Bolivia

Women of the World:
Laws and Policies Affecting Their Reproductive Lives

Latin America and the Caribbean

The Center for Reproductive Law and Policy
DEMUS, Estudio para la Defensa de los Derechos de la Mujer

In collaboration with partners in

Argentina Bolivia Brazil Colombia El Salvador
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WOMEN OF THE WORLD:

BOLIVIA

PAGE 34

Statistics

GENERAL

Population
- Bolivia has a total population of 8 million, of which 50.4% are women.\(^1\) The growth rate is approximately 2.3% per year.\(^2\)
- 41% of the population is under 15 years old and 4% is over 65.\(^3\)
- In 1995, 54% of the population lived in urban areas and 46% in rural areas.\(^4\)

 Territory
- Bolivia has a surface area of 1,098,581 square kilometers.\(^5\)

 Economy
- In 1994, the World Bank estimated the gross national product per capita in Bolivia at U.S.$770.\(^6\)
- From 1990 to 1994, the gross domestic product grew at an estimated rate of 3.8%.\(^7\)
- In 1992, the Bolivian government spent U.S.$97 million on health.\(^8\)

 Employment
- In 1994, approximately 3 million people were employed in Bolivia, of which 37% were women.\(^9\)

WOMEN’S STATUS

- The average life expectancy for women is 63 years, compared with 57 years for men.\(^10\)
- The illiteracy rate for women is 24%, while it is only 10% for men.\(^11\)
- For the period from 1991 to 1992, women represented 78% of the total unemployed compared with 6.9% for men.\(^12\)
- In 1994, women represented 37% of the economically active population.\(^13\) In the period from 1989 to 1990, women represented 8.6% of the unemployed in urban areas.\(^14\)
- Of the cases of violence against women in Bolivia, 76.3% were acts of physical violence, 12.2% were rapes, 6.4% were attempted murders, and 3.3% were attempted rapes. Most cases of physical aggression, rape, and murder took place within the home.\(^15\)

 ADOLESCENTS

- Approximately 41% of the population of Bolivia is under 15 years old.\(^16\)
- The median age of first marriage is 22 years.\(^17\)
- During the period from 1990 to 1995, the fertility rate in adolescents between the ages of 15 and 19 years old was 83 per 1,000.\(^18\)

 MATERNAL HEALTH

- The fertility rate is 5 children per woman.\(^19\)
- The maternal mortality rate is 600 deaths per 100,000 live births.\(^20\)
- Three-quarters of maternal deaths occur during pregnancy or childbirth, the principal causes being hemorrhaging, induced abortion, and hypertension. Infections and toxemia are also significant factors in the maternal mortality rate.\(^21\)
- From 1990 to 1995, the infant mortality rate was estimated at 85 deaths per 1,000 live births.\(^22\)
- In Bolivia, 46% of births are attended by a health professional.\(^23\)

 CONTRACEPTION AND ABORTION

- 45% of women of childbearing age in Bolivia use some form of contraception. Within this group, 18% employ modern family planning methods.\(^24\) Of those that practice traditional methods 14.7% use the rhythm method.\(^25\)
According to 1995 calculations, it is estimated that 115 abortions are carried out per day and between 40,000 and 50,000 per year in Bolivia.26

One-third of maternal deaths are due to induced abortions, which means that there are approximately 60 deaths per 10,000 abortions.27

**HIV/AIDS AND STIs**

There is very little information about sexually transmissible infections in women who do not work in the sex industry, as the majority of studies done have been carried out on prostitutes. One study done in La Paz revealed that approximately 30% of the women participating had syphilis, 17% had gonorrhea and 17% had chlamydia.28

The reported prevalence of AIDS in women is 0 per 100,000, compared with 1.9 per 100,000 men. Since 1985, 161 cases of HIV have been reported, and 95 of those have developed into AIDS.29

**ENDNOTES**

5. Ministry of Human Development, National Health Secretary, Diagnóstico Cualitativo de la Atención en Salud Reproductiva en Bolivia [Qualitative Diagnosis of Attention to Reproductive Health in Bolivia], at 112 (Bibliographic Revision, 1996).
7. Id., at 208.
8. Qualitative Diagnosis, supra note 5, at 43.
18. Id., at 86.
19. Qualitative Diagnosis, supra note 5, at 111.
21. Qualitative Diagnosis, supra note 5, at 8.
22. Id.
24. Id., at 69.
26. Qualitative Diagnosis, supra note 5, at 11.
27. Id., at 12.
28. Id.
29. Id., at 13
Bolivia is located in the central region of South America. Argentina and Paraguay border it to the south, Brazil to the north and east, and Peru and Chile to the west. There are three official languages in Bolivia: Spanish, Aymara, and Quechua. The official and most widely practiced religion is Roman Catholicism. The predominant ethnic groups are the Quechua (30%), Aymara (25%), Mestizo (25–30%), and European (5–15%). Bolivia was a Spanish colony from 1530 until August 6, 1825, when it gained its independence from Spain.

Bolivia has had a long history of political instability accompanied by an “endemic” economic crisis. In 1981, after a long succession of military and civilian governments, the military government transferred power to the Congress of the Republic, democratically elected a year before Congress then called for presidential elections that ended eighteen years of military dictatorships. Hugo Banzer Suárez was elected president of the republic on August 6, 1997. Currently, the government is in a process of transition to a market economy, undertaking privatization programs, encouraging exports and foreign investment, reducing the budget deficit, and strengthening the financial system.

I. Setting the Stage: the Legal and Political Framework

To understand the various laws and policies affecting women’s reproductive rights in Bolivia, it is necessary to consider the legal and political systems of the country. By considering the bases and structure of these systems, it is possible to attain a better understanding of how laws are made, interpreted, modified, and implemented, as well as the process by which governments enact reproductive health and population policies.

A. The Structure of National Government

The Republic of Bolivia is centralist and has a “representative democratic” government. The Political Constitution of the State (“Constitution”) establishes that sovereignty resides with the people, who then delegate that power to the three branches of government: the executive, the legislative, and the judicial.

Executive branch

Executive power lies with the president of the republic and his ministers of state. The president and vice president are elected by direct suffrage. The presidential term is five years and immediate reelection is not permitted. The president can be reelected for an additional term, but the terms must be non-consecutive — at least one presidential term must have passed since his or her first presidency. Among the functions of the president are to execute and implement laws; to negotiate and to enter into international treaties, and to exchange instruments of ratification after congressional ratification; to manage national funds and “to decree expenditures” through the appropriate ministries; and to present the legislative branch with national and departmental budgets for approval.

The ministers of state are in charge of public administration. Each is responsible for administering his or her own ministry in conjunction with the president of the republic. They are also jointly responsible for governmental acts agreed to by the Council of Ministers. Ministers of state must countersign presidential decrees and other legal acts enacted by the president relating to their areas of responsibility.

