

Dossier for Launch

# US FOR US: REPRODUCTIVE JUSTICE OBSERVATORY FOR THE NORTHEAST

2023



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# INTRODUCTION

The Us for Us: Reproductive Justice Observatory for the Northeast is a strategic initiative of the Black women's Health Programme at Odara – the Institute for Black women (*Odara – Instituto da Mulher Negra*), a black feminist organization centred on African heritage, based in Salvador, Bahia, aimed at working to support, through research, studies and data, reproductive justice and the context of adult Black women and young Black women in the Northeast. The observatory's aim is to promote advocacy and reporting, and to produce narratives and public policies for the region. This activity is part of the Northeast region's Black women's Project in the Defence of Reproductive Rights, which started in 2022 in partnership with *Fós Feminista*, the Network of Afro-Latin American, Afro-Caribbean and Diaspora Women, and the Network of Black women from the Northeast (*Rede de Mulheres Negras do Nordeste: RMNN*).

Our preoccupations are focused on how the reality of Northeastern Black women's sexual and reproductive rights is rendered invisible at national level. Historically, knowledge production, resources, denouncements and news have been concentrated in the South/Southeast of the country. This does not reflect a lack of theoretical production or political positioning by activists and militants, but rather has come about through the systematic silencing of the situation in the Northeast Region.

We ask: why have the cases of maternal mortality that occur in the Northeast Region not had national repercussions? Why is there so little data about obstetric racism in the region? What knowledge production is validated? What complaints are at the centre of agendas for the right to health and women's rights?

Far from representing a numeric minority, approximately 30% of the country's population is concentrated in the Northeast Region, as is about 20% of Brazil's land. According to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística: IBGE*) (2018), the region contains approximately 56.7 million in-



habitants; nevertheless its specific features are ignored.

Through the Us for Us Observatory we aim to bring the patriarchal racism that directly impacts on Black women in the Brazilian Northeast to the centre of analysis, examining their trajectories of reproductive (in)justice in relation to the rights to health, desired and dignified motherhood and legal abortion, focusing on obstetric violence (in both childbirth and abortion/miscarriage), sexual abuse, maternal mortality, menstrual dignity, and similar. We aim to broaden and deepen the debate about this issue in the traditional media and on social media, by compiling, systematizing and providing official data and research, and relevant information and specialist analyses.

Through its networking, the Odara Institute has connected with black activists from all the states in the Northeast Region in order to survey data about Draft Laws and news about this topic. We aim to monitor the policy work of the Legislative and the Executive in order to understand how they have worked on this agenda in the region.

There is a need for radical transformation in the production of data about the Northeast Region, applying racial blackening to data and knowledge production, and making our diverse and multiple realities public. We propose a discussion arena between activists, researchers, managers, professionals and the beneficiaries of health services, so that they can support the struggle for reproductive justice, the guarantee of rights and the combatting of racism, sexism and correlated oppressions in the Northeast.

We deeply regret and pay our respects to our brilliant researcher and activist Gil do Porto, whose commitment and dedication to the research at the Reproductive Justice Observatory for the Northeast left an indelible mark. Her tireless work in mapping the draft laws was fundamental to our understanding of the complexities that surround reproductive rights in the Northeast of Brazil, particularly in the state of Sergipe. Her passion and valuable contributions to the cause will be remembered and will continue to inspire all those who fight for reproductive justice. May her memory remain alive, like a beacon of hope for a fairer a more egalitarian future.

We are committed to fighting for a society without racism or violence, one of racial justice and Good Living!

# METHODOLOGY




Armento de 70s  
Sobre o índice de violência  
sexual contra crianças  
e adolescentes.



# METHODOLOGY

The Us for Us Observatory developed its own methodology aimed at understanding the situation of Reproductive Justice in the Northeast Region. Unprecedented research was undertaken on the theme, involving local subjects from the states in the region, researchers, academics and activists. In **PART 1** of this dossier – **Reproductive justice: more than just a concept, a fight for social transformation**, we present the context of and provide data about reproductive justice. To create the panel located in **PART 2 – Reproductive health profile of Black women in the Northeast**, we established indicators based on the public data available from the Ministry of Health's Health Information System (*Sistema de Informação em Saúde/DATASUS*), microdata from the IBGE and the Institute for Applied Economic Research (*Instituto de Pesquisa Econômica Aplicada: IPEA*). We analysed the indicators for the North-eastern states of Brazil and disaggregated them by race/skin colour for women of childbearing age (10 to 49 years) and, where possible, at the territorial levels of state capital and areas outside capitals.


The indicators were divided into three blocks. **Socio-demographic** – Population (IBGE); Absolute numbers of women of reproductive age (IBGE); Social Vulnerability Index (IPEA); Average monthly income (IPEA); Absolute number of female heads of families with children below 15 years (IPEA). **Services related to sexual and reproductive health** – Absolute number of normal childbirth centres (from the National Registry of Health Facilities - *Cadastro Nacional de Estabelecimentos de Saúde: CNES/DATASUS*); Absolute numbers of services for high-risk pregnancies (CNES/DATASUS); Absolute number of specialized healthcare services for victims of sexual violence classified as healthcare for legal abortions (CNES/DATASUS); Absolute number of specialized services in the state to combat violence against women (from the National Survey of Basic Municipal Information - *Pesquisa de Informações Básicas Municipais: MUNIC/IBGE*). **Reproductive Health Profile of Women of Childbearing Age** – Percentage of health service notifications of rape cases (from the Notifiable Diseases Information



System - *Sistema de Informação de Agravos de Notificação*: SINAN/DATASUS); Percentage of women hospitalized due to unsafe abortions (from the Hospital Information Systems - *Sistemas de Informações Hospitalares*: SIH/DATASUS); Percentage of teenage pregnancies (from the Live Birth Information System - *Sistema de Informações sobre Nascidos Vivos*: SINASC/DATASUS); Percentage of adequate and more than adequate antenatal consultations (SINASC/DATASUS); Percentage of syphilis diagnoses during antenatal care (SINAN/DATASUS); Percentage of caesarean births (SINASC/DATASUS).

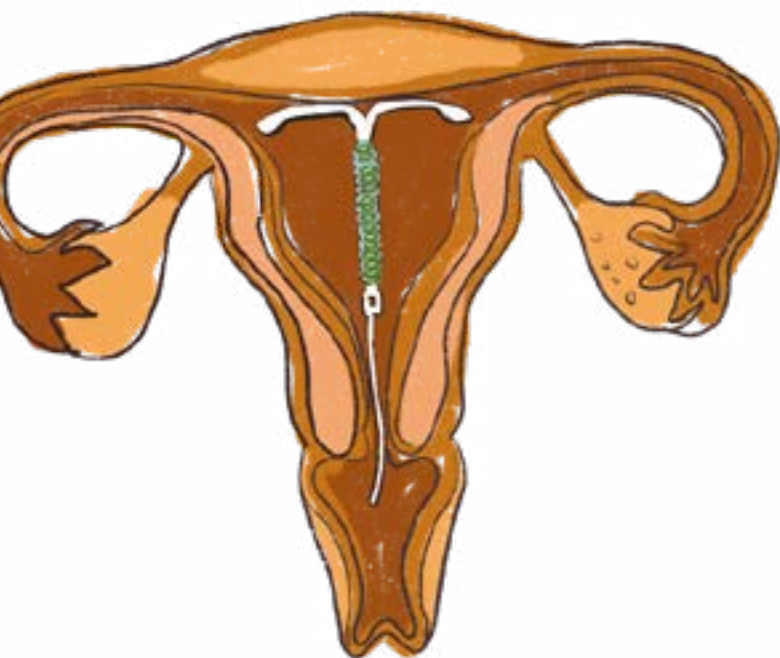
In **PART 3 - Overview of Draft Laws on reproductive justice in the Northeast**, to achieve our proposed objective, we allocated one activist-researcher, recommended by the RMNN, per state. In addition to a survey of information from each state, we also sought to present the information in a way that contextualized the daily lives of Black women. Data collection took place remotely from official webpages – the official gazette, the legislative assembly, the state chamber – where the inclusion criterion was draft laws or public policies in force or filed over the last five years related to the reproductive justice agenda. **Our search terms were: motherhood, abortion, sexual harassment, rape, maternity leave, teenage pregnancy, menstrual dignity, adoption.** The research was conducted in five stages: (1) Introduction to the research and training; (2) Presentation of the instrument and training; (3) Research; (4) Monitoring; (5) Closure. The research was carried out between November 2022 and April 2023.

In **PART 4 - Reproductive (in)justice: our lives matter!** we present a series of news clippings of the same name, which describes emblematic cases of sexual rights and reproductive rights violations in the nine states that make up the Northeast region, through the lens of Reproductive Justice. The series is the product of **Preliminary Media Monitoring about Sexual and Reproductive Rights in the Northeast Region**, aimed at identifying the discourse and narratives about this agenda in various press sectors (focused on the main corporative media) in all of the region's states. Two journalists prepared a report of news clippings published on the internet between 2017 and 2023, based on searches for the NAME OF THE STATE + the following key words related to this agenda: ABORTION – RAPE – SEXUAL RIGHTS – REPRODUCTIVE RIGHTS – REPRODUCTIVE JUSTICE – MATERNAL MORTALITY – OBSTETRIC VIOLENCE – MENSTRUAL POVERTY/DIGNITY – SEX EDUCATION – SEXUALITY.



From this preliminary search, we selected 60 publications per state, which were divided into three themed categories: Sexual violence (20 cases); Abortion and maternal mortality (20); Other topics related to the above-mentioned key words (20). The following step involved the selection of emblematic cases of the most recurrent reproductive injustices, taken from the total publications mapped per state. In this way, we chose one case/agenda for narration by the Us for Us Observatory for each Northeastern state, identifying the rights violations involved in these from an intersectional perspective, as well as possible gaps and positive initiatives in the fight for rights.

In **PART 5**, we developed a **Glossary of reproductive justice terms**, based on concepts and words we consider important for the field of reproductive justice, which could aid understanding of the theme and support an agenda aligned to public and collective interests.





# PART 1

**Reproductive justice:  
more than just a  
concept, a fight for  
social transformation**






# **PART 1 - Reproductive justice: more than just a concept, a fight for social transformation**

Reproductive justice is an important tool in the struggle to understand the intersection between sexual rights, reproductive rights, and racial and gender justice. It refers to the recognition and guarantee of the rights of everybody to exercise control over their reproductive lives, without discrimination, coercion or violence. In Brazil, given the historical relationship between race, sexuality and reproduction, this concept has particular relevance.

At the end of the 19<sup>th</sup> century, Brazil adopted state-driven racial whitening policies, which resulted in birth control for and the forced sterilization of Black women. These practices were an explicit manifestation of the politics of the genocide of Black people, controlling the bodies of Black women.

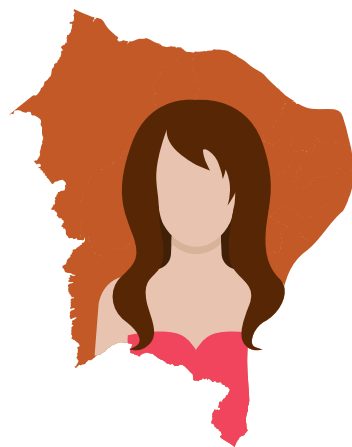
The fight for reproductive justice has been led by Black women, who have focused analyses on the topic, for example in a document that constituted a landmark for the Brazilian Black women's movement, the declaration of Itapecerica da Serra (1993), in which the Black women's movement claimed that reproductive freedom is essential for the discriminated races and demanded that the Brazilian State guarantee reproductive rights, ensuring the conditions required to maintain life, which are essential for Black women to exercise their sexuality and reproductive rights, control their own fertility and decide whether or not they want to have (more) children. To this end, they affirmed that the State should guarantee information and access to health services in order to ensure good quality care in pregnancy, childbirth and abortion/miscarriage.

The notion of reproductive justice, however, goes beyond access to sexual and reproductive health services. It recognizes that decisions about one's own body, motherhood, fatherhood and the raising of children should be based on individual autonomy and the ability to make informed choices. However, this autonomy is not



guaranteed for all in an egalitarian way.

Inequalities of race, gender, territory and economics directly impact on access to rights in relation to sexuality and reproduction.



