

# The discussion on sexual and reproductive rights in the context of zika virus, which way we to tread?

## Debates acerca dos direitos sexuais e reprodutivos no contexto do zika vírus, que caminho estamos trilhando?

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### RESUMO

Este artigo objetiva descrever as perspectivas acerca dos direitos sexuais e reprodutivos no contexto da epidemia do zika vírus. Para isso, foi realizada uma revisão integrativa de literatura a partir de bases de dados eletrônicas – LILACS, SciELO, PubMed/Medline e Portal de Periódicos CAPES, no período de 2015 a 2017, com amostra final de 17 artigos. A partir disso, observou-se que debates acerca da garantia de direitos sexuais e reprodutivos das mulheres foram retomados na nova conjuntura proporcionada pela epidemia do Zika vírus. As discussões envolviam o acesso adequado a serviços de saúde, planejamento familiar, debates sobre gênero, possibilidades de interrupção da gestação, comunicação e responsabilidades masculinas no contexto da epidemia. Apesar da intensificação dos debates, avanços reais não aconteceram. Obstáculos políticos se fazem presentes, influenciando de forma negativa e perpetuando a violação dos direitos sexuais e reprodutivos das mulheres.

**Palavras-chave:** Infecção pelo zika; Aborto; Direitos sexuais e reprodutivos; Planejamento familiar; Saúde da mulher.

### ABSTRACT

This article aims to describe the perspectives on sexual and reproductive rights in the context of the zika virus epidemic. For this, an integrative review of literature was performed from electronic databases - LILACS, SciELO, PubMed / Medline and CAPES Periodical Portal, from 2015 to 2017, with a final sample of 17 articles. From this, it was observed that debates about the guarantee of women's sexual and reproductive rights were resumed in the new conjuncture provided by the Zika virus epidemic. Discussions included adequate access to health services, family planning, gender discussions, possibilities for termination of pregnancy, communication, and male responsibilities in the context of the epidemic. Despite the intensification of the debates, real progress has not been made. Political obstacles are present, negatively influencing and perpetuating the violation of women's sexual and reproductive rights.

**Keywords:** Infection by zika; Abortion; Sexual and reproductive rights; Family planning; Women's health.

### NOTA

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## INTRODUCTION

Brazil has been living with dengue outbreaks for years, but in 2015 a new disease caused commotion across the country against the unknown, the Zika virus (ZIKV). During this period, the Ministry of Health confirmed the existence of the virus in laboratory tests and autochthonous transmission in March of the same year<sup>(1)</sup>. The ZIKV is transmitted primarily by the bite of arthropod mosquitoes, being the main genus *Aedes*, especially *Aedes aegypti*<sup>(2)</sup>. In addition to this traditional route of infection, the risk of congenital, sexual, blood-borne transmission of organ and bone marrow transplants was later confirmed<sup>(3-4)</sup>.

Microcephaly was the first consequence associated with ZIKV infection during gestation, and other congenital neurological abnormalities were observed, and this group of alterations is currently known as ZIKV congenital syndrome<sup>(5-6)</sup>. Among the several alterations resulting from this syndrome, the following can be mentioned: reduction in the cephalic perimeter with craniofacial disproportion, cortical and subcortical calcifications, joint contractures, deficit in neuropsychomotor development, besides auditory and visual disorders, among others<sup>(7-8-9)</sup>.

In Brazil, about 8,000 cases of suspected microcephaly and other significant changes in the neurological system were reported between 2015 and 2016<sup>(10)</sup>. As of June 2016, 1,616 cases of microcephaly suggestive of association with ZIKV were confirmed. The Northeast was the region with the highest number of confirmed cases, in a total of 1,410, standing out the states of Pernambuco and Bahia, with 366 and 263, respectively<sup>(11)</sup>. In this new context, it is recommended that children with congenital ZIKV syndrome, especially in early infancy, be accompanied at an early stage by a multidisciplinary health team in search of comprehensive care<sup>(8)</sup>.

The increase in the number of cases of children with microcephaly and congenital malformations associated with ZIKV infection during the gestational period reignited the debate on women's health and sexual and reproductive rights. Raising issues related to gender, social inequalities and health inequities, such as inadequate access to services related to family planning, contraceptive methods and abortion mechanisms. Latin America has been largely affected by the ZIKV epidemic<sup>(12)</sup> and most countries in the region have severe abortion laws. In El Salvador, for example, any type of abortion is prohibited, with a prison sentence of approximately 40 years<sup>(13)</sup>.

Brazil remains restrictive regarding the legislation that governs abortion. According to art. 128 of the Brazilian Penal Code, there is no punishment for abortion in only two situations, when the pregnant woman's life is at risk and when pregnancy is the result of rape<sup>(14)</sup>. In 2012, the Federal Supreme Court (STF) gave a favorable opinion

to the Arrangement of Predecessment of Fundamental Precept (ADPF), which requested the inclusion in the abortion exceptions of cases of anencephaly, a congenital malformation considered to be incompatible with life<sup>(15)</sup>. Due to criminalization, clandestine and unsafe abortion has become a serious public health problem. According to the World Health Organization<sup>(16)</sup> approximately 22 million clandestine abortions are performed worldwide and these result in more than 40,000 maternal deaths annually. In Brazil, the numbers are also alarming, it is estimated that 1 in 5 women of reproductive age have already resorted to abortion<sup>(17-18)</sup>.

