

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

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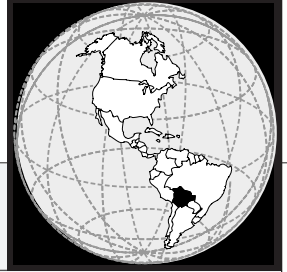
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Statistics

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

1. UNITED NATIONS, *THE WORLD'S WOMEN 1995: TRENDS AND STATISTICS*, at 25 (1995).
2. UNITED NATIONS POPULATION FUND (UNFPA), *THE STATE OF WORLD POPULATION 1997*, at 72 (1996).
3. WORLD ALMANAC BOOKS, *THE WORLD ALMANAC AND BOOK OF FACTS 1997*, at 745 (1996).
4. *THE WORLD'S WOMEN 1995*, *supra* note 1, at 62.
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).
6. WORLD BANK, *WORLD DEVELOPMENT REPORT 1996: FROM PLAN TO MARKET*, at 188 (1996).
7. *Id.*, at 208.
8. *QUALITATIVE DIAGNOSIS*, *supra* note 5, at 43.
9. *WORLD DEVELOPMENT REPORT 1996*, *supra* note 6, at 194.
10. *THE WORLD ALMANAC*, *supra* note 3, at 745.
11. *THE STATE OF WORLD POPULATION 1997*, *supra* note 2, at 69.
12. *THE WORLD'S WOMEN 1995*, *supra* note 1, at 122.
13. *WORLD DEVELOPMENT REPORT 1996*, *supra* note 6, at 194.
14. *THE WORLD'S WOMEN 1995*, *supra* note 1, at 12.
15. MINISTRY OF FOREIGN RELATIONS, MINISTRY OF HUMAN DEVELOPMENT, *INFORME ACERCA DEL AVANCE DE LA MUJER EN BOLIVIA, CUARTA CONFERENCIA MUNDIAL SOBRE LA MUJER [REPORT ON THE ADVANCEMENT OF WOMEN IN BOLIVIA FOR THE FOURTH WORLD CONFERENCE ON WOMEN]*, at 54 (1994).
16. *THE WORLD ALMANAC*, *supra* note 3, at 745.
17. *THE WORLD'S WOMEN 1995*, *supra* note 1, at 35.
18. *Id.*, at 86.
19. *QUALITATIVE DIAGNOSIS*, *supra* note 5, at 111.
20. *THE WORLD'S WOMEN 1995*, *supra* note 1, at 86.
21. *QUALITATIVE DIAGNOSIS*, *supra* note 5, at 8.
22. *Id.*
23. *THE STATE OF WORLD POPULATION 1997*, *supra* note 2, at 72.
24. *Id.*, at 69.
25. Julieta Montano and Florinda Corrales, *The Women's Legal Office, Draft Bolivia chapter*, at 8 (1996).
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.¹ Argentina and Paraguay border it to the south, Brazil to the north and east, and Peru and Chile to the west.² There are three official languages in Bolivia: Spanish, Aymara, and Quechua.³ The official and most widely practiced religion is Roman Catholicism.⁴ The predominant ethnic groups are the Quechua (30%), Aymara (25%), Mestizo (25–30%), and European (5–15%).⁵ Bolivia was a Spanish colony from 1530 until August 6, 1825, when it gained its independence from Spain.⁶

Bolivia has had a long history of political instability accompanied by an “endemic” economic crisis.⁷ 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.⁸ Hugo Bánzer Suárez was elected president of the republic on August 6, 1997.⁹ 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.¹⁰

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.¹¹ The Political Constitution of the State (“Constitution”)¹² 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.¹³

Executive branch

Executive power lies with the president of the republic and his ministers of state.¹⁴ The president and vice president are elected by direct suffrage.¹⁵ The presidential term is five years and immediate reelection is not permitted.¹⁶ 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.¹⁷ 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.¹⁸

The ministers of state are in charge of public administration.¹⁹ Each is responsible for administering his or her own ministry in conjunction with the president of the republic.²⁰ They are also jointly responsible for governmental acts agreed to by the Council of Ministers.²¹ Ministers of state must countersign presidential decrees and other legal acts enacted by the president relating to their areas of responsibility.²²

Legislative branch

Legislative power resides in the National Congress,²³ which is composed of two chambers: the Chamber of Deputies and the Senate.²⁴ The Senate is composed of twenty-seven senators — three from each department.²⁵ The Chamber of Deputies has 130 deputies.²⁶ Senators and deputies are elected by universal, direct, and secret vote.²⁷ However, departments elect half the members of the Chamber of Deputies.²⁸ The distribution of seats is by proportional representation.²⁹ The other half of its members are elected through direct vote,³⁰ by a simple majority³¹ in single electoral districts, which are constituted for electoral purposes.³²

