

The right to choose is not negotiable

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Alexia stands as an indomitable figure in the struggle for women's sexual and reproductive rights, with more than three decades of activism at the heart of Bolivia. Her commitment blossomed from harrowing experiences that led her to understand the urgency of a cause that defends women's right to decide over their bodies and their motherhood. Since then, she has raised her voice within the framework of the September 28 Campaign, a regional movement calling for the decriminalization of abortion, while witnessing the slow evolution of regulations and the persistent social, political, and medical resistance to access to safe and legal abortion.

With a critical perspective, Alexia points out deficiencies in medical care and the lack of information about the right to abortion, as well as the stigmatization faced by women who choose to terminate a pregnancy. She describes herself as a feminist, acknowledging that her experience has been shaped both by the stories of women who resort to unsafe methods and by advances in reproductive medicine. Although she has faced criticism from newer generations of activists for her institutional approach and questioning from institutions for her radicalism, Alexia remains steadfast in her conviction: the right to decide over one's own body is a fundamental and non-negotiable principle that she will continue to defend with passion and determination.

MORE THAN 30 YEARS AND A CASE THAT SHAPED MY ACTIVISM

I was part of the September 28 Campaign even while working at an NGO where speaking openly about the right to choose was impossible. Today, I continue in a Bolivian organization with a long trajectory on this issue, although due to funding conditions, we focus on other areas and not always on women's access to safe and legal abortion.

Decades have passed, and women still cannot freely decide whether or not to continue a pregnancy. Yes, there have been improvements, but we still have to find our own ways to terminate them: sometimes safely, sometimes risking our lives.

One case marked my activism forever. At Hospital Bracamonte in Potosí, a young woman of about 22 had attempted to abort using a knitting needle. Her uterus was perforated, she was infected and unconscious, and she had been hospitalized for several days. The tragedy coincided with an accident in Yocalla that left dozens injured. In the operating room, the accident victims were

prioritized. She, with a stick piercing her body, was told she could wait: "She brought it on herself."

That day I saw the difference firm voices can make. Dr. Lilian Calderón, linked to the United Nations Population Fund, protested: "But this young woman could die." And Marta María Blandón, a Nicaraguan activist, insisted that post-abortion care (PAC) be recognized as an obstetric emergency. I, who at the time coordinated Ipas, watched as they succeeded in having her case treated urgently, combining national regulations with a feminist rights-based approach.

My early years of activism had begun around 1992, in reading groups centered on politics and violence against women. That day I confirmed which issue truly called me: sexual and reproductive rights. Thirty years have passed, and I still remember that young woman. Her story is the root of my commitment.

The one who came to give birth didn't pay. The one with abortion complications did. Giving birth is free. Choosing not to is not

In 1995, I traveled to the Fourth World Conference on Women in Beijing. There I heard that 30% of maternal deaths in Bolivia were due to abortion complications. I

did not know the exact source, but the figure shook me. I understood that talking about women's health and safe motherhood first required that motherhood be chosen and voluntary.

The following year, I joined the Working Group on Unwanted Pregnancy and Abortion. We reflected, studied, and engaged in political advocacy. In 1996, the Maternity and Childhood Insurance Law was approved, the result of international commitments such as the Cairo Conference. We wanted that insurance to also cover care for abortion complications. But in practice, the opposite happened: childbirth was free, while women with abortion complications had to pay. Giving birth cost nothing; deciding did. And those women arrived without ID cards, without money, alone. Unlike women in labor, who were always accompanied by family members.

We lobbied and insisted until, months later, the insurance regulations were adjusted to include such care. It was not just a technical change; it was about putting on the table that deciding about motherhood could not cost a woman her life or a hysterectomy.

The September 28 campaign: A powerful idea for regional articulation

Years later, I participated in a meeting in Brazil with a Latin American group working on women's health issues. There, the September 28 Campaign (C28) was born, promoted by Brazilian colleagues. They chose that date to commemorate the "free wombs", when the children of enslaved women began to be born free. It was a powerful symbol.

With Ximena Machicado from CIDEM, we thought the idea of regional articulation was fantastic. Although we feared losing our identity, we embraced the Campaign. Not everyone from the "Working Group on Unwanted Pregnancy and Abortion" joined, but several of us did. Bolivia assumed an important role. Few countries were able to do so, and here, with CIDEM and Ximena, the Campaign was promoted not only nationally but also in several Southern Cone countries.