Regarding ZIKV, abortion legalization focuses on the profile of mothers affected by the consequences of infection - young, poor and low educated women, constituting the portion of the Brazilian population historically neglected by the State in several spheres - political, economic, social and reproductive<sup>(19)</sup>. Mothers of children with ZIKV Congenital Syndrome will face difficulties arising from such helplessness, and for many the uncertainties and psychological torture begin from the discovery of gestation<sup>(19)</sup>. It is the State's duty to ensure that the sexual and reproductive rights of these women are met, with reproductive health education and family planning<sup>(19)</sup>. The male figure should also be included in the family planning process because the female is generally the only one responsible for avoiding pregnancy. However, such rights are not always guaranteed and existing services are insufficient<sup>(19-20-21)</sup>.

The epidemiological situation in many developing or emerging countries reveals how fragile the health system and policies for women's health are<sup>(13)</sup>. In this sense, considering the need to summarize the debates that involve the guarantee of the sexual and reproductive rights of the women facing the emergence of this new infection, this study aimed to describe the perspectives on sexual and reproductive rights in the context of the ZIKV epidemic.

## METHOD

The present study uses as a methodology the integrative literature review, a method in which, based on a guiding question, a systematic research is carried out that allows the analysis of results and synthesis of available studies, presenting as main objective the establishment of the link between scientific research and professional performance<sup>(22)</sup>. This integrative review followed the division proposed by Mendes<sup>(22)</sup>, which consists of six stages.

The object of study chosen to guide the discussion of the present research is very recent in the scientific scope, for this reason, the search for materials for analysis and interpretation is complex. Thus, the eligibility criteria for both inclusion and exclusion from studies

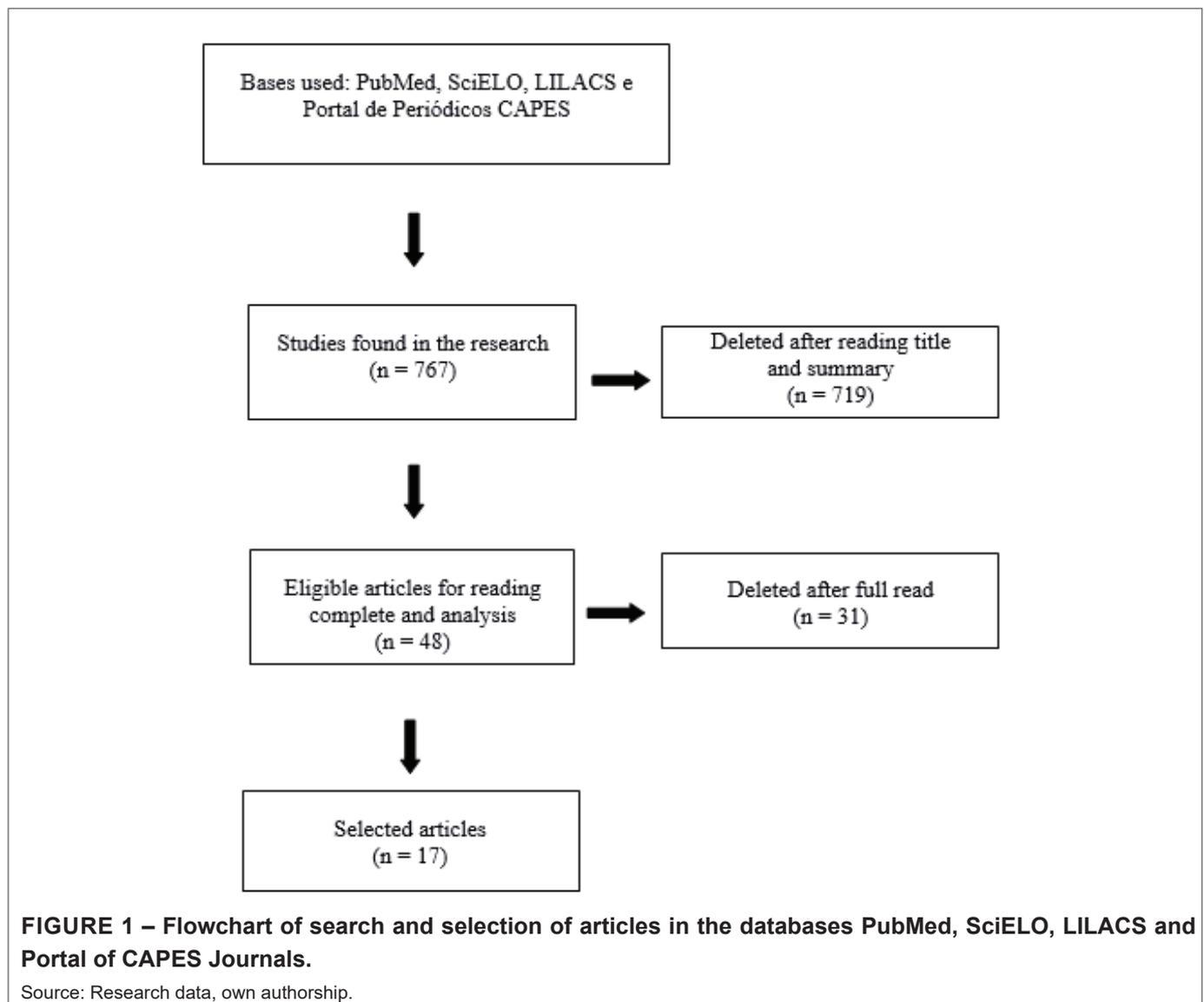
needed to be viewed more comprehensively. Inclusion criteria were articles available in full, published in English and Portuguese, between the years 2015 and 2017, which addressed the theme in question and responded to the study objective.