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 national, regional, or university-related nature of the law; and decreeing fiscal expenditures.³³ 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”).³⁴

Senators, deputies, the vice president, and the executive branch may propose legislation.³⁵ The relevant minister must defend executive branch proposals before Congress.³⁶ Once Congress has passed a law, it sends it to the president for promulgation.³⁷ The president has ten days from the date of its receipt to review the proposed legislation.³⁸ 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.³⁹ Laws are effective from the day after their publication, except where the law itself provides otherwise.⁴⁰

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.⁴¹ The Supreme Court is composed of twelve justices, elected by two-thirds of Congress following nominations made by the Judicial Council.⁴² 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.⁴³

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;⁴⁴ administrative and economic independence of the judicial branch;⁴⁵ the right of access to the justice system free of charge;⁴⁶ and fair, prompt, and public trials.⁴⁷

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.⁴⁸ The ombudsman is responsible for defending people's rights from unlawful state action and for the defense and promotion of human rights.⁴⁹

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.⁵⁰

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.⁵¹

A prefect, appointed by the president, governs and administers each department.⁵² The prefect is the general commander of the department and must appoint subprefects and mayors for each province and town within the department.⁵³ He or she also appoints all other departmental administrative functionaries not named by other officials.⁵⁴

The law known as the Regime of Administrative Decentralization of the Executive Branch⁵⁵ 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.⁵⁶

In each departmental capital, there is a municipal council and a mayor.⁵⁷ In the provinces, the provincial subdivisions, and the ports there are municipal boards.⁵⁸ In the towns there are municipal agents.⁵⁹ Local government is independent⁶⁰ and is run by municipal councils or boards, which are elected by popular vote for a two-year term.⁶¹ 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.⁶² Municipal councils or boards elect mayors, who oversee the administration of local governments⁶³ for a two-year term.⁶⁴

C. SOURCES OF LAW

Domestic sources of law

The Constitution is the supreme law of the land.⁶⁵ 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.⁶⁶

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.⁶⁷ The executive branch negotiates and signs treaties with foreign nations and, after Congressional ratification, it arranges for the exchange of instruments of ratification.⁶⁸

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.⁶⁹ 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 Women⁷⁰ and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women ("Convention of Belém do Pará").⁷¹

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 sectors, the social security system and private entities, including non-governmental 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 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 Directorates,⁸⁵ which shares 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.⁹¹

In terms of human resources, doctors work in hospitals and health centers, while in the itinerant rural health stations, patients are attended to by nurses and physicians' assistants. In Bolivia, the average doctor-patient ratio is 3.4 doctors per 10,000 inhabitants, and the nurse-patient ratio is 1.4 nurses per 10,000 inhabitants.⁹²

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

association.¹⁰³ The Health Authority develops the necessary measures to monitor health professionals' performance.¹⁰⁴ The Penal Code¹⁰⁵ punishes anyone who, without authorization or a license, practices a medical, health, or related profession.¹⁰⁶ The penalty for violation of this criminal law is three months' to two years' imprisonment or a fine of 30 to 100 days' wages.¹⁰⁷

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.¹⁰⁸

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.¹⁰⁹ 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."¹¹⁰ However, there are no procedural rules to guarantee that medical facilities comply with these rights.¹¹¹ 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.¹¹²

B. POPULATION, REPRODUCTIVE HEALTH, AND FAMILY PLANNING

Population laws and policies

In 1992, the National Development Strategy¹¹³ 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."¹¹⁴ 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.¹¹⁵

The Bolivian government, in its Declaration of Principles on Population and Sustainable Development,¹¹⁶ 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.¹¹⁷ 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."¹¹⁸ The Declaration of Principles also specifies the Bolivian government's obligation to achieve "comprehensive development of the potential of the Bolivian people"¹¹⁹ 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.¹²⁰

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.¹²¹ The government considers reproductive health and family planning to be essential components of maternal and infant health.¹²² Reproductive health, including its physical, psychological, and social aspects, is seen as an integral part of overall health.¹²³ Based on these principles, the government created the National Plan for Rapid Reduction of Maternal, Perinatal, and Infant Mortality ("Life Plan").¹²⁴

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."¹²⁵ 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."¹²⁶ From 1994 to 1997, the goals of the Life Plan were to reduce maternal mortality by 50%;¹²⁷ to reduce perinatal mortality by 30%;¹²⁸ and to develop and establish effective and comprehensive local health care services for pregnant women, mothers, and children under five.¹²⁹