Abortion was legal in Bolivia but it needed to be dejudicialized

When we reviewed abortion regulations, Article 266 was the starting point. We always said: "Abortion is legal in Bolivia under three circumstances." The problem was the requirement of judicial authorization, and our priority was to eliminate that requirement. With Elizabeth Salguero and other colleagues, we drafted a regulatory proposal. Though our Working Group had limited resources, we coordinated with the September 28 Campaign, produced materials, conducted advocacy, and even carried out a public opinion survey. That first regulation proposed removing judicial authorization and, above all, guaranteeing timely care.

Around 1998 or 1999, a devastating case occurred in Cochabamba: two girls who were victims of incest. The Women's Legal Office requested judicial authorization

for termination, but it arrived a year later, when both had already given birth.

In 2000, another case occurred in Chuquisaca: a 12- or 13-year-old girl. For the first time in Bolivia, prosecutorial authorization for termination was obtained, thanks to the Juana Azurduy Center. But when the girl arrived at the hospital, all the doctors declared themselves conscientious objectors. Ultimately, the hospital director himself performed the procedure.

The endless struggle: Decriminalize or regulate?

Within the September 28 Campaign, in Bolivia and across the region, there was always an open debate: should we eliminate Article 266 of the Penal Code and fully decriminalize abortion, or regulate it to make it effective? That tension was constant. Today, we have Constitutional Ruling 0206-2014, which regulates Article 266 and eliminates the requirement for judicial authorization.

Along the way, we built social consensus. I remember the public opinion survey we conducted: the rape ground received the most acceptance. However, the health ground remained under medical control. That is, doctors decided whether a pregnancy should be terminated because it affected a woman's health or life, without a judge's authorization. The problem was that this interpretation was never uniform. It was assumed that all grounds required judicial authorization, even though in practice the health ground was left to physicians. And that was another way of stripping women of decision-making power: we depended on convincing a doctor that the pregnancy endangered our health or our lives.

Systematizing cases and telling those stories

From Colombia, we learned an important lesson: a Constitutional Court ruling allowing legal abortion was not enough; cases had to be systematized and the stories told. Colombian activists documented every barrier women faced, and ten years later they were able to demonstrate that the ruling was insufficient. That is how the Causa Justa campaign was born, pushing to remove abortion from the Penal Code altogether. Although they did not fully achieve that goal, the Constitutional Court extended voluntary termination up to 24 weeks. They succeeded because they had something we did not: systematized evidence and narratives that showed the lived reality.

In Bolivia, we knew the stories, but we did not always document them. I remember a woman in Santa Cruz with cancer who needed chemotherapy and discovered she was pregnant. The medical board did not authorize the termination, delaying the start of her treatment. She gave birth and shortly afterward died. That case showed that this was not only about girls or adolescents who were victims of rape. There were also women with wanted pregnancies that, at a certain point, endangered their health and their lives, yet they were denied access to termination because someone else decided for them.

Our “Trojan horse”: Abortion as a cause of maternal death

One of the most powerful tools we had in the September 28 Campaign was the data on maternal mortality linked to abortion. It was our “Trojan horse.” For years, we repeated that 30% of maternal deaths were due to abortion, until the 1998 Demographic and Health Survey and the 2011 Census showed the figure was 13%. That number surprised many of us, because it revealed that we had been operating with unclear statistics.

I had access to more precise information because I worked in maternal health, and I saw the constant confusion: some colleagues added all hemorrhages to abortion-related deaths. But the leading cause of women’s death was postpartum hemorrhage, not abortion. Still, in practice, these data were often mixed together, and public statements were made without solid backing.

When the post-census study was conducted, only deaths occurring in the first trimester were recorded as abortion-related. Deaths in the second trimester were classified as “unclassified.” We asked, “What if they were abortions?” but the response was, “No, because they occurred after the first trimester.” Thus, in the medical and state perspective, abortions seemed to exist only in the first three months. That limitation followed us constantly.

Deaths of girls and adolescents: Suicide and complications

A decade later, with the 2011 Census, another brutal fact emerged: 10% of the women who died had died by suicide, and most were pregnant adolescents. According to the ICD-11, suicide during pregnancy is considered a direct cause of maternal death. However, we were told it could not be included in the maternal mortality ratio because it was an external cause.