In order to search for and select articles, we used electronically available databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (PubMed) and Portal de CAPES Newspapers. The research was performed using the Health Sciences Descriptors (DeCS) - Zika infection, abortion / induced abortion, family planning and reproductive law, as well as the English language descriptors according to the Medical Subject Headings (MESH) - zika virus, abortion, family planning and reproductive right for PubMed search. The descriptors were combined two by two and alternated by the Boolean operator AND. In the search also filters were added referring to the language of the publication according to the criterion of inclusion and the availability of the text in its entirety.

We found 99 articles of PubMed, 51 articles in SciELO, 140 articles available in LILACS and 477 articles in the Portal of CAPES Journals, totaling 767 studies found. Of these, 713 were excluded after reading the title and 6 excluded after reading the abstract. 48 of the studies found were eligible for complete reading. Among those selected, after complete reading and analysis, those who presented a topic that diverged from the proposal and did not respond to the objective of the present study, excluding 31 articles, were discarded. Thus, a total of 17 articles were used for the construction of the present study (Figure 1).

## RESULTS

Among the selected studies, 12 (75%) were published in the year 2016. Regarding the language, 10 (62.5%) of the studies are available in English. Of the articles used, 8 (50%) are available in the LILACS database. Decriminalization of abortion can be observed in 11 (68.7%) of the articles. As well as the association between social inequalities and guarantee of sexual and reproductive rights, present in 10



(62.5%) articles. The ZIKV epidemic in Latin America is cited in 10 (62.5%) of the articles and Brazil is the country with the greatest recurrence in studies.

The following table was prepared with the purpose of organizing and facilitating the visualization of the main findings obtained from the selected studies. This includes the following items: year of publication, authors, title, objectives and main results.

## DISCUSSION

Inadequate access to reproductive services results in unplanned pregnancies<sup>(23)</sup>. In Brazil, high rates demonstrate the non-effectiveness of family planning services and contraception<sup>(24)</sup>. In addition to being considered a violation of human rights<sup>(25)</sup>, the present scenario is aggravated by social inequalities and health inequities, with a clear violation of the right to health advocated by the

**TABLE 1 – Synthesis of the material included in this integrative review, 2018.**

Year	Authors	Title	Goal	Main results
2016	Abigail R. A. Aiken et al.	Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure	To analyze data on abortion requests through WoW (Women on Web) between January 1, 2010 and March 2, 2016 in 19 Latin American countries	After issuing warnings about the complications of Zika virus infection, Latin countries reported an increase in the number of abortion requests through WoW, a non-profit organization that provides abortion-inducing drugs.
2016	Debora Diniz et al.	Zika virus infection in Brazil and human rights obligations	Discuss the human rights to Zika virus infection	It is observed that the Brazilian State neglects the sexual and reproductive rights of women, an example of which is the lack of provision of contraceptive measures and the lack of dialogue on the decriminalization of abortion.
2016	Ana Cristina González Vélez; Simone G. Diniz	Inequality, Zika epidemics, and the lack of reproductive rights in Latin America.	Analyze the relationship between structural inequalities and reproductive health in the case of the Zika epidemic	The Zika virus epidemic, as well as its consequences, have largely affected Latin countries with low development, demonstrating the relationship between the epidemic and social inequalities.
2016	Gilda Sedgh et al.	Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends	Estimate the proportion of abortion and examine whether abortion rates vary according to countries grouped by the legality of abortion.	It is observed a variation in the rates of abortion according to the country's development, developed countries had reduction of cases, noting that access to health and contraceptive methods are ways of reducing abortion rates.
2016	Sergio Rego; Marisa Palácios	Ethics, global health and Zika virus infection: a view from Brazil	Address three issues related to Zika virus infection: relationship between national states in the context of "public health emergency", balance between freedom and individual rights and state intervention, and women's law	The discussion about women's autonomy and freedom over their own bodies leads to the debate on reproductive rights and decriminalization of abortion, demonstrating that women affected by the epidemic living in poverty are the most disadvantaged because they will face difficulties in raising children who are born with complications infection.
2016	João Nunes; Denise Nacif Pimenta	The Zika epidemic and the limits of global health	To suggest a critical view of global health that considers the social, political and ideological contexts in which Zika is framed as a health problem	Poor quality of sexual education and inadequate access to contraceptive methods were observed. In addition to religious and cultural barriers that influence the debate on the legalization of abortion.
2016	Paige Baum et al.	Ensuring a health sector response focusing on the rights of women affected by the Zika virus	Emphasize the importance of the health sector response with a focus on women's rights	It is observed that the health sector in Brazil does not provide the population with a proper answer regarding women's health and their reproductive rights, neglecting impacting factors such as the social determinants of health.
2016	Thais Medina Coeli Rochel de Camargo	The Abortion and Zika Debate: Lessons from the AIDS Epidemic	Contrast the discussions on Zika and AIDS to understand the paths of abortion debate in Brazil	The debate that existed at the time of the HIV epidemic and the recent debate at the time of Zika virus, demonstrate the need for women to have the right to choose, understood as a legal right to abortion, being safe and offered by the public network.