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 Maternity and Infancy Insurance,¹³⁰ which seeks to reduce maternal mortality by 20% and infant mortality by 25%;¹³¹ and to increase the expansion of health services, prioritizing maternal and infant

care and generating a funding mechanism that “breaks economic barriers without falling back on subsidies.”¹³² This insurance, to be adopted by 311 municipal governments countrywide, strives to cover a population of approximately 3 million people, including women and children.¹³³

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.”¹³⁴ The National Health Secretary, through the Comprehensive Women’s Health Services Program and particularly through the Sexual and Reproductive Health Strategy,¹³⁵ 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.¹³⁶

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.¹³⁷ 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.¹³⁸ 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.¹³⁹

C. CONTRACEPTION

Prevalence of contraceptives

Of all Bolivian women, 18.3% use traditional methods of contraception and 11.9% use modern methods.¹⁴⁰ Among the traditional methods of contraception, the rhythm method is used by 14.7% of women, and among the modern methods, the most prevalent ones are the intrauterine device (“IUD”) (5.21%) and sterilization (3.1%).¹⁴¹ These statistics increase when only women in relationships are included, revealing that 45% of these women use some form of contraception.¹⁴² Of these, 27.6% prefer traditional methods such as the rhythm method (22%), other methods (3.9%), and withdrawal (1.7%); 17.7% use modern methods of contraception — 8.1% use IUDs, 4.6% use sterilization, and 2.8% use the contraceptive pill.¹⁴³

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.¹⁴⁴ 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.¹⁴⁵ 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.¹⁴⁶ Pharmaceutical contraceptives are regulated by the same laws as other drugs.¹⁴⁷ The National Health Secretary, through the National Department of Drugs, Pharmacies and Laboratories, performs the regulatory function.¹⁴⁸ 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.¹⁴⁹ 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.¹⁵⁰

Regulation of information on contraception

There is no law limiting information on contraception.¹⁵¹ 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,¹⁵² strengthening individuals’ freedom of choice regarding their fertility.¹⁵³

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.¹⁵⁴ 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.¹⁵⁵ 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.¹⁵⁶

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.¹⁵⁷ However, sterilization has become a routine procedure in health care facilities.¹⁵⁸ 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 had¹⁵⁹ and the age of the woman before they will sterilize her. These issues are not considered in male sterilizations or vasectomies.¹⁶⁰

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.”¹⁶¹ 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 miscarriage¹⁶⁷ 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 another 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 woman 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 woman 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 confidential¹⁹⁷ and that in all cases counseling and psychosocial services should be provided.¹⁹⁸ Test results that indicate the presence of the illness must be reported confidentially to the regional secretary responsible for epidemiological research.¹⁹⁹ Medical professionals cannot invoke patient confidentiality to avoid reporting such information to health authorities.²⁰⁰ 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.²⁰¹ 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.²⁰²

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.²⁰³ It is expressly prohibited to conduct such investigations for reasons of "discrimination or publicity."²⁰⁴ Persons infected with HIV cannot be barred from public or private education, sports, or cultural facilities²⁰⁵ or be subjected to any form of discrimination because of their condition as a carrier.²⁰⁶ 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.²⁰⁷ 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.²⁰⁸ Furthermore, they have an obligation to provide guidance, information, and education to the Bolivian population about HIV/AIDS, without discrimination.²⁰⁹ 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.²¹⁰ 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.²¹¹

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.²¹² Employees are not required to inform their employers of their condition, thereby reinforcing their right to confidentiality and protection from discrimination.²¹³

Health care providers affiliated with the social security system are prohibited from reporting details of employees' health status to employers.²¹⁴

In the criminal context, the Penal Code classifies the spreading of serious or contagious diseases as a crime against public health.²¹⁵ 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.²¹⁶

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.²¹⁷ 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."²¹⁸ The National AIDS Program coordinates comprehensive health care for those infected with HIV or sick with AIDS²¹⁹ and offers programs of training in STIs and AIDS to health personnel involved in a system of comprehensive service provision.²²⁰ 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.²²¹ These specialists carry out ongoing checkups and offer assistance to those infected with AIDS related to both their physical and mental health.²²²

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;²²³ offering health, counseling, and psychosocial services for patients with AIDS;²²⁴ carrying out studies of HIV status in diverse groups of the population for epidemiological observations;²²⁵ creating centers to detect cases of AIDS;²²⁶ and conducting surveys of knowledge, attitudes, and practices in diverse groups of the population to facilitate epidemiological control of the disease.²²⁷

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.²²⁸ The Constitution also affirms equality between spouses to form a marital union "that rests on equality of rights and duties of both spouses."²²⁹

A. CIVIL RIGHTS WITHIN MARRIAGE

Marriage law

The Constitution provides that marriage, family, and maternity are protected by the state.²³⁰ The Family Code²³¹ 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.²³²