But if we combine suicides among pregnant girls with abortion complications, the picture becomes clear: unintended pregnancies also kill through mental health consequences. I remember cases in which adolescents used rat poison to attempt abortion. Many of those deaths were recorded as “suicide”; only autopsies confirmed the possible motive, an unwanted pregnancy.

In 2001, suicides were not even recorded in maternal mortality statistics. By 2011, when reviewing cases of girls between 10 and 15 years old, five deaths appeared, two of them suicides. That data opened a discussion about the impact of forced pregnancy on mental health, a field still underexplored but fundamental.

We lacked alliances with experts to interpret the data

Within the September 28 Campaign, we made enormous efforts to understand and interpret official data, though often we did so by trial and error. There were figures we understood and others we misunderstood. We did not have allied physicians, demographers, or epidemiologists to help us analyze the numbers with greater precision.

We worked with the information available, always insisting that abortion-related deaths should not be hidden or minimized. But the lack of coordination with experts limited our ability to demonstrate, with solid evidence, what we knew from lived experience: that abortion complications were costing lives and leaving permanent consequences.

Hysterectomy: A form of punishment

In 2003 and 2004, we began to speak about morbidity associated with hysterectomy. Many women arrived with infections or perforated uteruses, and the immediate response of the health system was to remove the uterus. “Take everything out. If they don’t want children, take it all out.” Hysterectomy became the easy path, but also a form of punishment.

Despite awareness efforts and the introduction of the Post-Abortion Care (PAC) model (promoted by Ipas with regulations, protocols, and technologies such as Manual Vacuum Aspiration (MVA) to reduce risks) the most common practice was not to attempt to save the uterus. Life was preserved, yes, but at the cost of denying the possibility of deciding on a future pregnancy.

We do not have systematized data on how many women survived at the cost of a hysterectomy. We only have scattered accounts, anecdotes. What is missing is deep work to reconstruct those histories and understand the real impact of that practice on their lives. Because saving a life should not mean condemning a body.

OMISSIONS AND TENSIONS AROUND THE RIGHT TO CHOOSE

The sexual and reproductive rights law: The Omission of the right to choose

Throughout the 2003 debate on the Sexual and Reproductive Rights Law, within the September 28 Campaign we firmly maintained the discourse of abortion decriminalization. Some colleagues participated in a prior consultation process, but that document was never shared. The surprise was enormous: one day we learned that the law had already been approved. We had not proposed it, nor even discussed it, yet we had to go out and defend it.

It was a proposal driven from the political establishment, supported by international cooperation, that completely omitted abortion. The paradox was striking: while the legal text did not mention the right to choose even once, Catholic and Evangelical churches centered the entire controversy on abortion. They organized forums, opposed it forcefully, and in that political tug-of-war the law was ultimately repealed.

For us, the lesson was harsh: a law that did not even name abortion or women’s right to decide over their bodies was nonetheless reduced to ashes by the “ghost” of abortion.

That experience opened a fracture within the Campaign: Was it worth continuing to fight for decriminaliza-

tion? Or did we need to recognize that advances would be minimal? It was then that we began looking closely at what was happening in Colombia.

The Constituent Assembly: Four stray cats against a machine

During the Constituent Assembly (2008–2009), we tried to organize ourselves as a bloc for sexual and reproductive rights. We were a small group of feminists, while the “Coordinadora de la Mujer” had funding, contacts, and the backing of a nationwide conglomerate of NGOs. Their agenda focused on political participation, and almost nothing on women’s bodily autonomy.

We met with them. They told us bluntly: *“We are not going to stake everything on abortion. Our issue is political participation. The most we can concede is that the right to life from conception not be included.”*

We were “four stray cats,” without money or institutional backing, but with the conviction that the right to choose was non-negotiable. I remember that meeting as a *déjà vu*. It felt like 1993 at Hospital Bracamonte, when I saw that the life of a young woman with abortion complications was worth less than that of accident victims. Once again, our issue was at the end of the line.

Our first territory is our body

For me, whether we call ourselves feminists or not, our first territory is our body. Who touches us? How? Do we decide to become mothers or not? These are transcendent decisions. I find it difficult to accept that political representation quotas can rank above the right to decide. At that Constituent Assembly meeting, I said it clearly: I fight for the right to choose; political quotas matter little to me.

The right to choose: Our pillar in the Constituent Assembly

The September 28 Campaign always had a central pillar: autonomy over our bodies. The right to choose does not only mean access to contraceptives, but also the possibility of interrupting an unwanted or forced pregnancy at any point in life. A pregnancy may begin as desired and later become a risk, or a decision you no longer wish to sustain.