2016	Jacqueline Pintaguy	Women's Reproductive Rights and the Zika Virus Epidemic	Discuss the reproductive rights of women and the Zika virus epidemic	It is suggested that social determinants should be considered relevant as factors that allow legal abortion, however, there are cultural and religious obstacles present in Brazilian politics that are leading to a setback in the decriminalization of abortion.
2016	Lisa M. Goldthwaite; Griselda Velasquez	Family planning and the Zika era	Describe the impact of the Zika virus epidemic on pregnancy and the implications on family planning and reproductive health services in affected countries	Adequate access to family planning services, including contraceptive methods and sexual and reproductive health education, are as important as prevention against the virus.
2016	Anne Burke; Caroline Moreau	1. Family Planning and Zika Virus: The Power of Prevention	Discussing family planning in the context of the Zika virus	The Zika virus epidemic exposes the difference between the need for family planning as a form of prevention and access to health services. It is suggested that further efforts in the field of reproductive health law and gender equality be undertaken.
2016	Jeffrey Lesser; Uriel Kitron	2. The social geography of Zika in Brazil	Show how Zika's current crisis is part of history health in Brazil	The population suffering from the state's helplessness, especially in urban infrastructure issues such as lack of sanitation, is most affected by the Zika virus epidemic.
2017	Pablo K. Valente	3. Zika and Reproductive Rights in Brazil: Challenge to the Right to Health	Discuss reproductive rights in Brazil and the challenges of change	It is suggested that changes must be made in relation to reproductive rights, among them the decriminalization of abortion, not only in cases of Zika. In addition to structural changes for care of mothers and children with congenital Zika virus.
2017	Blair G. Darney; Abigail R. A. Aiken; Stephanie Kung	Access to Contraception in the Context of Zika: health System Challenges and Responses	Highlight the role of the health system in access to contraceptive methods in Mexico, Texas and Puerto Rico	The Zika virus epidemic has exposed inadequate access to contraceptive methods and limitations in abortion services, demonstrating the fragility of the system in securing the sexual and reproductive rights of women.
2017	Ernest Tambo et al.	Ethical, legal and societal considerations on Zika virus epidemics complications in scaling-up prevention and control strategies	Address ethical, legal, social and clinical issues related to the Zika virus epidemic and advocate strengthening sexual and reproductive health and preventive measures	The lack of guarantee of sexual and reproductive rights is the reality of the great majority of women affected by the Zika epidemic, in which cases the State's role in strengthening family planning and sex education programs is important.
2017	Jeanne Marecek; Catriona Macleod; Leslie Hoggart	Abortion in legal, social and healthcare contexts	Discuss abortion practices and policies in legal, social and health contexts	A comparison between abortion and abortion legislation demonstrates that, even with criminalization and access to safe abortion, the practice persists.
2017	Rozeli Maria Porto; Patricia Rosalba Salvador Moura	The body marked: the construction of the mediatic discourse on Zika Virus and microcephaly	To analyze the way in which news regarding the Zika Virus epidemic and its relation to microcephaly were presented on digital platforms	It is noted that the media focused on the ZIKV epidemic, especially on issues related to gender and women's responsibility for gestation as well as the abortion debates that emerged at the time of the epidemic.

Brazilian health reform and ratified in the Federal Constitution of 1988<sup>(26)</sup>.

Brazilian society with high levels of socioeconomic inequality leads the poorest population to be primarily affected by mosquito-borne diseases<sup>(27)</sup>. The ZIKV epidemic once again exposed the neglect and exclusion that some groups and regions are subjected to. Social determinants of health (DSS) are fundamental in the context

of the ZIKV epidemic and its consequences. Those who were primarily affected reside in locations with major structural urban problems such as lack of sewerage, piped water and waste treatment.