For purposes of civil legislation, the age of majority is 21,²³³ although political rights of citizenship are acquired at 18.²³⁴ The Family Code establishes that the minimum age for marriage is 16 for boys, and 14 for girls.²³⁵

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."²³⁶ Spouses have a mutual duty of fidelity, assistance, and support.²³⁷ Both partners choose the marital residence,²³⁸ and each contributes to their joint maintenance, according to the means of each spouse.²³⁹ In cases where one spouse is unemployed or is unable to work, the other should provide for their maintenance.²⁴⁰ According to the law, women carry out a useful social and economic function in the home, which receives specific legal protection.²⁴¹

Both spouses manage joint property acquired during marriage.²⁴² 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.²⁴³ 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.²⁴⁴

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.²⁴⁵ 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.²⁴⁶ Bigamy is a crime under the Penal Code and is punished with two to four years of imprisonment.²⁴⁷

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.²⁴⁸ 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.²⁴⁹ 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.²⁵⁰ The Civil Code recognizes inheritance rights between domestic partners²⁵¹ 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."²⁵²

Other forms of domestic partnership, such as the "*tantanacú*" and the "*servinaay*" 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.²⁵³

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 attempts to "corrupt" the other or their children or when that 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.²⁵⁴ It is also legal cause for divorce when partners freely and mutually agree to separate and have lived apart for more than two years.²⁵⁵

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 hinders their ability to obtain credit from financial institutions. This is especially the case when the credit sought is greater than 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's

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.”²⁸⁸ The punishment for this crime is four to ten years in prison.²⁸⁹ 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.²⁹⁰ If the victim dies as a result of the rape, the punishment is ten to twenty years in jail.²⁹¹ 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.²⁹²

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.”²⁹³ The punishment in such cases is three to eighteen months in prison,²⁹⁴ 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.²⁹⁵ There is no prison term if the captor marries the victim before a sentence is imposed.²⁹⁶

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.²⁹⁷

Domestic violence

In 1995, the Bolivian government enacted the Law against Family or Domestic Violence.²⁹⁸ 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.²⁹⁹ 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.”³⁰⁰ 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.³⁰¹

The law confers jurisdiction on family law judges to deal with cases of domestic violence.³⁰² 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.³⁰³ Acts of violence classified as crimes in the Penal Code remain under the exclusive jurisdiction of penal judges.³⁰⁴

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.³⁰⁵

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 15,³⁰⁶ 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.³⁰⁷ Eighteen percent of girls between the ages of 15 and 19 are mothers;³⁰⁸ 40% of 19-year-old girls are mothers or are pregnant; and 9% of 19-year-old girls have had two children.³⁰⁹ The Minor’s Code³¹⁰ states that the State has responsibility for guaranteeing pregnant minors special prenatal and postnatal care, and free childbirth services in state hospitals.³¹¹ 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.³¹² 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.³¹³

B. MARRIAGE AND ADOLESCENTS

The Family Code establishes the minimum age for marriage as 16 years for males and 14 years for females.³¹⁴ 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.³¹⁵ The average age of women’s first marriage is 20

years.³¹⁶ Marriage statistics reveal that approximately 95% of the population marry at least once in their lives.³¹⁷

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.³¹⁸ If the minor dies as a consequence of the rape, the punishment is equivalent to that for murder.³¹⁹ 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.³²⁰ This crime is punishable by a prison sentence of two to six years.³²¹ 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.³²²

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,”³²³ and the punishment imposed is one to three years’ imprisonment.³²⁴ 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.³²⁵ 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.³²⁶ The criminal sanctions provided are, in the former case, one to five years and, in the latter, six months to two years of imprisonment.³²⁷ All sanctions imposed for abduction are suspended if the aggressor marries the victim before the sentence has been carried out.³²⁸ 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.³²⁹ The punishment may be reduced or the accused can be exempted from the punishment if the minor is considered a “corrupt person.”³³⁰

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.”³³¹ The first steps toward implementation of this provision have recently begun — sex education training is being

provided to teaching staff in educational establishments.³³² 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.³³³ This program is to be carried out at the primary, secondary, and higher educational levels.³³⁴