Our banner during the Constituent Assembly was clear: abortion. The only “concession” we obtained was that the right to life from conception, which Assembly president Silvia Lazarte, an Evangelical, had been mandated to promote, was not included. Article 66 was ultimately incorporated: a timid text on sexual and reproductive rights that said far less than it should have. The debate was intense, a mirror reflecting who was willing to take risks and who was not.

Our proposal: We were an ant

In 2008 and 2009, as the September 28 Campaign, we drafted our own proposal and brought it to Sucre. We had a document, secured funds to reach the president of the Assembly, and delivered it. We did our homework,

but we were an ant facing organizations with money and political leverage that defined the agenda.

Our strategy was to seize every opportunity: speak about maternal mortality, appeal to stories of raped girls, even though many of us disliked that victim-centered framing. We used it because it generated the most consensus. What we achieved was synergy with some organizations, but those fighting for political quotas did not want to see that this issue was equally vital.

Some colleagues paid a high price. Lupe Pérez from Colectivo Rebeldía was dismissed from the Catholic University for her pro-abortion stance. Others, like Mónica Novillo at the Instituto de Formación Femenina Integral (IFFI), faced institutional pressure.

The golden era of the Campaign lasted only about four years, when we had resources and CIDEM was coordinating nationally. It was brief but powerful.

Always a pawn on the chessboard

We have always been a piece on the board, and the weakest one: a pawn. We never directed the moves. Our highest moment was during the regulation of Article 266, the studies, and the opinion survey. After that, we never managed to position the issue strongly again. There were always other agendas: international cooperation with its 2003 law, the 2009 Constitution with the “Coordinadora de la Mujer”. And we were always trying to enter from the margins, defending the issue no one wanted to name: abortion.

I defend my own “feminist-meter”: it is easier to fight for political quotas than to question motherhood, that sacred place. I even used my own pregnancies as an argument. I would show my belly and say I was pregnant because I had decided to be, because I wanted my daughter to be born in 2000, a “dragon” in the Chinese calendar. Precisely for that reason, I defended the right to choose.

Alliances with the health sector: Another Trojan horse

Internationally, strategies were advancing to reduce maternal mortality. In Bolivia, there were advances: in 2000, in Sucre, a hospital director assumed responsibility for performing the first legal termination. He was fulfilling his duty, but in that context, it was an act of courage.

Yet as a Campaign, we never managed to build strong alliances with the medical college or the Gynecology Society. We were afraid. Except for Juan, who performed abortions and was inside the system, we had no doctors aligned with us.

In the 1990s, I met Dr. Villarreal, founder of ESAR, who trained gynecologists to perform safe clandestine abortions. That work taught us that not all clandestine abortions are equally risky, the safest ones require resources. That is why we spoke of social justice: not all women who abort die; those who die are the poorest, those who cannot pay for a safe place.

Indigenous alliances: The Aymara view of the fetus

The struggle for the right to choose was so challenging that we never built solid alliances with Indigenous organizations. Some groups, like “Colectivo Rebeldía” in Santa Cruz, advanced further; in La Paz, it was harder. We approached the “Bartolinas” on other issues, never abortion.

There were contacts with groups like “Las Defensoras”, who accompanied violence cases and sought information about safe termination or misoprostol. But it never became a political alliance.

Our own prejudices also weighed heavily. We knew that Aymara knowledge included safe methods to interrupt pregnancies. Anthropological research, such as Tristan Platt’s *The Aggressive Fetus*, shows that some Aymara women view the fetus as an invader of the body, not through a romanticized ideal of motherhood. A radically different perspective that we never fully incorporated or valued as a potential alliance.

Alliances with young feminists: A generational mirror

On one September 28, around 2013 or 2014, we went to Parliament to submit our draft bill. Later, at Plaza del Estudiante, young activists from Pan y Rosas were mobilizing. They told us to put away our banners: “*Nothing institutional enters here.*”

That was when I realized we were now on the other side of the mirror. To them, we were what the “Coordinadora de la Mujer” had once been to us: institutionalized, funded, established. We put away our banners and joined them anyway. It was a generational clash, and a lesson.

Seeing younger women raise the abortion banner was moving. For years, we felt alone. Now hundreds march.