However, the ZIKV epidemic is not just about infrastructure problems, but also about ethical and behavioral issues, rekindling the debate about ensuring women's sexual and reproductive rights. Vulnerability also stems

from the lack of adequate access to the public health and education system<sup>(28)</sup>. It is observed that those who have the only health care alternative to the Unified Health System (SUS), have a limited range with regard to reproductive choices<sup>(27)</sup>. Amid this limitation, the difference between social classes in access to contraceptive methods and abortion is remarkable. Despite being banned in Brazil, women with high financial conditions, besides having access to a wide range of contraceptive methods, have the opportunity of access to safe abortion, through the possibility of traveling to countries with more flexible legislation regarding practice<sup>(27-29)</sup>.

By affecting mainly women of childbearing age, ZIKV infection and its consequences can be considered as a gender problem<sup>(4;28)</sup>. Thus, it is possible to perceive that women have become the only ones responsible for delaying pregnancy or not, including the responsibility for contraception and also the prevention of ZIKV infection<sup>(29)</sup>. This situation leads to a lack of responsibility of the man in relation to pregnancy and care for the transmission of the virus, despite the possibility of ZIKV being sexually transmitted. Evidence of the asymmetries between genders and discourses based on masculinity by the media<sup>(29)</sup>.

The government recognizes the importance of family planning and access to and use of contraceptive methods in the context of ZIKV, although it does not act in an incisive way to alleviate regional and economic disparities in the country. Despite the gratuity of the contraceptive methods offered under SUS, the service is inadequate, ineffective and difficult to reach the most vulnerable population<sup>(26)</sup>. In order to reduce the vulnerability of these poorest and most vulnerable population groups to the zika virus, the public health system distributed repellents, but only to women enrolled in Bolsa Família<sup>(30)</sup>. In addition to the ways of repelling the vector, the population needs information, but this is not observed in practice, in which health education and information directed to the population about ZIKV are still deficient, especially in relation to the possible pathways of transmission, with emphasis on the sexual route, still unknown by many<sup>(31)</sup>.

According to Sedgh et al.<sup>(32)</sup> in the period 1990-2014, abortion rates have been reduced in developed countries, although the opposite has been observed in underdeveloped countries. Countries with strict abortion legislation are those that register the highest rates, with absence or inadequate provision of family planning assistance<sup>(32)</sup>. The United Nations, with the advent of the ZIKV epidemic, especially in underdeveloped countries that do not have effective policies to guarantee sexual and reproductive rights, has recommended the revision of laws and policies that criminalize abortion<sup>(24)</sup>. From this context, several countries that previously had a re-

strictive and inflexible stance, changed their laws regarding the decriminalization of abortion, guaranteeing the extension of the sexual and reproductive rights and the autonomy of the women<sup>(33)</sup>.

The lack of services can be considered as an indicator of health and social inequality, evidenced in regions where women do not have autonomy and power of choice<sup>(34)</sup>. Observed in Latin countries affected by the ZIKV epidemic, such as Brazil and Mexico<sup>(35)</sup>. In this context, Brazil presents itself as one of the most restrictive countries in relation to abortion, although it is a common practice that occurs largely illegally, insecurely and clandestinely<sup>(18)</sup>. According to Diniz, Medeiros and Madeiro<sup>(18)</sup>, Brazil has abortion rates of around 20%.

It is noteworthy that not only the state and laws are to blame for the lack of access to safe abortion services and their criminalization. The theme is part of an old debate that involves cultural factors in relation to patriarchal societies that result in women's lack of autonomy over choices regarding their own body and, especially, religious and moral factors that often also imply the use of contraceptive methods<sup>(33;36)</sup>.

Medical abortion has become a common practice in countries such as the United States, accounting for more than 25% of cases; this type of abortion is legally permitted in some states of the United States if it occurs by the 10th week of gestation<sup>(33)</sup>. With the restrictive recommendation of the governments of the countries most affected by the ZIKV, several Latin American countries have observed a more than 100% increase in abortion requests from Women on Web (WOW), a mechanism used by women wishing to perform medical abortion<sup>(37)</sup>. Brazilian women also requested medical WOW abortion during the ZIKV epidemic, but such requests were confiscated by the National Sanitary Surveillance Agency (ANVISA) because of the illegal use of abortive medicines in the country<sup>(29;38)</sup>.

The anthropologist and researcher Debora Diniz led the way in 2004 in the cases of anencephaly and the researcher of organizations and groups in defense of the rights of women and the guarantee of sexual and reproductive rights, responsible for bringing the Direct Action of Unconstitutionality (ADI) 5581 in STF in search of non-punishment of abortion for women who were infected by ZIKV<sup>(28; 39)</sup>. The main argument of the groups is the failure of the role of the State as responsible for providing adequate conditions of life for all without distinction. Although what is observed is that the poorest population becomes more vulnerable to the weaknesses of public policies and, finally, suffering the consequences of this inefficiency<sup>(28)</sup>.