Legislative branch

Legislative power resides in the National Congress, which is composed of two chambers: the Chamber of Deputies and the Senate. The Senate is composed of twenty-seven senators — three from each department. The Chamber of Deputies has 130 deputies. Senators and deputies are elected by universal, direct, and secret vote. However, departments elect half the members of the Chamber of Deputies. The distribution of seats is by proportional representation. The other half of its members are elected through direct vote by a simple majority in single electoral districts, which are constituted for electoral purposes.

Among other tasks, the legislative branch is responsible for enacting, repealing, derogating, modifying, and interpreting laws; imposing contributions and taxes of any kind upon the executive branch’s proposal; abolishing existing taxes and contributions; determining the nature of the law; and decreeing fiscal expenditures. The legislative branch also determines the national budget following its proposal by the executive branch and annually approves the income and expenditures account that the executive presents in the first session of each legislature. It ratifies international treaties and conventions; decrees amnesties for political crimes; and grants pardons after receiving a report from the Supreme Court of Justice. The legislative branch appoints the justices of the Supreme Court of Justice, the magistrates in the Constitutional Court, the attorney general, and the people’s defender (“ombudsman”).

Senators, deputies, the vice president, and the executive branch may propose legislation. The relevant minister must defend executive branch proposals before Congress. Once Congress has passed a law, it sends it to the president for promulgation. The president has ten days from the date of its receipt to review the proposed legislation. If the president does not either return the law to Congress with his or her
suggestions for revision or promulgate it, the president of the National Congress can order its promulgation. Laws are effective from the day after their publication, except where the law itself provides otherwise.

Judicial branch

The Bolivian legal system is a civil law system derived from Roman Law, as distinguished from English Common Law. The judicial branch is composed of the Supreme Court of Justice, the superior district courts, tribunals and courts of first instance, and other courts as established by law. The Judicial Council and the Constitutional Court also form part of the judicial branch.

The Supreme Court is composed of twelve justices, elected by two-thirds of Congress following nominations made by the Judicial Council. The Supreme Court is responsible for: leading and representing the judicial branch; proposing candidates for superior district courts to the Senate; electing ordinary judges; hearing appeals of judgments; and rendering final judgment in actions involving the president, vice president, or ministers of state for crimes committed in office.

The justice system in Bolivia is regulated by certain constitutional principles such as exclusive jurisdiction, meaning the exclusive power of one court to hear an action to the exclusion of other courts; administrative and economic independence of the judicial branch; the right of access to the justice system free of charge; and fair, prompt, and public trials.

The attorney general and other officials appointed as prescribed by law are responsible for defending the law, including the interests of the state and society as a whole. The ombudsman is responsible for defending people's rights from unlawful state action and for the defense and promotion of human rights.

As an alternative form of dispute resolution, the Constitution recognizes the authority of peasant and indigenous leaders to administer justice in their communities according to their customs, rules, and procedures, provided these do not conflict with the Constitution or other national laws.

B. THE STRUCTURE OF TERRITORIAL DIVISIONS

Regional and local governments

Bolivia is politically divided into nine departments each of which has its own provinces, provincial subdivisions, and towns.

A prefect, appointed by the president, governs and administers each department. The prefect is the general commander of the department and must appoint subprefects and mayors for each province and town within the department.

He or she also appoints all other departmental administrative functionaries not named by other officials.

The law known as the Regime of Administrative Decentralization of the Executive Branch transfers and delegates technical and administrative responsibilities not reserved for the executive branch to the subprefects in each department. These include the administration, supervision, and control of human resources and of budgetary matters related to the operation of health, education, and social assistance services. The subprefects must act within the framework of applicable laws and policies that regulate the provision of these services.

In each departmental capital, there is a municipal council and a mayor. In the provinces, the provincial subdivisions, and the ports there are municipal boards. In the towns there are municipal agents. Local government is independent and is run by municipal councils or boards, which are elected by popular vote for a two-year term. These entities are responsible for enacting municipal ordinances to ensure quality services to the population; annually approving the municipal budget; and establishing and eliminating municipal taxes, following Senate approval. Municipal councils or boards elect mayors, who oversee the administration of local governments for a two-year term.

C. SOURCES OF LAW

Domestic sources of law

The Constitution is the supreme law of the land. All authorities are required to uphold the Constitution, laws and regulations. The Constitution prevails over laws, and laws take precedence over all types of regulatory measures.

International sources of law

Numerous international human rights treaties recognize and promote specific reproductive rights. Governments that adhere to such treaties are legally obligated to protect and promote these rights. International treaties must be ratified by the legislative branch by an ordinary law, and it can be inferred that such treaties are equivalent in authority to ordinary law.

The executive branch negotiates and signs treaties with foreign nations and, after Congressional ratification, it arranges for the exchange of instruments of ratification.

Bolivia is a member state of the United Nations and the Organization of American States. As such, Bolivia has signed and ratified the majority of relevant treaties of the Universal and the Inter-American Systems for the Protection of Human Rights. In particular, Bolivia has ratified treaties relating to women's human rights such as the Convention on the Elimination of All Forms of Discrimination Against Women and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women ("Convention of Belém do Pará").
II. Examining Health and Reproductive Rights

Issues of reproductive health are dealt with in Bolivia within the context of the country's national health and population policies. Thus, an understanding of reproductive rights in Bolivia must be based on analysis of the laws and policies related to health and population.

A. HEALTH LAWS AND POLICIES

Objectives of the health policy

One of the fundamental rights recognized by the Constitution is the right to health,72 which is understood to be in the public interest.73 The state is obligated to safeguard the health of the individual, the family, and the general population.74 Public health policy is defined by the Ministry of Human Development, through the National Health Secretary.75 One of the Health Secretary's functions is to "formulate, implement and oversee health policies and programs, including prevention, protection and recuperation, as well as nutrition, sanitation and hygiene."76 The present Bolivian government is reforming the health sector by devising a national decentralized health system that more efficiently links together the public sector, the social security system and private entities including nongovernmental organizations.77 Following these principles, the Public Health System ("PHS")78 has been created. Its aim is "to achieve high levels of equity, quality and efficiency in health service provision, and provide universal access and coverage for the population."79 The PHS, as a new model for health policy, seeks to define the priorities governing the health system, organize health services and define both sectoral and shared management structures with local participation.80 The organizational structure of PHS is divided into three levels of management: the national level, represented by the National Health Secretary,81 whose function it is to control, regulate, and lead the PHS;82 the prefecture level, represented by the Departmental Health Office which is in charge of implementing general strategies, plans national programs and special departmental projects;84 and the municipal level, consisting of Local Health Directorates85 which share its functions with the community. Municipal governments provide the infrastructure, equipment, and funds generated from municipal sources and from taxation.86

Infrastructure of health services

The health institutions and establishments that constitute the PHS are divided into three levels: (a) the health district level, composed of health stations, local clinics, local health centers and district hospitals; (b) the Regional Health Secretary level, consisting of regional hospitals, maternity hospitals, and pediatric hospitals; and (c) the National Health Secretary level, composed of medical research institutes.87 The health system has 33 regional hospitals, 54 district hospitals, 191 health stations with beds, and 1,373 health clinics with outpatient services.88 With respect to the private sector, there are approximately 100 private clinics in the country.89 In the rural areas and in the outlying impoverished areas of La Paz, Cochabamba, and Santa Cruz, medical services offered by nongovernmental organizations ("NGOs") are particularly important.90 There are approximately 500 NGOs offering services in rural areas.

