

# CATATUMBO EN CRISIS: mujeres sin acceso a justicia reproductiva en la frontera colombo-venezolana

## 1. Contexto

El Catatumbo, ubicado en el norte de Colombia y zona limítrofe con Venezuela, cuenta formalmente con leyes e institucionalidad; sin embargo, cuando se trata del cuerpo y la autonomía de las mujeres, las decisiones siguen estando atravesadas por actores armados y estructuras ilegales que ejercen control territorial, profundizando una triple exclusión marcada por el conflicto armado, la migración y la precariedad rural.

COLOMBIA



FRONTERA CON  
VENEZUELA

## 2. Patrones estructurales de violación de derechos

(i)

Desinformación institucionalizada sobre los derechos sexuales y reproductivos

(ii)

Triple exclusión: por migración, conflicto armado y precariedad rural.

(iii)

Cobros ilegales para el acceso a derechos en salud sexual y reproductiva (anticoncepción)

(iv)

Barreras económicas y sociales para acceder a la IVE

(v)

Violencias sexuales y reproductivas, incluyendo control de pareja, violencia obstétrica y maternidades forzadas.

(vi)

Actores armados y no estatales determinan el acceso real a los servicios de salud.

## 4. Fallas del Estado en la garantía de derechos

**Por acción:** discriminación, negación de la IVE, cobros ilegales y barreras administrativas.

**Por omisión:** falta de supervisión, ausencia de capacitación y protocolos inexistentes.

**Por tolerancia:** control masculino conocido, violencia obstétrica permitida, mercantilización de servicios y cesión territorial a actores armados.

## 5. Recomendaciones al Estado

- Adoptar medidas inmediatas para investigar y sancionar violencias institucionales y obstétricas.
- Implementar acciones de fortalecimiento institucional a partir de capacitación al personal de salud, protocolos vinculantes con responsabilidad institucional y sistemas de monitoreo ciudadano independiente.
- Impulsar transformaciones de largo plazo mediante educación sexual integral obligatoria.

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# CATATUMBO IN CRISIS:

## Lack of Access to reproductive justice for women in the Colombian and Venezuelan border.

### 1. Context

Catatumbo, located in the northern Colombia along the border with Venezuela, formally has legal frameworks and state institutions in place; however, when it comes to women's bodies and autonomy, decision-making continues to be shaped by armed actors and illegal structures exercising territorial control. This situation deepens a triple exclusion driven by armed conflict, forced migration and rural precarity.



### 2. Structural Patterns of Rights Violations

(i)

Institutionalized misinformation and systematic denial of accurate information on sexual and reproductive health and rights (SRHR)

(ii)

Triple exclusion driven by forced migration, armed conflict, and rural precarity in a border context.

(iii)

Illegal fees and informal charges imposed to access sexual and reproductive health rights, including contraception, in a conflict-affected territory.

(iv)

Economic and social barriers to accessing safe abortion services, despite existing legal guarantees.

(v)

Sexual and reproductive violence as forms of gender-based violence, including intimate partner control, obstetric violence, and forced motherhood.

(vi)

Armed and non-state actors effectively determine women's real access to health services in the absence of effective state protection.

### 4. State Failures to Guarantee Rights

**By action:** Gender-based discrimination, denial of abortion care, illegal fees, and administrative barriers.

**By omission:** Lack of state oversight, insufficient training of health personnel, and the absence of effective protocols adapted to conflict-affected settings.

**By tolerance:** the normalization of male control, tolerated obstetric violence, commodification of health services, and the de facto cession of the territorial control to armed actors.

### 5. Recommendations:

- Adopt immediate measures to investigate, sanction and eradicate institutional and obstetric violence against women, ensuring due diligence and accountability mechanisms.
- Implement institutional strengthening measures through mandatory training of health personnel, the adoption of binding protocols with clear institutional responsibility, and the establishment of independent citizen-led monitoring systems.
- Promote long-term structural transformations through the mandatory implementation of comprehensive sexuality education grounded in human rights, gender equality, and intercultural approaches.

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