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.³³⁵

ENDNOTES

1. WORLD ALMANAC BOOKS, THE WORLD ALMANAC AND BOOK OF FACTS 1997, at 745 (1996).
2. *Id.*
3. *Id.*
4. *Id.*
5. *Id.*
6. *Id.*
7. *Id.*, at 746.
8. *Id.*
9. Bolivia web page (viewed on Sept. 5, 1997) <<http://www.boliviaweb.com>>.
10. UNITED STATES DEPARTMENT OF STATE, COUNTRY REPORTS ON HUMAN RIGHTS PRACTICES FOR 1996, at 357 (1997).
11. Political Constitution of the State, art. 1 (Legal Collection Guttentag, 2nd edition, "Editorial los Amigos del Libro," 1996) (hereinafter BOL. CONST.)
12. *Id.*
13. BOL. CONST., art. 2.
14. *Id.*, art. 85.
15. *Id.*, art. 86.
16. *Id.*, art. 87.
17. *Id.*
18. *Id.*, art. 96.
19. *Id.*, art. 99.
20. *Id.*, art. 101.
21. *Id.*
22. *Id.*, art. 102.
23. *Id.*, art. 46.
24. *Id.*
25. *Id.*, art. 63.
26. *Id.*, art. 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.*, art. 60, cl. III.
33. *Id.*, art. 59.
34. *Id.*
35. *Id.*, arts. 71-81.
36. *Id.*, art. 71.
37. *Id.*, art. 72.
38. *Id.*, art. 76.
39. *Id.*, art. 78.
40. *Id.*, art. 81.
41. *Id.*, art. 116.
42. *Id.*, art. 117.
43. *Id.*, art. 127.
44. *Id.*, art. 116, cl. III.
45. *Id.*, cl. VIII.
46. *Id.*, cl. X.
47. *Id.*
48. *Id.*, arts. 124 and 125.
49. *Id.*, art. 127.
50. BOL. CONST., art. 171, cl. III.
51. *Id.*, art. 108.
52. *Id.*, art. 109 cl. I.
53. *Id.*, cl. II.
54. *Id.*
55. Law No. 1654, July 28, 1995.
56. *Id.*
57. BOL. CONST., art. 200.
58. *Id.*
59. *Id.*
60. *Id.*
61. *Id.*
62. *Id.*, art. 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.
69. The Bolivian government has signed and ratified, among others, the following international instruments for the protection of human rights: The International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, 999 U.N.T.S.171 (*entry into force* Mar. 23, 1976) (ratified by Bolivia on Aug. 12, 1982); The International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, 993 U.N.T.S. 3 (*entry into force* Sept. 3, 1976) (ratified by Bolivia on Aug. 12, 1982), The International Convention on the Elimination of all Forms of Racial Discrimination, *opened for signature* Mar. 7, 1966, 660 U.N.T.S. 195 (*entry into force* Jan. 4, 1969) (ratified by Bolivia on Sept. 22, 1970); and The American Convention on Human Rights, signed Nov. 22, 1969 9 I.L.M. 101 (*entry into force* Jul. 18, 1978) (ratified by Bolivia on Jul. 19, 1979).
70. The Convention on the Elimination of All Forms of Discrimination Against Women, *opened for signature* Mar. 1, 1980, 1249 U.N.T.S. 13 (*entry into force* Sept. 3, 1981) (ratified by Bolivia on July 8, 1990).
71. Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, *adopted* Jun. 9, 1994, 33 I.L.M. 1534 (*entry into force* Mar. 5, 1995) (ratified by Bolivia on Oct. 26, 1994).
72. BOL. CONST., art. 7, cl. a.
73. HEALTH CODE, Decree Law No. 15629, Jul. 18, 1978, art. 2.
74. *Id.*
75. MINISTRY OF HUMAN DEVELOPMENT, NATIONAL HEALTH SECRETARY, DIAGNÓSTICO CUALITATIVO DE LA ATENCIÓN EN SALUD REPRODUCTIVA EN BOLIVIA, REVISIÓN BIBLIOGRÁFICA [QUALITATIVE DIAGNOSIS OF ATTENTION TO REPRODUCTIVE HEALTH IN BOLIVIA, BIBLIOGRAPHIC REVISION], at 32 (1996).
76. Executive Branch Ministers' Law, Law No. 1495, Sept. 17, 1995, art. 19 cl. f.
77. MINISTRY OF HUMAN DEVELOPMENT, NATIONAL HEALTH SECRETARY, PLAN VIDA. PLAN NACIONAL PARA LA REDUCCIÓN ACCELERADA DE LA MORTALIDAD MATERNA, PERINATAL Y DEL NIÑO. BOLIVIA 1994-1997 [LIFE PLAN: NATIONAL PLAN FOR THE RAPID REDUCTION IN MATERNAL, PERINATAL AND CHILD MORTALITY IN BOLIVIA 1994-1997], UNPF/USAID/UNICEF/OPS, at 20 (1994).
78. MINISTRY OF HUMAN DEVELOPMENT, NATIONAL HEALTH SECRETARY/OPS/OMS, INFANT AND COMMUNITY HEALTH PROJECT, NECESIDADES Y EXPECTATIVAS DE COOPERACIÓN 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, Ethnic Issues, and Matters of Ethnic and Gender Differences.
82. NEEDS AND EXPECTATIONS, *supra* note 78, at 27.
83. REFERENCE TEXT ON SEXUAL AND REPRODUCTIVE HEALTH, *supra* note 81, at 25. The DHOs 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.
93. UNITED NATIONS POPULATIONS FUND (UNFPA), PROGRAM REVIEW AND STRATEGY DEVELOPMENT REPORT, BOLIVIA, at 4 (1991).
94. *Id.*, at 33.
95. *Id.*