Yet their new claims also surprised me. In discussions about misoprostol and mifepristone, they argued these medications “poison the body.” They promote menstrual cups, reject disposable pads for environmental reasons, and even question contraceptives as “toxic.” They recover ancestral knowledge and speak of self-care.

For me, the existence of misoprostol and mifepristone is progress, moving from knitting needles and rat poison to safe medication is like moving from a landline to a cellphone. Self-managed abortion with pharmaceuticals is a victory.

To them, I am the “old institutionalized, medicalized feminist.” I accept it. These are different visions of the same right to choose, and we still have much dialogue pending.

Resistance to women’s bodily autonomy

What has not changed is resistance to women’s autonomy over our bodies. Economic and political autonomy are acknowledged; bodily autonomy is not. The idea persists that motherhood is our destiny, and not wanting to be a mother at a specific moment is suspect.

The right to choose touches deep fibers. It challenges gender mandates and confronts masculinity itself. De-

terminating whether to become pregnant is still perceived as questioning manhood.

The Constitutional ruling: A cry to the heavens

In 2006, Colombian feminists achieved a historic advance: abortion decriminalization under specific grounds through a Constitutional Court ruling led by lawyer Mónica Roa. That legal strategy inspired the region.

In 2014, Patricia Brañez, founder of the September 28 Campaign, learned that a similar constitutional appeal had been filed in Bolivia. None of us knew. We called Ipas for clarification. They responded that it was Congresswoman Patricia Mancilla who had filed the proposal that became Constitutional Ruling 0206; they had only accompanied the process.

When Ruling 0206 was issued, we were stunned. We did not know whether to celebrate or distrust it. It was 20 pages of cryptic legal language. I remember hours of collective debate, paragraph by paragraph: “*What do you understand?*” “*I read it differently.*”

It was a milestone, and also a reminder of the distance between the language of courts and the language of feminist struggles in the streets.

Constitutional Tribunal: They opened a window for us, but put a padlock on the door

The greatest achievement of the 2014 Constitutional Ruling was eliminating the requirement of judicial authorization to access a legal abortion. However, the interpretation adopted by Bolivia’s Constitutional Tribunal closed off another path. The Constitution recognizes identity beginning at birth, but the Tribunal introduced the notion of the “progressive right of the embryo and the fetus,” giving it a weight almost equivalent to that of the woman.

Framed in a discourse of a “culture of life” and Pachamama, the ruling opened a window (dejudicialization) but shut the door on the possibility of full decriminalization of abortion. We knew it: we had been fighting since 1996 to eliminate the judicial procedure, and in 2014 we achieved it... even if at the cost of becoming constitutionally blocked.

The timing of abortion

Ruling 207/14, which “regulates” Article 266, never mentions gestational limits. And yet, within the Pacto, that space we created to coordinate actions so that no institution overrides another, this became a central issue. One of our minimum conditions was clear: no sexual and reproductive rights law can move forward if it does not include the right to voluntary termination of pregnancy.

But then a dilemma emerged: the timing of abortion. In Bolivia, when a pregnancy is advanced, health services do not perform a termination as such; they induce premature labor. And many times, those fetuses are born alive. The system then works to keep them alive

and later places them in homes, or even hands them over to the very girls who were victims of rape.

In those meetings, some medical allies confronted us: “How can you support termination if the fetus is already formed at 24 weeks?” I remember them saying: “Herodina, answer.” And I answered: I care more about that girl’s life than the fetus’s, whether at 24 or 39 weeks. That is the center of the debate.

That has placed us, once again, in an uncomfortable position. If before we were marginalized for speaking about abortion, now we are marginalized for saying there should be no gestational limit. Even with allies like Ipas there are tensions. Some physicians argue from clinical knowledge: “You speak that way because you don’t know what a fetus looks like at week 24.” As activists, we feel at a disadvantage in the face of that medical authority. Still, in Latin America we have feminist gynecologists who argue the opposite, with evidence and with a clear stance.

The debate is difficult, but crucial. Because imposing a gestational limit is, in practice, restricting the right to choose. And the reality is that those who arrive late in the system are always the most vulnerable: girls, adolescents, rural women, poor women. They don’t discover the pregnancy early, or they go from hospital to hospital without receiving care. They are precisely the ones who face the greatest risk when services refuse to guarantee termination.

We don’t have systematized stories

One of our biggest pending tasks is to collect and systematize these stories. Colombia did it: they documented ten years of legal terminations, with testimonies and data, and showed that the law continued to violate rights. That allowed them to go before the Constitutional Court with solid evidence.

