

Abortion access and Colombia's legacy of civil war

Between reproductive violence and reproductive governance

1. Abstract

In 2022, Colombia decriminalized abortion, making it ostensibly a site of progressive abortion politics. Within hours, however, the ruling was met with intense, high-level backlash that positioned abortion as a threat to the Colombian family and gestured to gendered conflict harms past and present. Colombia's legal framework on abortion has come about largely due to campaigning that unfolded alongside and intertwined with periods of intense political violence and insecurity, in a setting where conflict and (post)conflict exist on a continuum. All of this points to the significance of (post)conflict politics to understanding abortion politics, and vice versa, in the Colombian space. Here, we use interview data gathered in 2018 to argue that the two should be understood in tandem – and, indeed, that one cannot be properly understood without the other, shaped as they both are by a militant conservative nationalism inflected by religion, *machismo* and natalism, and by the material legacies of conflict. Decriminalization should therefore be understood as part of resurgent conservative *reproductive governance*, and abortion politics itself as an agonistic space of contestation rather than straightforwardly progressive. Beyond Colombia, it is also indicative of the rich insights on gender justice in conflict spaces that can be drawn from analysing abortion politics.

2. Introduction

On 21 February 2022, the Corte Constitucional de Colombia delivered a historic ruling in response to a legal challenge – or *tutela*¹ – by the Causa Justa movement, a collective mobilization of over 100 feminist advocates, activist groups, and academics. After over 500 days of consideration, the court ruled that abortion should be removed from the penal code and decriminalized up to 24 weeks' gestation. The judgement expanded access well beyond the bounds of the same court's 2006 decision, which had permitted access to abortion under three conditions, or *causales*: coercion including rape and incest, risk to life of the foetus, and risk to the health of the pregnant person.

¹ In Colombia, a *tutela* can be presented by anyone to any court in the country in response to a violation or denial of rights. The filing can be written or oral, and must be accepted and ruled upon quickly, with the goal of facilitating the assertion of rights by ordinary people. *Tutelas* have been used in relation to healthcare, education and other areas of social and political rights guaranteed in the constitution.

Combined, the 2022 and 2006 decisions make Colombia the most permissive legal regime for abortion in Latin America and ostensibly a site of progressive abortion politics.

Within hours of the 2022 judgement, however, ultraconservative President Ivan Duque decried the judgement as a 'atrocious'.² In the following days, Duque and his followers criticized the magistrates' intentions and interpretation of the law intensely, arguing that the Corte Constitucional had overstepped its role. Vice President Marta Lucía Ramírez posited that the decision had 'legitimized death', while Senator María Fernanda Cabal contended that the judgement would make all abortion – even coerced or forced abortions – legal.³ The magistrates of the court faced threats of violence and were forced to make explicit declarations of their judicial independence and the importance of their personal safety.⁴

The political discourse in the immediate aftermath of the 2022 decriminalization is an instructive microcosm of abortion politics in Colombia's (post)conflict space – a space where 'conflict' and 'post-conflict' are more or less coextensive, with violence and instability ongoing even as peace is negotiated and nation-building undertaken. Much of Causa Justa's membership and the mechanisms it used to advance its aims – namely, the *tutela* and the Corte Constitucional – were established against the backdrop of intense political violence as well as efforts at stabilization, development and peacebuilding. Equally, Duque's brand of hard-line conservatism has been most pronounced during key transitional moments in the Colombian conflict – most notably in the escalation of the conflict against the guerrillas during the presidency of Duque's mentor, the still-powerful Senator Álvaro Uribe, in 2002–2010. In its references to forced abortion and legitimized death, this high-level backlash also gestured explicitly at the spectre of conflict harms past and present.

On its own, this sequence of exchanges points to the significance of (post)conflict politics to understanding abortion politics, and vice versa, in the Colombian space. Here, we argue that abortion politics and gender justice in Colombia should be understood in tandem with (post)conflict politics – and, indeed, that one cannot be properly understood without the other. Colombia therefore demonstrates first the uneven political economies of gendered conflict harms, and second

² Raphael Morán, 'Duque considera 'atroz' la despenalización del aborto en Colombia', *RFI*, 23 Feb 2022. <https://www.rfi.fr/es/am%C3%A9ricas/20220223-duque-considera-atroz-la-despenalizacion%C3%B3n-del-aborto-en-colombia>. (Unless otherwise noted at point of citation, all URLs cited in this article were accessible on 2 May 2022.)

³ 'La vicepresidenta de Colombia cree que la despenalización del aborto "legitima la muerte"', *Europa Press*, 23 Feb 2022. <https://www.europapress.es/internacional/noticia-vicepresidenta-colombia-cree-despenalizacion-aborto-legitima-muerte-20220223131717.html>; María Isabel Rueda, 'María Fernanda Cabal: "Duque le apostó a Zuluaga para sacarme del juego"', *El Tiempo*, 1 Mar 2022. <https://www.eltiempo.com/elecciones-2022/candidatos/maria-fernanda-cabal-dice-que-ivan-duque-le-aposto-a-oscar-ivan-zuluaga-655007>.

⁴ 'Colombia: authorities must protect the judicial independence of the Constitutional Court', *International Commission of Jurists*, 11 Mar 2022. <https://www.icj.org/colombia-authorities-must-protect-the-judicial-independence-of-the-constitutional-court/>.

the complexity of harms beyond explicit violence – that is, lack of abortion access should be read as a gendered conflict harm, as access continues to be limited by conflict-related (im)mobilities and material inequalities that are racialized, localized and classed. Despite the clear victory of decriminalization this year, legality on its own is not enough, as it belies a complex, longstanding and combative relationship between continuums of gendered violence and struggles for gender justice. Decriminalization should be understood as part of resurgent conservative *reproductive governance*, drawing on the work of Lynn Morgan and Elizabeth Roberts⁵, and abortion politics itself as an agonistic space of contestation rather than straightforwardly progressive, with profound impacts on those facing intersectional marginalizations – namely, *Afrodescendiente*, Indigenous and impoverished people.

The importance of these questions lies in how they can help to explain progress and regress on both sexual and reproductive health and rights (SRHR) and conflict-related gendered harms, and also how (post)conflict spaces can be fertile but precarious ground for feminist activisms and rife with patriarchal backlash. Beyond Colombia, it is also indicative of the rich insights about gender justice in conflict spaces that can be drawn from analysing abortion politics in Colombia. Thus, progress in SRHR in (post)conflict settings should not be necessarily read as progress towards gender justice or peace. These contentions build on and further work by Jennifer Thomson and Claire Pierson on reproductive rights in international peace and security, as well as by Megan Daigle; Lucy Hall, Anna Weissman and Laura Shepherd; and Kandida Purnell on sexuality, reproduction and the body in global politics.⁶ Our argument also speaks to work on patriarchal backlash in the international sphere,⁷ as well as on the complexity, pervasiveness of gendered conflict harms beyond the most immediately visible – proof, as Aisling Swaine writes, that ‘the catalogue of gendered violence is still being compiled’.⁸

⁵ Lynn M. Morgan and Elizabeth F. Roberts EF, ‘Reproductive governance in Latin America’, *Anthropology and Medicine* 19: 2, 2012, pp. 241–254.

⁶ Jennifer Thomson and Claire Pierson, ‘Can abortion rights be integrated into the Women, Peace and Security agenda?’, *International Feminist Journal of Politics* 20: 3, 2018, pp. 350–365; Megan Daigle, *From Cuba with love: sex and money in the twenty-first century* (Berkeley, CA: University of California Press, 2015); Lucy B. Hall, Anna L. Weissman A, and Laura J. Shepherd (eds), *Troubling motherhood: maternity in global politics* (Oxford: Oxford University Press, 2020); Kandida Purnell, *Rethinking the body in global politics: bodies, body politics, and the body politic in a time of pandemic* (London: Routledge, 2021).

⁷ See, for example, Julia Margaret Zulver, ‘The endurance of women’s mobilization during “patriarchal backlash”: a case from Colombia’s reconfiguring armed conflict’, *International Feminist Journal of Politics* 23: 3, 2021, pp. 440–462; Marie E. Berry, Yolande Bouka, and Marilyn Muthoni Kamuru, ‘Implementing inclusion: gender quotas, inequality, and backlash in Kenya’, *Politics and Gender* 17, 2021, pp. 640–644; Verónica Pérez Bentancur and Cecilia Rocha Carpiuc, ‘The postreform stage: understanding backlash against sexual policies in Latin America’, *Politics and Gender* 16: 1, 2020, pp. 11–18.

⁸ Aisling Swaine, *Conflict-related violence against women: transforming transition* (Cambridge, UK: Cambridge University Press, 2018); see also Cynthia Cockburn, ‘The continuum of violence: a gender perspective on war and peace’, in Wenona Giles and Jennifer Hyndman, eds, *Sites of violence: gender and conflict zones* (Berkeley, CA: University of California Press, 2004), pp. 24–44.

All of this is happening amidst a tumultuous global and domestic scene: the boomeranging and destabilizing US Mexico City Policy, also known as the Global Gag Rule, was recently repealed for the third time in in thirty years – a policy that left tens of thousands of Colombians without critical healthcare and held conflict-affected populations in particular in a ‘punishing grip’.⁹ The Covid-19 pandemic’s undeniable impact on SRHR worldwide has also been stark, including in Colombia, as has the ongoing backlash against so-called ‘gender ideology’ in Latin American and around the world.¹⁰ Colombia has seen an uptick in armed violence in the last two years, while the recent outbreak of popular protests – and accompanying police violence, including sexual assaults¹¹ – in late April 2021 highlights the persistent militarization of Colombian public spaces and institutions, or what Saul Rodriguez calls ‘civilian militarism’.¹² Colombia is also seeing ever-increasing rates of displacement due to the disintegration of neighbouring Venezuela, which itself bears important SRHR dimensions that we will touch on briefly below. At the same time, rates of clandestine and unsafe abortion remain extremely high, with the harshest impact on the most marginalized sectors of society. This clear interconnectedness between health and security makes the questions we pose here all the more critical.