Along with the debate about the decriminalization of abortion in ZIKV cases, the discussion about eugenics

also emerged. Suggesting that abortion in cases of microcephaly would result in stigmatization and discrimination of persons with disabilities<sup>(24; 40)</sup>. However, the STF request calls for the interruption of pregnancy as a right of choice for women omitted by the State in existing public policies, based mainly on mental health and the suffering inflicted during ZIKV infection throughout pregnancy<sup>(41)</sup>. It also calls for State responsibility for the dissemination of disease-related information, adequate access to services, including long-term contraceptive methods and care-related improvements of children with ZIKV congenital syndrome<sup>(41)</sup>. The right to choose is the focus of the discussions, the woman can choose to interrupt or to bring the pregnancy to term<sup>(39)</sup>, using health education and access to information as the main tool to help decision-making<sup>(26;36)</sup>.

In the present scenario, psychological distress accompanies women throughout pregnancy, due to the insecurity of the possible infection until childbirth, associated with pressures in the family nucleus and, usually, the conjugal abandonment after diagnosis of congenital alterations in the child<sup>(39; 42)</sup>. According to the National Council of Justice, Brazil has an expressive number of children without a paternal record, more than 5 million, which can be considered as “male abortion”<sup>(21)</sup>. The discussion about this type of abortion goes beyond abandonment, enters the field of gender discussion. The male choice is not criminalized, despite reflecting serious social problems arising from parental abandonment. Thus, it is important to take into account the emotional impacts such as stress, anxiety and other disorders associated with psychic suffering, such as depression<sup>(23)</sup>. Together, this situation compromises the quality of life and health of these mothers, a condition aggravated by the lack of state support in guaranteeing social rights and access to health<sup>(43)</sup>.

The current scenario of discussions about the guarantee of sexual and reproductive rights proposes that leg-

islation be reviewed, offering women the right to choose and preserve the right to health<sup>(44)</sup>. However, Brazil is currently experiencing a period of marked political conservatism, with the strengthening of evangelical, rural and arms groups, in which debates insist on the permanence of restrictive legislation and moral condemnation for the practice of abortion<sup>(39;44)</sup>. Recently, the report approved in a special commission that aims to release Constitutional Amendment Proposal (PEC) n° 181, of 2015, stated in its final text that life should be protected from the moment of its conception<sup>(45)</sup>, which in practice, if approved in final proceedings, would prohibit abortion even in situations guaranteed by law, such as in the case of rape.

## CONCLUSION

In the context of Zika and its main complication, the ZIKV congenital syndrome, the association of socioeconomic inequalities and the profile of affected women demonstrates the vulnerability of the system and all its failures. The State with its health laws and policies must preserve the sexual and reproductive rights, autonomy and freedom of choice of women, as well as address the problems related to inability to provide care and support to families and children born during the Zika epidemic and have been directly affected by it.

The reactivated debate in the context of the ZIKV on the sexual and reproductive rights of women may suffer with obstacles due to the actors present at the national congress with its backward and conservative patterns amid the resurgence of this trend in the Brazilian political scene. However, this debate can not be neglected again and the judiciary should not be absent from this discussion, since it is an opportunity for the State to ensure that women who are abandoned by inadequate public policies have at least their right to assured health, as well as the choice and autonomy for making decisions that relate to your life.