96. *Id.*
97. *Id.*
98. QUALITATIVE DIAGNOSIS, *supra* note 75, (a) at 49
99. *Id.*
100. *Id.*
101. HEALTH CODE, Decree Law No. 15629, July 18, 1978, Bk. Five, Tit. I, Ch. I.
102. *Id.*, art. 3. The Health Code denominates Health Authority to the Ministry of Social Security and Public Health.
103. *Id.*, art. 125.
104. *Id.*, art. 126.
105. PENAL CODE, Decree No. 14426, Aug. 22, 1972.
106. *Id.*, art. 218, cl. 1.
107. *Id.*, art. 218, first ¶.
108. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 23 (1996).
109. HEALTH CODE, art. 5.
110. *Id.*, cls. c and d.
111. Draft Bolivia chapter, *supra* note 108, at 23.
112. PENAL CODE, art. 218, cl. 4.
113. MINISTRY FOR PLANNING AND COORDINATION, POPULATION POLICY UNIT, ESTRATEGIA NACIONAL DE DESARROLLO. LINEAMIENTOS DE POLÍTICAS DE LA POBLACIÓN [NATIONAL DEVELOPMENT STRATEGY: OBJECTIVES OF POPULATION POLICIES] (1992).
114. *Id.*, at 13.
115. *Id.*, at 13-16.
116. MINISTRY OF HUMAN DEVELOPMENT, DECLARACIÓN DE PRINCIPIOS SOBRE POBLACIÓN Y DESARROLLO SOSTENIBLE [DECLARATION OF PRINCIPLES ON POPULATION AND SUSTAINABLE DEVELOPMENT] (1994). This document lays out the official Bolivian government policy on population issues and was presented by the Bolivian Delegation at the International Conference on Population and Development, Cairo, Sept. 1994.
117. *Id.*, at 3 and 4.
118. *Id.*, at 5.
119. *Id.*, at 13.
120. *Id.*, at 13 and 14.
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. UNITED NATIONS, THE WORLD'S WOMEN 1995: TRENDS AND STATISTICS, at 86 (1995).
128. *Id.*
129. *Id.*
130. Supreme Decree No. 24227, May 28, 1996, which entered into force on Jul. 1, 1997.
131. NEEDS AND EXPECTATIONS, *supra* note 78, at 28.
132. *Id.*
133. *Id.*
134. DECLARATION OF PRINCIPLES ON POPULATION, *supra* note 116, at 21 and 22.
135. REFERENCE TEXT OF SEXUAL AND REPRODUCTIVE HEALTH, *supra* note 81, at 24.
136. *Id.*
137. QUALITATIVE DIAGNOSIS, *supra* note 75, at 49.
138. MINISTRY OF SOCIAL SECURITY AND PUBLIC HEALTH, PLAN NACIONAL DE SUPERVIVENCIA-DESARROLLO INFANTIL Y SALUD MATERNA. LIBRO DE NORMAS Y PROCEDIMIENTOS [NATIONAL PLAN FOR INFANT SURVIVAL-DEVELOPMENT AND MATERNAL HEALTH: BOOK OF RULES AND PROCEDURES], at 122 (1992).
139. *Id.*
140. MINISTRY FOR PLANNING AND COORDINATION, NATIONAL STATISTICS INSTITUTE 1993, CENSO NACIONAL DE POBLACIÓN Y VIVIENDA 1992 [NATIONAL POPULATION AND HOUSING CENSUS 1992], at 40.