Illustrated by the qualitative accounts of abortion rights activists and SRHR practitioners, this paper examines the links between (post)conflict politics in Colombia and the precarity of progress in abortion politics, shaped as they both are by a militant conservative nationalism inflected by religion, *machismo* and natalism, and by the material legacies of conflict. The sections to come will therefore address the discursive points of connection between (post)conflict processes and abortion politics, the material and spatialized inequities that cut across both ‘conflict’ and purportedly ‘non-conflict’ or ‘post-conflict’ spaces, and feminist activisms against this backdrop.

⁹ Alia Dharssi, ‘Trump’s Global Gag Rule is killing women, report says’, *Foreign Policy*, 19 Jun 2019. <https://foreignpolicy.com/2019/06/19/how-trumps-global-gag-rule-is-killing-women-colombia/>; Kelli Rogers, ‘In Colombia, “global gag rule” punishes conflict-affected populations’, *Devex*, 6 Jun 2017. <https://www.devex.com/news/in-colombia-global-gag-rule-punishes-conflict-affected-populations-90393>.

¹⁰ Fiona Samuels and Megan Daigle, *Sexual and reproductive health and rights after Covid-19: a forward-looking agenda* (London: ODI); Flávia Biroli and Mariana Caminotti, ‘The conservative backlash against gender in Latin America’, *Politics and Gender* 16: S1, 2020.

¹¹ Sophie Foggin, ‘“The risk you run”: Colombia’s women protesters on sexual violence’, *BBC News*, 23 Jun 2021. <https://www.bbc.co.uk/news/world-latin-america-57553316>.

¹² Saul M. Rodriguez, ‘Building civilian militarism: Colombia, internal war, and militarization in a mid-term perspective’, *Security Dialogue* 49: 1–2, 2018, pp. 109–122. The militarization of the Colombian police in particular was also discussed in relation to the 2021 protests – see Julie Turkewitz and Sofia Villamil, ‘Colombia’s police force, built for war, finds a new one’, *New York Times*, 12 May 2021. <https://www.nytimes.com/2021/05/12/world/americas/colombia-protests-police-brutality.html>.

3. Continuums of violence, activism and rights in Colombia

Before examining the ways that abortion politics and (post)conflict politics are imbricated in current debates and material realities in Colombia, it is important to begin by tracing the threads of both in the latter half of the twentieth century and into the twenty-first.

3.1 (Post)conflict politics and gendered violences

While Colombia's conflict has generally been understood as domestic, it has implicated actors from the United States government to transnational corporations, drug cartels and the socialist governments of Venezuela and Cuba. The conflict is also rooted in preceding waves of armed violence in the country dating back as far as independence in the nineteenth century, not least of these being La Violencia – a ten-year civil war starting in 1948 – and US anti-communist suppression through the 1960s.¹³ Events such as these led left-wing agitators and militants to coalesce into the Fuerzas Armadas Revolucionarias – Ejército del Pueblo (FARC-EP) in 1964, as well as a host of other guerrilla forces. The conflict began with low-intensity outbreaks of violence, often with support of the population in outlying areas, until the 1980s when right-wing paramilitaries formed to oppose the FARC-EP with brutal targeted violence. Conflict actors became increasingly entangled with drug trafficking in the 1980s and 1990s, ushering in US military aid and the most tumultuous and lethal years of conflict and criminal violence.

Progress towards peace since the turn of the century has been equally incremental: the largest network of paramilitaries, the Autodefensas Unidas de Colombia, was demobilized by 2006, leaving the military to fight the FARC-EP with US support. After numerous abortive attempts by successive administrations, formal peace talks began in August 2012 and reached an accord and ceasefire in June 2016, for which then-President Juan Manuel Santos received the Nobel Peace Prize. When put to a national referendum, however, the peace deal was rejected by a narrow margin (49.78%) after a divisive – and highly gendered – campaign.¹⁴ Complex and highly contested challenges remain unevenly addressed, including demobilization of ex-combatants, recognition for victims of violence, returning appropriated lands, acute internal displacement, marked inequality and human rights abuses, and lack of state presence in peripheral areas.¹⁵ Mounting turmoil in and displacement from

¹³ María Victoria Uribe Alarcón, *Hilando fino: voces femeninas en La Violencia* (Bogotá: Universidad del Rosario, 2015); Robert Karl, *Forgotten peace: reform, violence and the making of contemporary Colombia* (Berkeley: University of California Press, 2017).

¹⁴ Lina M. Céspedes-Báez, 'Gender panic and the failure of a peace agreement', *AJIL Unbound* 110, 2016, pp. 183–187.

¹⁵ Abey Steele, *Democracy and displacement in Colombia's civil war* (Ithaca, NY: Cornell University Press, 2017); Jose Rafael Espinosa Restrepo and Mauricio Garcia Villegas, *El derecho al estado: los efectos legales del apartheid institucional en Colombia* (Bogotá: Dejusticia, 2013).

neighbouring Venezuela since 2014 has further complicated the peace process, while renewed outbreaks of violence – perpetrated by guerrilla groups, *narcotraficantes* and gangs – and the wave of popular protest in 2021 underscore the incompleteness of the peace process.¹⁶

The gendered impacts of the conflict itself in many ways mirror the uncertainty and non-linearity of the peace process, bringing about wide-ranging and multifarious forms and expressions of gender-based violence, including rising domestic and intimate-partner violence, amongst conflict-affected populations and especially amongst internally displaced communities.¹⁷ It is also well known that, throughout the course of the conflict, all parties have perpetrated sexual and reproductive violence. The FARC-EP engaged in rape and sexual coercion, notably against women in its own ranks, who also endured systematic forced contraception and forced abortions, including late-term abortions in unsafe circumstances¹⁸ – a spectre referenced by Colombian senator María Fernanda Cabal when she argues that the recent decriminalization of abortion will open the door to legal forced abortion.¹⁹ State-aligned paramilitary groups also deployed opportunistic and strategic modes of sexual violence to terrorize local populations, such that the Centro Nacional de Memoria Histórica notes an overall rise in reports of sexual violence during the years of peak paramilitary consolidation and expansion.²⁰ They also engaged in forced sterilizations of civilian women, forced and coerced pregnancies amongst captive women and in areas under their control, and forced abortions with the aim of *borrando las huellas* (erasing the traces) of their crimes of sexual violence.²¹

In that light, one doctor explained to us the combined legacy of a conflict that had resulted in such widespread sexual and reproductive harms and a peacebuilding environment where these same harms are erased:

¹⁶ Over the course of 2020, 340 people – mostly community leaders and activists for human rights or environmental causes – were killed, a trend that has likely been aggravated by the advent of the Covid-19 pandemic. See Indepaz, 'Informe de masacres en Colombia durante el 2020–2021', *Indepaz*, 2 Feb 2021. <http://www.indepaz.org.co/informe-de-masacres-en-colombia-durante-el-2020/>.

¹⁷ Andrea L. Wirtz, Kiemanh Pham, Nancy Glass, Saskia Loochkartt, Teemar Kidane, Decssy Cuspoca, Leonard S. Rubenstein, Sonal Singh, and Alexander Vu, 'Gender-based violence in conflict and displacement: qualitative findings from displaced women in Colombia', *Conflict and Health* 8, 2014, pp. 1–14.

¹⁸ The Centro de Derechos Reproductivos writes that, 'Forced abortion inside the FARC-EP was a clear and explicit policy, which is evidenced by the systematicity of the practice', which may have resulted in as many as a thousand incidents per year at the height of the conflict. Centro de Derechos Reproductivos, *Una radiografía sobre la violencia reproductiva* (Bogotá: Centro de Derechos Reproductivos, 2020), pp. 22–26; Natalia Herrera and Douglas Porch, 'Like going to a fiesta' – the role of female fighters in Colombia's FARC-EP', *Small Wars and Insurgencies* 19: 4, 2008, pp. 609–634.

¹⁹ Rueda, 2022.

²⁰ Centro Nacional de Memoria Histórica, *Memoria histórica con víctimas de violencia sexual: aproximación conceptual y metodológica* (Bogotá: Centro Nacional de Memoria Histórica, 2018), p. 44; Juliana Laguna Trujillo, 'A legal obligation under international law to guarantee access to abortion services in contexts of armed conflict? An analysis of the case of Colombia', *International Review of the Red Cross* 102: 914, 2021, p. 852. <https://international-review.icrc.org/articles/international-law-access-to-abortion-armed-conflict-colombia-914>.

²¹ Centro de Derechos Reproductivos, 2020, pp. 23–27.