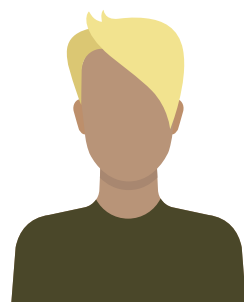
**APPROXIMATELY 7.13% OF WOMEN IN THE NORTHEAST HAVE BEEN VICTIMS OF SEXUAL VIOLENCE AT SOME POINT IN THEIR LIVES (IN PORTUGUESE)**

Source: Research on Socio-economic Status, and Domestic and Family Violence against Women (Federal University of Ceará).



**52.2% OF FEMALE (WOMEN AND GIRLS) VICTIMS OF RAPE IN BRAZIL ARE BLACK (IN PORTUGUESE)**

Source: Brazilian Public Security Forum (Fórum Brasileiro de Segurança Pública: FBSP)



**BLACK WOMEN ARE 11.3% MORE LIKELY TO BE RAPED THAN WHITE WOMEN (IN PORTUGUESE)**

Source: FBSP

Black women are at greater risk of experiencing inadequate antenatal care, of not having anyone to accompany them and of receiving less guidance about labour and pregnancy complications. Further, most women who die due

to complications arising from abortion/miscarriage are black or mixed race, poor and have low levels of schooling. These disparities reveal a reality in which skin colour and social class determine the quality of care and the full exercise of reproductive rights.

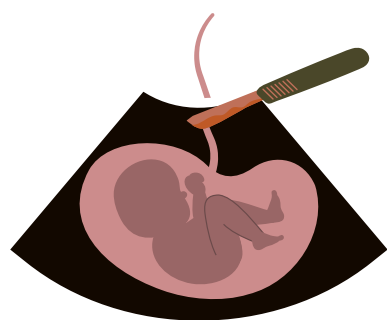


**BLACK WOMEN ARE 50% MORE LIKELY NOT TO BE GIVEN ANAESTHESIA DURING LABOUR COMPARED TO WHITE WOMEN (IN PORTUGUESE)**

Source: *A cor da dor* [The colour of pain] (Fiocruz).

The fight for reproductive justice in Brazil is thus a fight for equality, equity, human rights and, particularly, the right to life. It involves the need to combat institutional racism, social and territorial injustice, and to guarantee that everybody, independent of their colour, or where they live, their social class or gender identity, has access to the resources required to exercise their reproductive autonomy.


Further, it is essential for public policies and affirmative actions to be implemented in order to guarantee full respect for reproductive rights. This involves providing comprehensive and accessible sex education, high quality health services (including contraceptives and obstetric care), and promoting the decriminalization and legalization of safe and legal abortion.



**BLACK WOMEN ARE AT A 2.5 TIMES GREATER RISK OF DYING BECAUSE OF AN ABORTION THAN WHITE WOMEN (IN PORTUGUESE)**

Source: IBGE

The fight for reproductive justice in Brazil also requires the deconstruction of racial and gender stereotypes and the promotion of relationships free of violence, coercion or oppression. This means combating obstetric violence, guaranteeing respect for transwomen's reproductive rights and ensuring that



everybody has the right to make their own decisions about their reproductive life, without discrimination or violence.

According to the Black female researcher Emanuelle Góes:



“Black women experience the effects of racism and its intersection with the oppressions of gender and other social markers in reproductive events and when accessing reproductive health services. It is impossible for them to exercise the full enjoyment of their reproductive rights, given that an environment free of oppression is essential to practice them [...] It is necessary for demands for reproductive rights, and for safe and legal abortion, to consider racism and its manifestations, as a structural oppression that prevents progress in the human rights of Black women” (GOES, 2018, p.49).

Health is a right for all, guaranteed by the Federal Constitution. It is a State duty that includes reducing the risk of disease and similar, and providing access to universal and egalitarian activities and services aimed at health promotion, protection and recovery. In this way, the concept of reproductive justice in Brazil also encompasses the pursuit of equality, autonomy and dignity in the sexual and reproductive sphere. It is a struggle that transcends health services, extending to other areas in the lives of cis and trans women, and those who have a uterus, recognizing the intersection between race, gender, class and sexuality. Guaranteeing reproductive justice is essential to achieving a more inclusive, egalitarian and respectful society, one that takes account of each individual's diversity and autonomy.

# PART 2

## The reproductive health profile of black women in the Northeast





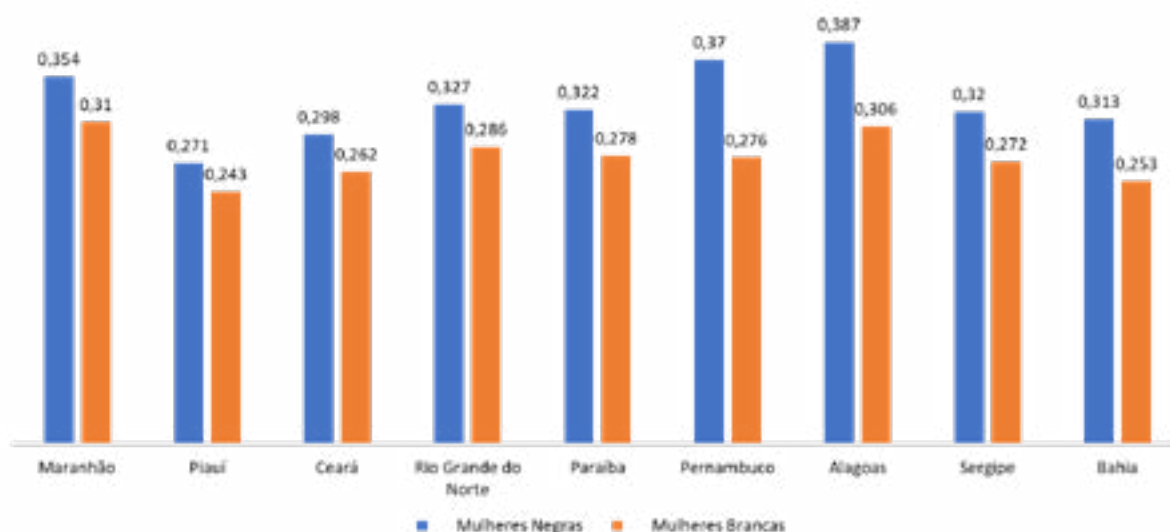
## **PART 2 - The reproductive health profile of black women in the Northeast**

According to the IBGE's 2022 Census, the Northeast region of Brazil is made up of nine states (Alagoas, Bahia, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte and Sergipe) and has a total population of 54,644,582 inhabitants. The most populous states are respectively, Bahia, Pernambuco and Ceará. Compared to the South and Southeast, the region presents inequalities in its socio-economic indices and living conditions. However, these inequalities are not homogenous, with internal inequalities within the region's states.

These disparities are rooted in racism and gender inequality, which consequently violate the rights of Black women, placing them at social disadvantage. Given these issues, the Reproductive Justice Observatory set up a panel to present certain indicators that were divided into blocks: socio-demographic; sexual and reproductive health services; and the reproductive health of women of childbearing age (10 to 49 years). The indicators that the panel considered the most important were separated into a list for this dossier.

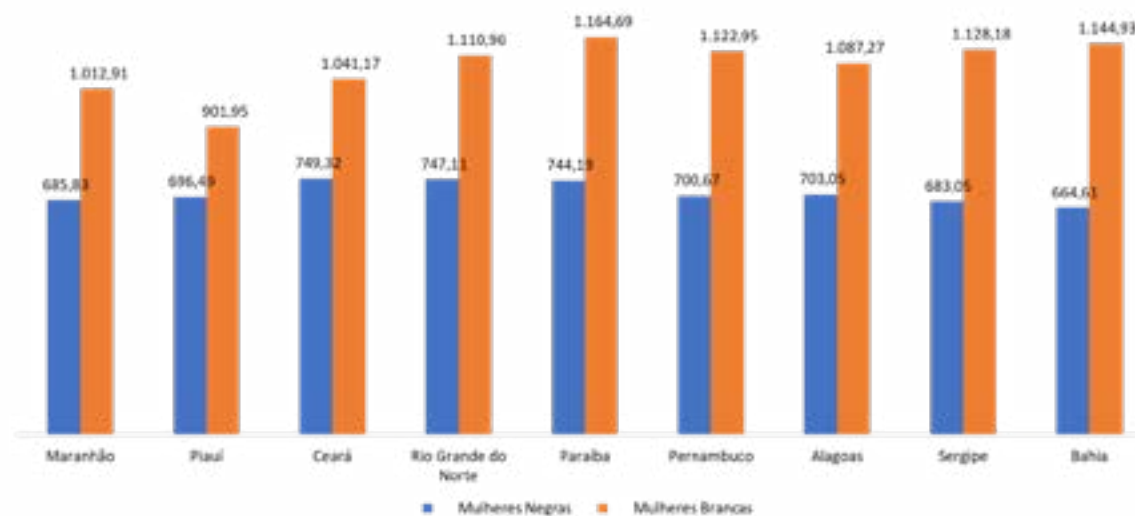
Black women in all the Northeast's states remain at the highest level on the Social Vulnerability Index (SVI) and this is higher for Black women in the states of Alagoas, Pernambuco and Maranhão (Figure 1). SVI values vary from 0 to 1, where zero represents the lowest vulnerability and 1 the highest, in other words the nearer to 1 the greater the vulnerability. In Figure 2, we can see that Black women also have the lowest monthly incomes; in many states these represent almost half the amount of white women's incomes and this is most notable in Bahia.

Figura 1 - Índice de Vulnerabilidade Social de Mulheres Negras e Mulheres Brancas nos Estados do Nordeste (2015)



Fonte: Instituto de Pesquisa Econômica Aplicada (IPEA), 2015

Figura 2 - Rendimento médio mensal, em reais, para mulheres com 18 anos e mais de Mulheres Negras e Mulheres Brancas nos Estados do Nordeste (2021)

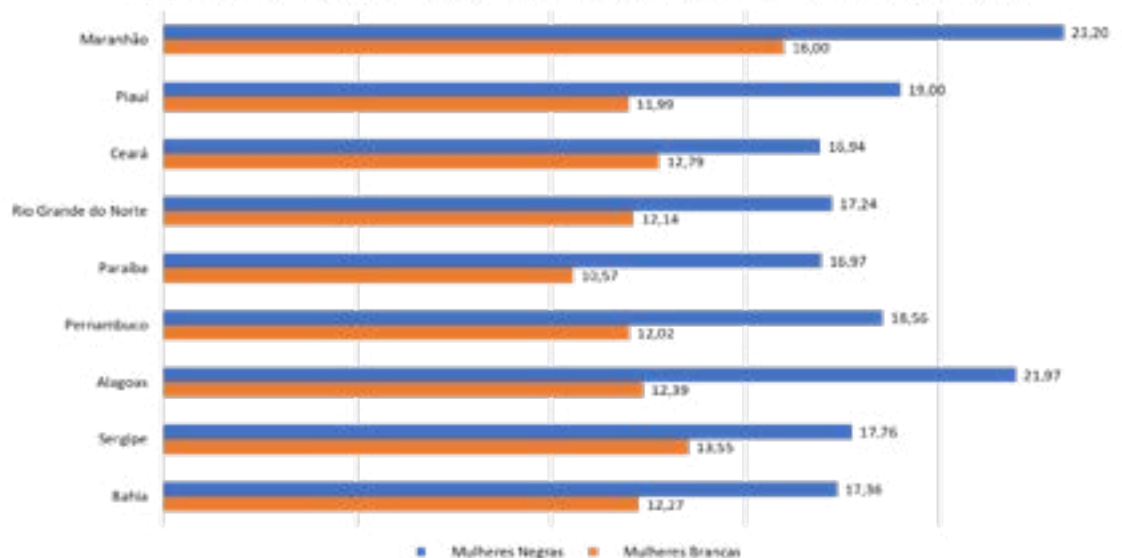


Fonte: Instituto de Pesquisa Econômica Aplicada (IPEA), 2021

When we look at teenage motherhood/pregnancy among girls in the Northeastern states, the data demonstrate that, among women of childbearing age, Black adolescents represent the highest percentage (10 – 49 years); the percentages in the states of Maranhão and Alagoas are over 20% (Figure 3). In relation to the notification of those rape cases that reach services, we observe that in some states white women are more likely to access services, particularly in Pernambuco, Paraíba and Maranhão, even when we restricted our focus to the Unified Health System (*Sistema Único de Saúde: SUS*), where the Black