141. *Id.*
142. *Id.*
143. *Id.*
144. DECLARATION OF PRINCIPLES ON POPULATION, *supra* note 116, at 18.
145. *Id.*
146. QUALITATIVE DIAGNOSIS, *supra* note 75, at 87.
147. *Id.*
148. *Id.*
149. *Id.*
150. *Id.*, at 90.
151. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 32 (1996).
152. DECLARATION OF PRINCIPLES ON POPULATION, *supra* note 116, at 23.
153. *Id.*
154. QUALITATIVE DIAGNOSIS, *supra* note 75, at 21.
155. *Id.*
156. *Id.*, at 23.
157. PATRICIA E. BAILEY, LUIS LLANOS SAAVEDRA, LUIS KUSHNER, MICHAEL WELSH AND BARBARA JANOWITZ, BARBARA, A HOSPITAL STUDY OF ILLEGAL ABORTION IN BOLIVIA, PAHO Bulletin 2, at 27-41, in QUALITATIVE DIAGNOSIS, *supra* note 75, at 67.
158. QUALITATIVE DIAGNOSIS, *supra* note 75, at 67.
159. *Id.*, at 47.
160. *Id.*
161. PENAL CODE, art. 263.
162. *Id.*, art. 266.
163. *Id.*
164. *Id.*, art. 263, cl. 3.
165. *Id.*, cls. 1 and 2.
166. *Id.*, art. 269.
167. *Id.*, art. 268.
168. *Id.*, art. 267.
169. *Id.*, art. 266.
170. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 34 (1996).
171. ZULEMA ALANEZ, MITOS Y REALIDADES. EL ABORTO EN BOLIVIA [MYTHS AND REALITIES: ABORTION IN BOLIVIA], at 9 (1995).
172. *Id.*
173. PENAL CODE, art. 266, third ¶.
174. *Id.*, second ¶.
175. *Id.*, first ¶.
176. *Id.*, third ¶.
177. *Id.*, art. 263, cl. 1.
178. *Id.*, cl. 2.
179. *Id.*, cl. 3.
180. *Id.*, art. 265. The code does not define what should be understood by "honor".
181. *Id.*
182. *Id.*
183. *Id.*, art. 264.
184. *Id.*
185. *Id.*, second ¶.
186. *Id.*
187. *Id.*, art. 268.
188. *Id.*, art. 267.
189. *Id.*, art. 269.
190. NEEDS AND EXPECTATIONS, *supra* note 78, at 24.
191. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 11 (1996).
192. NEEDS AND EXPECTATIONS, *supra* note 78, at 24.
193. Los Tiempos, Nov. 14, 1996.
194. Resolución Secretarial No. 0660 para la Prevención y Vigilancia del VIH/SIDA en Bolivia [Secretarial Regulation No. 0660 for the Prevention and Care of HIV/AIDS in Bolivia], Dec., 1996.
195. *Id.*, art. 6.
196. *Id.*, art. 8.
197. *Id.*, arts. 9 and 11.
198. *Id.*
199. *Id.*, art. 10 and 12.
200. *Id.*, art. 40.
201. *Id.*, arts. 41 and 42.
202. *Id.*, art. 43.
203. *Id.*, art. 36.
204. *Id.*
205. *Id.*, art. 38.
206. *Id.*
207. *Id.*, art. 45.

