

# 16082 The Zika Virus and Brazilian Women's Right to Choose

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Brazil is in a state of crisis. Since October, there have been more than 4,000 suspected cases of babies born with a neurological syndrome associated with the Zika virus. The Health Ministry has suggested that women avoid pregnancy until the epidemic has passed or more is known about it.

Lost in the panic about Zika is an important fact: the epidemic mirrors the social inequality of Brazilian society. It is concentrated among young, poor, black and brown women, a vast majority of them living in the country's least-developed regions. The women at greatest risk of contracting Zika live in places where the mosquito is part of their everyday lives, where mosquito-borne diseases like dengue and chikungunya were already endemic. They live in substandard, crowded housing in neighborhoods where stagnant water, the breeding ground for disease-carrying mosquitoes, is everywhere. These women can't avoid bites: they need to be outdoors from dawn until dusk to work, shop and take care of their children. And they are the same women who have the least access to sexual and reproductive health care.

The Zika epidemic has given Brazil a unique opportunity to look at inequality and reproductive rights, and to change how the country treats women. Asking women to avoid pregnancy without offering the necessary information, education, contraceptives or access to abortion is not a reasonable health policy.

Brazil has some of the world's strictest abortion laws. The procedure is legal only in cases when the life of the woman is in danger of complications, or she was raped, or she is carrying an anencephalic fetus. Knowledge that a child will suffer from serious neurological problems is not grounds for legally terminating a pregnancy. That doesn't mean that abortion is uncommon, though.

The poor women who are most likely to contract Zika face tremendous barriers to getting safe abortions. They are forced to carry their pregnancies in fear. Public health clinics in poor communities rarely offer either the blood test that detects the presence of the virus or the ultrasound that can diagnose birth defects.

Low-paid women and domestic workers are the true face of the Zika virus. In Brazil, it is usually women who are responsible for family planning and child care. They will also be the caregivers of disabled, dependent children. Some news reports have included accounts of women being abandoned by their partners after the birth of a baby with neurological problems. The state shouldn't abandon them, too.

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