In terms of human resources, doctors work in hospitals and health centers, while in the itinerant rural health stations, patients are attended by nurses and physicians' assistants. In Bolivia, the average doctor-patient ratio is 34 doctors per 10,000 inhabitants, and the nurse-patient ratio is 14 nurses per 10,000 inhabitants.91

Cost of health services

Bolivia depends substantially on international aid to finance the national budget, especially social development programs.93 As evidenced by the outcome of the health sector reorganization, international donors have begun to favor policies that build the capacity of national actors and develop a more efficient management of financial resources.94 The Local Health Directorates develop projects according to the needs and priorities of each region. These projects are then sent to the System of Public Investment and Foreign Financing,95 which carries out the authorization of funding or seeks other funding sources according to the particulars of each project.96 The entity in charge of seeking funds and negotiating the terms of projects is the International Relations Office of the National Health Secretary.97

Health care services are not free of charge.98 The prevailing philosophy of health administration is "without money, no treatment."99 Funds obtained from payments for health services are mainly used to purchase medicines and to cover other operating costs, though they are also used to supplement doctors' salaries.100

Regulation of health care providers

The practice of health professionals in medicine, dentistry, nursing, nutrition, and other fields is regulated by the Health Code and special regulations.101 None of the professionals mentioned above can perform medical procedures without being registered in their respective profession before the Health Authority.102 The Health Authority verifies compliance with appropriate requirements, such as completion of university studies and the registration of the degree in the relevant professional
the negative effects of population growth and urbanization; achieve territorial, economic, and social integration; and encourage a symmetrical relationship between the dynamic of the population and the economy. It also states that development should be understood from a global perspective that combines the principles mentioned above. It also states that development in order to satisfy the basic needs of the diverse population groups while preserving sustainable development and the environment.

Reproductive rights and family planning laws and policies

The Bolivian government has declared that health is a crucial factor in development and that it is the government’s obligation to protect everyone’s health, particularly that of mothers and children. The government considers reproductive health and family planning to be essential components of maternal and infant health. R eproductive health, including its physical, psychological, and social aspects, is seen as an integral part of overall health. Based on these principles, the government created the National Plan for Rapid Reduction of Maternal, Perinatal, and Infant Mortality (“Life Plan”).

The Life Plan, aimed at lowering the levels of illness and death, especially in the area of maternal and infant mortality, was conceived as an instrument for social development and the “improvement of the quality of life of every Bolivian family.” The main objective of the Life Plan is “permitting free access to educational programs and maternal-infant health care services, maternal-infant nutritional services, and family planning services for all those who need them.” From 1994 to 1997, the goals of the Life Plan were to reduce maternal mortality by 50%; to reduce perinatal mortality by 30%; and to develop and establish effective and comprehensive local health care services for pregnant women, mothers, and children under five.

As one of its strategies aimed at reducing maternal mortality rates and improving the status of women’s health, the National Health Secretary created the Comprehensive Women’s Health Services Program. This program features health assistance to pregnant women, including prenatal and postnatal care; care during delivery; care for obstetric and perinatal complications; and reproductive health education. It also includes services aimed at all women generally in several areas such as family planning, reproductive health education, gynecological care; detection and care of cervical, uterine, and breast cancer; and detection and care of sexually transmissible infections (“STIs”).

A second strategy initiated by the government features M ean and Infancy Insurance, which seeks to reduce maternal mortality by 20% and infant mortality by 25% and to increase the expansion of health services prioritizing maternal and infant health.

Population laws and policies

In 1992, the National Development Strategy stated that a general objective of Bolivian population policy would be “to encourage a symmetrical relationship between the dynamic of population growth and the country’s economic and social development in order to satisfy the basic needs of the diverse population groups while preserving sustainable development and the environment.” Furthermore, it articulated specific objectives such as encouraging a more rapid decrease in maternal and infant morbidity and mortality; promoting a more balanced distribution of the population throughout the national territory; supporting the growth of intermediate cities to achieve territorial, economic, and social integration; and controlling the negative effects of population growth and urbanization on the environment. The Bolivian government, in its Declaration of Principles on Population and Sustainable Development, reaffirms the principles mentioned above. It also states that development should be understood from a global perspective that combines four fundamental factors: economic growth, social equity, the rational use of natural resources, and governability. It points out that population policies should not be understood solely as instruments for demographic control but should be incorporated into a wider strategy of “sustainable development at whose core are population issues.” The Declaration of Principles also specifies the Bolivian government’s obligation to achieve “comprehensive development of the potential of the Bolivian people” through increasing the number and quality of available jobs, education for sustainable development; the strengthening of primary health care services; and respect for cultural diversity.

Patients’ rights

The Health Code recognizes a patient’s right to comprehensive health services, to be attended in any public or private medical facility in an emergency; and to be informed by the Health Authority of the medical or surgical procedure be performed on him or her. Furthermore, all patients have the right “not to be compelled to undergo unnecessary tests, surgery, or treatment, or to participate in clinical or scientific experiments without their consent and without receiving information about the risks.” However, there are no procedural rules to guarantee that medical facilities comply with these rights. The Penal Code protects patients from negligence. A penalty of three months to two years’ imprisonment or a fine of 30 to 100 days’ wages is imposed on any health professional that performs unnecessary surgery or treatment.

B. POPULATION, REPRODUCTIVE HEALTH, AND FAMILY PLANNING

The Health Authority develops the necessary measures to monitor health professionals’ performance. The Penal Code punishes anyone who, without authorization or a license, practices a medical, health, or related profession. The penalty for violation of this criminal law is three months to two years’ imprisonment or a fine of 30 to 100 days’ wages.

Traditional medicine plays an important role in the health sector. It is estimated that each traditional healer in Bolivia attends to about 500 people a year. However, traditional healers are not legally regulated.

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care and generating a funding mechanism that "breaks economic barriers without falling back on subsidies." The insurance, to be adopted by 311 municipal governments countrywide, strives to cover a population of approximately 3 million people, including women and children.

The Bolivian government recognizes family planning as a component of reproductive health and as a fundamental human right of individuals and couples who have the right to "freely and responsibly decide the number and timing of their children." The National Health Secretary, through the Comprehensive Women’s Health Services Program and particularly through the Sexual and Reproductive Health Strategy, is in charge of ensuring that family planning services are offered in different health establishments countrywide. It must continuously coordinate with the prefects of each department and with municipal governments in order to do so.