[the conflict] bears a lot of blame in that [...] women who were victims of sexual violence in the armed conflict are numerous, by both the paramilitaries and the guerrillas. But we also have them inside our institutions, we have women who have been violated, who have been sexually violated inside military institutions, within other institutions, boys and men that... We had a tremendous scandal in the police—the *fellowship of the ring*²² and all that. That also exists elsewhere, but they covered that up and that's it—it's over!²³

As Signe Svallfors argues, the direct impact of armed actors was not just in the various forms of sexual and reproductive violence they deployed, but also in how they enforced their own particular visions for communal life, which included appropriate models of sexual morality, family life and reproductive governance, all of which directly shaped women's access to SRHR.²⁴ Without a doubt, the long legacy of these violences continues to underpin Colombia's struggles for reproductive rights, and efforts at justice and reparations for these harms have only scratched the surface. A marked growth in recognition of the gendered impacts of Colombia's war – what Lina M. Céspedes-Báez calls the 'genderization of the Colombian armed conflict'²⁵ – began in the 2000s and continues today. More recently, this assessment has shed needed attention on gendered impacts for LGBTQIA+ individuals and groups.²⁶

Progress on peace since the early 2000s has been troubled by staggering rates of violence and forced displacement, including killings of social leaders and activists. Processes of land reform and reparation for victims have stalled, as underlined by a 2020 cross-party report from Colombian representatives and senators, and more recently the scene has been further complicated by the advent of Covid-19, major popular protests and displacement from Venezuela.²⁷ Perhaps most notably, the rejection of the 2016 peace agreement by plebiscite was part of a contentious campaign coloured by backlash against perceived 'gender ideology' – and here again, the links between abortion politics and (post)conflict politics become clear. Elizabeth Corredor highlights how the

²² Around 2014, a network known as the 'fellowship of the ring' (*comunidad del anillo*) was revealed at the top of Colombia's national police, which saw senior officers pay for sexual services from cadets between 2004 and 2008. This scandal damaged public trust in the police. See Sibylla Brodzinsky, 'Male prostitution ring allegations put Colombia's police at center of scandal', *Guardian*, 6 Mar 2016. <https://www.theguardian.com/world/2016/mar/06/colombia-police-male-prostitution-ring-allegations-scandal>.

²³ Interview 5, doctor, Bogotá, 10 Apr 2018.

²⁴ Signe Svallfors, 'Contraceptive choice as risk reduction? The relevance of local violence for women's uptake of sterilization in Colombia', *Population Studies*, 2021 [online first].

²⁵ Céspedes-Báez, 2016, p. 183.

²⁶ Centro Nacional de Memoria Histórica, *Aniquilar la diferencia: lesbianas, gays, bisexuales y transgeneristas en el marco del conflicto armado colombiano* (Bogotá: Centro Nacional de Memoria Histórica, 2015); Henri Myrntinen and Megan Daigle, *When merely existing is a risk: sexual and gender minorities in conflict, displacement and peacebuilding* (London: International Alert). <https://www.international-alert.org/publications/when-merely-existing-is-a-risk/>.

²⁷ *¿En qué va la paz a 2 años del gobierno Duque?* (Bogotá: Congreso de la República de Colombia, 2020) https://ce932178-d58f-4b70-96e7-c85e87224772.filesusr.com/ugd/883ff8_e5b209fa605445b0acc47dab072168fa.pdf

deal's detractors wanted the peace process to 'recognize the heterosexual family as the mainstay of Colombian society and as a primary victim of war'.²⁸ Criticizing the original peace deal's language on gendered harms, opponents argued for a 'no' vote in the plebiscite by appealing to the protection of marriage, family, religion and the legal system. Then-Attorney General Alejandro Ordóñez called it a 'mortal blow to the Colombian family'.²⁹ Similarly, Ilva Myriam Hoyos Castañeda – at the time, Undersecretary for Children and Family – described how the deal's gender framework served to 'limit the rights of women to motherhood and men to fatherhood [and result in the] implicit constitutionalization of abortion, the morning after pill, [and] assisted reproduction techniques'.³⁰

The peace deal was nonetheless ratified with minor adjustments by the Colombian government later in 2016 and implementation is ongoing, although progress since then has been minimal. Most notably, the FARC-EP has laid down arms, but other guerrilla elements continue their fight and state absence continues in remote areas, with continuing displacement of civilians and new armed groups filling the void including criminal organizations and *narcotraficantes*. As Julia Zulver affirms, 'the reconfiguration of Colombia's armed conflict in the aftermath of the peace deal is a multi-faceted phenomenon and one that should be characterized as existing on a spectrum of conflict'.³¹

3.2 Abortion politics, legal progress and activism

Colombia opened legal pathways to abortion with a 2006 decision (C-355/06) by the Corte Constitucional, at a time when civil war had already gripped the country for more than four decades. The decision established three broad-based conditions, or *causales*, for legal abortion: coercion including rape and incest, risk to life of the foetus, and risk to the health of the pregnant person. The ruling came after a group of lawyers, led by activist Mónica Roa, challenged criminalization on the basis that it impinged on women's rights to autonomy, equality, dignity, and free development of their personalities. The ruling was the culmination of years of activism that made abortion widely available, if still criminalized. The 2022 decision (C-055/22) to remove articles 122–124 from the Colombian penal code entirely, and the Causa Justa movement that brought it about, very much built on the foothold gained in 2006.

²⁸ Elizabeth Corredor, 'On the strategic uses of women's rights: backlash, rights-based framing, and anti-gender campaigns in Colombia's 2016 peace agreement', *Latin American Politics and Society* 63: 3, 2021, p. 60.

²⁹ "Lo que he tratado es de abrirles los ojos a los colombianos": Alejandro Ordóñez', *La Semana*, 25 Sep 2016.

<https://www.semana.com/nacion/articulo/alejandro-ordonez-habla-del-proceso-de-paz-el-gobierno-santos-la-ideologia-de-genero-y-el-plebiscito/495287/>.

³⁰ Hoyos Castañeda, quoted in Corredor, 2021, p. 57.

³¹ Zulver, 2021, p. 449.

That said, in interviews, the activists we interviewed traced the legal lineage of abortion in Colombia back to the constitution of 1991, often called the 'constitution of human rights' and the first to recognize women's equal entitlement to rights (see article 43). In the constitutional design process, activists lobbied for women's rights in general and *libre opción a la maternidad* – or, free choice in motherhood – in particular, using Colombia's troubled past and a prevailing sense of international scrutiny as leverage.³² When our interviews were conducted in 2018, activists for reproductive justice saw the 2006 decision and their work towards the eventual 2022 decision as part of that same lineage:

[The 1991 constitution is] important because we started to understand that women can have a role, play a part, that we're capable of changing a few things in a constitution. That is, really there was a strong lobby of women in the constitutional process that made 6–8 articles possible in the constitution – even though it's still a very patriarchal constitution – but there are 6–8 articles that are about women, above all in terms of rights, that women have to have the same rights. [...] We are currently trying to show that the rights of women, the rights in relation to their bodies, are fundamental rights, that is very complicated in a very Catholic country.³³

The new constitution also established the Corte Constitucional and the *tutela* system, the mechanisms by which the 2006 and 2022 decisions were made possible.

While the campaign for reproductive autonomy was unsuccessful in 1991, the reproductive rights movement from this point on distinguished itself from preceding projects of expanding access to SRHR in Colombia in the 1960s and 1970s. These earlier projects saw Colombia become the first Latin American country to adopt an 'explicit population policy advocating a reduction in the population growth rate and the widespread availability of family planning methods, especially to the poor'.³⁴ In a study of laws governing reproduction, Alisa Sánchez contests that this policy on contraceptives made Colombia 'progressive' on SRHR, arguing instead that the so-called 'family planning revolution' was actually heavily influenced by concerns about abortion use:

³² Sánchez, Alisa Catalina, *Preoccupations with modernity: geopolitics of knowledge in Colombian reproduction laws, 1936-2006*, PhD dissertation (Berkeley, CA: University of California, Berkeley, 2016), pp. 85–88.

³³ Interview 17, activist, Bogotá, 12 Apr 2018.

³⁴ Anthony R. Measham and Guillermo López-Escobar, 'Against the odds: Colombia's role in the family planning revolution', in Warren C. Robinson and John A. Ross, eds, *The global family planning revolution* (Washington, DC: World Bank, 2007), pp. 121-136.

Although those for and against family planning disagreed over a great deal [...] they were largely united in condemning abortion as unsafe and immoral, which ultimately helped justify family planning initiatives.³⁵

While there are those, like Anthony Measham and Guillermo López-Escobar, who argue that Colombia's enabling of individual control over reproduction through contraception constituted a progressive turn, Sánchez outlines how the policy reflects the co-optation of a national debate on population and economic development to exercise fertility control without substantively challenging conservative gender ideologies.³⁶ In a (post)conflict light, the latter argument appears more convincing, as part of a wider trend whereby populist, right-wing movements gain traction through appealing to an essentially natalist, heteronormative Colombian family. At the very least, debates in this period were focused on population control rather than rights, empowerment or autonomy – terms which did not make an appearance related to SRHR until the 1990s.

This struggle continues today in ongoing efforts to defend and expand still-limited access from persistent legal challenges by conservative groups, as well as stark gaps in education and service provision across geographical regions, social classes, and racialized and migrant groups. As a result, a recent report by Médecins Sans Frontières indicated that, of an estimated 400,000 abortions annually in Colombia, still only 8–10 per cent are performed safely in appropriate healthcare settings despite the three *causales*.³⁷ Movements such as La Mesa por la Vida y la Salud de las Mujeres have expanded abortion access substantially through strategic litigation and other forms of advocacy, but both the government and SRHR organizations point to significant problems translating these legal advances into practice, especially against the fraught backdrop of Colombia's political environment and peace process, which bring with them ongoing instability and competing notions of gender, sexuality, nation and peace. As Verónica Pérez Bentacur and Cecilia Rocha-Carpiuc detail, in Colombia and elsewhere in Latin America, implementation is often inhibited by macro- and micro-level resistances including institutional conscientious objection, administrative curtailments, and misdirection or refusal to support access by individual health providers.³⁸

³⁵ Alisa Catalina Sánchez, 'Population discourse, family planning policies, and development in Colombia, 1960–1969', in Tanya Saroj Bakhru, ed, *Reproductive justice and sexual rights: transnational perspectives* (London: Routledge, 2019), p. 60.