## REFERENCES

1. Campos GS, Bandeira AC, Sardi SI. Zika virus outbreak, Bahia, Brazil. *Emerg Infect Dis* 2015; 21(10):1885-6.
2. Slavov SN, Otaguiri KK, Kashima S, Covas DT. Overview of Zika virus (ZIKV) infection in regards to the Brazilian epidemic. *Brazilian Journal of Medical and Biological Research* 2016; 49(5): 5420.
3. Centers for Disease Control and Prevention. *Clinical Guidance for Healthcare Providers for Prevention of Sexual Transmission of Zika Virus*. U.S Department of Health and Human Services, 2017 [acesso 15 set 17]. Disponível em: <https://www.cdc.gov/zika/hc-providers/clinical-guidance/sexual-transmission.html>
4. Brasil. Ministério da Saúde. Secretaria de Vigilância Epidemiológica. *Zika Virus: epidemiological profile in women*. Brasília: Ministério da Saúde, 2016.
5. França GV, Schuler-Faccini L, Oliveira WK, Henriques CMP, Carmo EH, Pedi VD, Nunes ML, Castro MC, Serruya S, Silveira MF, Barros FC, Victoria CG. Congenital Zika virus syndrome in Brazil: a case series of the first 1501 livebirths with complete investigation. *Lancet*, 2016; 388 (10047): 891-7.
6. Russel K, Oliver SE, Lewis L, Barfield WD, Cragan, J, Meaney-Delman D, Staples E, Fischer M, Peacock G, Oduyobo T, Petersen EE, Zaki S, Moore CA, Rasmussen SA. Update: interim guidance for the evaluation and management of infants with possible congenital Zika virus infection – United States, August 2016. *MMWR Morb Mortal Wkly Rep*, 2016 Aug, 26; 65(33): 870-8.
7. Organização Pan-Americana da Saúde. *PAHO / WHO updates characterization of Zika congenital syndrome*. Brasília, 2016 [acesso 15 set 2017]. Disponível em: [http://www.paho.org/bra/index.php?option=com\\_content&view=article&id=5181:opas-oms-atualiza-caracterizacao-da-sindrome-congenita-do-zika&Itemid=820](http://www.paho.org/bra/index.php?option=com_content&view=article&id=5181:opas-oms-atualiza-caracterizacao-da-sindrome-congenita-do-zika&Itemid=820)
8. Eickmann SH, Carvalho MDCG, Ramos RCF, Rocha MAW, Van der Linden V, Silva PFS. Zika virus congenital infection syndrome. *Cad. Saúde Pública* 2016; 32(7): e00047716.
9. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. *Integrated guidelines for surveillance and health care in the context of the public health emergency of national importance*. Brasília: Ministério da Saúde, 2017.
10. Organização Pan-Americana da Saúde. *Zika - Epidemiological update*. Brasília, 2016 [acesso 15 set 2017]. Disponível em: <http://www.paho.org/bra/images/stories/SalaZika/boletim%20013.pdf?ua=1>
11. Brasil. Ministério da Saúde. *Ministry of Health confirms 1,616 cases of microcephaly throughout the country*. Brasília: Ministério da Saúde, 2016 [acesso 15 set 17]. Disponível em: <http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/24202-ministerio-da-saude-confirma-1-616-casos-de-microcefalia-em-todo-o-pais>
12. Organização Pan-Americana da Saúde. *New WHO report updates to 61 the number of countries with Zika virus circulation*. Brasília, 2016 [acesso 15 set 17]. Disponível em: [http://www.paho.org/bra/index.php?option=com\\_content&view=article&id=5166:novo-relatorio-da-oms-atualiza-para-61-o-numero-de-paises-com-circulacao-do-virus-zika&Itemid=812](http://www.paho.org/bra/index.php?option=com_content&view=article&id=5166:novo-relatorio-da-oms-atualiza-para-61-o-numero-de-paises-com-circulacao-do-virus-zika&Itemid=812)
13. Roa M. Zika virus outbreak: reproductive health and rights in Latin America. *Lancet* 2016; 387 (10021): 843.
14. Brazil. Decree-Law No. 2,848, of December 7, 1940. Criminal Code. Chapter I: crimes against life, art. 124-126. *Diário Oficial da União* 1940.
15. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Attention to women with anencephalic gestation: technical standard*. Brasília: Ministério da Saúde, 2014.
16. Organização das Nações Unidas. *Unsafe abortion still killing tens of thousands of women, UN experts warn*. Rio de Janeiro, 2016. [acesso 15 set]. Disponível em: <https://nacoesunidas.org/aborto-inseguro-ainda-esta-matando-dezenas-de-milhares-de-mulheres-alertam-especialistas-da-onu/>
17. Diniz D, Medeiros M. Abortion in Brazil: a home survey with an urn technique. *Ciênc. & Saúde Coletiva* 2010; 15[supl. 1]: 959-66.
18. Diniz D, Medeiros M, Madeiro A. National Abortion Survey 2016. *Ciênc. & Saúde Coletiva* 2017; 22(2): 653-60.
19. Diniz D. Zika virus and women. *Cad. Saúde Pública* 2016; 32(5):e00046316.
20. Carvalho MCMP, De Paula CL, Queiroz ABA, Viana RB, Ferreira HC. Male Presence in Family Planning: Experiences and Proposals for Interventions. *Revista Enfermagem Atual*, 2018(85)23: 102-107.
21. Bassette F. *Brazil has 5.5 million children without a father in the registry*. Exame [internet], 2016 [Acesso 17 dez 2017]. Disponível em: <https://exame.abril.com.br/brasil/brasil-tem-5-5-milhoes-de-criancas-sem-pai-no-registro/>
22. Mendes KDS, Silveira RCCP, Galvão CM. Integrative review: research method for the incorporation of evidence in health and nursing. *Texto Contexto Enferm* 2008; 17 (4): 758-64.
23. Tambo E, Madjou G, Khayeka-Wandabwa C, Olalubi OA, Chengho CF, Khater EIM. Ethical, legal and societal considerations on Zika virus epidemics complications in scaling-up prevention and control strategies. *Philosophy, Ethics, and Humanities in Medicine* 2017; 12(3): 1-8.
24. Valente PK. Zika and reproductive rights in Brazil: challenge to the right to health. *AJPH* 2017; 107(9): 1376-80.
25. Diniz D, Gumieri S, Bevilacqua BG, Cook RJ, Dickens BM. Zika virus infection in Brazil and human rights obligations. *Int J Gynecol Obstet* 2016; 136(1):105-10.
26. Baum P, Fiastro A, Kunselman S, Vega C, Ricardo C, Galli, Nascimento M. Ensuring a health sector response focusing on the rights of women affected by the Zika virus. *Cad. Saúde Pública* 2016; 32(5): 1-4.
27. Lesser J, Kitron U. The geography of Zika in Brazil. *Estud. av* 2016; 30(88):167-175.