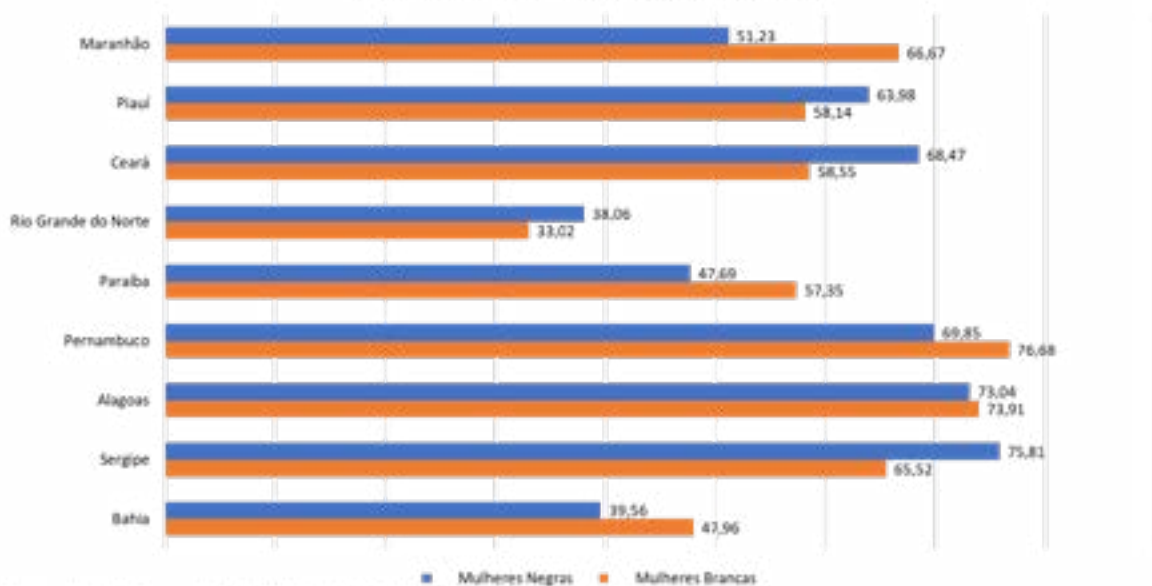
population represents the majority of users (Figure 4). In the same way, white women are more likely to have access to adequate or more than adequate antenatal care in all the Northeastern states, with Paraíba the most prominent, where more than 80% of white women had access to adequate services. In Maranhão, on the other hand, less than 50% of Black women had access to an adequate service (Figure 5).

Figura 3 - Percentual de gravidez na adolescência (10 a 19 anos) nos estados do Nordeste, segundo raça/cor (2021)



Fonte: Sistema de Nascidos Vivos/ Ministério da Saúde (SINAIS), 2021.

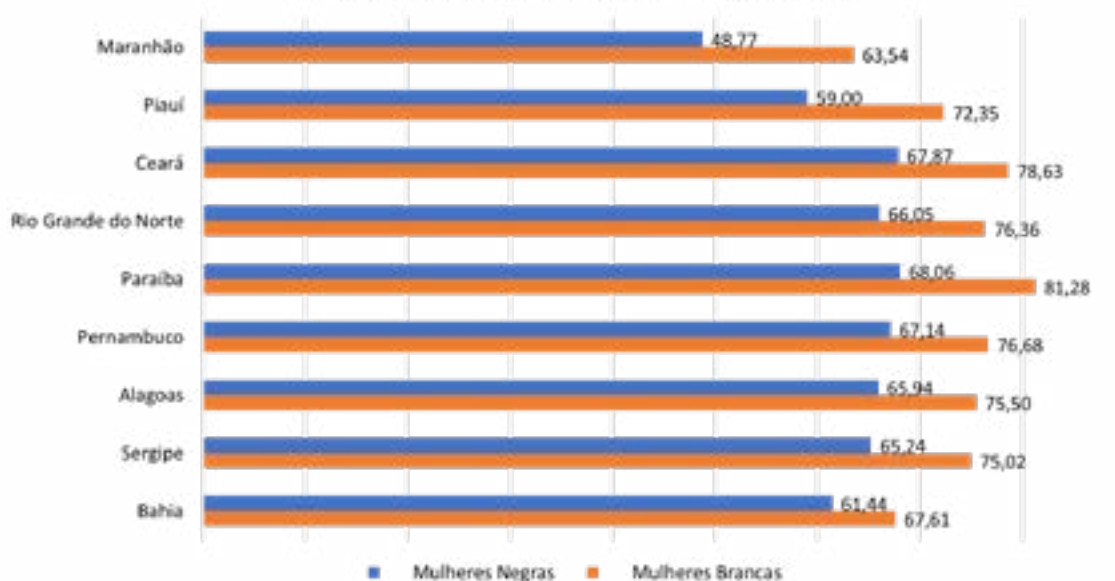
Figura 4 - Percentual de notificação nos serviços de saúde de casos estupro em de Mulheres Negras e Mulheres Brancas de 10 a 49 anos, nos Estados do Nordeste (2021)



Fonte: Sistema Nacional de Agravos Notificados/ Ministério da Saúde (SINAN), 2021.



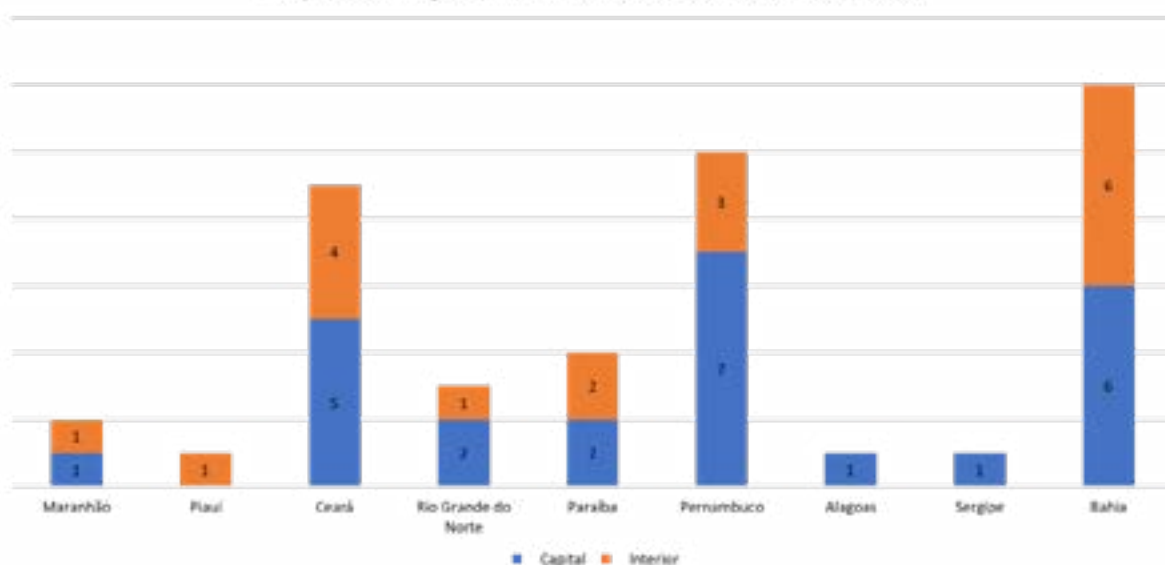
Figura 5 - Percentual de consultas de Pré-Natal adequada e mais que adequada em Mulheres Negras e Mulheres Brancas de 10 a 49 anos, nos Estados do Nordeste (2021)



Fonte: Sistema de Nascidos Vivos/ Ministério da Saúde (SINASC), 2021

In relation to the number of *Specialized healthcare services for victims of sexual violence classified as healthcare for legal abortions*, Bahia has the most services, followed by Pernambuco and Ceará, while Alagoas, Sergipe and Piauí are in the worst situation with only 01 (one) service each (Figure 6). Pernambuco stands out in terms of Specialized services to combat violence against women in the Northeast Region, followed by Ceará and Bahia (Figure 7).

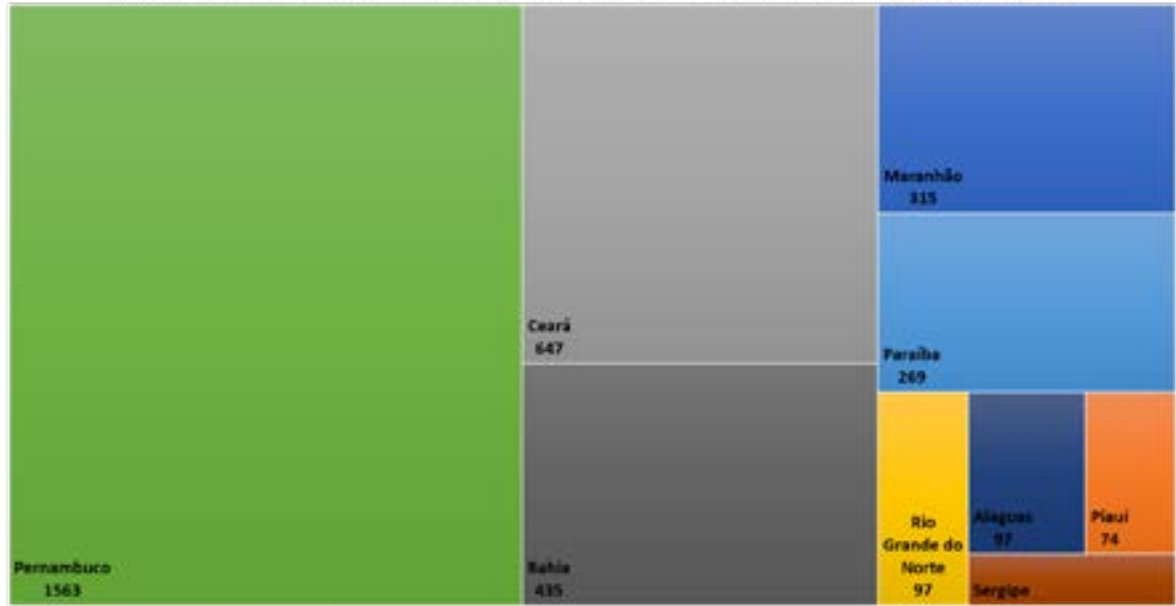
Figura 6 - Números absolutos de Serviço especializado de atenção à vítima de violência sexual com a classificação de atenção ao aborto legal, Capital e Interior dos estados do Nordeste brasileiro, 2022



Fonte: Cadastro Nacional de Estabelecimento de Saúde, 2022



Números absolutos de Serviços especializados de enfrentamento à violência contra mulheres no estado (2018)




Fonte: Pesquisa Nacional dos Municípios (MUNIC/IBGE), 2018



# PART 3

## Overview of draft laws on reproductive justice in the Northeast






# **PART 3** - Overview of draft laws on **reproductive justice in the Northeast**

## **3.1 - Introduction to the research**

As mulheres negras vivenciam um tipo de discriminação específica, conformado por raça, gênero e classe, combinadas com opressões correlatas dentro de uma matriz de subordinação estrutural. Por isso, ao tratarmos de direitos sexuais e reprodutivos da mulher negra, precisamos considerar a matriz de interseccionalidade. Isso significa que o projeto político em curso precariza as vidas das mulheres negras com mais intensidade.

Estas mulheres negras têm acesso precário à saúde e educação e estão – de forma inversamente proporcional - mais expostas às violências e à violação de direitos por parte do Estado em oposição às mulheres brancas. É nesse contexto que as mulheres exercem suas “escolhas” no campo da reprodução. Aqui a presença das aspas faz menção ao questionamento sobre quais são as reais possibilidades de livre escolha das mulheres negras diante das condições materiais de vida e, por conseguinte, de saúde, que lhe são apresentadas e que historicamente determinam o curso da trajetória da vida afetiva, sexual e reprodutiva.

É justamente neste ponto - partindo do entendimento da existência de um projeto político estrutural que atua no sentido da manutenção da ordem colonial hegemônica na qual a mulher negra está no último estrato da pirâmide social, sendo ainda mais precária a condição da mulher negra nordestina e agricultora rural - que emerge a necessidade de um mapeamento a respeito dos projetos de lei e programas voltados à pauta da justiça reprodutiva. Assim, é possível



lançar luz sobre os principais avanços e violações de direito em relação aos direitos reprodutivos nos estados do Nordeste, compondo um substancial material de trabalho para os próximos passos inerentes ao observatório no que se refere ao enfrentamento das (in)justiças e garantia da justiça social.