³⁶ This period also saw widespread sterilizations, particularly of young, poor, rural, Afrodescendiente and Indigenous women. See Svallfors, 2021.

³⁷ Médecins Sans Frontières, *Aborto no seguro, mujeres en riesgo: limitaciones en el acceso a la interrupción voluntaria del embarazo en Colombia* (Bogotá: Médecins Sans Frontières, 2019).

³⁸ Verónica Pérez Bentacur and Cecilia Rocha Carpiuc, 'The postreform stage: understanding backlash against sexual policies in Latin America', *Politics and Gender* 16: 1, 2020, pp. 11–18.

That access to SRHR in general, and to abortion in particular, has developed in parallel to the stormiest years of the Colombian conflict is not insignificant; indeed, very many of the conflict's harms – from rape, trafficking and reproductive violence like forced abortion, contraception and maternity, to limited travel, exacerbated material inequalities and disrupted activism – also had evident sexual and reproductive dimensions, as we will discuss below. Understanding the two in tandem is also instructive in how it draws out the competing notions of nation, development, family and morality that have characterized both (post)conflict politics and abortion politics. In both spheres, bodies, sexualities and reproduction – and with them, Colombianness itself – have been governed through not just sexual and reproductive violence but also through 'legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviors and population practices'. This is what Morgan and Roberts term reproductive governance, enacted from above and delivered via a range of means, both overt and covert.³⁹

Reading the Colombian experience alongside reproductive governance broadens our understanding of conflict legacies for reproductive autonomy as it suggests that while some forms of reproductive health can be strengthened, against a backdrop of (post)conflict transformation and stabilization, hierarchies of bodily autonomy can also emerge. While feminist activists have taken advantage of (post)conflict transitions and processes to advance reproductive rights, this progress is precarious in the face of political ideologies that propose a hierarchy of reproductive care, and thus movement on SRHR in (post)conflict spaces as a result is not synonymous with increased bodily autonomy.

4. Researching gendered insecurities and materialities

Gendered concerns offer important mechanisms for understanding conflict histories and political relations in (post)conflict spaces. Baaz and Stern, Jennings, and Thomson and Pierson have argued that interrogating the politics of gendered and sexualized harms in conflict can be generative to a more nuanced understanding of (post)conflict political realities.⁴⁰ At the same time, limiting the discourse around gender and conflict to a narrow framing of specifically *sexual* violence—and particularly to wartime rape—embedded in a particular conflict temporality serves to obscure the wider panoply of gendered harms in and resulting from conflict, their deep-rootedness, and the

³⁹ Morgan and Roberts, 2012, p. 243; see also Mounia El Kotni and Elyse Ona Singer, 'Human rights and reproductive governance in transnational perspective', *Medical Anthropology* 38: 2, 2019, pp.118–122.

⁴⁰ Maria Eriksson Baaz and Maria Stern, *Sexual violence as a weapon of war? Perceptions, prescriptions, problems in the Congo and beyond* (London: Zed Books); Kathleen M. Jennings, 'Service, sex, and security: gendered peacekeeping economies in Liberia and the Democratic Republic of the Congo', *Security Dialogue* 45: 4, 2014, pp. 313–330; Thomson and Pierson, 2018.

varying shapes they might take over time.⁴¹ Studying the wider realm of reproductive violence, with an alertness to both the discursive and material dimensions that emerge in conflict and (post)conflict, therefore offers a lens for pushing through impasses and expanding understanding of the gendered nature of conflict and peace.

Feminist transitional justice underlines this need to extend analysis of gendered (post)conflict politics towards the material, social and political insecurities manifest in conflict and (post)conflict spaces. O'Rourke and Ní Aoláin advocate for recognizing 'conflict' insecurities as more than just immediate physical threats.⁴² Central to this argument is the contention that conflict discourses produce subjects and subjecthoods that are insecure. This insecurity is physical, social, economic and spatial. Conflict subjectivities are characterized by threats of violence, risk of economic instability, and (im)mobility within conflict spaces. This literature calls for a more expansive appreciation of (post)conflict lives and inequalities in terms of individual financial stability, the distribution essential health services, and the ability of individuals to both move between and stay in specific spaces.

At the intersection of these theoretical frames – feminist security studies and feminist transitional justice – is a set of shared epistemological and ethical commitments that this paper attempts to operationalize through an analysis of how (post)conflict gendered insecurities manifest in Colombian abortion politics. First, these theoretical lenses emphasize that insecurity is embodied, gendered and multi-layered, from the body to the household, the national and the transnational, and that this needs to be foregrounded in (post)conflict research. Second, contributors to these areas argue that the embodied and gendered impacts of conflict include and extend beyond physical (and sexual) insecurity. Conflict shapes material, spatial, and social discourses, subjectivities, and subject positionalities in ways that can persist long affect the cessation of political violence. Third, literature across these fields underscores that those communities who experience the effects of material, spatial and socio-political inequalities most acutely should not be addressed as passive subordinates.

With these theoretical and ethical commitments in mind, this paper is built on qualitative, semi-structured interviews with 25 individuals working in the field of SRHR in Colombia, whether as health practitioners (medical doctors, nurses, psychologists) or advocates for reproductive rights (lawyers, activists, campaigners), obtained through a combination of purposive sampling and snowballing. Primary research was conducted between April and June 2018 with a focus on Bogotá and Cali,

⁴¹ Julieta Lemaitre and Kristin Bergtora Sandvik, 'Beyond sexual violence in transitional justice: political insecurity as a gendered harm', *Feminist Legal Studies* 22, 2014, pp. 243–261; Ruth Rubio-Marin, 'Reparations for conflict-related sexual and reproductive violence: a decalogue', *William and Mary Journal of Women and the Law* 19: 1, 2012, pp. 69–104.

⁴² Catherine O'Rourke, 'Feminist scholarship in transitional justice: a de-politicising impulse?', *Women's Studies International Forum* 51, 2015, pp. 118–127; Fionnuala Ní Aoláin, 'Advancing feminist positioning in the field of transitional justice', *International Journal of Transitional Justice* 6: 2, 2012, pp. 205–228.

Colombia. The majority of interviews were conducted in Spanish and recorded, with two to three multidisciplinary researchers conducting comprehensive notetaking. Interviews were transcribed, coded and analysed in Spanish using thematic analysis. While we did not ask interviewees about their personal beliefs on abortion, almost all interviewees self-identified in our interviews as committed to reproductive justice. While some interviewees worked in remote regions of the country, they were notably in the minority; more research is needed to provide a comprehensive picture of access in Colombia's most remote areas and to capture the perspectives of the most intersectionally marginalized in terms of poverty, racialization, indigeneity and rural location.

As feminist researchers and activists, we also emphasize knowledge-sharing and dialogue with participants, which we accomplished through two workshops during the project period: a closed session for Profamilia informants held at their headquarters in Bogotá, as well as an event to disseminate and triangulate early findings with participants and other national stakeholders. We have also produced a policy briefing with the strategic litigation organization Women's Link Worldwide and submitted two amicus briefings to the Colombian Constitutional Court in support of Causa Justa court filings.⁴³

5. Abortion in (post)conflict spaces and discourses

Despite the marked social, political and economic diversity that cuts across Colombian society, and indeed in spite of the overall progressive direction of travel on the legality of abortion, participants in our research repeatedly pointed to religious, patriarchal and nationalist conservatism as driving forces in both abortion politics and the (post)conflict transition. Numerous interviewees explicitly stated that cultural opposition to abortion frames it as a threat to Colombian patriarchal morality – encompassing attitudes towards family, pregnancy, reproductive autonomy and appropriate gendered roles – and that this was one of the most persistent problems they faced in their work. In Colombia, as elsewhere in the region, this conservatism is strongly shaped by religious observance and institutions, as well as a tradition of *machismo*, as described by one clinic employee:

We are also a conservative country, a religious country and a *machista* country. So this permeates all service providers. Our organization, even apart from doing all of that technical training, had to transform, shall we say, its own way of seeing and the professionals who work

⁴³ Intervención ciudadana, Expediente No. D13956, Demanda de inconstitucionalidad contra el artículo 122 del Código Penal, 10/11/2020; Intervención ciudadana, Expediente No. D13225, T-6612909, Acción de tutela con reserva de identidad de accionante, contra COMPENSAR E.P.S. 13/09/2018.

here in order to begin to demolish all those moralistic paradigms that sometimes accompany such sensitive procedures.⁴⁴

While most referred to the Roman Catholic Church's ongoing influence on public and private life—indeed, one activist described Colombia as 'catoliquísimo'⁴⁵—there is also a rising evangelical Christian movement in Colombia that supports similarly conservative views on gender and family. Evangelicals in particular were vocal critics of gender mainstreaming in the peace process.⁴⁶ These cultural currents, and especially *machismo*, were described as much stronger in outlying areas, far from Bogotá and other cities: 'In this country there are regions where *machismo* is a kind of tradition'.⁴⁷

In day-to-day practice, across our interviews, participants reported that these currents of cultural, religious and political anti-abortion sentiment were expressed through a variety of means, both within and beyond the clinic space. In clinics run by various organizations in Bogotá and Cali, interviewees reported the perpetuation of stigma, primarily against abortion seekers but also against providers by colleagues and the public; obfuscation in pathways to access, including but not limited to instrumentalization of bureaucratic and administrative processes, dissemination of false or misleading medical information, or spurious regulatory challenges; and the appropriation of conscientious objection to turn entire segments of the medical edifice into sites of refusal for abortion. In wider society, they spoke of social sanctions – in the form of control by husbands, partners, families, and communities, or internalized by women themselves – that restricted women's bodily autonomy.⁴⁸

The entrenchment of conflict norms and the pervasiveness of militarism in Colombia, after decades of conflict, only serve to intensify these dynamics, introducing a dimension of militarized masculinities.⁴⁹ One doctor described one of many confrontations she had experienced with the male partners of patients in her clinic:

But then there are the ones who get aggressive: in one case there was a military man and he threatened us, he told us that he was going to dynamite us; the mother, his mother, also came

⁴⁴ Interview 11, manager, Bogotá, 10 Apr 2018.