28. Nunes J, Pimenta DN. The Zika epidemic and the limits of global health. *Lua Nova* 2016; 98:21-46
29. Porto RM, Moura PRS. The body marked: the construction of the mediatic discourse on Zika Virus and microcephaly. *Cadernos de Gênero e Diversidade* 2017; 3(2):159-91.
30. Portal Brasil. *Pregnant's Family Pledge begins to receive repellents in March*. Brasília: Ministério do Desenvolvimento Social e Agrário, 2017 [acesso 3 out 17]. Disponível em: <http://www.brasil.gov.br/saude/2017/02/gravidas-do-bolsa-familia-comecam-a-receber-repelentes-em-marco>
31. Diniz D. *The Zika virus did not disappear from women's lives, it was only silenced*. Huffpost Brasil [internet], 2017 [acesso 17 dez 2017]. Disponível em: [http://www.huffpostbrasil.com/debora-diniz/o-virus-zika-nao-desapareceu-da-vida-das-mulheres-foi- apenas-si\\_a\\_23025474/?utm\\_hp\\_ref=br-virus-zika](http://www.huffpostbrasil.com/debora-diniz/o-virus-zika-nao-desapareceu-da-vida-das-mulheres-foi- apenas-si_a_23025474/?utm_hp_ref=br-virus-zika)
32. Sedgh G, Bearak J, Singh S, Bankola A, Popinchalk A, Ganatra B, Rossier C, Gerdtts C, Tunçalp Ö, Johnson BR, Johnston HB, Alkema L. Abortion incidence between 1990 and 2014: global, regional and subregional levels and trends. *Lancet* 2016; 388(10041): 258-67.
33. Mareck J, Macleod C, Hoggart L. Abortion in legal, social, and healthcare contexts. *Feminism & Psychology* 2017; 27(1): 4-14.
34. Burke A, Moreau C. Family Planning and Zika vírus: the power of prevention. *Semin Reprod Med* 2016; 34(5): 305-312.
35. Darney BG, Aiken ARA, Küng S. Access to Contraception in the Context of Zika: Health System Challenges and Responses. *Obstet Gynecol* 2017; 129(4): 638-42.
36. Goldthwaite L, Velasquez G. Family planning and the Zika era. *Curr Opin Obstet Gynecol* 2016; 28(6): 499-03.
37. Aiken ARA, Scott JG, Gomperts R, Trussel J, Worrell M, Aiken CE. Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure. *N Engl J Med* 2016; 375(4): 396-8.
38. Rodrigues AH. *Anvisa confiscated abortive birth pills for pregnant women with Zika, says NGO*. Época [internet], 2016. [Acesso 17 dez 2017]. Disponível: <http://epoca.globo.com/vida/noticia/2016/03/anvisa-confiscou-pilulas-abortivas-para-gravidas-com-zika-diz-ong.html>
39. Camargo TMCR. The Abortion and Zika Debate: Lessons from the AIDS Epidemic. *Cad. Saúde Pública* 2016; 32(5): 1-3.
40. Neitsch J. *Decriminalization of abortion in case of Zika brings risk of eugenics to Brazil*. Gazeta do Povo [internet], 2016. [Acesso 17 dez 2017]. Disponível em: <http://www.gazetadopovo.com.br/vida-publica/justica-e-direito/descriminalizacao-do-aborto-em-caso-de-zika-traz-risco-de-eugenia-ao-brasil-ah3bkhnrlpjztuq5zcd4o2yly>
41. Brasil. Supremo Tribunal Federal. *Public defenders question law on fighting diseases transmitted by Aedes aegypti*. Brasília, 2016. [Acesso 17 dez 2017]. Disponível em: <http://www.stf.jus.br/portal/cms/verNoticiaDetalhe.asp?idConteudo=323833>
42. Vélez AC, Diniz SG. Inequality, Zika epidemics, and the lack of reproductive rights in Latin America. *Reproductive Health Matters* 2016; 24(48): 57-61.
43. Rego S, Palácios M. Ethics, global health and Zika virus infection: a view from Brazil. *Rev bioét* 2016; 24(3): 430-34.
44. Pitanguy J. Women's Reproductive Rights and the Zika Virus Epidemic. *Cad. Saúde Pública* 2016; 32(5): 1-3.
45. Brasil. Federal Senate. Proposed Amendment to Constitution No. 181-A, 2015 (Appendix PEC No. 58-A, 2011). Provides: Amendment of item XVIII of article 7 of the Federal Constitution on maternity leave in case of preterm birth. Relator: MUDALEN, Jorge Tadeu.