Government delivery of family planning services

The government does not provide free family planning services or free contraceptive methods, and there are no established official prices for these. Among the programs comprising the Sexual and Reproductive Health Strategy are those aimed at providing information, education, and mass media campaigns on sexual and married life and the risks of reproduction. There are also more standard family planning-related activities, such as treatment for infertility and information on the use of traditional and modern contraceptive techniques.

C. CONTRACEPTION

Prevalence of contraceptives

Of all Bolivian women, 18.3% use traditional methods of contraception and 11.9% use modern methods. Among the traditional methods of contraception, the rhythm method is used by 147% of women, and among the modern methods, the most prevalent ones are the intrauterine device ("IUD") (5.21%) and sterilization (31%). These statistics increase when only women in relationships are included, revealing that 45% of these women use some form of contraception. Of these, 276% prefer traditional methods such as the rhythm method (22%), other methods (39%), and withdrawal (17%); 77% use modern methods of contraception — 81% use IUDs, 46% use sterilization, and 28% use the contraceptive pill.

Legal status of contraceptives

The Bolivian government specifically establishes the distribution of information about reproductive health, the promotion of methods for the regulation of fertility, and support for family planning services as part of its population policy. Although the government recognizes and respects each person’s right to decide freely about his or her sexuality and fertility, abortion is strictly prohibited as a method of family planning. In the regulation of the sale of contraceptives, the law distinguishes between medical devices such as condoms and IUDs and pharmaceutical items such as the contraceptive pill, vaginal foaming tablets, and injectables. Pharmaceutical contraceptives are regulated by the same laws as other drugs. The National Health Secretary, through the National Department of Drugs, Pharmacies and Laboratories, performs the regulatory function. Drugs such as contraceptive pills, injectables, and spermicides must have a drug license that authorizes their importation, distribution, and commercialization for a five-year period. On the other hand, condoms and IUDs are considered medical devices rather than pharmaceutical products and, therefore, do not require a license and can be freely imported.

Regulation of information on contraception

There is no law limiting information on contraception. To the contrary, the government indicates that reproductive health services should include all necessary means to ensure that patients have "wide, objective, complete and accurate information," strengthening individuals' freedom of choice regarding their fertility.

Some efforts undertaken by the government to disseminate information on a large scale about different methods of family planning and the use of the condom have met with strong opposition and pressure from the Catholic Church for their withdrawal. Because of this pressure, government health authorities decided to end the information campaign that had been aimed at conveying the benefits of family planning and at preventing the transmission of STIs and HIV/AIDS. As a result of information and educational efforts provided by the medical community, family planning is currently supported at different levels of civil society, because of the benefits to the health of women and to the population in general, and because it enables men and women to decide on the number of children they want and can support.

Sterilization

Although sterilization is not specifically addressed in legislation, health regulations in Bolivia prohibit doctors from performing any procedure that affects the normal functioning of reproductive organs. However, sterilization has become a routine procedure in health care facilities. Although there are no regulations or directives on point, health service personnel require the male partner's written authorization to perform a woman's sterilization. They also take into consideration the number of children she has had and the age of the woman before they will sterilize her. These issues are not considered in male sterilizations or vasectomies.
LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES

BOLIVIA

D. ABORTION

Legal status of abortion

In Bolivia, the Penal Code classifies abortion as a crime, and punishes anyone who "causes the death of a fetus in the womb or provokes the premature expulsion of the fetus."163 When a woman has an abortion because the pregnancy is the result of rape, abduction for sexual purposes not followed by marriage, statutory rape, incest,162 or because the mother's life is in serious danger (therapeutic abortion), the act is not considered punishable.163 The Penal Code punishes both the woman who "gives consent" to have an abortion164 and the person who carries out the abortion procedure with or without the woman's approval.165 A specific provision mandates an additional punishment for persons who habitually provide abortions.166 The Penal Code punishes those who unintentionally induce a miscarriage and those who through violence provoke a woman to miscarry, even though there was no intention to do so, if the pregnancy is obvious or the aggressor previously knew of the pregnancy.168 Attempted abortion is not punishable.169

Despite the criminalization of abortion, it constitutes one of the country's most serious public health issues. This is both because of the maternal mortality caused by abortions and the hospital costs resulting from medical treatment following complications of unsafe abortions.170 The Bolivian Gynecology and Obstetrics Society estimates that there is a rate of 60 deaths per 10,000 abortions.171 This figure is influenced by the lack of training of those who perform the abortions (generally, nurses, medical students, and others); the high cost of obtaining an abortion; the low quality of services; economic problems; social pressures; and fears due to abortion's criminal status.172

Requirements for obtaining a legal abortion

In order for an abortion to be performed relying upon one of the two exceptional cases permitted by law, a doctor must: perform the procedure and the woman must consent.173 Therapeutic abortion is not punished only when the threat to the woman's life cannot be averted through any other means.174 When the abortion is a result of rape, abduction for sexual purposes not followed by marriage, statutory rape, or incest, the law requires that the victim first file a criminal complaint against the aggressor175 and only then may the judge authorize the performance of an abortion.176

Penalties for abortion

The person who performs an abortion without the woman's consent or on a woman under 16 years of age is liable to two to six years of imprisonment.177 When the abortion is performed with the woman's consent, the punishment is one to three years of imprisonment178 both for the woman and for the person who performs the procedure.179 When the woman induces her own abortion, or when another person performs the abortion with her consent with the aim of "saving her honor,"180 a punishment of six months to two years is imposed,181 increased by one-third if the woman dies as a result of the procedure.182

When an abortion to which the woman has consented results in injury, the punishment provided is one to four years of imprisonment.183 The penalty is increased by half if the women dies as a result of the procedure.184 If the woman does not give her consent and the abortion results in injury, the penalty is one to seven years of imprisonment185 and two to nine years if the women dies as a consequence of the abortion.186

In the case of unintentional abortion or miscarriage, the Penal Code establishes obligatory community service for up to one year.187 Whoever causes a miscarriage through violence, without intention, when the pregnancy is obvious or with previous knowledge of it, is given three months to three years in prison.188

A person convicted of habitually performing abortion procedures is punished with one to six years of imprisonment.189

E. HIV/AIDS AND SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)

Examining the problem of HIV/AIDS issues within the reproductive health framework is essential, as both are intimately related from a medical and public health standpoint. Hence, a full evaluation of laws and policies affecting reproductive rights in Bolivia must examine HIV/AIDS and STIs because of the dimensions and implications of these illnesses. Between 1991 and 1995, 160 cases of HIV/AIDS were reported in Bolivia, of which 78 had developed AIDS.190 Of the reported cases, 75% were men and 25% women.191 With respect to STIs, in the same period, 16,432 cases of gonorrhea and 19,427 cases of syphilis were reported.192 In September 1996, the departmental registers in Cochabamba department showed 36 reported cases of HIV, but the departmental authority reported that within two months, 11 more cases were reported, putting the figure at 47.193