⁴⁵ Interview 16, activist, Bogotá, 12 Apr 2018.

⁴⁶ William Mauricio Beltrán and Sian Creely, 'Pentecostals, gender ideology and the peace plebiscite: Colombia 2016', *Religions* 9: 418, 2018; Corredor, 2021.

⁴⁷ Interview 1, doctor, Bogotá, 10 Apr 2018; see also Sanne Weber, 'From victims and mothers to citizens: gender-just transformative reparations and the need for public and private transitions', *International Journal of Transitional Justice* 12: 1, 2018, pp. 88–107.

⁴⁸ Some of those particular barriers are detailed in Teresa DePiñeres, Sarah Raifman, Margoth Mora, Cristina Villarreal, Diana Greene Foster, and Caitlin Gerdtts, "'I felt the world crash down on me": women's experiences being denied legal abortion in Colombia', *Reproductive Health* 14, 2017, pp. 133–141; Deirdre Duffy, Megan Daigle, and Diana López Castañeda, *Acceso a la interrupción voluntaria del embarazo en Colombia: ¿Derecho o privilegio?* (Bogotá: Women's Link Worldwide, 2018).

⁴⁹ Isabella Flisi, 'The reintegration of former combatants in Colombia: addressing violent masculinities in a fragile context', *Gender and Development* 24: 3, 2016, pp. 391–407.

with him and told us she was going to blow us up too, with all the foul language you can imagine. So we had to call security to back us up because he was becoming so aggressive with threats of a physical nature, of a very aggressive nature, against us. That day I thought he was going to hit me because it was me who was most in front of him.⁵⁰

Another clinic employee mentioned the specific conditioning impact that the conflict, and particularly what she called the 'narco culture' and 'narco colonialism' of the drug cartels, has had in heightening and exaggerating restrictive gendered norms in regions where they have been active.⁵¹

In atmospheres of political disorder and re-ordering⁵², the reproduction and projection of this conservative Colombian identity – including highly gendered notions of the nation and the ideal family – has become part of a (post)conflict unifying project, which itself acts as a persistent barrier to abortion access:

Well, looking at abortion itself, right now we are faced with two supremely important political contexts: on the one hand, post-conflict and the continuity of the implementation of what was achieved in the peace accords and, on the other hand, the political context of electoral change.⁵³

Indeed, opponents of the 2016 peace deal explicitly connected the dots of abortion politics and (post)conflict politics in their condemnations of the document's gender perspective: as noted above, prominent figures positioned the language of the deal on gender as an attack on family and an implicit legalization of abortion. Abortion is cast by these interlocutors as antithetical to Colombian society and the peace process, and opposition to it as a means of forging stability, family, identity and normality in the wake of decades of conflict. As Beltrán and Creely argue, gender became a 'shorthand for [a] host of social ills' including women's autonomy in general, LGBTQ+ rights and other dissatisfactions.⁵⁴ A coalition of religious and political constituencies argued 'that the content of the Peace Accord dismantled traditional mores, such as the biological difference between man and woman, the importance of the heterosexual family, and the place of religion in public life'.⁵⁵ Importantly, with its narrowing of discourse around conflict-related SGBV⁵⁶ and its focus on ideal

⁵⁰ Interview 5, doctor, Bogotá, 10 Apr 2018.

⁵¹ Interview 12, clinic employee, Cali, 5 Jun 2018.

⁵² Illan Rua Wall, *Law and disorder: sovereignty, protest, atmosphere* (Abingdon: Routledge, 2021).

⁵³ Interview 9, lawyer, Bogotá, 10 Apr 2018.

⁵⁴ Beltrán and Creely, 2018, p. 15.

⁵⁵ Céspedes-Báez, 2016, p. 183.

⁵⁶ In 2018 and 2019, for example, the Centro Nacional de Memoria Histórica pursued a new partnership with a low-profile organization called Corporación Rosa Blanca, much to the surprise of members of the movement for justice for survivors of sexual violence (see <https://centrodememoriahistorica.gov.co/tag/corporacion-rosa-blanca/>). This new relationship led to a framing of gendered conflict harms including rape, trafficking and kidnapping as crimes against humanity, and thus

Colombian families, this natalist Colombian subjectivity is promoted not just as something that brings Colombians together; it is also proposed, explicitly and implicitly, as a means for reintegrating demobilized combatants whose reproductive rights were denied to them during the conflict: women ex-combatants, previously excluded from motherhood (frequently through forced abortions, contraception and sterilization)⁵⁷ can now have children. Highlighting this entanglement of natalism with nation-building discourses, Myrntinen, Naujoks and El-Bushra contend that peacebuilding and (post)conflict processes around the world frequently strengthen heteronormative, natalist political agendas by evoking imaginings of a pre-conflict 'golden age' – that is, a time when 'young people respected their elders, women were subordinate to men' and nuclear heteronormative families were sacrosanct.⁵⁸

Colombia is not alone in witnessing the mobilization of conservative discourses around gender and reproduction during (post)conflict processes. Palmer and Storeng outline this tension in South Sudan, where narratives of (post)conflict state-building promote both 'modernization' of abortion provision on one hand, and population growth through 'supporting motherhood' on the other, as proxies for successful (post)conflict transformation.⁵⁹ Natalist voices in the country therefore present limiting abortion access as essential to the country's future sustainability and, as Palmer and Storeng (2016: 87) state, to 'strengthening the nation through numbers'.⁶⁰ Likewise, in both the Republic of Ireland and Northern Ireland, political elites from across sectarian divides presented resistance to abortion access as a shared commitment.⁶¹ Although the Colombian political context is clearly distinctive, the relationship between (post)conflict politics and abortion politics is strong. In Colombia, there is evidence to support the notion that a similar 'revitalization of patriarchy' is taking place.⁶²

inadmissible for amnesties under transitional justice processes, but the partnership also saw a narrowing of the CNMH's work on sexual violence to focus overwhelmingly on that perpetrated by the FARC-EP and other guerrilla entities (rather than state security forces, paramilitary groups or even *narcotraficantes*). This move dovetails neatly with the current Colombian government's instrumentalization of memory of the conflict and its agenda to resist implementing the peace agreement in its entirety.

⁵⁷ Centro de Derechos Reproductivos, 2020.

⁵⁸ Henri Myrntinen, Jana Naujoks, and Judy El-Bushra, *Rethinking gender in peacebuilding* (London: International Alert, 2014), p. 9; Sheila Meintjes, Anu Pillay, and Meredith Turshen (eds), *the aftermath: women in post-conflict transformation* (London: Zed Books, 2001).

⁵⁹ Jennifer J. Palmer and Katerini T. Storeng, 'Building the nation's body: the contested role of abortion and family planning in post-war South Sudan', *Social Science and Medicine* 168, 2016, pp. 84–92.

⁶⁰ Palmer and Storeng, 2016, p. 87.

⁶¹ Lisa Smyth, 'Narratives of Irishness and the problem of abortion: the X case 1992', *Feminist Review* 60: 1, 1998, pp. 61–83; Claire Pierson, 'Gendering peace in Northern Ireland: the role of United Nations Security Council Resolution 1325 on women, peace and security', *Capital and Class* 43: 1, 2019, pp. 57–71; Claire Pierson and Fiona Bloomer, 'Macro-and micro-political vernacularizations of rights: human rights and abortion discourses in Northern Ireland', *Health and Human Rights* 19: 1, 2017, pp. 173–186; Fiona De Londras, 'Constitutionalizing fetal rights: a salutary tale from Ireland', *Michigan Journal of Gender and Law* 22: 2, 2015, pp. 243–289.

⁶² Zulver, 2021, p. 449.

This intertwining of heteronormative and religious cultural narratives with militarism and a (post)conflict political project of nation-building produces a particular conservative environment where prohibitions on particular social behaviours – including abortion but also women's and LGBTQ+ rights broadly writ – can be violently enforced through targeted hyper-restrictive regimes and physical threats.⁶³ While highly polarized and politicized abortion access is not unique to (post)conflict, it is clear that the subjectivities and discursive positionalities that restrict the exercise of abortion rights in countries such as Colombia are entangled with (post)conflict politics. One activist noted,

What is missing at the end of the day is to change the culture, is to work on the culture [...] this patriarchal culture that carries on thinking that women's bodies belong to them. Ultimately, the bodies of women are the location par excellence of patriarchal power.⁶⁴

Heteronormative discourses of pregnancy and gender relations produce and reinforce abortion stigma and political and legal resistance to broadening abortion rights, as well as how narratives around motherhood and pregnancy are intertwined with nationalism and international relations.⁶⁵ As we detail below, the (post)conflict context also adds layers of complexity and risk to both providing and advocating for comprehensive SRHR, including safe abortion services, amidst conflict and (post)conflict transformation.