Atingir os objetivos deste trabalho demandou a superação de dois grandes desafios: primeiro, o campo da pesquisa em formato remoto tornou desafiador conciliar as agendas, garantir a participação de todas as pessoas envolvidas, estabelecer um ritmo para a coleta de dados e familiarizar as ativistas com procedimentos de uma pesquisa mais próxima do padrão acadêmico. O segundo ponto refere-se à concretização da coleta de dados, em especial pela dificuldade de localização das informações alinhadas, o que impactou no cronograma inicial da pesquisa, tendo em vista a necessidade de dilatação dos prazos realizada em dois momentos na tentativa de ampliação dos resultados encontrados. Este dificultador nos fez refletir sobre a Lei de Acesso à Informação, que estabelece o direito ao livre acesso às informações públicas, o que seria o caso dos projetos de lei e demais informações relacionadas à justiça reprodutiva.

Consideramos importante apresentar os nomes das ativistas pesquisadoras que realizaram o trabalho investigativo nos sites de seus respectivos estados: Verônica Santos (Bahia), Dayse Santos Ramos e Gil Porto (Sergipe), Maria Elvira e Patrícia Maria (Ceará), Luana Silva (Alagoas), Lucia Azevedo e Crys Rego (Maranhão), Daniele Braz (Pernambuco), Amanda Pereira (Rio Grande do Norte), Jamile Godoy da Silva (Paraíba) e Mae Joelfa de Xangô (Piauí). Repensar as metodologias acadêmicas e realizar uma pesquisa com pesquisadores ativistas é desafiador e potente. Algumas delas já tinham experiência com pesquisa, mas para outras esse foi o primeiro contato. Todas as ativistas são de movimentos sociais relacionados à luta das mulheres nordestinas com idades variadas.

## **3.2 - Research methodology**

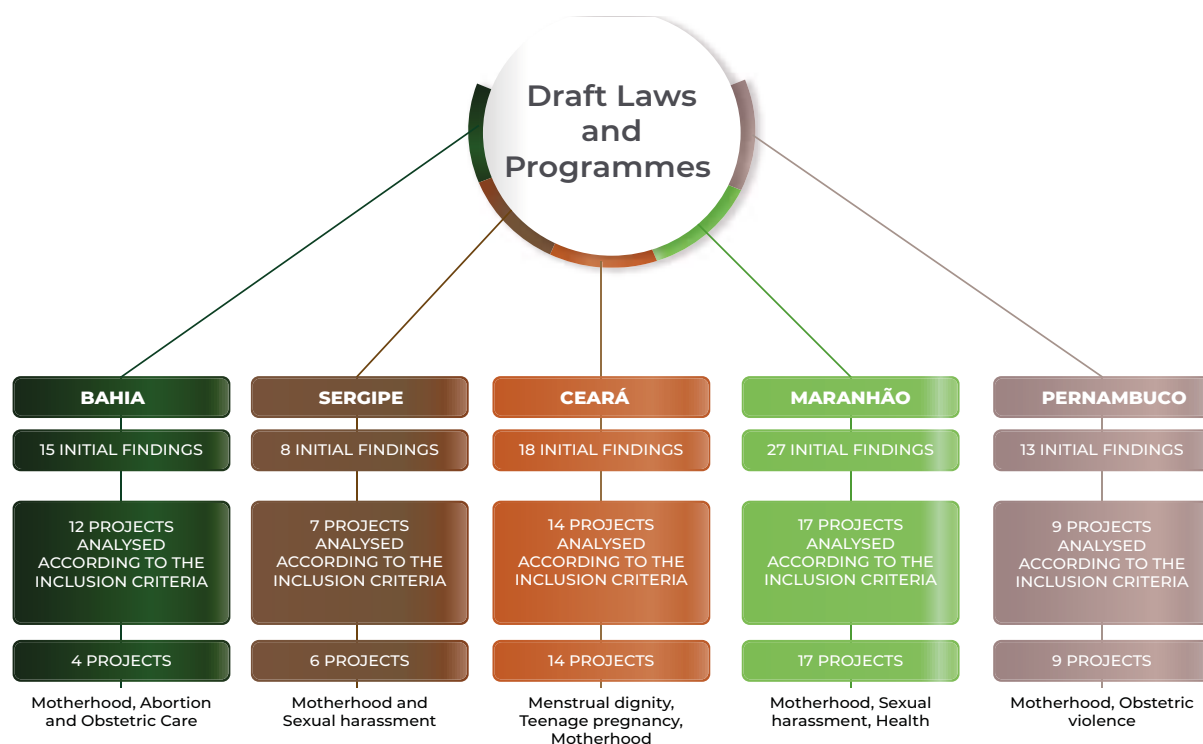
### **Network of Black women from the Northeast**

In order to achieve the proposed objective, the research methodology involved the allocation of one activist-researcher, recommended by the RMNN, per state. In addition to a survey of information from each of the states, we also

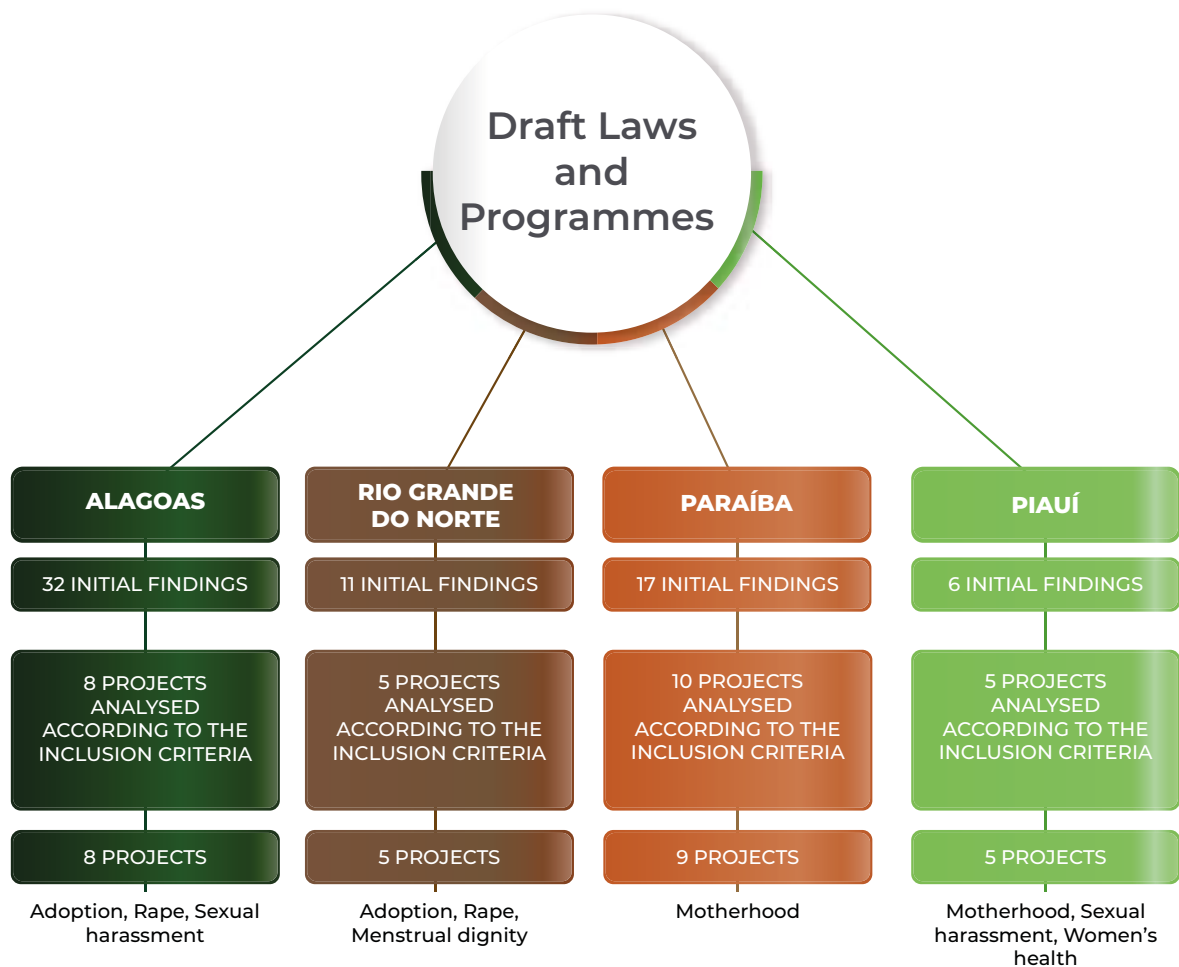
sought to present the information in a way that contextualized the daily lives of Black women. Data collection took place remotely from official webpages – the official gazette, the legislative assembly, the state chamber – applying the inclusion criteria of draft laws or public policies in force or filed over the last five years related to the reproductive justice agenda. **The search terms were: motherhood, abortion, sexual harassment, rape, maternity leave, teenage pregnancy, menstrual dignity, adoption.** The research was conducted over five stages: (1) Introduction to the research and training; (2) Presentation of the instrument and training; (3) Research; (4) Monitoring; (5) Closure. The research was carried out between November 2022 and April 2023.

We have not included here any results for draft laws at municipal level, however these were included in the first stage of the study.

In the graphs below we present the methodological stages of the research, indicating the most prominent themes, in quantitative terms, by State.



Graph 1 – Overview of the draft laws identified, with an indication of the most frequent themes, for the states of Bahia, Sergipe, Ceará, Maranhão and Pernambuco



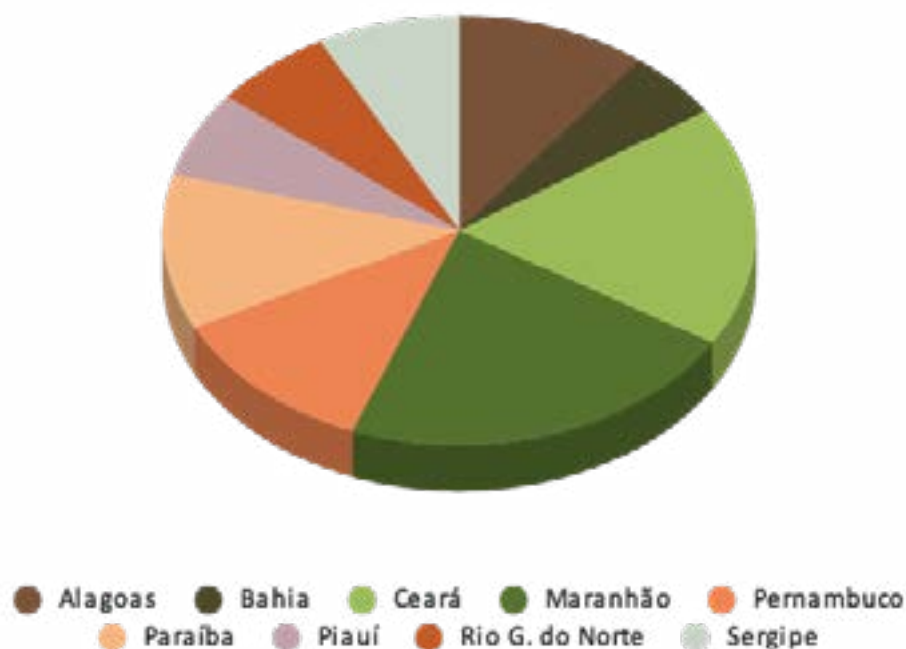
Graph 2 – Overview of the draft laws identified, with an indication of the most frequent themes, for the states of Alagoas, Rio Grande do Norte, Paraíba and Piauí

### 3.3 - Results and discussion

Our data analysis evidenced the negligence and invisibility of the reproductive justice agenda in these Northeastern states, which is confirmed in: the low number of policies, in-progress draft laws or approved laws; the absence of information on official webpages regarding institutions and services that ensure reproductive rights; and the remarkable difficulty the researchers faced when trying to access this information. The consequent absence of effective activities aimed at guaranteeing reproductive and sexual rights is expressed in each state's health indicators.

When we analysed the initial findings in the official media associated with the search terms, most of the evidence revealed publications aimed at dissem-

inating activities through teaching institutions, awareness raising campaigns and internal regulations/protocols, in contrast to a dearth of proposals for programmes, policies or draft laws. We observed a remarkable lack of commitment from legal representatives to do justice to the historical struggles of Black women for health security and respect for their sexual and reproductive rights.



