

Abortion Mobilities: Travel and transport as reproductive activism in Latin America

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Short abstract:

Abortion is a safe medical procedure but barriers to access have made it unsafe and difficult to obtain for many women around the world. This is particularly true in Latin America where 95% of abortions are unsafe (Zamberlin et al. 2012). In this research project I investigate the barriers to accessing safe abortions in Latin America and the strategies devised to resist them. This will particularly focus on mobility; both of women who travel for abortions and the transportation of abortion medication. Drawing on my research in Chile, Mexico, and Peru this paper will explore how women travel internationally and domestically for abortions, often flouting the law, as well as how networks and individuals access abortion pills in order for people to manage their own reproductivity. This research will reflect on how and whether this travel and transportation is framed as resistance and at whom resistance is directed. This is examined at intersecting scales: the state, health and activist organisations, informal networks, and individuals.

Extended abstract:

Abortion is a safe medical procedure but barriers to access have made it unsafe and difficult to obtain for many women around the world. This is particularly true in Latin America where 95% of abortions are unsafe (Zamberlin et al. 2012). Abortion is a highly contentious issue globally and Latin America is seeing the growth and fervency of conservative and religious social actors working to restrict reproductive health and rights (Malca et al. 2017). In this research project I investigate the barriers to accessing safe abortions in three Latin American countries and the strategies devised to resist them. This will particularly focus on mobility; both of women who travel for abortions and the transportation of abortion medication. Through interviews and document analysis in Chile, Mexico, and Peru I make an important theoretical and empirical contribution to reproductive health and mobility studies.

Abortion travel is a burgeoning area of scholarship that to date has all but ignored the Global South (Sethna & Davis 2019). This has meant that that locations where almost all unsafe abortions occur and where women are dying from abortions have gone unstudied (Sedgh et al. 2016; Grimes et al. 2006). Through my focus on Latin America I bring together legal geographies, critical health scholarship, and a mobilities perspective to explore how legal and extra-legal barriers impact the reproductive health of Latin American women and the journeys they take in pursuit of abortion healthcare. There is a need to understand how legislation comes into being and how it is contested because it is the *interpretation* of the law that either restricts or expands abortion access in Latin America (McReynolds-Pérez 2017). Abortion legislation is highly uneven spatially (whether between countries or domestically) but there are also numerous non-legislative barriers that prevent women from accessing abortion in practice (Pruitt and Vanegas 2015). This research takes into account the geographical nature of these barriers and how they are implemented on certain bodies with young, poor, rural, women of colour most affected (Barr-Walker et al. 2019). In Latin America, women report multifarious barriers that prevent them from accessing abortions such as knowledge of the law, logistical issues such as childcare or

work, issues with their partner, and stigmatising experiences (DePiñeres et al. 2017). International abortion travel also usually requires the privilege of a passport or visa for Latin Americans (Grossman et al. 2012). It is therefore necessary to explore both the legal and the non-legislative barriers that prevent safe abortions and effectively 'banish' women (Kelly and Tuszynski 2016).

This research is grounded in three locations in Latin America: Chile, Mexico, and Peru. These three countries have different political-historical contexts with regards to abortion legislation but in all three abortion is prohibited in most cases in the majority of the country. Through interviews with healthworkers, reproductive health organisations, and individuals as well as document analysis of legal documents, the legal status of abortion and how this is resisted comes to the fore. This research centres the experiences of women in seeking an abortion through travel or obtaining abortion medications. Existing research on abortion in Latin America has explored abortion incidences (Sedgh et al. 2016), activist hotlines (Drovetta 2015), and health outcomes (Manríquez et al. 2018) but there has been no work on the mobility of women or medications. Testimonies of women's abortion travel provide powerful corroboration of restrictive barriers (Chambers et al. 2019) and this project provides 'witness' to how Latin American women navigate the journey to reproductive access.

Political and religious conservatism has led to the widescale prohibition of abortion across Latin America with pockets of liberalisation. Latin America is seeing the growth and fervency of conservative and religious social actors working to restrict reproductive health and rights (Malca et al. 2017). This means that many women seeking to terminate their pregnancies rely on illegal, risky methods and abortion medication. In this research I study women who undertake journeys for abortions as well as the transportation of abortion medication through feminist and activist networks. As the use and transport of abortion medication increases it is imperative that we better understand the impact this has on abortion access, criminalisation, and travel. Resistance against regimes that prohibit abortion has commonly been seen as a public event, something that occurs through protest marches,

demonstrations, and graffiti. However in this project I am interested in autonomy as resistance. I consider how secretive travel or the obtaining of abortion medication on the black market can be understood as resistance against the state but also against the medicalization of abortion. I am interested here in how the private sphere can be rethought as a sphere of resistance and autonomy.