6. Material and spatial gendered inequalities in access to services

Colombia's conflict legacy and (post)conflict stabilization have profoundly conditioned the provision of SRHR services – and especially to safe abortion care – by enacting and exacerbating material and spatial inequalities. This effective refusal of bodily autonomy should be understood as part of a spectrum of reproductive violence that encompasses not just the actions of armed actors – sometimes calculated and strategic, sometimes opportunistic – but also the pervasive and persistent atmosphere of instability. Intersecting and overlapping material inequalities and territorial (im)mobilities, created or heightened by decades of conflict, therefore shape who has been left behind in the broadening of abortion rights and services in Colombia. As a result, abortion remains inaccessible to many. Here, we discuss how these inequalities, seemingly parallel to (post)conflict debates, are in fact part and parcel of wider understanding of gendered (in)security in Colombia.

⁶³ Jose Fernando Serrano-Amaya, *Chiaroscuro: the uses of 'homophobia' and homophobic violence in armed conflicts and political transitions*, PhD dissertation (University of Sydney, 2014) ; Myrtilinen and Daigle, 2017.

⁶⁴ Interview 17, activist, Bogotá, 12 Apr 2018.

⁶⁵ Hall, Weissman, and Shepherd, 2020.

Even beyond their direct interventions in sexual and reproductive life, through violence, governance and particular visions for moral and political life, armed actors have created an atmosphere of pervasive and persistent instability that has itself shaped the expansion of SRHR services, and especially safe abortion care. Participants in our research described how instability has served to entrench spatialized inequalities that manifest themselves in conflict-related (im)mobilities. Again and again, interviewees emphasized that these spatialized inequalities include a stark urban/rural divide that particularly marginalizes remote regions inhabited overwhelmingly by people who are poor, *Afrodescendiente* and Indigenous who lack the means to travel easily.⁶⁶ This was outlined by a health manager at a specialist clinic:

In Colombia, 75 per cent of people live in urban areas and 35 per cent in rural areas. In Colombia, in theory, 100 per cent of people have health services, access to health, but in practice it isn't so. [...] What is more, our rural areas are dispersed, where it is very difficult to reach, where you can spend days just getting out of there. So obviously the unsatisfied needs remain important.⁶⁷

The protracted lack of security in these areas has made medical services difficult to sustain and perpetuated barriers to access, as medical doctors hesitate to take up positions in remote regions. Svallfors documents how roadblocks, unsafe routes and attacks have disrupted access for medical professionals and supplies to many areas.⁶⁸

This can be understood as part of what is often called the absence of the state – or, rather, the presence of multiple and overlapping state-building projects by a range of actors, many of them armed.⁶⁹ In regions where state health services have been all but non-existent, the Catholic church (and, more recently, evangelical churches) have also stepped into the void in terms of providing social structures and limited safety nets, which has only deepened inequalities with regard to SRHR. Respondents to our study indicated that their ability to sustain what pathways exist to care in Colombia's regions continues to be impacted by regional instability. For example, as one doctor explained, to ensure provision in the territories they had established *brigadas* of medics who travelled outside major urban centres:

⁶⁶ Women from Afro-descendent and Indigenous communities also face norms around maternity as a matter of ethnic and cultural subsistence in the face of colonialism and white supremacy, leading to an interpretation of SRHR services and outreach as a mechanism of whitening. This was noted in several of our interviews.

⁶⁷ Interview 11, manager, Bogotá, 10 Apr 2018.

⁶⁸ Svallfors, 2021, p. 13.

⁶⁹ To varying degrees, these include the Colombian state, the FARC-EP and other guerrilla groups, paramilitary outfits, corporations and even banana workers' unions, all of whom introduced their own ideological and concrete visions for the state, complete their own infrastructure projects (roads, schools), policing and land tenure systems. Teo Ballvé, *The frontier effect: state formation and violence in Colombia* (Ithaca, NY: Cornell University Press, 2020).

For a long time, [we] had what we called brigades, and the brigades still exist. Many years ago, the brigades went to unimaginable towns, towns that I personally know because I was a doctor with the police for many years, and I know the most remote towns where violence by groups at the margin of the law is very, very persistent. [We were] getting there, bit by bit, but let's say difficulties arose in reaching such populations, so I have seen that we've reduced the brigades one way or another.⁷⁰

Likewise, a nurse described the impact on local populations of the disruption to infrastructure and travel that the conflict has engendered, and that the *brigadas* attempt to mitigate:

And access is another thing again. For example, now that we have been doing the brigades for sexual and reproductive health with focal points and we have reached some places where one says, these people, how do they get out of here [if they need to]? I mean, how can they access health, or rather, what if health doesn't come to where they are?⁷¹

Conversely, the spatialization of access and conflict-related (im)mobilities are also highly relevant for people living in displacement, whether internally or across borders due to the mounting crisis in Venezuela. Repeatedly, our interviewees pointed to the acute SRHR needs facing these groups, and especially the most impoverished and marginalized amongst them, particularly given the near-total disintegration of healthcare in Venezuela.

We even have people come here who are displaced from Venezuela or displaced within Colombia, who have just arrived and as we say with one arm in front and the other behind [being torn apart because of poverty, not even able to get by] that don't even have a place to stay. They are given information for institutions that can take them in while they request recognition of their rights.⁷²

Their status as migrants, without networks and facing acute vulnerabilities to sexual violence, transactional sex and other gendered harms made their situation especially precarious.⁷³

Similarly, and interconnectedly, Colombia's (post)conflict stabilization and development efforts – notably, through the elaboration of a neoliberal, insurance-based health system – has fortified not only spatial but material inequalities. Over the years, Colombia's health system has itself become 'a direct victim of the conflict' as it has served to divert funding, obstruct access of medical personnel to

⁷⁰ Interview 5, doctor, Bogotá, 10 Apr 2018.

⁷¹ Interview 14, nurse, Cali, 5 Jun 2018.

⁷² Interview 6, psychologist, Bogotá, 10 Apr 2018

⁷³ Kerrie Holloway, Alexander Alegría Lozada, Megan Daigle, and Rocío Murad, *Changing gender norms in displacement: Venezuelans in Bogotá, Cúcuta and Pasto, Colombia* (London: ODI).

remote areas and disrupt supply chains.⁷⁴ Reform of the health system, instigated by the 1991 constitution process, purported to bring about universal access to health care through the *Sistema General de Seguridad Social en Salud* (General System of Social Security in Health – SGSSS) which was introduced by *ley 100* of 1993. At the time, and since, this move was seen as a crucial piece of (post)conflict stabilization that would help Colombia emerge from decades of violence and disrupted development. While the SGSSS has certainly expanded the proportion of the population with some form of health insurance dramatically since the early 1990s, this was also the point when specialist healthcare in Colombia became insurance-based, and thus those who can afford private health insurance are able to access specialist abortion providers far more easily and at a lesser out-of-pocket cost.⁷⁵

For those who are unemployed or work informally, like most of Colombia's poorest, this brings about a reliance on government-subsidized and hospital-based services, rather than specialist clinics. Hospitals are legally obligated to provide a full range of services – including SRHR and abortion care – but in practice their capacity, supplies, accessibility and will may all be lacking, and decisions are often made by politically appointed directors.⁷⁶ Where hospital provision exists, it may only extend to the first two of the three legal grounds for abortion access, as a doctor in a specialist clinic noted:

Large health institutions, or hospitals, those that are managed by the EPS⁷⁷, only carry out interruptions when, say, the baby has malformations, or the patient is seriously ill. So there are hospitals that do carry out this type of pregnancy interruption, but for the rest, access like the what we have here is not available everywhere.⁷⁸

Several interviewees described administrative barriers that characterize their relationships as SRHR providers with insurance companies, including delays or even refusals to reimburse their services, sending patients through referral pathways that take as much as six months to complete, or even

⁷⁴ Signe Svallfors, *Bodies and battlefields: sexual and reproductive health and rights in the Colombian armed conflict*, PhD dissertation (Stockholm: Stockholm University, 2021), p. 21; Saúl Franco, Clara M. Suarez, Claudia Beatriz Naranjo, Liliana Carolina Báez, and Patricia Roza, 'The effects of the armed conflict on the life and health in Colombia', *Ciência e Saúde Coletiva* 11: 2, 2006, pp. 349–61.

⁷⁵ Antonio Giuffrida, Carmen Elisa Flórez, Úrsula Giedion, Enriqueta Cueto, Juan Gonzalo López, Amanda Glassman, Ramón A. Castaño, Diana M. Pinto, Renata Pardo, Teresa M. Tono, William D. Savedoff, Eduardo Andrés Alfonso, Leslie F. Stone, Álvaro López, Beatriz Yadira Díaz, María Luisa Escobar, Carlos H Arango, Fernando Ruiz Gómez, and Olga Lucía Acosta, *From few to many: ten years of health insurance expansion in Colombia* (Washington, DC: Inter-American Development Bank, 2009). <https://publications.iadb.org/en/few-many-ten-years-health-insurance-expansion-colombia>.

⁷⁶ Sara Milena Ramos Jaraba, Natalia Quiceno Toro, María Ochoa Sierra, Laura Ruiz Sánchez, Marilly Andrea García Jiménez, Mary Y. Salazar-Barrientos, Edison Bedoya Bedoya, Gladis Adriana Vélez Álvarez, Ana Langer, Jewel Gausman, and Isabel C. Garcés-Palacio, 'Health in conflict and post-conflict settings: reproductive, maternal and child health in Colombia', *Conflict and Health* 14: 33, 2020.

⁷⁷ *Entidades promotoras de salud*, or EPS, are health insurance companies that sell packages of health services and contract service providers. Colombians often access EPS healthcare via their employers.