Graph 3 – Number of findings related to the reproductive justice agenda by state.

In the last five years, an average of 1.9 draft laws have been filed in each Northeastern state relating to the reproductive justice agenda. Given that laws and official directives are the mechanisms through which a State policy takes shape, we understand that the nascent presence of proposals for the security and promotion of sexual and reproductive rights, in particular for Black women, reflects a lack of regard for this agenda, which was also evidenced when we analysed the raw data, such as mortality - comparing states in the Northeast to those in the South of Brazil. This aligns with the historical project for the racial whitening of our society, which is perpetuated through activities to sterilize black bodies and to let them die, thereby curtailing – through material living conditions, access to health and exposure to violence – the right to desired and dignified motherhood.

The small number of draft laws or information regarding sexual and reproductive rights on official webpages also alerts us to the violation of the right to access information, through which everybody has the right to obtain information




about their sexual and reproductive rights.

Other important data that invited us to reflect on the political and structural dimension of reproductive injustice refers to the strategies to maintain the structure of rights violations. Only two of the projects we found explicitly presented proposals unfavourable to reproductive justice, according to the search terms we used. However, this finding does not faithfully reflect the current political situation of setbacks to and violations of rights in our society. Rather, it invites us to notice the complexity of the political project to curtail rights which, through subterfuge supported by the supposed defence of life, human rights and Christian family values, has legally instituted these violations.

It is worth noting that none of the draft laws we found, not even those that did not meet our inclusion criteria of time limit or level (state or municipal), mentions Black women. Understanding that the historical project for the racial whitening of Brazilian society was and is sustained by measures such as the sterilization of and forced birth control for Black woman, there is an urgent need for measures that protect such women from institutional racism, obstetric violence, and limited access to health services, given that, when we take account of class and race, reproductive injustices are accentuated and the law is, perhaps, the only possible mechanism to minimize these violations.

The absence of draft laws that directly take account of the health and reproductive rights of Black women also demonstrates a disconnect between legislative action and the recommendations of SUS, which considers health to be a right for all. The equity recommended in SUS is based on an assumption of the need to recognize how different living conditions and health status impact on access to services and opportunities in order (starting from that point) to provide more for those who need more, as stated in the National Health Policy for the Black Population (*Política Nacional de Saúde da População Negra: PNSPN*). Regarding this, it is worth noting that the initial aim of this research was to map the existence of policies and draft laws, however, we did not find any public policy proposals related to sexual and reproductive rights.

Our overview allows us to confirm that there was a quantitative predominance of draft laws related to the right to desired and dignified motherhood and that legal abortion was the theme with the least number of proposals (two) and for which we found unfavourable ones.



In relation to the right to motherhood, there was a prevalence of projects related to maternity leave and the right to breastfeed in public. However, none of these projects, which totalled 89, contained proposals related to race. Our overview therefore leads us to question which women have the right to desired and dignified motherhood? Which female public servants have the right to maternity leave? Which women need to be guaranteed the right to work because they are pregnant and which women work throughout their pregnancies? Who are the women who can choose, secure and take the lead in their own care trajectory, because of a desire to be (or not to be) a mother, without the limiting constraints of material living conditions and racism?

The agenda here encompasses such themes as:

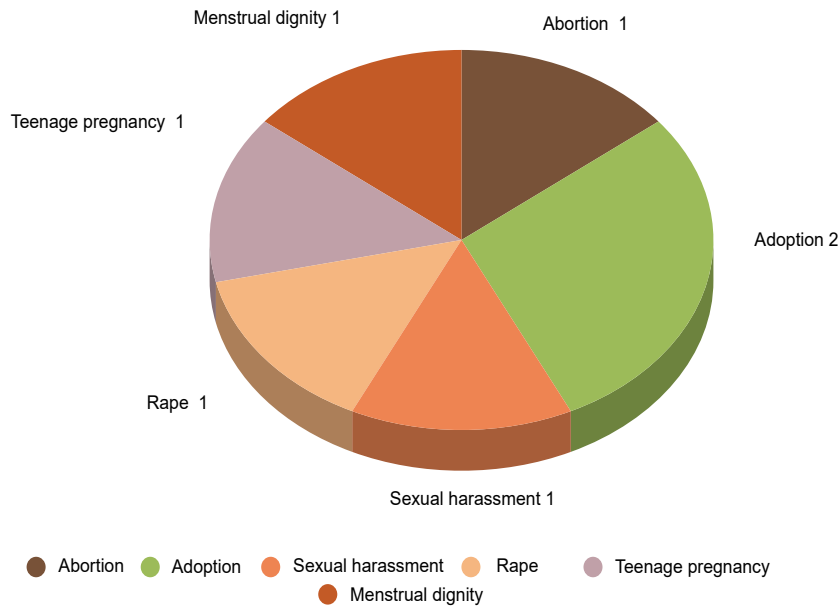
1. Non-discrimination: It is forbidden for any company regulation, collective agreement or individual work contract to restrict a woman's right to work due to pregnancy.
2. Provisional stability: Working mothers cannot be dismissed from the moment their pregnancy is confirmed until five months after giving birth.
3. Job transfer: To change the mother's job or work sector, should this present risks or difficulties for their health or that of the baby.
4. Student mothers: From the eighth month of pregnancy and for three months afterwards, mothers who study should be assisted with home exercises.
5. House arrest for mothers in pre-trial detention: In 2018, the Supreme Court ruled that all pregnant women, mothers of children up to the age of 12, or people with disabilities in pre-trial detention have the right to house arrest.

### 3.3.1 – Overview by state: State Draft Laws

#### 3.3.1.1 - ALAGOAS



Of all the Northeastern states, Alagoas presented the highest number of initial findings related to our search terms. Later analysis evidenced a large number of protocols and technical guidance documents aimed at standardizing the internal activities of State institutions and services. Particular attention was paid to the law for accessible and transparent information, given that many of these initial findings could not be adequately analysed because their content was not widely disseminated on official, public webpages, so it was not considered for analysis.



Graph 4 – Overview of draft laws identified for the state of Alagoas

We identified the following themes in these draft laws:

**Adoption:** Institutes the use of an adopted name during the adoption process.

**Sexual harassment:** Committee to Prevent and Combat Psychological Harassment and **Sexual Harassment** and Discrimination to support the prevention, control and combatting of psychological harassment, sexual harassment and discrimination.

**Rape:** Creation of a Special Commission to assess, monitor and propose activities aimed at reducing the rape culture in Alagoas; with the provision that civil registry offices, hospitals and maternity hospitals must notify the Public Prosecutor's Office about births registered by mothers and/or fathers under the age of 14.

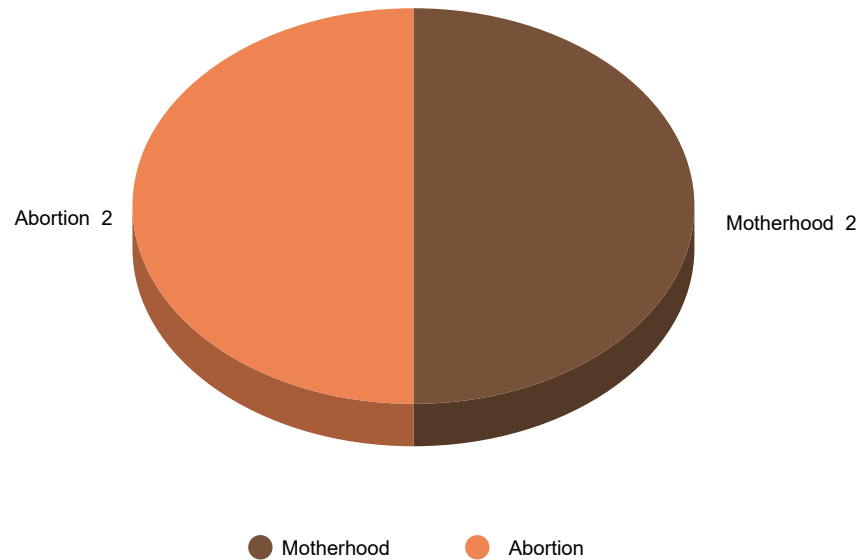
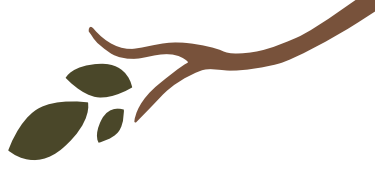
**Menstrual dignity:** Institutes and defines guidelines for a Freedom to Menstruate public policy at state level in Alagoas.

**Abortion:** A law that obliges the health system to clarify abortion procedures.

### 3.3.1.2 - BAHIA



The majority of the draft laws we found for the state of Bahia refer to motherhood and abortion. Bahia was the only state for which draft laws unfavourable to the reproductive justice agenda were identified. Two projects that oppose legal abortion: Draft Law no. 24717, which proposes a Statute for the Unborn Child and comprehensive protection for the unborn child; and Draft Law no. 23788, which provides for the procedure to abort a foetus or embryo only upon presentation of a permit issued by a judicial authority or within the legal framework, with the need for strong judicial verification, in view of the national movement in favour of abortion and against life.



Graph 5 – Overview of draft laws identified for the state of Bahia

The legal abortion agenda related to the search terms: *motherhood, maternal mortality, obstetric violence, maternity leave, adoption, sexual harassment, rape, teenage pregnancy, abortion, and menstrual dignity*, was the most invisible in all the Northeastern states. Of the more than 100 draft laws we identified, only 3 refer, favourably or not, to the right to legal abortion. We note that the lack of findings on the subject of abortion is an explicit indication of a structural and strategic project to impose rights violations – sustained by Christian arguments about the defence of life and moral values – using discursive resources to make these activities invisible.

Obstetric violence was also absent from these findings, corroborating our overview of the absence of legal data reflecting these health indicators.

We identified the following themes in the draft laws we analysed:

**Motherhood:** Provides for an ongoing campaign to advise women about their rights regarding the exercise of motherhood and the consequences for public and private health centres in the State of Bahia, and other provisions; provides for the right to healthcare for women who experience pregnancy loss in the state of Bahia.

**Abortion:** Provides for the institution of a State Statute for the Unborn Child and comprehensive protection for the unborn child by the State Authorities; allows procedures to abort a foetus or embryo only upon presentation of a permit issued by a judicial authority or within the legal framework.

### 3.3.1.3 – CEARÁ




The data for Ceará reflect – albeit less markedly – our overview of agendas related to reproductive rights. These include debates about menstrual dignity, for which the following projects were found:

1. Draft Law no. 242/202 – Institutes a State Week for Menstrual Health and Hygiene in the state of Ceará.
2. Draft Law no. 1702/2021 – Institutes a Policy to Raise Awareness about Menstruation and to Universalize Access to Sanitary Pads within SUS (Menstruation without Taboo).

The absence in these and other draft bills of explicit mention of Black women’s political, social and health conditions is evidence of the choice to render invisible the manifest material disparities in living conditions linked to the social determinants of health. These disparities mean that most Black women do not have the necessary hygiene and financial conditions to secure, with dignity, the care they require during their menstrual period.

Since 2014, the United Nations (UN) has recognized the right to menstrual



hygiene as a public health and human rights issue. However, it was only in 2023, through [Decree no. 11432 of 8 March 2023](#), (in Portuguese), that a commitment was made by the Federal Government in its proposed Programme to Protect and Promote Menstrual Dignity. It is also worth noting that talking about menstrual dignity in government institutions appears to be restricted to one-off activities to distribute sanitary pads and hygiene items.

Understanding menstrual dignity as part of the public health agenda requires activities at macro level that tackle the lack of information, and the precarious living and housing conditions (without basic structures, such as access to water) that provide secure and hygienic spaces. It is here that we must bring race onto the agenda, understanding that it is Black Northeastern women who receive the lowest salaries, compared to white or Black men, or white women, and who occupy the worst housing conditions. When we think of the Northeast, it is essential to remember the significant presence of Black female farmers, for whom the rights associated with remuneration, access to health and housing are widely violated in a scenario of extreme scarcity.