 Laws on HIV/AIDS and STIs

Recently, the Bolivian government promulgated the Regulations for the Prevention and Care of HIV/AIDS in Bolivia ("HIV/AIDS Regulations").194 These Regulations classify AIDS and infections caused by HIV as "diseases transmitted through sexual contact, blood, and blood derivatives."195 Additionally, it states that an HIV test can be performed only when requested by an individual who has an epidemiological risk factor, when there is a clinical reason to suspect that the individual is carrying HIV, or for the purpose of epidemiological monitoring and epidemiological research.196
The HIV/AIDS Regulations also set out the rights and duties of healthy, infected, and sick persons. It establishes that the results of laboratory tests are strictly confidential and that in all cases counseling and psychosocial services should be provided. Test results that indicate the presence of the illness must be reported confidentially to the regional secretary responsible for epidemiological research. Medical professionals cannot invoke patient confidentiality to avoid reporting such information to health authorities. When the patient agrees, or when the doctor considers it necessary, the HIV status of the infected person and the risks of infection can be reported to the patient’s spouse, domestic partner, or sexual partner(s), so that they can take preventive measures. If the state of health of the AIDS patient is serious, family and those close to the patient must be informed, always maintaining strict confidentiality.

The HIV/AIDS Regulations also state that surveys and interviews for research purposes may only be carried out with the prior consent of the person interviewed unless the health authority decides it is appropriate to conduct the research without consent for public safety reasons. It is expressly prohibited to conduct such investigations for reasons of “discrimination or publicity.” Persons infected with HIV cannot be barred from public or private education, sports, or cultural facilities or be subjected to any form of discrimination because of their condition as a carrier. It is prohibited to require HIV/AIDS tests as an obligatory prerequisite in the following cases: for admission to education, sports, or cultural facilities to gain entrance to the country for both foreigners or nationals; to enter or remain in the workplace; or to gain entrance into military institutions. No health care worker in public, social security, or NGO or other private establishments can deny medical attention and in-patient services to a person who has AIDS or is HIV positive. Furthermore, they have an obligation to provide guidance, information, and education to the Bolivian population about HIV/AIDS, without discrimination. Anyone who works as a prostitute should receive information, education, and counseling about prevention and control of HIV/AIDS through his or her corresponding health center. Managers of motels, brothels, and other such establishments have the duty to regularly provide condoms to clients and to those who work as prostitutes in these establishments.

In the area of labor, HIV/AIDS Regulations also provide that the Ministry of Employment and Labor Development has the duty to offer legal and labor support services to carriers of HIV. These workers cannot be denied jobs or permanent status in their positions. Employees are not required to inform their employers of their condition, thereby reinforcing their right to confidentiality and protection from discrimination. Health care providers affiliated with the social security system are prohibited from reporting details of employees’ health status to employers.

In the criminal context, the Penal Code classifies the spreading of serious or contagious diseases as a crime against public health. The crime is punished by imprisonment of whoever puts another in danger of infection through sexual relations or breast-feeding. The punishment is increased if the exposed person becomes infected.

**Policies on prevention and treatment of HIV/AIDS and STIs**

The prevention of AIDS in Bolivia is regulated by the Program for the Prevention and Care of STIs and AIDS, which is run by the National Health Secretary. The principal objective of this program is “to improve comprehensive services for health problems as well as to offer information, education, support, and counseling to persons who are infected with HIV/AIDS, those who are at risk of being infected and to the general population, and, in so doing, assisting in the reduction of psychosocial, economic, political, and legal consequences generated by HIV/AIDS in Bolivia.” The National AIDS Program coordinates comprehensive health care for those infected with HIV or sick with AIDS and offers programs of training in STIs and AIDS to health personnel involved in a system of comprehensive service provision. Each region has access to this system, which consists of a multidisciplinary team of doctors, dentists, nurses, social workers, psychologists, psychiatrists, biochemists, lawyers, pastoral support groups, family support groups, and self-help groups. These specialists carry out ongoing checkups and offer assistance to those infected with AIDS related to both their physical and mental health.

The principal activities of the National STI/AIDS Program are documenting and updating confidential national and regional registers of those infected with HIV and suffering from AIDS, with their respective clinical histories; offering health, counseling, and psychosocial services for patients with AIDS; carrying out studies of HIV status in diverse groups of the population for epidemiological observations; creating centers to detect cases of AIDS; and conducting surveys of knowledge, attitudes, and practices in diverse groups of the population to facilitate epidemiological control of the disease.

**III. Understanding the Exercise of Women’s Reproductive Rights: Women’s Legal Status**

Women’s reproductive health and rights cannot be fully evaluated without analyzing women’s legal and social status. Not
only do laws relating to women's legal status reflect societal attitudes that affect their reproductive health, but such laws often have a direct impact on women's ability to exercise reproductive rights. The legal context of couple relations and family life, educational level, and access to economic resources and legal protection determine women's ability to make choices about their reproductive health needs, as well as their ability to exercise their rights to obtain health care services.

The principle of equality recognized in the Bolivian Constitution establishes that all people enjoy rights, freedoms, and guarantees without distinction by gender. The Constitution also affirms equality between spouses to form a marital union “that rests on equality of rights and duties of both spouses.”

A. CIVIL RIGHTS WITHIN MARRIAGE

Marriage law

The Constitution provides that marriage, family, and maternity are protected by the state. The Family Code regulates all that concerns family and matrimonial relations and recognizes the constitutional principle of legal equality of spouses. The law provides that marriage, family relationships, and parental authority over children are subject to the principle of equal treatment before the law.

For purposes of civil legislation, the age of majority is 21, although political rights of citizenship are acquired at 18. The Family Code establishes that the minimum age for marriage is 16 for boys, and 14 for girls.

Although the Family Code maintains the principle of spousal equality, it also contains certain discriminatory provisions, including one that states “the husband can restrain or refuse to permit the wife from carrying out a profession or occupation, for reasons of morality or when her social function at home is seriously impeded.”

Spouses have a mutual duty of fidelity, assistance, and support. Both partners choose the marital residence and each contributes to their joint maintenance, according to the means of each spouse. In cases where one spouse is unemployed or is unable to work, the other should provide for their maintenance. According to the law, women carry out a useful social and economic function in the home, which receives specific legal protection.

Both spouses manage joint property acquired during marriage. Actions related to the administration of such property undertaken by only one of the spouses are presumed to have the consent of the other spouse and are legally binding on him or her as long as they are justified by joint expenses and obligations. If the acts are not justifiable, they are the sole responsibility of the spouse who undertook them and they do not encumber the joint property, provided the creditor knew or should have known of the unjustifiable nature of these acts.

As long as an act is not damaging to their joint ownership of property, each spouse can freely manage and spend earnings obtained from his or her work separately from the other spouse. To dispose of or encumber joint property, consent from both spouses is essential, given either directly by the spouses or by a third party empowered with special authority to do so.