⁷⁸ Interview 1, doctor, Bogotá, 10 Apr 2018.

outright opposition to the procedures themselves.⁷⁹ 'Obviously, clearly, [refusals from EPS are] our daily bread', lamented a clinic administrator. 'All the barriers in the world. You can't imagine – most of them don't pay us, because for everything they'll find a reason'.⁸⁰ Others noted that, when patients arrive at their specialist clinics seeking later-stage abortions, it is inevitably because they have been trying for months to access the procedure through their usual healthcare provider but have been repeatedly denied.⁸¹

Given that most Colombians access health insurance through work, this means that, despite efforts to broaden healthcare access in Colombia, high rates of poverty, unemployment and informal employment mean that universality is still a long way off, and that even where it exists, this does not necessarily (or even often) translate into timely and sensitive access to safe abortion care.

We aren't performing even 10 per cent of what is effectively done in terms of clandestine abortions. We could say that there has been progress but that would be entering into a very conformist position in the face of the public health reality.⁸²

Interviewees highlighted that abortion seekers reliant on hospitals are more likely to encounter stigmatizing attitudes from health care providers, especially in remote territories where hospitals have been known to adopt – explicitly or implicitly – an institutional anti-abortion position.⁸³ These material barriers overlap notably with the spatialized inequalities discussed above: materially disadvantaged populations such as poorer urban and rural communities, people with disabilities, and the considerable displaced populations have not fully benefitted from legal expansion in abortion access.⁸⁴

These territorial (im)mobilities and material inequalities notably fall hardest on the 87 indigenous groups in Colombia, concentrated in the south-eastern Orinoco and Andean regions, as well as the country's Afro-descendent population, residing mostly on the Caribbean and Pacific coasts. Living in remote regions, these populations are more likely to require travel to access abortion but, conversely,

⁷⁹ Interview 2, administrator, Bogotá, 10 Apr 2018.

⁸⁰ Interview 2, administrator, Bogotá, 10 Apr 2018.

⁸¹ Interview 12, administrator, Cali, 5 Jun 2018; interview 12, nurse, Cali, 5 Jun 2018.

⁸² Interview 12, administrator, Cali, 5 Jun 2018.

⁸³ Interview 9, lawyer, Bogotá, 10 Apr 2018; interview 13, manager, Bogotá, 11 Apr 2018; Eduardo Díaz Amado, María Cristina Calderón García, Katherine Romero Cristancho, Elena Prada Salas, and Eliane Barreto Hauzeur, 'Obstacles and challenges following the partial decriminalisation of abortion in Colombia', *Reproductive Health Matters* 18: 36, 2010, pp. 118–126; Bianca M. Stifani, Laura Gil Urbano, Ana Cristina González Velez, and Cristina Villarreal Velásquez, 'Abortion as a human right: the struggle to implement the abortion law in Colombia', *International Journal of Gynaecology and Obstetrics* 143: S4, 2018, pp. 12–18; Lauren R. Fink, Kaitlyn K. Stanhope, Roger W. Roach, and Oscar A. Bernal, "'The fetus is my patient, too": attitudes toward abortion and referral among physician conscientious objectors in Bogotá, Colombia', *International Perspectives on Sexual and Reproductive Health* 42: 2, 2016, pp. 71–80.

⁸⁴ Stifani et al., 2018.

very unlikely to have the material resources to travel safely in the midst of ongoing instability and violence. One activist noted,

As in all of the countries of the world, the rich women know where to go and they are attended to, right? But in all the countries of the world, the rich women know when to go and where they will receive care, am I right? The hard thing is evidently when you're a working-class woman, [...] when you're a peasant, when you live in a faraway region it is absolutely impossible, simply put.⁸⁵

To address these inequalities and barriers, many SRHR providers have subsidized abortion services and even travel for those unable to pay, but this is an untenable financial burden for clinics that are faced, as many of our interviewees reported, with large numbers of abortion seekers without the ability to pay. Intensification in conflict in Colombia between 1998 and 2003 destabilized progress towards provision of health services and undermined public health efforts to implement a more comprehensive SRHR service infrastructure beyond specialist clinics.⁸⁶ The impact of material disadvantage extends beyond the ability to pay: a number of interviewees noted that socioeconomic class was also an indicator of awareness of their legal rights and have less access to information about services.⁸⁷

Here again, analysis of abortion politics offers an important insight into the material and spatial dimensions of gendered insecurity, and of (post)conflict politics, illustrated by the fundamental destabilizing of opportunities for and pathways to bodily autonomy. The impacts of conflict on abortion access have not been distributed equally, but rather have been markedly racialized, classed and localized as those who could afford to fly between cities were more mobile than those who relied on road networks or lacked the means to travel at all. The Centro de Derechos Reproductivos argues that, in a country where the incidence of sexual and reproductive conflict harms has been so high, these gaps in access to abortion are especially troubling and should be read as a 'revictimization by the state' through denial of appropriate services and stigmatization along access pathways.⁸⁸ Drawing together abortion politics with analysis of conflict-related material inequalities and territorial (im)mobilities therefore also demonstrates the persistence of gendered insecurities well beyond conflict temporalities.

⁸⁵ Interview 17, activist, Bogotá, 12 Apr 2018.

⁸⁶ Maria M. Vivas and Salomé Valencia, 'The extent of task-sharing implementation as a strategy to expand abortion services in Colombia', *International Journal of Gynecology and Obstetrics* 150: S1, 2020, pp. 9–16; Giuffrida et al., 2009.

⁸⁷ Interview 8, psychologist, Bogotá, 10 Apr 2018.

⁸⁸ Centro de Derechos Reproductivos, 2020, p. 28.

7. Feminist activisms and the precarity of progress

Finally, our interviews with health practitioners and activists revealed the ways that, while the (post)conflict moment can be generative to movements, moments and openings for activism in both disruption to existing norms and structures and, eventually, in the formal processes of transitional justice and (post)conflict reconciliation that result, these openings are inherently contingent, volatile and incomplete. Thus, progress on SRHR is underwritten by an iterative relationship between feminist activisms and (post)conflict spaces, processes and discourses – one wherein openings for addressing gendered harms and exclusions are created by engaging with (post)conflict politics, but where the scale of those gendered harms and of conservative political backlash can overwhelm and exhaust. Our interviewees were emphatic that access to SRHR, and especially to safe abortion care, is a fundamental part of broader understandings of gender justice, but their ability to pursue it consistently and effectively is shaped by the sheer volume of gendered violences to be addressed during and after conflict. Successes like this year's long-awaited decriminalization, as well as the landmark decision to introduce the three *causales* in 2006, are therefore key moments of feminist joy and progress – but, at the same time, they underline the precarity of that progress and the difficulty of accomplishing

An environment of conflict-related disruption and transition is an important piece of understanding how abortion politics has developed in tandem with (post)conflict politics in Colombia, against a backdrop of gendered conflict harms as well as constitutional reform, transitional justice and global backlash against gender justice. Clear examples of feminist and women's activism of this kind in Colombia include the the Alianza de Mujeres Tejedores de Vida, which emerged as a collective and agile mobilization in one of the most neglected regions of the country, working across humanitarian assistance, peacebuilding, human rights, social development, economic justice and political participation.⁸⁹ An analysis of progress on broadening abortion access in Colombia also illustrates how feminist activist networks – most prominently, La Mesa por la Vida y la Salud de las Mujeres, a network of feminist organizations and activists – have used (post)conflict space to progress their agendas.⁹⁰ One activist related working in tandem with conflict-related openings and peacebuilding to broaden their remit and their understanding of peace:

⁸⁹ Zulver, 2021.

⁹⁰ La Mesa por la Vida y la Salud de las Mujeres, *Barreras de acceso a la interrupción voluntaria del embarazo en Colombia* (Bogotá: La Mesa por la Vida y la Salud de las Mujeres, 2017). https://ngx249.inmotionhosting.com/~despen5/wp-content/uploads/2019/02/12.-Barreras_IV_E_vf_WEB.pdf; Ana Cristina González-Vélez, Carolina Melo-Arévalo, and Juliana Martínez-Londoño, 'Eliminating abortion from criminal law in Colombia: a just cause', *Health and Human Rights* 21: 2, 2020, pp. 85–96.

Also, we work on the issue of transitional justice and we have cases in the different regions that we work on, and we are therefore expanding the radius of action of transitional justice in Colombia, precisely because of the end of the armed conflict.⁹¹

This opportunism and agility fed into efforts to create an expansive legal framework for abortion, as well as innovative means of expanding access to services through establishing precedents in individual legal challenges. In the period since 1990, and since the advent of the constitution of 1991, health organizations and policymakers have attempted to expand access points for SRHR care. These actions by multi-partner networks such as La Mesa and, more recently, Causa Justa culminated in the 2006 Constitutional Court ruling that recognized the constitutionality of abortion within the framework of the three *causales*, followed by the 2022 decriminalization.⁹²

In terms of services, this period also inspired innovation and inventiveness on the part of key providers and advocates for SRHR in Colombia. As noted briefly above, SRHR providers have travelled as *brigadas* to territories most acutely affected by violence in an effort to close gaps in access not only to abortion but also contraception and other SRHR services. Additionally, with the support of the Ministry of Health (MINSALUD), the reproductive healthcare organization Oriéntame has introduced a targeted task-sharing programme for abortion and SRHR. This programme is intended to expand the abortion health workforce beyond obstetricians and SRHR specialists and offers training on abortion pathways, procedures, law and policy to nurses, community health practitioners, and social workers.