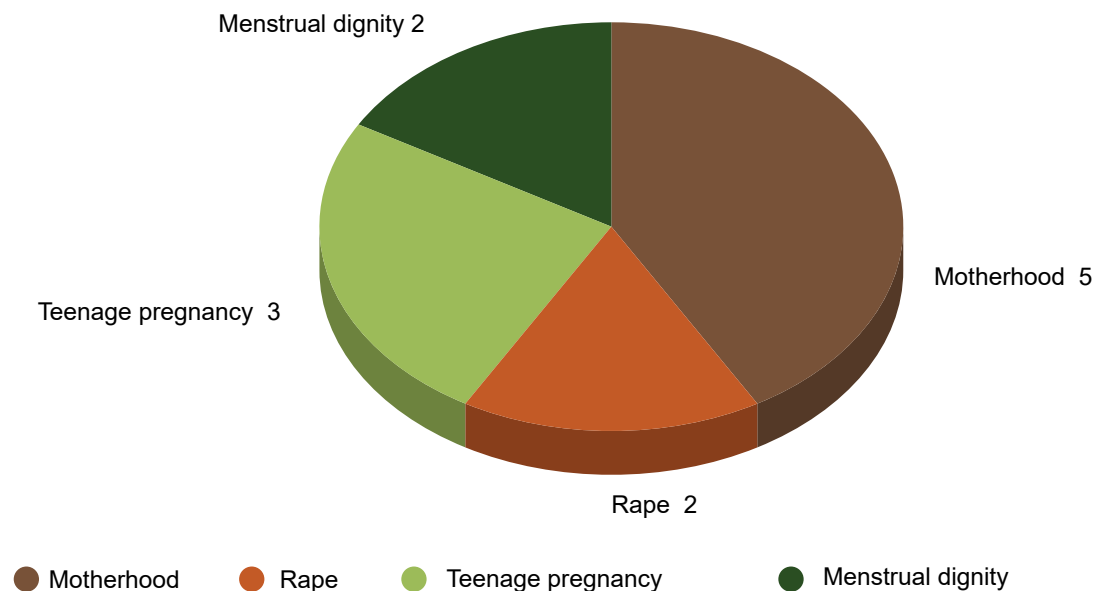


Gráfico 6 – Panorama dos projetos de lei encontrados para o estado do Ceará.

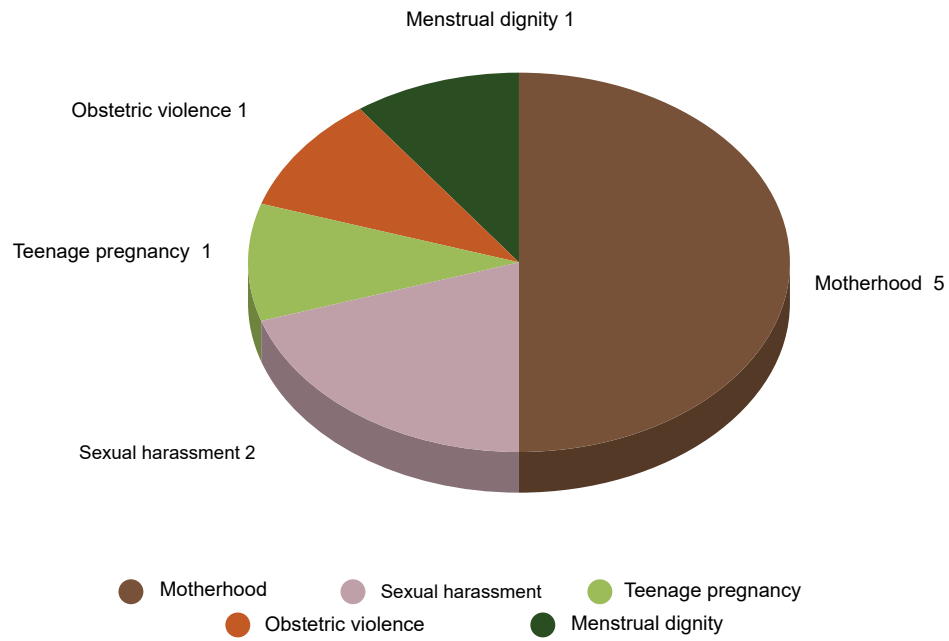
### 3.3.1.4 - MARANHÃO



In addition to draft laws mainly associated with the right to desired and dignified motherhood, the data found for the state of Maranhão reveals draft laws on sexual harassment, teenage pregnancy, obstetric violence and menstrual dignity. One bill worth noting is Draft Law no. 11673 of 19 April 2022, which prohibits, at Maranhão state level, private health insurance and health plans from requiring a partner's consent for the insertion of an Intrauterine Device (IUD) or Intrauterine System (IUS) in women who are married, in civil partnerships or any other form of affective relationship. This draft law demonstrates how the agenda of sexual and reproductive rights is in itself a struggle against the patriarchy and the historical relationships of power over and violation of women's bodies.

It is important to emphasize proposals associated with the themes of *women's health and gender issues*, which were not in the initial search terms, but which we believe are cross-sectional to sexual and reproductive rights, namely:

1. Law 1184 – Institutes a State Week for Women's Quality of Life during the Menopause and Post-Menopause, at state level.
2. Law 11835 – Establishes psychological support for women who have had a mastectomy in the Maranhão state public system.

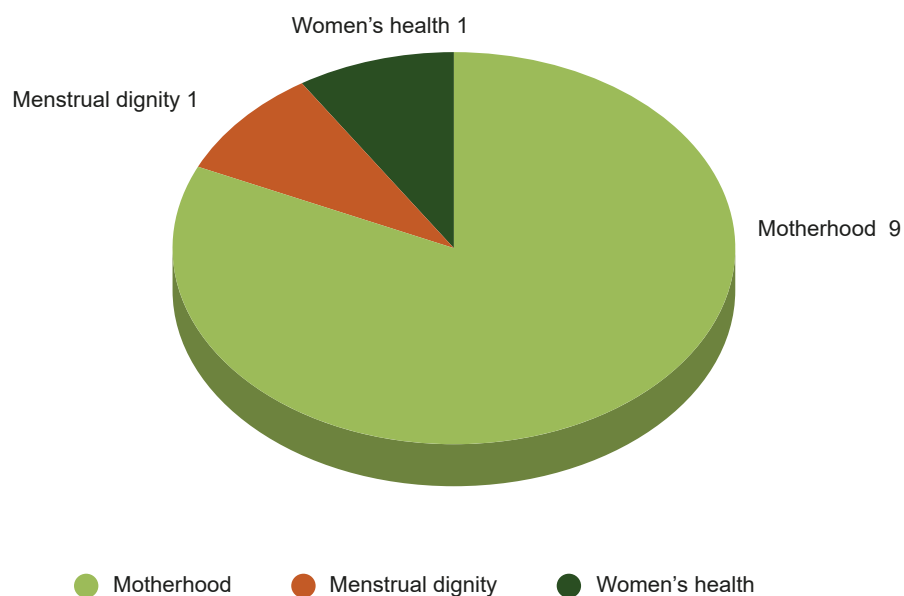


Graph 7 – Overview of draft laws identified for the state of Maranhão.

### 3.3.1.5 - PARAÍBA



The Draft Laws identified in the state of Paraíba reveal a concentration of proposals on themes related to motherhood and women’s health in general. Draft Law no. 11329 of 16 May 2019 is worth noting; this guarantees humanized healthcare for pregnant women, women in labour and women undergoing abortions/miscarriages in the state of Paraíba. This draft law is positively related to the agenda of sexual and reproductive rights, which are so often violated by health professionals’ behaviour, particularly with abortions, where, by exercising a power relationship culturally supported by Christian principles and moral values, those who have a uterus and abort are judged and punished. It is worth noting that such violations - delays in care, low doses of medication, verbal violence and retaliations – occur more frequently with black patients.



Graph 8 – Overview of draft laws identified for the state of Paraíba

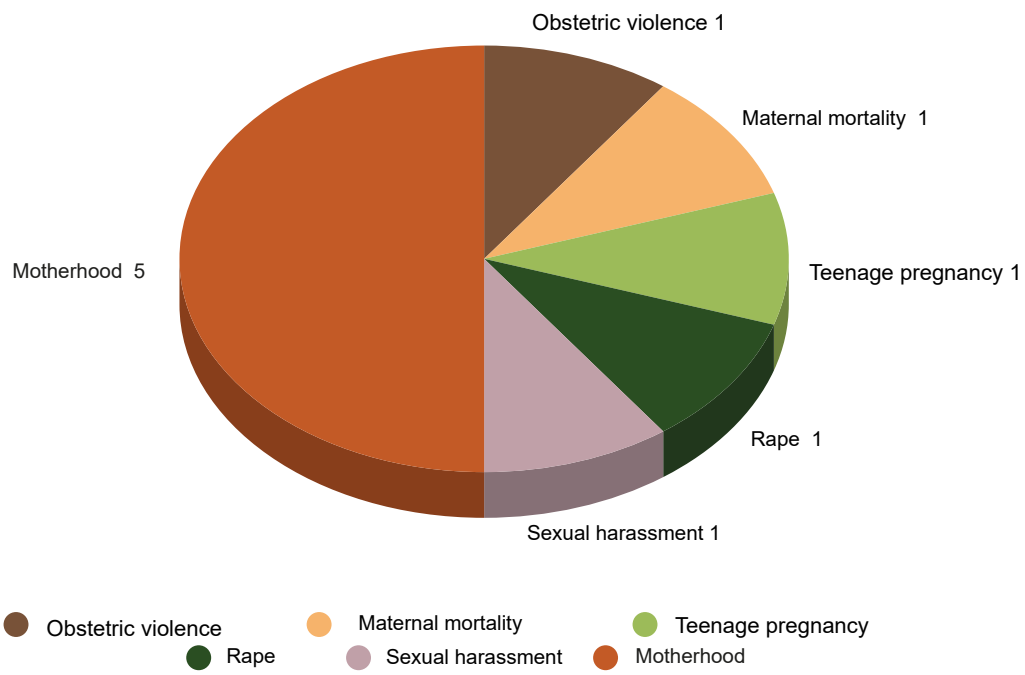
### 3.3.1.5 PERNAMBUCO



The Draft Laws identified in the state of Pernambuco demonstrate a pre-occupation with expanding established rights, such as maternity leave, as seen in Draft Law 72/2017, which extends the length of maternity leave from 120 to 180 days; and Draft Law 14801, which secures the right to breastfeed in areas of collective use, in the public or private domain, free from discrimination, constraint or harassment, as well as making other provisions.

Also worth noting are proposals aimed at healthcare for pregnant women, women in labour and postpartum women to counter obstetric violence, aimed at adding a list of rights for women suffering from pregnancy loss.

The state disregards aspects of intersectionality by not presenting any bills that mention women from distinct social classes, particularly vulnerable women or Black women, whose specific needs have to be met in order to guarantee their sexual and reproductive rights.

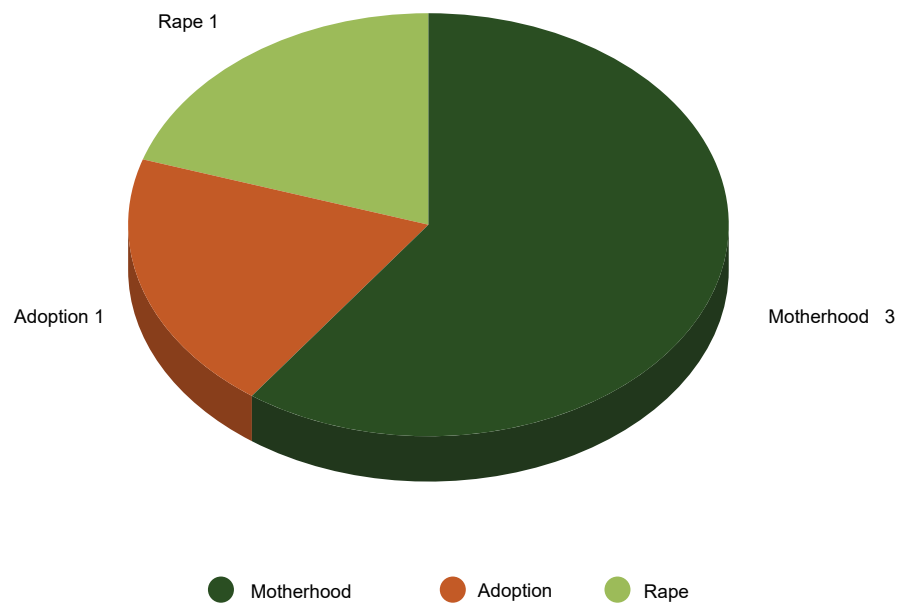


Graph 9 – Overview of draft laws identified for the state of Pernambuco.