We don’t have that record. We have little more than a study by the Ombudsperson’s Office. In meetings, only Ipas brought concrete information from certain hospitals. Only recently, around 2021 or 2022, did the SNIS begin to register legal terminations, but only as absolute numbers, without causes or ages.

Ten years after the constitutional ruling, we still lack systematized stories that could serve as political and legal arguments. And right now, as the Society of Gynecology and Obstetrics seeks to impose restrictions, it has become more urgent than ever to start documenting these experiences.

The political cost of gestational limits

This issue carries an extremely high political cost. Whether it’s twelve, twenty, or eight weeks, whoever puts the topic on the agenda can lose support in society and within the party. I believe we still have a long road ahead on voluntary termination of pregnancy because of religious and political influence.

When the MAS had a two-thirds majority, it seemed there was room to move forward. Gabriela Montaña

assured us that a path would open for voluntary termination. We proposed 12 weeks, and they pushed us down to 8. Voluntary termination is not the same as the legal grounds in Article 266 (rape, risk to the woman’s life or health) nor is it like Colombia, where it is possible up to 24 weeks. In Bolivia, a third ground was even added in the medical protocol (fetal malformation incompatible with life), though it was never included in the law or the ruling. That allowed terminations under that ground, but it also exposed how fragile our legal framework is.

OPS and UNFPA documents themselves say adolescent pregnancy is high obstetric risk. So, if your life is at risk, there cannot be a gestational limit. What good is it to say, “I’ll save your life, but only if you’re before week 20”? After that, does it no longer matter whether you live or die? The contradiction is brutal.

You cut where the thread is thinnest

Health personnel still avoid acknowledging that interrupting a pregnancy can save some women’s lives. Faced with a woman with eclampsia at 37 weeks, they say, “let her endure,” when what is killing her is the pregnancy itself. In that case, the only way out is to terminate.

In cases of legal termination, the rule is clear: the fetus must not be born alive. That implies medical practices such as feticide or fetal asystole. Harsh to say, but that is the difference between inducing labor and guaranteeing an interruption.

Today there is no gestational limit in the norm. But that absence is used as an excuse: many doctors say, “If there were a limit up to week 22 we would do it, but after that, no.” And within the Pacto, the Campaign is almost the only one insisting there should be no limit.

When a girl arrives at 23 or 24 weeks, she no longer gets access. People argue these are few cases, that you can’t sacrifice the majority for the minority. But those girls are exactly the most vulnerable: poor, rural, victims of violence. And once again, the cut is made where the thread is weakest.

The barriers

There are several barriers that must be distinguished. One thing is access to information about the right to interrupt a pregnancy; another, very different thing is access to the service. And it is not the same to have difficulty reaching a hospital door as it is to face obstacles inside the health system itself.

Women who manage to get that far have already traveled a path full of silences, fears, and obstacles that we do not know. We don’t know how they found out they had a right, who supported them, what they went through to reach the service. Those stories are absent, and documenting them would be key to understanding the true magnitude of the problem.

Lack of information as a barrier

Access to legal termination assumes that girls and their families have information: where to go, how to do it, what steps to follow. And that almost never happens. The reality is that sexual and reproductive health information is practically non-existent.

We have had the constitutional ruling in force for a decade, and still dissemination efforts have been insufficient. The Ombudsperson's study itself shows that even medical teams say they don't have clear information, and many times that lack of knowledge becomes an excuse to deny care.

The girl from Macharetí: The ordeal of legal termination

The case of the girl from Macharetí, in Chuquisaca, illustrates this painfully. After being raped and becoming pregnant, she was sent to Monteagudo, seven hours away on dirt roads. On the way she passed through Camiri, where she could have been treated in a second-level hospital, but she was turned away. When she arrived in Monteagudo, the hospital declared itself a collective conscientious objector and sent her to Sucre. The girl was already 20 weeks pregnant. Only thanks to calls, institutional pressure, and the intervention of the Ombudsperson's Office was the termination finally carried out.

The journey was an ordeal: endless travel, successive refusals, constant revictimization. And yet a pregnant girl should be treated for what she is: an obstetric emergency, recognized even by the regulations as a high-risk case.

Ten men deciding over a girl's life

In many cases of legal abortion, girls do not report because the aggressor is the father, grandfather, or brother. But even without a report, they have the right to a termination: age alone, being under 19, already constitutes a ground, because their health and life are at risk.