Regulation of domestic partnerships

Bolivian family law protects domestic partnerships (uniones de hecho), defining such partnerships as occurring “when a man and a woman voluntarily constitute a home and live together in a monogamous and stable way” for a minimum period of two years. Their privileges and duties are the same as in a legal marriage both in terms of the relationship between the spouses and of property rights.

The requirements for legal recognition of a domestic partnership are that both partners must have legal majority, which is the same as for marriage; neither partner can be married to another person; and neither partner can have been convicted of the homicide of the spouse of the other partner. The Civil Code recognizes inheritance rights between domestic partners and provides that “the individuals in a domestic partnership recognized by the Constitution and the Family Code are treated similarly to persons who are married with respect to rights of succession to the property of their partner.”

Other forms of domestic partnership, such as the “tantanaú” and the “sirvinacuy” that exist in the Andean and other indigenous communities are legally recognized by Bolivian law. The legal effects of such unions are similar to those of marriage.

D. DIVORCE AND CUSTODY LAW

Divorce, as a means of dissolving a marriage, is permitted in the following circumstances: when either spouse engages in adultery or sexual relations with another; when either spouse commits acts of excessive cruelty; when one spouse gravely slanders the other; when verbal or physical ill treatment makes it intolerable for the spouses to live together; when one spouse attempts to kill or arranges for another to kill the other spouse; when one spouse is the protagonist, accomplice or instigator of a crime against the honor or property of the other; when one spouse consents to the corruption or prostitution of the other spouse or children by another; when one spouse maliciously abandons the family home; and where one spouse, without reason, does not return to the home for six months after the other spouse has a judge order him or her to do so. It is also legal cause for divorce when partners freely and mutually agree to separate and have lived apart for more than two years.
Property acquired during the marriage becomes joint property. In cases of divorce, such property is divided equally between the two spouses, including profits made during marriage. This is not the case when the spouses have signed a contract providing that they are not subject to the joint property regime.256

In cases of separation, divorce, or termination of a domestic partnership, custody of children is granted by a judge, based on the best interests of the children, to the parent that will provide the best care and protect their material and moral interests.257 The mother and father can make their own agreement regarding custody and child support, which can be accepted by the judge.258 The noncustodial parent is obliged to contribute child support, “according to the parent’s means” and the needs of the children.259

Family maintenance (alimony and child support), once determined by a judge, is subject to modification in accordance with increases in the payer’s income and the needs of the partner and children receiving alimony and child support. Since alimony and child support are considered to be of public interest, compliance with the obligation to pay may be enforced by filing a judicial action.260

B. ECONOMIC AND SOCIAL RIGHTS

Property rights

According to various legislative provisions, particularly in the Civil Code,261 there are no legal obstacles to women acquiring, holding, transferring, and inheriting property.262 In rural communities, where customary norms remain prevalent, women are limited in their ability to acquire or hold property if there is not a man from their household who will guarantee that the land will be used for production.263 Rural women also are unable to inherit land when there are males in the family.264

Labor rights

Labor laws, contained in the General Labor Law,265 recognize a pregnant woman’s right to thirty days of prenatal and thirty days of postnatal leave.266 Furthermore, a pregnant woman cannot be fired from her place of work during her pregnancy or for one year after the baby is born.267 The Social Security Code268 includes mandatory maternity insurance coverage for women workers and for wives or partners of workers.269 This insurance covers prenatal, childbirth, and postnatal care.270 In addition to providing health services, the Code also provides a maternity subsidy for the worker or beneficiary for seventeen months, beginning in the fourth month of pregnancy and continuing until one year after the birth.271 The subsidy is equivalent to the national minimum salary and is payable in milk and iodized salt.272 Maternity and lactation subsidies are regulated by the Social Security Code.273

Access to credit

There are no legal restrictions on access to credit, but women lack access to guarantees, which hinder their ability to obtain credit from financial institutions. This is especially the case when the credit sought is greater that the equivalent of one or two hundred U.S. dollars.274

Access to education

Access to education for girls between the ages of 15 and 19 is 52.8% compared with 55.3% for boys.275 Levels of illiteracy are reported to be highest in rural areas for both sexes, but principally for women.276 Fifty percent of rural women over 15 years do not know how to read or write, while 23% of men are illiterate.277 In urban areas, the illiteracy rate is 15% for women and 4% for men.278

Women’s inferior access to education and their premature departure from the school system are the result of socioeconomic and cultural factors present in the family, the government, and society in general.279 There have been no government initiatives or policies implemented to, for example, make school calendars compatible with domestic or farming tasks or to improve the quality of education in order to increase its effectiveness or decrease its opportunity cost.280

Women’s bureau

Beginning in 1991, the Bolivian state began to incorporate a gender perspective into all of its policies.281 The Bolivian Social Strategy and the National Development Strategy, approved in 1992, both incorporate gender issues within the framework of national development. As a primary objective, the strategies propose to widen women’s participation in spite of social, labor, ethnic, and educational discrimination.282 In 1992, the results of a study carried out by the Social Policy Analysis Unit made possible the creation of the National Women’s Program, established as an instrument of social policy. The National Solidarity Committee was in charge of implementing the program and was provided with substantial initial funding to do so.283

During the restructuring of the executive branch,284 the Gender Issues Subsecretary was established under the auspices of the National Secretary of Ethnic, Gender, and Generational Issues.285 This specific “third level” entity was created “to institutionalize a gender perspective in development policies through a concrete integration process and to strengthen political, social, and family democracy; ... to contribute to the eradication of poverty; to work for equality; and to eliminate all forms of discrimination, as defined in the Convention on the Elimination of All Forms of Discrimination Against Women.”286

Within the departments of government, “fourth level” governmental entities were also created to implement the policies of the Gender Issues Subsecretary. These entities are called Departmental Gender Units.287
C. RIGHT TO PHYSICAL INTEGRITY

Rape
Rape, understood as a crime against good morals, is classified “as carnal access with a person of either sex, through violence or intimidation.” The punishment for this crime is four to ten years in prison. The same punishment applies if rape is committed against someone who is mentally disabled or incapable of resisting. In these cases violence or threats are not required for the act to constitute rape. If the victim dies as a result of the rape, the punishment is ten to twenty years in jail. The punishment is increased by one-third in several circumstances: if the victim is severely injured as a result of the rape; if the perpetrator is a close relative of the victim, such as a father, a son, a brother, a half-brother, an adoptive parent, or someone involved in the education or guardianship of the victim; or if two or more people participate in the rape.

The Penal Code also defines the crime of abduction for sexual purposes as occurring when someone “using violence, threats or deceit kidnaps or detains another person with the aim of entering into marriage.” The punishment in such cases is three to eighteen months in prison, but the sentence is reduced by half if the abductor spontaneously returns the victim to freedom or places him or her in a safe place accessible to the family. There is no prison term if the captor marries the victim before a sentence is imposed.

Sexual harassment
Sexual harassment is neither a crime nor an administrative violation, and no standards exist that provide for punishment for acts of sexual harassment.