Moreover, as the lawyer below notes, this work carries through into the wider political environment discussed above, becoming entangled with a broader disruption of attitudes towards the legitimacy of feminist activists and of Colombian social and cultural norms around abortion:

If we're talking about the relevant context, then we would necessarily be referring to what is happening just now with the presidential elections. Abortion has been a workhorse for every electoral cycle but I think that, beyond making a bad image of abortion itself, it's good that this puts such issues on the table, that abortion is being talked about because the same fact that it's already being talked about invites many people to recognize it as a right. Because the language of abortion is already not built on crime, but from rights and the justifications for decriminalization, so I don't think it has a negative effect really on people who want to access

⁹¹ Interview 16, activist, Bogotá, 12 Apr 2018.

⁹² Amado et al., 2010.

or who want their rights guaranteed because I think that it visibilizes the issue more. And those relevant contexts visibilize the issue of abortion much more.⁹³

Feminist activists' engagement with the peace process, although ambivalent in its outcome as discussed above, is another key example of the openings and opportunities emerging from (post)conflict processes, as well as the tenacity and inventiveness of movements for gender justice.

The political agility of these forms of political action is undoubtedly helpful in propelling progress towards addressing inequalities forwards, analysis of politics and activism such as that of Wall emphasizes that the relational, presentist political modalities that emerge from unrest are ambivalent political technologies.⁹⁴ As the political atmosphere changes, so too can the orientation of these forms of political action, making fertile terrain for feminist activism equally fertile for hyper-masculine 'strong man' politics that directly attack feminist projects – what Zulver and others describe as the 'patriarchal backlash' in Colombia.⁹⁵ This ambivalence can be readily read into the swing towards hard-line political ideologies and candidates in Colombia, epitomized by the presidencies of Uribe in 2002–2010 and now of Duque since 2018. In a similar vein, Catherine O'Rourke draws attention to how peacebuilding projects of re-establishing sovereign power and political institutions offer space for conservative political projects to expand, and Henri Myrntinen, Jana Naujoks and Judy El-Bushra note a tendency during peacebuilding for conservative factions to advocate for a return an imagined 'golden age' characterized by traditional gender norms and family structures.⁹⁶

A second note of ambivalence emerged from interviewees who described the total absorption of their energies and resources as feminist activists by the armed conflict and its afterlives:

The armed conflict exhausted us, it filled us up completely, and for many years feminist groups were taken up by caring for the victims, dealing with forced displacement, and we let go, we stopped keeping up to date on many things that had to do with the lives of women. I want to say that, for example my generation above all – it was very difficult to keep up with new feminisms because we were totally immersed in the armed conflict and the victims. [...] I travelled a lot, I went to the regions, to all the places where I was invited and I encountered every kind of woman, mostly engaged in that armed conflict and all that needed to be done

⁹³ Interview 9, lawyer, Bogotá, 10 Apr 2018.

⁹⁴ Wall, 2021.

⁹⁵ Zulver, 2020.

⁹⁶ Catherine O'Rourke, 'Feminist scholarship in transitional justice: a de-politicising impulse?', *Women's Studies International Forum* 51, 2015, pp. 118–127; Myrntinen, Naujoks and El-Bushra, 2014, p. 9.

like reparations, pain, all the time we were working with displaced women, raped women, women victims.⁹⁷

This passage highlights the productive disruption but also the great volatility, ambivalence and contingency of conflict and (post)conflict spaces, which has important ramifications for the pursuit of justice for the gendered harms of war as well as material inequities of life in conflict spaces and settings. It also brings to the fore the precarity of progress on SRHR, and abortion specifically, as advocates are exhausted and diverted by the sheer magnitude of struggle before them and opposition is energized by the same ambivalent and volatile set of political circumstances and possibilities.

Drawing these theoretical contentions into conversation thus leaves us with an understanding of (post)conflict spaces as generative to activism that can be effective in what they achieve but ambivalent in their focus due to the complexity of the political setting and the sheer scale of gendered harms to be addressed. This resonates strongly with the trajectory of abortion politics: the (post)conflict space offered opportunities for feminist organizations to mobilize political networks with a sufficient array of skills – including legal experience, health systems knowledges and cross-community links between human rights, environmentalism, anti-extractivism and feminist objectives – to make real progress in expanding abortion access, which is amply reflected in our interview data. However, the resurgence of the conflict since 2018 and increased attacks on activists and community organizers have both destabilized these networks and led to the return of political violence as the key concern.⁹⁸ It has also exhausted and divided the energies of activists. Expanding and reinforcing abortion access in this political environment is seen as less of an immediately pressing issue than addressing violence, a trend which is likely only to continue in light of the wave of popular protests and violent police repression in 2021 – which have themselves seen troubling rates of gendered violence⁹⁹ – and the re-emergence of violence by conflict actors of all kinds.

Beyond the Colombian context alone, Fionnuala Ní Aoláin, Claire Pierson and Sara Motta all contend that conflict and (post)conflict spaces offer opportunities for feminist political modalities and praxes to gain greater traction.¹⁰⁰ These activisms are characterized by the fact that they are focused on everyday collective needs, they are mobile and adaptive, and they are principally concerned with establishing networks and political relationships that can help disrupt and address lived inequalities. Pierson highlights this in her analysis of the women's movement in Northern Ireland where

⁹⁷ Interview 17, activist, Bogotá, 12 Apr 2018.

⁹⁸ Zulver, 2020.

⁹⁹ Tatiana Peláez and Natalia Duque, 'Cuando no hay violencia policial, las mujeres seguimos siendo agredidas', *Mutante.org*, n.d. <https://www.mutante.org/contenidos/violencia-mujeres-paro-nacional-mutante-manifiesta>.

¹⁰⁰ Ní Aoláin, 2012; Pierson, 2019; Sara C. Motta, "'We are the ones we have been waiting for': the feminization of resistance in Venezuela', *Latin American Perspectives* 40: 4, 2013, pp. 35–54.

collaborative anti-sectarian organizations were formed to address and disrupt gendered inequalities. Similarly, in Venezuela during the ascent of Chavez, Motta documents how collectives coordinated by women emerged and worked to address the material and economic needs of their communities.¹⁰¹ Not unlike Northern Ireland and Venezuela, then, during the period when political violence in Colombia was more intense, feminist movements collaborated to address the intersecting harms facing women and often at great personal risk.¹⁰²

8. Conclusion

Here we have attempted to weave together the discursive, material and agonistic relationship between abortion politics and (post)conflict politics in Colombia in order to highlight a key contention: that a meaningful accounting for the gendered nature of conflict must be underpinned by better knowledge of the pervasiveness, persistence and multifariousness of gendered harms and impacts in (post)conflict settings. Insecurity in (post)conflict spaces – understood as existing on a continuum of conflict and peacebuilding – is embodied in gendered ways, and while certain embodied and bodily insecurities are shared, abortion politics illustrates these are distributed highly unequally across range of intersectional oppressions in ways that will resonate for years and decades to come despite decriminalization. Conflict has invoked and entrenched material, spatialized and discursive obstacles that principally affect women, girls and gender-diverse people attempting to assert bodily autonomy or exercise choice, and especially those who are *Afrodescendiente*, Indigenous and poor. Moreover, gendered insecurities persist within and are amplified through natalist (post)conflict nation-building and stabilization projects, at times becoming only more pronounced as peacebuilding is actively undertaken.

Our interviews with health practitioners and activists in Colombia also foreground an ongoing anxiety around the durability of legal rights and service provision, particularly in light of the then-upcoming 2018 presidential election that brought Duque to power and the turbulent global political environment for gender justice and progressive movements. As this article is finalized, Colombians are headed into the 2022 presidential election on 29 May with no certain outcome. At present, the deprioritization of equal abortion access as a political goal is admittedly speculative. Globally, the success of campaigns not only in Colombia but also Argentina and Chile – the so-called Green Wave – alongside the removal of the Global Gag Rule by the Biden administration in the US and the expansion of telemedicine and self-abortion pills during the Covid-19 pandemic may strengthen abortion access.

¹⁰¹ Motta, 2013.

¹⁰² Julia Margaret Zulver, *High-risk feminism in Colombia: women's mobilization in violent contexts* (New Brunswick, NJ: Rutgers University Press, 2022).

Indeed, 59 governments came together to declare SRHR essential during the pandemic.¹⁰³ That said, the global landscape remains profoundly insecure, with the United Kingdom recently withdrawing 83 per cent of its funding to UNAIDS and 85 per cent to UNFPA, and the future looking increasingly bleak for *Roe v. Wade* (1973) in the US.¹⁰⁴

The sheer resilience of Colombia's conflict, and the added complexity of Venezuelan displacement, popular protest and Covid-19, tend to validate fears that abortion politics may be displaced or rolled back. Moreover, thinking on the relationship between (post)conflict politics and bodily autonomy, sexual rights and reproductive justice remains nascent: to understand gendered conflict harms such as these fully in Colombia, more research is needed in remoter regions to reach those most affected. Feminist research has only just begun to meaningfully unpack the ways that longstanding violence and insecurity surface hierarchies of harm shaped not just by gender but sexuality, racialization, Indigeneity and other intersectional oppressions.

¹⁰³ See joint statement: www.government.nl/documents/diplomatic-statements/2020/05/06/protectingsexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis

¹⁰⁴ Rishita Nandagiri, Joe Strong, Tiziana Leone, and Ernestina Coast, 'Recent UK cuts to global health funding will cause irrevocable damage under the guise of "tough but necessary decisions"', *LSE Politics and Policy*, 26 May 2021. <https://blogs.lse.ac.uk/politicsandpolicy/uk-oda-cuts/>.