajikistan, Tunisia, Turkmenistan, Turkey, Ukraine, United States, Uruguay, Uzbekistan, Vietnam

**39.5%**  
OF THE WORLD  
POPULATION  
61 COUNTRIES

### TOTALLY PROHIBITED OR TO SAVE THE WOMAN'S LIFE

Only seven of these countries also allow abortion in case of rape (Bhutan, Brazil, Indonesia, Mali, Mexico, Panama and Sudan)

Afghanistan, Andorra, Angola, Antigua & Barbados, Bangladesh, Brazil, Brunei, Bhutan, Central African Republic, Chile, Congo, Dominican Republic, East Timor, Egypt, El Salvador, Gabon, Guinea-Bissau, Haiti, Honduras, Indonesia, Iran, Iraq, Ireland, Ivory Coast, Kiribati, Laos, Lebanon, Libya, Madagascar, Malawi, Mali, Malta, Marshall Islands, Mauritania, Mexico, Micronesia, Myanmar, Nicaragua, Nigeria, Oman, Palau, Panama, Papua-New Guinea, Paraguay, Philippines, San Marino, São Tomé and Príncipe, Senegal, Solomon Islands, Somalia, South Sudan, Sri Lanka, Sudan, Surinam, Syria, Tanzania, Tonga, Tuvalu, Uganda, United Arab Emirates, Venezuela, West Bank and the Gaza Strip, Yemen

**25.5%**  
OF THE WORLD  
POPULATION  
59 COUNTRIES

### FOR SOCIAL-ECONOMIC REASONS\*

Most of these countries also allow abortion in case of rape, fetal death or to preserve the woman's health.

\*In reality, this type of legislation allows for a very broad interpretation. Factors such as age, economic situation and the woman's marriage status can be taken into account by authorities when deciding if they have access to an abortion or not.

Barbados, Belize, Cyprus, Fiji, Finland, Great Britain, Hong Kong, Iceland, India, Japan, Saint Vincent and Granada, Taiwan, Zambia

**21.3%**  
OF THE WORLD  
POPULATION  
13 COUNTRIES

### TO SAVE THE WOMAN'S LIFE OR PRESERVE THEIR HEALTH

Some countries take problems with the fetus into consideration. And the majority allow for abortion in case of rape.

Algeria, Argentina, Bahamas, Benin, Bolivia, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Colombia, Comoros, Costa Rica, Djibouti, Ecuador, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Granada, Guinea, Israel, Jamaica, Jordan, Kenya, Kuwait, Lesotho, Liberia, Liechtenstein, Malaysia, Mauritius, Morocco, Mozambique, Monaco, Namibia, Nauru, Niger, New Zealand, Northern Ireland, Pakistan, Peru, Poland, Qatar, Rwanda, Samoa, Saint Lucia, Saint Kitts and Nevis, Saudi Arabia, Seychelles, Sierra Leone, South Korea, Swaziland, Thailand, Togo, Trinidad & Tobago, Vanuatu, Zimbabwe

**13.8%**  
OF THE WORLD  
POPULATION  
59 COUNTRIES

100% OF THE WORLD POPULATION



## TO MAKE YOU THINK

QUESTIONS THAT CAN  
GENERATE A GOOD  
DISCUSSION ABOUT THE  
ABORTION MAP

**1 Did you know that in some countries abortion is not allowed even in the case of rape?** This is the case in El Salvador, where the law is so restrictive that many women who have miscarriages are arrested and convicted because authorities don't believe their story. What do you imagine the life of a woman in a place with this kind of legislation is like?

**2** There is a law proposal in the Rio de Janeiro state legislature that would require health services to notify the police whenever care is provided in relation to an interrupted pregnancy, regardless of whether it is natural or induced. The proposal was filed during a state congressional investigation on abortion, which began in 2015 with the goal of investigating abortion practices in the state and the activity of clandestine clinics. **What do you think could happen to the rate of maternal deaths related to abortion if this law was approved?**

## WHEN DOES LIFE BEGIN, ACCORDING TO SCIENCE?

Even among scientists, there is no consensus on the moment in which a life actually begins. Today there are four predominant points of view on this question:

**Genetic view** Claims that a human life begins at the moment of conception. That is, as soon as the sperm and the egg meet.

**Embryological view** Claims that a life begins 14 days after fertilization, when the process known as gastrulation occurs. After this phase, the embryo can no longer keep dividing to eventually give origin to two or more people, as in the case of twins. This is considered the beginning of an individual.

**Neurological view** Claims that life begins when a fetus starts to have brain activity. There is no consensus on when exactly this occurs: some researchers say it's around the 8<sup>th</sup> week of gestation, while others say it begins at the 20<sup>th</sup> week.

**Environmental view** Defines the beginning of life as the moment in which a fetus is considered viable, that is, with the conditions necessary to survive outside the uterus, which begins between the 20<sup>th</sup> and 24<sup>th</sup> weeks of gestation.