208. *Id.*, art. 17.
 209. *Id.*, art. 49.
 210. *Id.*, art. 50.
 211. *Id.*, art. 51.
 212. *Id.*, art. 37.
 213. *Id.*, art. 39.
 214. *Id.*
 215. PENAL CODE, Article 216, cl. 1.
 216. *Id.*, art. 277.
 217. Secretarial Resolution No. 0660 for the Prevention and Care of HIV/AIDS in Bolivia, *supra* note 194, art. 3.
 218. Ministry of Human Development, National Health Secretary, Presentation on Secretarial Resolution No. 0660 for the Prevention and Care of HIV/AIDS in Bolivia, Dec. 1996.
 219. *Id.*, art. 14.
 220. *Id.*, art. 15.
 221. *Id.*, art. 16.
 222. *Id.*
 223. *Id.*, art. 20, cl. a.
 224. *Id.*, cl. b.
 225. *Id.*, cl. c.
 226. *Id.*, cl. d.
 227. *Id.*, cl. e.
 228. BOL. CONST., art. 6.
 229. *Id.*, art. 194.
 230. *Id.*, art. 193.
 231. Family Code Decree, Aug. 23, 1972, elevated to the rank of law on Apr. 4, 1988 [hereinafter FAMILY CODE].
 232. *Id.*, art. 3.
 233. CIVIL CODE, Decree Law No. 12760, Aug. 6, 1975, art. 4.
 234. BOL. CONST., art. 41.
 235. FAMILY CODE, art. 44.
 236. *Id.*, art. 99.
 237. *Id.*, art. 97.
 238. *Id.*
 239. *Id.*, art. 98.
 240. *Id.*
 241. *Id.*
 242. *Id.*, art. 114.
 243. *Id.*
 244. *Id.*
 245. *Id.*, art. 115.
 246. *Id.*, art. 116.
 247. PENAL CODE, art. 240.
 248. FAMILY CODE, art. 158.
 249. FAMILY CODE, art. 159.
 250. *Id.*, art. 172.
 251. CIVIL CODE, art. 1083.
 252. *Id.*, art. 1108.
 253. FAMILY CODE, art. 160.
 254. *Id.*, arts. 130 and 131.
 255. *Id.*
 256. *Id.*, art. 101.
 257. *Id.*, art. 145.
 258. *Id.*
 259. *Id.*
 260. *Id.*, art. 149.
 261. Secretarial Resolution No. 0660 for the Prevention and Care of HIV/AIDS in Bolivia, *supra* note 194, arts. 41 and 42.
 262. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 23 (1996).
 263. *Id.*
 264. *Id.*
 265. General Labor Law, Decree Law, May 24, 1939, elevated to Law of the Republic on Dec. 9, 1942.
 266. *Id.*, art. 61.
 267. Law No. 975, May 2, 1988, art. 1.
 268. SOCIAL SECURITY CODE, Law of December 14, 1956.
 269. *Id.*, art. 23.
 270. *Id.*
 271. *Id.*
 272. *Id.*
 273. *Id.*, art. 45.
 274. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 15 and 16 (1996).
 275. MINISTRY OF FOREIGN RELATIONS, MINISTRY OF HUMAN DEVELOPMENT, INFORME ACERCA DEL AVANCE DE LA MUJER EN BOLIVIA. CUARTA CONFERENCIA MUNDIAL SOBRE LA MUJER [REPORT ON THE ADVANCEMENT OF WOMEN IN BOLIVIA FOR THE FOURTH WORLD CONFERENCE ON WOMEN], at 29 (1994).
 276. *Id.*
 277. *Id.*
 278. *Id.*
 279. *Id.*, at 30.
 280. *Id.*, at 31.
 281. SONIA MONTANO (ED), INVERTIR EN LA EQUIDAD. BOLIVIA [INVEST IN EQUALITY. BOLIVIA] (1993).
 282. *Id.*
 283. *Id.*
 284. Law No. 1493, Law of Executive Branch Ministers, Sept. 17, 1993.
 285. National Secretary of Ethnic, Gender and Generational Issues, Subsecretary of Gender Issues, Resumen Ejecutivo [Executive Summary], at 3 (n.d.).
 286. *Id.*
 287. Law of Administrative Decentralization 1995, Law No. 1654, Jul. 28, 1995.
 288. PENAL CODE, art. 308.
 289. *Id.*
 290. *Id.*
 291. *Id.*, art. 310, second ¶.
 292. *Id.*, art. 308.
 293. *Id.*, art. 315.
 294. *Id.*
 295. *Id.*, art. 316.
 296. *Id.*, art. 317.
 297. JULIETA MONTANO, PROYECTO DE REFORMAS AL CÓDIGO PENAL Y DE FAMILIA [PROJECT FOR REFORMS OF THE PENAL AND FAMILY CODE], at 26 (1994).
 298. Law against Family or Domestic Violence, Law No. 1674, Dec. 15, 1995.
 299. *Id.*, art. 3.
 300. *Id.*, art. 4.
 301. *Id.*, art. 5.
 302. *Id.*, art. 14.
 303. *Id.*, art. 16.
 304. *Id.*, art. 15.
 305. *Id.*, art. 18.
 306. THE WORLD ALMANAC, *supra* note 1, at 745.
 307. Susana Rance, Planificación Familiar: Se Abre el Debate [Family Planning: The Debate Opens] National Population Council, 1990, in QUALITATIVE DIAGNOSIS, *supra* note 75, at 14.
 308. *Id.*
 309. *Id.*
 310. MINOR'S CODE, Law No. 1403.
 311. *Id.*, arts. 15 and 16.
 312. REFERENCE TEXT OF SEXUAL AND REPRODUCTIVE HEALTH, *supra* note 81, at 25.
 313. QUALITATIVE DIAGNOSIS, *supra* note 75, at 14.
 314. FAMILY CODE, art. 44.
 315. *Id.*
 316. QUALITATIVE DIAGNOSIS, *supra* note 75, at 14.
 317. *Id.*
 318. 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.
 319. *Id.* The punishment for murder is thirty years imprisonment.
 320. *Id.*, art. 309. The code does not define "honest".
 321. *Id.*
 322. *Id.*, art. 310.
 323. *Id.*, art. 312.
 324. *Id.*
 325. *Id.*, art. 313.
 326. *Id.*, art. 314.

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.).

332. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 30–31 (1996).

333. Secretarial Resolution No. 0660 for Prevention and Care of HIV/AIDS in Bolivia, *supra* note 194, art. 56.

334. *Id.*

335. Julieta Montano and Florinda Corrales, The Women's Legal Office, Draft Bolivia chapter, at 31 (1996).