Domestic violence
In 1995, the Bolivian government enacted the Law against Family or Domestic Violence. Its principal objectives are to implement processes to modify sociocultural values; to sensitize society to issues of domestic violence; to promote values of respect and solidarity within families; to punish acts classified as intrafamily violence; and to apply alternative measures of conflict resolution, while at the same time adopting preventive measures to protect the victims. The law defines family or domestic violence as “physical, psychological or sexual aggression committed by a spouse or partner; a close relative, including a father, a son, or a sibling; another relative, a close relation by marriage, or a guardian or custodian.” Acts of violence committed by a former spouse, a former partner or the parent of the victim’s children are also classified as acts of domestic violence.

The law confers jurisdiction on family law judges to deal with cases of domestic violence. In rural and indigenous communities, community and indigenous authorities have jurisdiction to deal with acts of family violence, according to their own customs, as long as they are not in conflict with the Constitution or the spirit of the law. Acts of violence classified as crimes in the Penal Code remain under the exclusive jurisdiction of penal judges.

Some of the protective measures that a judge can order for victims of domestic violence are prohibiting or temporarily restricting the perpetrator from entering the family home; ordering the return of victims of violence to the home if they have fled because of the violence; authorizing the victim to leave the home and to have delivered to her or him all of her or his personal effects; ordering an inventory of all shared personal property and real estate; and prohibiting or limiting the perpetrator’s access to the victim’s place of work.

IV. Analyzing the Rights of a Special Group: Adolescents

The needs of adolescents are often unrecognized or neglected. Considering that 41% of the Bolivian population is under the age of 15, it is particularly important to meet the reproductive health needs of this group. The effort to address issues of adolescent rights, including those related to reproductive health, are important for women’s right to self-determination as well as for their general health.

A. REPRODUCTIVE HEALTH AND ADOLESCENTS

In Bolivia, approximately 10% of births are to adolescent women. Eighteen percent of girls between the ages of 15 and 19 are mothers; 40% of 19-year-old girls are mothers or are pregnant; and 9% of 19-year-old girls have had two children. The Minor’s Code states that the State has responsibility for guaranteeing pregnant minors special prenatal and postnatal care, and free childbirth services in state hospitals. Within sexual and reproductive health services, which form part of the Women’s Comprehensive Health Attention Program, care and services are provided to all those who seek them. It is understood that adolescents have access to these services. However, the majority of children (both boys and girls) grow up in Bolivia without any sexual education or guidance.

B. MARRIAGE AND ADOLESCENTS

The Family Code establishes the minimum age for marriage as 16 years for males and 14 years for females. In exceptional cases, minors below these ages may marry with the approval of a family court judge “under serious or justifiable circumstances.” Pregnancy is considered as such an exceptional circumstance. The average age of women’s first marriage is 20
years. Marriage statistics reveal that approximately 95% of the population marry at least once in their lives.

C. SEXUAL OFFENSES AGAINST ADOLESCENTS AND MINORS

The Penal Code defines rape as a crime committed when carnal intercourse occurs through physical violence or intimidation. When the victim is a "minor who has not reached puberty," the applicable punishment is nineteen to twenty years of imprisonment. If the minor dies as a consequence of the rape, the punishment is equivalent to that for murder. Statutory rape is defined as "carnal intercourse with an 'honest' girl who has reached puberty and who is under 17 years" through seduction or deceit. This crime is punishable by a prison sentence of two to six years. The punishments for both crimes described above are increased by one-third when the victim suffers serious injury; when the perpetrator is a close relative, such as a father, a grandfather, a sibling, or an adoptive parent; when the perpetrator is a guardian or custodian of the victim; or when the rape was committed by two or more people.

The Penal Code also classifies crimes of unchaste abuse and abduction for sexual purposes. Unchaste abuse is understood to be all "lustful acts not constituting carnal penetration, committed with violence or intimidation," and the punishment imposed is one to three years' imprisonment. Abduction for sexual purposes is divided into two subcategories. Abduction for sexual purposes "proper" is an act where someone, with lustful aims and through violence or serious threats, kidnaps or detains a person who has not reached puberty. Abduction for sexual purposes "improper" is committed when a man "with lustful aims" abducts an "honest girl" who has reached puberty or is under 17 years old, with her consent. The criminal sanctions provided are, in the former case, one to five years and, in the latter, six months to two years of imprisonment. All sanctions imposed for abduction are suspended if the aggressor marries the victim before the sentence has been carried out. Finally, the crime of corruption of minors punishes those who "through lustful acts or by any other means, corrupts or contributes to the corruption of a person under 17 years." The punishment is imprisonment for one to five years. The punishment may be reduced or the accused can be exempted from the punishment if the minor is considered a "corrupt person."

D. SEXUAL EDUCATION

Sexual education is part of the Bolivian government's policies. The Law for Education Reform states that among the aims of education is "preparation for a biologically and ethically healthy sexuality." The first steps toward implementation of this provision have recently begun — sex education training is being provided to teaching staff in educational establishments. Also, the Regulations for the Prevention and Care of HIV/AIDS in Bolivia provide that the Education Secretary, in coordination with the National Health Secretary, must provide sex education classes in schools, after teaching staff have been trained in these issues. This program is to be carried out at the primary, secondary, and higher educational levels.