### 3.3.1.7 - PIAUÍ



The states of Piauí and Sergipe presented the fewest bills, alerting us to the need for an in-depth investigation, which correlates with our findings for health indicators and reproductive and sexual rights in these states. We also note that this may be related to weaknesses in data collection or the failure to comply with the law for accessible and transparent information. However, in general, the findings reflect the same scenario as the other states, with a predominance of bills associated with motherhood.



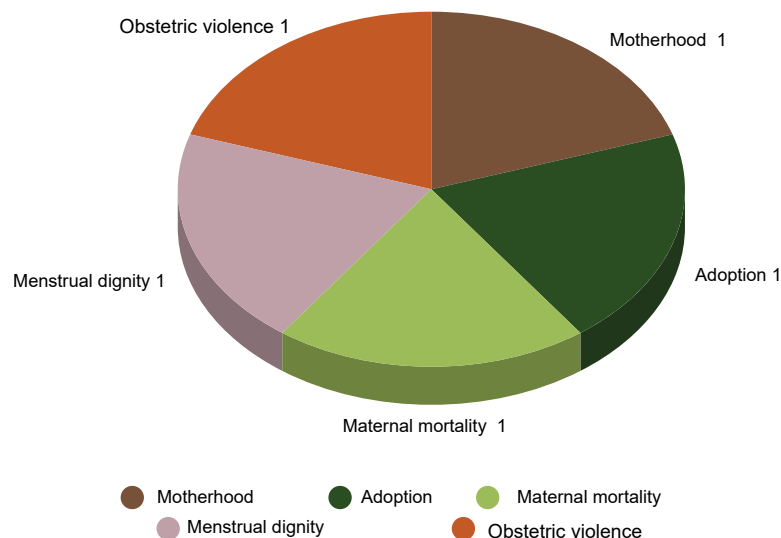
Graph 10 – Overview of draft laws identified for the state of Piauí.



### 3.3.1.8 RIO GRANDE DO NORTE



The state of Rio Grande do Norte had a diversity of draft laws – albeit in low numbers – contemplating distinct agendas related to sexual and reproductive rights. One draft law worth noting is the State Public Health Department’s Plan to Combat Maternal Mortality, a bill that proposes to present detailed graphs about mortality, implementing a plan to combat maternal and child mortality.

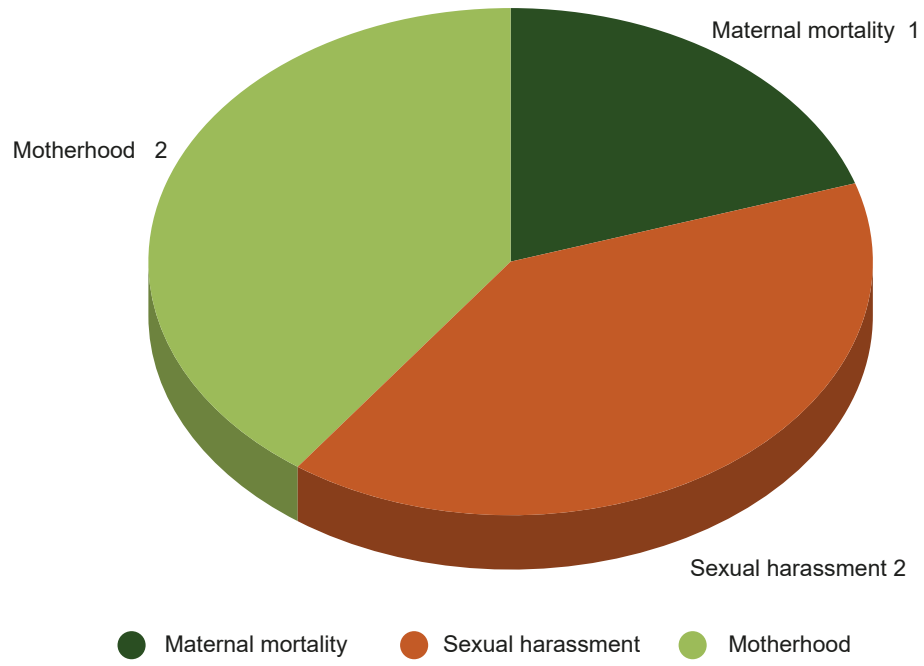


Graph 11 – Overview of draft laws identified for the state of Rio Grande do Norte

### 3.3.1.9 SERGIPE



Of the proposals identified in the state of Sergipe, Law No. 8731 is worth noting, which provides guidance for the prevention and reduction of maternal, child and foetal mortality caused by the coronavirus. Given a panorama of health in which Black people are twice as likely to be the victims of the coronavirus, we acknowledge the urgent need for proposals such as this, which take explicit account of the illness trajectory and deaths of Black mothers and children, reflecting the SUS principles of the pursuit of equity and the guarantee of the right to health and life. This data exposes, above all, the historical vulnerability to which Black women are subjected, a condition that did not provide many Black women with the possibility of isolation or adequate hygiene conditions to ensure their survival.



Graph 12 – Overview of draft laws identified for the state of Sergipe





# PART 4

**Reproductive (in)  
justice: our lives  
matter!**






## **PART 4 – Reproductive (in)justice: our lives matter!**

### **4.1 - Editorial**

The series of news clippings **Reproductive (in)justice: our lives matter!** describes emblematic cases of sexual rights and reproductive rights violations in the nine states that make up the Northeast region, viewed through the lens of Reproductive Justice. The series is produced by the Us for US Reproductive Justice Observatory for the Northeast, a Health Programme project at the Odara Institute for Black women and the product of **Preliminary Media Monitoring about Sexual and Reproductive Rights in the Northeast Region**, aimed at identifying the discourse and narratives related to this agenda in the various sections of the press in all the states in the region.

With technical consultation for media monitoring and editing from the journalists Eduarda Nunes and Jô Pontes, and with editorial and methodological coordination from Alane Reis, we entered the universe of journalistic narratives about sexual and reproductive rights in the region, in order to identify how patriarchal racism not only influences but also determines how the life and death stories of Northeastern women and girls, almost all black, are told and shared in the public sphere.

It is heart-breaking and revolting to see that journalism still functions at the service of racist, sexist and Christian conservative values and power, which, with bureaucratic and vigilante zeal, revictimize and criminalize desperately poor and violated Black girls and women, exposed from childhood to the cruelty of male abusers, as can be seen in the article **“The imposition of motherhood on a 12-year-old girl from Piauí”** which tells the story of a child who became pregnant for the second time.



This girl represents one of the 179,277 cases of rape of a vulnerable person that took place in Brazil between 2017 and 2022. At least 62 thousand of these victims were aged below 10. This demonstrates that, among so many urgent matters related to Reproductive Justice, Sex Education can save lives, as explained in the article **“Sex education in schools prevents and combats violence against children and adolescents.”**


Another urgent matter is medical power and corporativism, which covers up negligence, violence and discrimination in the medical class. This is a class that acts with no concern for the law when the subject is obstetric violence, given that this violation of the rights of people who are pregnant or in labour is not even monitored or criminalized by the state, as we can see in the articles, **“Obstetric violence in Sergipe: A problem silenced”** and **“The Pilgrimage of Birth: Cases of women in Ceará giving birth on pavements highlight the problem of obstetric violence in the state”**.

Another aspect of obstetric violence which has historically been denounced by the Black women’s Movements relates to forced sterilization. Between 1970 and 1990, the mass sterilization of Black women was a form of genocide of the Black Brazilian population, which was denounced worldwide; unfortunately, those who believe that this practice has been left in the past are mistaken, as we see in the article, **“Forced sterilization of Black women persists in the Northeast of Brazil”**.

Remaining with the topic of medical supremacy in the sexual and reproductive health ecosystem, we reflect on disputes between medical doctors and nurses regarding the implantation of Intrauterine devices (IUDs) – an important family and reproductive planning measure, as described in the article, **“Political disputes interfere with the expansion of access to family planning in Alagoas.”**

The defence of our rights is and always has been our own affair and in this sense the women’s movement never stops renovating, creatively and proactively, through activities that guarantee access to health, as we see in the article, **“In Maranhão, debate about Menstrual Dignity causes girl and adolescent collective to grow politically.”**

Each period has its Reproductive Justice challenges. Between 2015 and 2017, Brazil experienced the triple epidemic of Zika, Dengue and Chikungunya. In the Northeast, the region most affected by these outbreaks – the result of



state government neglect – thousands of children were born with microcephaly, caused by foetal malformation, with serious consequences for pregnant women who fell ill during the epidemic. Years later, the article **“Congenital Zika Syndrome in Pernambuco and the collective strength of Black, poor women and those from city peripheries, mothers of children with microcephaly,”** describes how these women and children are living now.

The series also contains criticisms of the news coverage of sexual and reproductive rights, which can be seen in the article, **“The disservice done by Rio Grande do Norte’s mass media to Sexual and Reproductive Rights in the state.”**

Check out the complete series of articles at [Us for Us: Reproductive Justice Observatory for the Northeast](#) (in Portuguese).



# PART 5

## Glossary of reproductive justice terms

Aborto  
é  
CRIME

NÃO  
TEMOS  
ANTI  
CONCEPCIONAIS

CIDADÃO  
de BEM  
PELO DIREITO  
A  
VIDA





## **PART 5 - Glossary of reproductive justice terms**

Concepts emerge from human activity, reflecting both the objective nature of the world and the cultural, historic and social contexts in which we live. They are influenced by language, accumulated knowledge and social interactions. Concepts are thus collective constructs, shared and constructed with other individuals and with society in general.

It is important to remember that the movements and their struggles have created and/or reinforced new concepts in order to strengthen their agendas and their advocacy activities, taking account of more diverse realities. These are flexible constructs, shaped and refined through interaction with the world and with society. As we acquire new information, experiences and perspectives, our concepts may evolve and adapt, expanding our understanding and broadening our intellectual capacities.

These are powerful and flexible mental constructs that enable us to organize, understand and communicate with the world around us. Concepts are essential instruments for the acquisition and construction of knowledge, opening up pathways to intellectual exploration and progress in society. By understanding the nature and importance of concepts, we are able to expand our cognitive skills and unravel the complexities of the universe that surrounds us.

To this end, we have built a glossary of words to aid an understanding of reproductive justice and to support an agenda aligned to public and collective interests.

A

**Abortion - legal:** a process to interrupt a pregnancy in accordance with a legal provision or court decision. In Brazilian law, this procedure is only permitted in three situations: where the pregnant woman's life is at risk; for a pregnancy resulting from sexual violence; in cases of foetal anencephaly – according to a Supreme Court decision of 2012.

**Abortion – unsafe:** the World Health Organization (WHO) defines unsafe abortion as a procedure to terminate a pregnancy performed by people without the necessary skills or in an environment without the required standards to perform medical procedures, or a combination of the two.

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B

**Birth control:** measures adopted to prevent women from becoming pregnant when they have sexual intercourse. Governments encourage this in order to control their countries' demographic density. Contraceptive measures organized by the couple themselves are known as family planning. Researchers, students and scientists have published reports that encourage birth control. However, such control is aimed at countries in the Global South (underdeveloped), rather than those in the Global North (developed). Although northern countries encourage the use of birth control, they do not practice them, on the contrary, these countries offer incentives to have more children.

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C

**Cisgender:** an individual who identifies with the biological (masculine or feminine) sex assigned to them at birth.

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D

**Domestic and family violence against women:** any activity or omission based on gender, which causes death, injury, physical, sexual or psychological suffering, and moral or material damage, as defined in article 5 of the Maria da Penha Law no. 11340/2006.



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**F**

**Femicide:** the murder of a woman in a context of gender inequality. In 2015, a Femicide Law was passed in Brazil. Femicide can be divided into various types. **Intimate and Family:** intimate femicide is committed by the victim's partner or ex-partner, whatever the legal situation between them. The murder of a woman may occur within their family circle and be committed by relatives or friends close to the victim. One type of intimate femicide is honour crime, where the murder is justified by an argument that the woman compromised the perpetrator's reputation. In some countries this justification is recognized in law; **Lesbicide:** the murder of a lesbian or bisexual woman, as a form of punishment for her sexuality; **Racial femicide:** racial femicide is principally recorded in times of war, when a woman is killed for her ethnicity or specific group. The way women are victimized by the brutality of war is different from men; women may be subject to sexual violence by soldiers. **Trans-femicide:** the murder of transvestites and transsexual women because of their gender, where the motivation is specific contempt for the transition they make from what is socially understood as male (gender assigned at birth) to what is socially understood as female.