And yet we face a medical sector that says, "We have always performed terminations for health reasons." In practice, what happens is that ten men on a hospital committee sit down to decide whether that termination will happen or not. They decide over that woman's life as if it were paperwork.

The Cochabamba case is illustrative: the Ombudsperson demanded termination, but the medical committee evaluated the victim and concluded, "She is in good physical condition, the baby is also fine." In other words, mental health was not considered at all, when data show that in maternal death studies, 10% of cases correspond to suicides. A pregnant girl may look physically fine, but pressure, violence, and despair push her toward death.

Mental health: An invisible ground

Denying mental health as part of the "health" ground is lethal. There is the case of the girl in Montero: they denied her the termination; in desperation she drank rat

poison, and only then did they agree to interrupt the pregnancy.

We have data showing what is being ignored. The Observatory identified five pregnant 14-year-old girls in a maternal death study: two died by suicide. One of them was recorded as 16 on the death certificate but was actually 13. She was the girl who took her life at Faro Murillo.

These figures show what the system does not want to recognize: mental health is also health. And the WHO reaffirmed this last year in its most recent guidelines; the main recommendation is to decriminalize abortion, remove it from penal codes, precisely because punitive frameworks perpetuate these violences.

Data that matter less than dog and cat vaccines

Colombia showed us another path. The "Mesa por la Vida" documented case by case the failures of their system and, with testimonies and reports, took evidence to their Constitutional Court. In Bolivia we don't have that systematized record. Between 2000 and 2014, the only documented item is Ivana Calle's thesis on the first legal abortion in Sucre. After that, a void.

The only consistent data are Ipas's, from hospitals where they provided training and technical assistance. The rest is practically zero. If we compare this to sexual violence reports recorded by the prosecutor's office, the contrast is brutal: hundreds of complaints, but almost no terminations.

And official data are still relegated. In the SNIS, figures on legal termination appear after vaccination coverage for dogs and cats. Even those data are incomplete: they don't record gestational age or grounds.

There are emblematic cases that were never followed up. The eleven-year-old girl in Santa Cruz, forced into an induced early birth, whose newborn was born alive and baptized "Victoria" by the archbishop, what happened afterward to that girl? How did she live? No one knows, because no one followed her story.

Meanwhile, the only thing we can observe is that one year the fetal malformation ground was 2%, and the next it was 5%. But we don't even know how that trend holds. What is clear is that we need information that is far more transparent, visible, and prioritized. Because without data there are no policies, and without documented stories, girls and women remain invisible.

CHALLENGES FOR THE FEMINIST MOVEMENT

I envy other processes; It's not possible that our issue is so marginal

Sometimes I feel envy, and I'm not ashamed to say it. In Argentina, Mexico, and Colombia, the green tide brought the right to choose back to the center. There feminists advance, gain ground, win laws. We, on the other hand, keep watching how here in Bolivia the issue is treated like something marginal, uncomfortable,

invisible.

When I travel and attend international meetings, I catch myself wishing I were Argentine or Colombian, if only because of their legislation. Because there, there's a clear plan, a clear route: decriminalization, access, achievements that keep accumulating. Here, we keep fighting just for the issue to be named.

We lack strong public figures. I think of Colombia and people like Ana Cristina González, a physician and feminist with solid arguments and authority to sit with doctors and talk about rights. Or Mónica Roa, a lawyer with regional leadership. Here, even our allies exclude us, tell us we don't understand the issue, and push us out of the room.

I remember an event in Panama: an Ipas doctor spoke about advanced pregnancies as if they were a purely clinical problem. Then Laura Gil, a brilliant Colombian feminist gynecologist, stood up. She brought the conversation back where it belongs: "Whose rights are we defending? That girl's, that adolescent's, that woman's who does not want to continue the pregnancy." It was so clear, so forceful, that we couldn't stop applauding. I thought: we need more allies like that, evidence, clarity, commitment.

But here we remain trapped in a conservative context, where even a sexual and reproductive rights bill presented by Senator Virginia Velasco tried to ignore abortion. Once again, the same story: "It's not there; we'll add it later." Meanwhile, fundamental issues are negotiated without us at the table.

You don't know how negotiation works

I still remember the blow. We had proposed 24 weeks as a strategy, thinking that in negotiation they would bring us down to 16. Suddenly they tell us: "We brought it down to 12." Just like that, no consultation, no agreement. And when we protested, the response was: "You don't know how negotiation works." Negotiate what? Whose rights?