Some NGOs have initiated sexual education sessions with adolescents during the past several years. Although the impact on adolescents overall is still limited, these sessions are a useful base of experience which may be replicated in formal sex education instruction.
ENDNOTES
2. Id.
3. Id.
4. Id.
5. Id.
6. Id.
7. Id., at 746.
8. Id.
12. Id.
15. Id., at 86.
16. Id., at 67.
17. Id.
18. Id., art. 96.
19. Id., at 99.
20. Id., at 101.
21. Id.
22. Id., at 102.
23. Id., at 46.
24. Id.
25. Id., at 63.
26. Id., at 60.
27. Id., arts 60 and 63.
28. Id., art. 60, cl. II.
29. Id., art. 60, cl. V.
30. Id., art. 60, cl. IV. The candidate with the majority of votes is elected as deputy.
31. Id.
32. Id., at 60, cl. III.
33. Id., at 59.
34. Id.
35. Id., arts 71-81.
36. Id., at 71.
37. Id., at 72.
38. Id., at 76.
39. Id., at 78.
40. Id., at 81.
41. Id., at 116.
42. Id., at 117.
43. Id., at 127.
44. Id., at 116, cl. III.
45. Id., cl. VIII.
46. Id., cl. X.
47. Id.
48. Id., arts 124 and 125.
49. Id., at 127.
50. Bol. Const., art. 171, cl. III.
51. Id., art. 108.
52. Id., at 109, cl. I.
53. Id., cl. II.
54. Id.
56. Id.
58. Id.
59. Id.
60. Id.
61. Id.
62. Id., at 201.
63. Id., art. 205.
64. Id., art. 200.
65. Id., art. 228.
66. Id.
67. Id., art. 59, cl. 12.
68. Id., art. 96, cl. 2.
74. Id.
75. Ministry of Human Development, National Health Secretary, “Diagnostico Cualitativo de la Atenciòn en Salud Reporductiva en Bolivia,” Revision Bibliografica [“Qualitative Diagnosis of Attention to Reproductive Health in Bolivia,” Bibliographic Revision], at 32 (1996).
76. Executive Branch Ministers, the departmental health director or his or her representative, and a representative from the Departmental and Municipal level.
78. Ministry of Human Development, National Health Secretary/OPS/OMS, Infant and Community Health Project, Necesidades y Expectativas de Cooperacion Internacional en Salud en el Nivel Nacional, Departamental y Municipal [Needs and Expectations of International Aid in Health at a National, Departmental and Municipal Level], at 26 and 27 (1997). The Public Health System is an organizational model that incorporates municipal governments and departmental administration in the management of health services.
79. Supreme Decree No. 24237, art. 3.
80. Needs and Expectations, supra note 78, at 27.
81. National Health Secretary, Reference Text on Sexual and Reproductive Health, at 25 (2nd edition, 1996). The National Health Secretary is the national entity that governs the Public and Decentralized Health System. It is part of the Ministry of Human Development, along with Secretaries of Popular Participation, Education, Ethic Issues, and Matters of Ethnic and Gender Differences.
82. Needs and Expectations, supra note 78.
83. Reference Text on Sexual and Reproductive Health, supra note 81, at 25. The DHo form part of the departmental human development secretaries for each prefect in the nine departments of Bolivia.
84. Needs and Expectations, supra note 78, at 27.
85. Reference Text on Sexual and Reproductive Health, supra note 81, at 25. This entity consists of the municipal mayor or his or her representative in the name of the municipal government, the departmental health director or his or her representative, and a representative from the Surveillance Committee, elected by local territorial organizations.
86. Needs and Expectations, supra note 78, at 27.
87. Life Plan, supra note 77, at 22.
88. Qualitative Diagnosis, supra note 75, at 32.
89. Id., at 33.
90. Id.
91. Id.
92. Needs and Expectations, supra note 78, at 36.
96. Id.
97. Id.
98. Qualitative Diagnosis, supra note 75, at 49.
99. Id.
100. Id.
102. Id., art. 3. The Health Code designates Health Authority to the Ministry of Social Security and Public Health.
103. Id., art. 125.
104. Id., art. 126.
106. Id., art. 218, cl. 1.
107. Id., art. 218, first ¶.
110. Id., clss. c and d.
112. Penal Code, art. 218, cl. 4.
114. Id., at 13.
115. Id., at 13-16.
117. Id., at 3 and 4.
118. Id., at 5.
119. Id., at 13.
120. Id., at 13 and 24.
121. Id., at 6.
122. Id.
123. Id., at 21.
124. Life Plan, supra note 77.
125. Id., at 7.
126. Id., at 30 and 31.
127. Id., at 29. The current maternal mortality rate in Bolivia is 600 per 100,000 live births.
129. Id.
132. Id.
133. Id.
136. Id.
137. Qualitative Diagnosis, supra note 75, at 49.
139. Id.
141. Id.
142. Id.
143. Id.
145. Id.
146. Qualitative Diagnosis, supra note 75, at 87.
147. Id.
148. Id.
225. PENAL CODE, art. 248.
226. FAMLY CODE, art. 158.
227. CIVIL CODE, art. 159.
229. ibid., art. 3.
230. ID., art. 4.
231. ID., art. 5.
232. ID., art. 6.
233. ID., art. 7.
234. ID., art. 8.
235. ID., art. 9.
236. ID., art. 10.
237. ID., art. 11.
238. ID., art. 12.
239. ID., art. 13.
240. ID., art. 14.
241. ID., art. 15.
242. ID., art. 16.
243. ID., art. 17.
244. ID., art. 18.
245. ID., art. 19.
246. ID., art. 20.
247. ID., art. 21.
248. ID., art. 22.
249. ID., art. 23.
250. ID., art. 24.
251. ID., art. 25.
252. ID., art. 26.
253. ID., art. 27.
254. ID., art. 28.
255. ID., art. 29.
256. ID., art. 30.
257. ID., art. 31.
258. ID., art. 32.
259. ID., art. 33.
260. ID., art. 34.
261. Secretarial Reresolution No. 0660 for the Prevention and Care of HIV/AIDS in Bolivia, supra note 394, arts 41 and 42.
263. ID., art. 35.
264. ID., art. 36.
266. ID., art. 37.
267. Law No. 975, May 2, 1988, art. 1.
269. ID., art. 38.
270. ID., art. 39.
271. ID., art. 40.
272. ID., art. 41.
273. ID., art. 42.
276. ID., art. 43.
277. ID., art. 44.
278. ID., art. 45.
279. ID., art. 46.
280. ID., art. 47.
282. ID., art. 48.
283. ID., art. 49.
285. National Secretary of Ethnic, Gender and Generational Issues, Subsecretary of Gender Issues, Resumen Ejecutivo [Executive Summary], at 3 (n.d.).
286. ID., art. 50.
288. PENAL CODE, art. 308.
289. ID., art. 51.
290. ID., art. 52.
291. ID., art. 53.
292. ID., art. 54.
293. ID., art. 55.
294. ID., art. 56.
295. ID., art. 57.
296. ID., art. 58.
299. ID., art. 6.
300. ID., art. 7.
301. ID., art. 8.
302. ID., art. 9.
303. ID., art. 10.
304. ID., art. 11.
305. ID., art. 12.
306. THE WORLD ALMANAC, supra note 1, at 745.
308. ID., art. 13.
309. ID., art. 14.
310. ID., art. 15.
311. ID., art. 16.
312. ID., art. 17.
313. ID., art. 18.
314. ID., art. 19.
315. ID., art. 20.
316. ID., art. 21.
317. ID., art. 22.
318. ID., art. 23.
319. ID., art. 24.
320. ID., art. 25.
322. ID., art. 27.
323. ID., art. 28.
324. ID., art. 29.
325. ID., art. 30.
326. ID., art. 31.
327. ID., art. 32.
328. ID., art. 33.
329. ID., art. 34.
330. ID., art. 35.
331. ID., art. 36.
332. ID., art. 37.
333. ID., art. 38.
334. ID., art. 39.
335. ID., art. 40.
336. ID., art. 41.
337. ID., art. 42.
338. PENAL CODE, art. 308, second ¶. There is no legal provision that defines the legal age of puberty. Evaluation of this is at the discretion of the judge.
339. ID., art. 43.
340. ID., art. 44.
341. ID., art. 45.
342. ID., art. 46.
343. ID., art. 47.
327. Id., arts. 313 and 314.
328. Id., art. 317.
329. Id., art. 318.
330. Id., second ¶.
331. Education Reform Law, art. 2, cl. 3 (n.d.).
333. Secretarial Resolution No. 0660 for Prevention and Care of HIV/AIDS in Bolivia, supra note 194, art. 56.
334. Id.