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**G**

**Gender:** a range of characteristics belonging to and differentiated between male and female. Depending on the context, these characteristics may include biological sex: the state of being from the male sex, the female sex, or intersex.

**Gender identity:** the gender with which a person identifies, which may or may not agree with the gender assigned to them at birth. Gender identity and sexual orientation are separate concepts and should not be confused. Transgender people may be heterosexual, lesbian, gay or bisexual, just like cisgender people.



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I

**Intersectionality:** the association of multiple systems of subordination, described in various ways as compound discrimination, multiple burdens, double or triple discrimination, and interaction between one or two more axes of subordination. Intersectional approaches (Crenshaw, 2005) may be: *structural*, which presents Black women's position of gender and racial inequality in relation to, for example, violence, access to the labour market, education and health, compared to white women, and Black and white men; and *political*, which refers to the agendas of Black women who are marginalized by public policies, in terms of race and as women. Responding to the racism experienced by Black men determines that, in large part, political strategic configurations are only anti-racist, while measures to confront the sexism experienced by white women are, very often, not race based.

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M


**Maternal death:** the death of a ciswoman, or someone who becomes pregnant, during their pregnancy or up to 42 days following it, independent of the duration or location of the pregnancy. This may be caused by any factor related to or aggravated by the pregnancy, or to any measures taken in relation to it.

**Menstrual dignity:** a basic right of anyone who menstruates. It is therefore essential to invest in public policies that facilitate access to adequate menstrual supplies, knowledge about how the body works, and water and sanitation infrastructure, as well as spaces that guarantee privacy, security and hygiene.

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O

**Obstetric Racism:** the manifestation of racism carries a historical legacy of violence, torture and experiments on the bodies of Black women, which today we call obstetric racism. For example, performing procedures without anaesthetic, without due care and attention, through the justification that Black women more resistant, through a colonized reading of history.



**Obstetric violence:** the appropriation by health professionals of women's bodies and reproductive processes, through dehumanized treatment, the abuse of medicalization and the pathologization of natural processes, causing loss of autonomy and the capacity to make decisions about their own bodies and sexuality, negatively impacting on quality of life.

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**People who menstruate:** unlike gender identity, menstruation refers to biological sex. Given this, anyone with a uterus and vagina may menstruate, except for those who use a mechanism to interrupt the menstrual flow. For example, transmen and non-binary people may menstruate and experience periods of bleeding, premenstrual tension (PMT), pain and cramps, in the same way as women who identify with the gender assigned to them at birth.

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**Racism:** an ideology that structures social relations and attributes superiority to one race above others; this emerged in Brazil as a social construct. Racism may be broadly defined as behaviour, practices, beliefs and prejudice that are the foundation of avoidable and unjust inequalities between societal groups based on race and ethnicity. This definition not only encompasses racial violence or illegal forms of discrimination, but also subtle forms of exclusion.

**Rape:** rape, forced coitus or violation is a form of sexual aggression, general involving sexual intercourse or other forms of sexual penetration, performed against an individual without their consent. Corrective rape: is committed to controlling the victim's sexual or social behaviour. Lesbians, bisexuals and trans people are its main victims.

**Reproductive/Family Planning:** a series of activities to regulate fertility, which can help to prevent and control reproduction and the birth of children, and encompasses adults, young people and adolescents with a sex life, with or without stable partners, as well as those who are preparing to initiate their sex life. Family planning activities




are aimed at strengthening an individual's sexual and reproductive rights, and are based on clinical, preventative, educational, and information-giving activities and on the means, methods and techniques to regulate fertility.

**Reproductive Health:** a state of complete physical, mental and social well-being, rather than the mere absence of an illness or infirmity, in all aspects related to the reproductive system, its functions and processes. It ensures the individual has a safe and satisfactory sex life, is able to reproduce, and has the freedom to decide when and how many times they wish to do so.

**Reproductive Hierarchies:** a concept under construction. The exercise of reproduction is mediated by power relations, taking the experience of motherhood as a social phenomenon that is traversed by social, racial/ethnic, gender and generational inequalities, so that not every motherhood is acceptable. This ideal model of the exercise of reproduction/motherhood is laden with oppressions from the racist, sexist, classist and ageist social imagination, in other words, it is an excluding and discriminatory model.

**Reproductive Justice:** the human right to autonomy over one's own body in deciding whether or not to have (more) children, as well as the right to raise one's children in a safe and sustainable society. Seen as an intersectional theory, Reproductive Justice emerged from the lives of Black women who experience a complex set of reproductive oppressions and hierarchies. It is based on an understanding that the impacts of the oppressions of race, class, gender and sexual orientation are not additive, but integrative, producing a paradigm of intersectionality and generating intersectional discrimination.

**Reproductive Rights:** anchored in the recognition of every couple's and individual's basic right to responsibly make their own decisions about the number, spacing and opportunities to have children and the information and means to do so, as well as the right to enjoy



the highest standard of sexual and reproductive health. This includes the right to make decisions about reproduction free from discrimination, coercion or violence.

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**Sexism:** sexism or gender discrimination is prejudice or discrimination based on a person's gender or sex. Sexism may affect any gender, but principally affects women and girls.

**Sexual abuse:** means actual or threatened physical intrusion of a sexual nature, either by force or under unequal or coercive conditions. This includes sexual slavery, pornography, child abuse and sexual aggression.

**Sexual exploitation:** defined as an act, committed or attempted, of abuse based on an individual's position of vulnerability (dependent on someone for their survival, food, school, books, transport or other services), using a power differential or trust to obtain sexual favours, including, but not only, offering money or other social, economic or political advantages. This includes trafficking and sex work.

**Sexual harassment:** defined as any unwanted sexual advance, request of a sexual favour, verbal or physical behaviour or gesture of a sexual nature, or any other behaviour of a sexual nature that could reasonably be considered an offense or humiliation. Sexual harassment is particularly serious. It may interfere with work, become a condition for keeping a job or create an intimidating, hostile or offensive environment.

**Sexual Health:** the ability of men and women to enjoy and express their sexuality, without the risk of sexually transmitted diseases, undesired pregnancies, coercion, violence or discrimination, enabling them to experience an informed, pleasurable and safe sex life based on self-esteem, with a positive approach to human sexuality and mutual respect in sexual intercourse.

**Sexuality:** a central feature of human beings from the beginning of life, including sex, gender role and identity, sexual identity, eroticism, pleasure, intimacy and reproduction. Sexuality is influenced by the

interaction between biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

**Sexual Rights:** the right of every person, free from coercion, discrimination or violence to: obtain the highest standard of sexual health, including access to sexual and reproductive health care and services; seek, receive and provide information about sexuality; sex education; respect for bodily integrity, choice over their partners; make decisions about whether or not to be sexually active; have consensual sexual intercourse; consensual marriage; make decisions about whether or not and when to have children; pursue satisfaction, and a healthy and pleasurable sex life.

**Sexual Violence:** defined by WHO as “sexual acts that range from attempts to consummate a sexual act or unwanted sexual advances; acts to traffic, or otherwise, directed against a person’s sexuality by coercion, by any person, regardless of their relationship with the victim, in any environment, including the home and the workplace.” According to the UN, coercion may occur in various ways and with varying degrees of force, psychological intimidation, extortion or threat. Sexual violence may also occur if the person is not able to give consent, if they are under the influence of alcohol or other drugs, asleep or mentally disabled, or similar. Sexual violence includes: **Rape** within a relationship; Rape by persons known or unknown; **Unwanted sexual advances** or **sexual harassment**, which may take place at school, in the workplace or other environment; Systematic violations and other forms of violence, particularly common in armed conflicts (e.g., forced impregnation); Abuse of people who are mentally or physically disabled; Rape and sexual abuse of children; “Traditional” forms of sexual violence, such as forced marriage or cohabitation.


**Sterilization (tubal ligation/vasectomy):** a permanent form of contraception performed by surgery, suitable for people who have decided not to have (any more) children.



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**Transgender:** people whose gender identity is different from the sex assigned to them at birth. Transgender is a broad term and includes transmen and transwomen, as well as people who are non-binary.



# FINAL CONSIDERATIONS





# FINAL CONSIDERATIONS


Gaps and invisibility in data about reproductive justice in Brazil, in particular in the Northeast region, is a critical issue that affects understanding and the formulation of policies related to women's reproductive rights. The absence of accurate and up-to-date information hinders an appropriate analysis of the challenges faced by Black women in accessing reproductive health services, contraception, safe abortion and other crucial aspects in this area.

Such lack of data about reproductive justice impedes our broader understanding of the racial disparities that affect access to care and services, and may lead to ineffective public policies and a lack of adequate responses to the needs of women in the country's different regions.

Such invisibility can also result in the stigmatization of and discrimination against women who face reproductive challenges, particularly regarding abortion. The criminalization of abortion in Brazil often forces women, especially Black and poor women, to resort to unsafe practices, putting their lives at risk and perpetuating a worrying public health situation.

It is essential to ensure systematic and transparent data collection about reproductive justice in Brazil. This will enable policy-makers, researchers and health professionals to make informed, evidence-based decisions to improve access to reproductive health services and to ensure respect for the reproductive rights of Black women.

Further, we need to combat the stigma associated with reproductive issues and to promote an open and respectful public debate on the issue. This could support greater awareness about the importance of reproductive justice and egalitarian access to reproductive health services for all women. The invisibility of reproductive justice data in Brazil is a serious problem, which requires concrete action from the State, health institutions and civil society to ensure



that the reproductive rights of Black women are fully and effectively respected and protected.

The Law on Access to Information should be a tool to democratize knowledge in our society. In the context of women's health, this legislation plays a fundamental role in securing access to relevant information, helping to improve services and reproductive rights.

Access to data and information about women's health is facilitated by this law, enabling the population and responsible bodies to monitor and evaluate the quality of service provision. This would make it possible to identify both the gaps and inequalities in the health system and the specific needs of women in different contexts.


With transparent and available data about women's health, policy-makers and health professionals would have more information to draft effective, evidence-based strategies to confront challenges such as maternal mortality, access to contraception, antenatal care and care during childbirth. Further, disseminating transparent information helps to reduce the possibility of arbitrary decisions being made and to improve accountability in the health sector.

The Law on Access to Information also promotes society's active participation in guaranteeing reproductive justice for Black women. When information is accessible and comprehensible, the population can engage in informed debate and demand concrete measures to improve reproductive health services.

However, for this law to be truly effective in promoting women's health, the government needs to ensure that information is updated, full and easy to access – not something we saw in our Public Policy Mapping. We need to combat disinformation and ensure women know their reproductive rights and are able to access accurate healthcare information. By making the relevant data available and enabling societal engagement, such legislation can strengthen public oversight, helping to guarantee reproductive rights and raise the quality of health services aimed at women.

### **Reporting mechanisms for Reproductive Justice in Brail**

**1. Dial 100:** a free telephone helpline for reporting human rights violations, including those related to sexual and reproductive rights. Accessible to



anybody who wishes to report a case of abuse, violence, discrimination or negligence in relation to these rights.

**2. Public Ombudsmen:** certain public bodies, such as the Departments of Health, the Public Prosecutor's Office and the Public Defender's Office have ombudsmen to receive reports and complaints about healthcare services, including those related to sexual and reproductive rights.

**3. Civil society organizations:** various non-governmental and collective organizations work in the defence of sexual and reproductive rights. These can provide channels for reporting and supporting victims of rights violations.

**4. Specialized police stations:** some cities have specialized police stations, including Police Stations for the Defence of Women (*Delegacias de Defesa da Mulher*: DDMs), specifically aimed at assisting women. These are responsible for investigating cases of violence and abuse against women, including issues related to sexual and reproductive rights.

It is worth noting that reporting sexual and reproductive rights violations is essential to combat impunity and protect victims. If you encounter violence, discrimination or neglect in this area, it is important to seek help and use the available mechanisms to report the incident. Always remember that the complaint should be received in a way that respects the privacy and safety of the person reporting it.

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