## TO MAKE YOU THINK

QUESTIONS THAT CAN GENERATE  
A GOOD DISCUSSION ON THIS TOPIC

**The Catholic Church claims that life begins at the moment of conception. In your opinion, what relationship does this have with the restrictive abortion laws that exist in most Latin American countries, including Brazil?**

# POINTS OF VIEW

SUPPORTING  
MATERIAL  
**DOLL AND  
SILENCE**

TWO SPECIALISTS LIST FOUR REASONS FOR WHICH THEY ARE IN FAVOR OR AGAINST THE DECRIMINALIZATION OF ABORTION IN BRAZIL:

## *in favor*

**Debora Diniz**, anthropologist, coordinator of National Study on Abortion, professor at the National University of Brasília and researcher at Instituto Bioética, Human Rights and Gender (Anis)

**1** “The fullest and deepest respect to women’s equal rights and to a dignified life requires a respect for their right to choose if, how and when they want to be a mother. Only a woman can, through her own personal beliefs and convictions, know which is the correct decision to make when faced with such a delicate situation in her life.”

**2** “There is no conflict between the rights of the woman and the rights of the fetus. The fetus is a potential life with the expectation of rights, a woman is already the subject of rights. It’s not possible to put potential rights in opposition to the effective rights of a physical person.”

**3** “Despite criminalization, abortion is a common event in the life of reproductive women in Brazil. To choose between criminalization or not is to choose whether or not to submit women’s lives to intense danger and suffering.”

**4** “The harsh consequences of the criminalization of abortion reflect class inequalities in Brazil: middle or upper-class women have access to safe abortion medication through a clandestine market or to safe and adequate clinics. It is the poor women who face abandonment through the State’s penal code without the possibility of paying for procedures that do not place their lives in danger.”

**1** “Talk about the issue with their family, circle of friends and community. Decriminalization of abortion faces so much resistance because it remains taboo; speaking openly about the issue, recognizing that it is a fact of life, is a way of making the debate more honest, responsible and respectful of women’s lives.”

**2** “Take part in collective mobilizations for the decriminalization of abortion, be they protests, marches, petitions or simply social media campaigns. There is a lot that can be done, all you have to do is join an initiative already in place to multiply it and move it forward.”

**3** “Try to elect candidates to representative office that take the issue of women’s rights seriously. If there are women candidates with this stance, even better. Outside the election period, try to follow the work of your candidate and use the means of communications available to push the ideas you consider relevant for them to defend, such as this one.”

THREE ACTIONS, ACCORDING TO **DEBORA DINIZ**, THAT THE PERSON WHO AGREES WITH THE ARGUMENTS LISTED ABOVE CAN PUT INTO PRACTICE TO HELP MAKE THE DECRIMINALIZATION OF ABORTION A REALITY:

# POINTS OF VIEW

SUPPORTING  
MATERIAL  
**DOLL AND  
SILENCE**

## *against*

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**Lenise Garcia**, professor at the cellular biology department of the National University of Brasília and president of the National Movement of Citizens for Life – Brazil Without Abortion

**1** “The situations that lead pregnant women to consider abortion tend to be very complex, involving solitude, abandonment, lack of dialogue with the family, lack of commitment from the father, economic difficulties, and many other issues. This is why pregnant women, especially younger ones, need different kinds of support. The legalization of abortion cannot be presented as a ‘solution,’ as if the dilemma consisted of a contrast between a clandestine abortion, which can put the mother’s life at risk, and a legal abortion, in which the child is eliminated as if the problem was the presence of an innocent life.”

**2** “A pregnant woman no longer has the option of having or not having a child, but only the option between having a live child or a dead child, in the case of an abortion, and this also kills something inside her, even if we loudly proclaim that she is only exercising a right.”

**3** “There is no right over the child’s life, because this right belongs to the child, already having been created and in development. The mother can take the child out of her uterus, but can-

not take them out of her head or heart, and this is why so many suffer for the rest of their lives for having had an abortion, often at a young age. These people also need support to get over this trauma.

**4** “Complex problems require a broad approach: education, especially on affection and sexuality, in order to drastically reduce the number of unwanted, accidental pregnancies; the exercise of dialogues within families, so that teenagers and young people do not find themselves isolated during difficult moments; public policies to support pregnant women, providing adequate living conditions for the mother and child. Society cannot ‘wash their hands’ through the false solution of facilitating abortion, as if it were inevitable. If abortion is the problem, abortion cannot be the solution.”

THREE ACTIONS, ACCORDING TO **LENISE GARCIA**, THAT THE PERSON WHO AGREES WITH THE ARGUMENTS LISTED ABOVE CAN PUT INTO PRACTICE TO HELP MAKE THE DECRIMINALIZATION OF ABORTION A REALITY:

**1** “Contribute to the educational effort to value life from conception and to understand how to avoid an unwanted pregnancy, be it in your own family, be it with other young people you know. The personal conviction that an abortion takes away an innocent life is the best guarantee that an abortion will not take place.”

**2** “During elections, try to find out what candidates think about this issue, and don’t vote for those who want to legalize abortion, but for those who defend life.”

**3** “Take part in public actions such as those that the Brazil without Abortion movement has been organizing in various parts of the country.”