The Pacto was supposed to exist precisely to avoid these solo moves, to ensure no organization acted on behalf of all without consensus. But what happens is that some decide for others, and the Ministry of Health needs docile interlocutors, not an uncomfortable and plural movement.

That is how we end up sidelined from discussions, even within the Pacto itself. It is frustrating to see how they play with deadlines, with weeks, as if they were interchangeable numbers on a bargaining table. But behind those figures are the lives of real girls, adolescents, and women.

And then there's the pressure of international cooperation

Then there is the external pressure: international cooperation saying, "We've already put resources in, where is the law?" As if it were about completing a results report and not a political struggle of decades. In that scenario, those who end up deciding are not

deputies or senators, but a few colleagues who, under funding pressure, accept lowering from 12 to 8 weeks, exactly as happened with the Penal Code reform.

Politics, cooperation, party interests... everything intersects. And in the end, those who pay the cost are us, the ones who keep insisting there can be no rollbacks, that rights are not negotiated like power quotas.

Now it's also an intergenerational issue

Today I feel the issue is also intergenerational. We are stuck in the middle. We are not an NGO that receives funding to place sexual and reproductive rights on its agenda, but we are not Pan y Rosas or the street feminists either. We occupy an uncomfortable place: some see us as old institutional women, "already menopausal," as they say; others, the agencies and NGOs, see us as politically clumsy, lacking the ability to move within a politics of concessions.

They've told us directly: "You don't know how to position yourselves politically; you don't know when you have to yield." And we in the September 28 Campaign have responded: "No, we will not yield."

Here in La Paz we are barely ten on the list. Nationally, perhaps fifty at best. That is our real size. We are marginal, yes, but we sustain this struggle. And often our colleagues who work in institutions face a double conflict: their personal commitment to the Campaign and their institutional role, which forces them to measure every word.

On one thing we are clear

We can debate, we can have political differences, but there is one point where we do not move: the right to choose must not be conditioned on gestational age or any other limit. It is a right of girls, adolescents, and women over their bodies.

That is the great difference between us and other organizations in the Pacto. For us it is not a line in a workplan, not a deliverable to be reported in a final document. For us it is a vital banner. It does not depend on funding or administrative timelines. It is not a project that ends when a budget runs out. It is a life cause.

And that is why we are marginal. That is why they push us to the edge of the tables, and why we often lack the political tools they do have. But that clarity is what holds us up, what has allowed us to say, in the face of all negotiations: we will not yield.

Other institutions in this story

Other organizations have also been part of this story. Catholics for the Right to Decide, for example, has had variable positions depending on who led it; some directors more committed, others more cautious. And there I understand when Pan y Rosas calls us "institutionalized," because in an institution you also protect alliances, power relationships, and the risk of breaking with government. They take care, calculate, negotiate.

At the same time, those very institutions have, with their votes and political weight, defended access to legal

abortion in key moments. That is why the relationship has always been ambiguous: support when possible, silence when risky.

Sometimes opportunities appear, like the Safe Motherhood Roundtable. If we were two or three more voices, we could push harder. But in those meetings, when gestational age is discussed, I am almost always the only one to speak. The others support but remain silent. And when things become critical, only then do they look for us.

One example: the Safe Motherhood Roundtable developed a protocol to address pregnancies in girls under 15. The Ministry responded yes, but that they had to strengthen the section on what to do if the girl decides to continue the pregnancy. The result? 35 pages devoted to the girl who continues the pregnancy, and barely 15 on termination.

The Ministry's own data confirm what we've been

saying: pregnancies among adolescents aged 15 to 19 have decreased, but those among girls under 15 have increased. That should be the urgency. And yet we remain stuck in friction over time limits, over gestational age, while a draft bill still doesn't enter the agenda because when the MAS had two-thirds, it didn't include it, and now it's impossible.

So, we ask ourselves: what's the point of continuing to meet? Why wear ourselves out in internal fights if politically it won't move forward? And we tell NGOs clearly: explain to your funders that it isn't our lack of management, it's that the MAS never had the political will to take that step. Because that is the truth. There are allies in different parties, of course, even within the MAS. But when the moment comes to talk about voluntary termination, they stop. The rights discourse may sound complete and modern, but women's bodies are still a limit no one dares to cross.