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Embodying Inequality: The Criminalization of Women for Abortion in Chile

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This research examines how women in Chile embody being criminalized for abortion in the context of inequality. Using a critical phenomenological research design, an element of this research focused on structural, cultural, and direct forms of violence against women. The study is anchored in the narratives of poor, indigenous, and immigrant women who have a history of terminating a pregnancy under illegal conditions. Participants revealed that the construction of laws and policies regulate and control women's reproductive lives and construct them as criminals; that cultural systems of inequality legitimize and sustain harmful attitudes and practices; and that structural and cultural violence manifest as concrete expressions of discrimination and other forms of violence against women. The in-depth interviews with women who have a history of terminating a pregnancy revealed how illegality is inscribed upon a woman's body and embodied reality, linking broader constructs of violence to lived experience. Women's narratives uncovered how their voice and experience with abortion are rendered invisible within clandestine spaces of illegality and only made visible as a result of health or legal consequences. Despite barriers negotiating and embodying inequality within a highly criminalized environment women revealed resistance to dominant structures, laws, and cultural discourse, illustrating individual and collective forms of agency. The role of social work is vital on both policy and practice levels. This research calls on social workers to challenge a criminal justice paradigm as a response to social issues; understand the conditions that affect women's reproductive health, such as poverty and discrimination; and work toward the implementation of a social justice and human rights-based approach to reproductive health and wellbeing.

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Embodying Inequality: The Criminalization of Women for Abortion in Chile

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Chapter One: Introduction

> Criminal laws are enacted by the State to regulate conduct perceived as threatening, dangerous, or harmful to an individual, to other individuals or society. Such laws represent the strongest expression of the State's power to punish and are among its most intentional acts… where the criminal law is used as a tool by the State to regulate the conduct and decision-making of individuals in the context of the right to sexual and reproductive health the State coercively substitutes its will for that of the individual. (UN Special Rapporteur on the Right to Health, 2011, p. 5)

Criminal laws penalizing and restricting women's access to reproductive health services, including abortion, have been gradually gaining international attention as responsible for poor health outcomes for women, often resultant in maternal mortality. However, the illegality of abortion does not stop the practice or the need for abortion, it only drives it underground. In fact, the highest rates of abortion in the world are in countries where abortion is illegal (Cheng, 2012; Singh, Wulf, Hussain, Bankole, & Sedgh, 2009). Therefore, laws criminalizing abortion perpetuate unsafe conditions for women by pushing abortion underground, but do not eliminate abortions (Huff, 2007; Kismodi, Bueno de Mesquita, & Ibañez, 2012). When abortions are pushed underground, it puts women's health at risk and criminalizes women for the act of terminating an unwanted pregnancy (Ely & Dulmus, 2010; Huff, 2007).

Much of the discourse surrounding abortion originates from two paradigms, pro-life and pro-choice, neither of which fully embodies the complexity of women's experience with abortion. According to Smith (2005), where the pro-life paradigm advocates for the rights of the fetus without regard to the rights of women, the pro-choice paradigm fails to fully support the rights of women because this position implies that women have equal choice without taking into

consideration issues of access and affordability. Smith (2005) argues that it is not in the definition of the fetus as a life where the pro-life movement fails, but rather in the conclusion that because the fetus is a life, abortion should be criminalized" (p. 121). Both paradigms of criminal justice and choice fail to recognize the impact on women who are marginalized in society (Gilliam, Neustadt, & Rivka, 2009). Petchesky (2000) states "it is becoming all too evident that reproductive and sexual rights for women will remain unachievable if they are not connected to a strong campaign for economic justice and an end to poverty" (p. 12). Consequently, "a woman's decision to abort cannot be considered in isolation from their contextual realities" (Gilbert & Sewpaul, 2014, p. 85).

Reproductive health, including abortion, does not exist in isolation from matters generated within social, economic, and political structures (Petchesky, 2000). Aligning with the National Association of Social Work (NASW) Code of Ethics (2008) in promoting social justice, this study is guided by a reproductive justice framework as part of a larger social justice approach (Jayasundara, 2011; Smith, 2005). Reproductive justice emerged in 1994 out of the Black Women's Caucus at the International Conference on Population and Development (ICPD) in Cairo, placing reproductive experience in a broader framework of human rights (SisterSong, n.d.). Reproductive justice combines reproductive rights and social justice in order to address historic and contemporary processes of reproductive oppression. Reproductive justice acknowledges that women marginalized in society constantly negotiate their reproductive health experience within "interlocking forms of oppression", such as "poverty, racism, environmental degradation, sexism, homophobia, and injustice…" (Silliman, Gerber, Fried, Ross, & Gutiérrez, 2004, p. 4). Thus, a reproductive justice framework expands the limited discourse of the dichotomous pro-life and pro-choice paradigms and helps to highlight the power that social,

economic, and political constructions hold on women's embodied experience with abortion in Chile.

Much of the literature on abortion acknowledges that women who are marginalized in societies are most impacted by restrictive abortion policies, but there is a lack of representation of these women's voices in how living in a highly criminalized environment impacts their lives. Using a critical phenomenological approach this qualitative study offers insight into how women most impacted by political, social, and economic marginalization in Chile embody being criminalized for abortion (Djarlais, 1997; Willen, 2007). Drawing upon insights from ethnographic methods; purposive observation, in-depth and semi-structured interviews, and review of documentation, this study shifts the focus from the criminal act of terminating a pregnancy to the women who are impacted by policies and laws that construct them as criminals. Thus, placing the emphasis on the structural inequalities in which these women's lived experience is both regulated and embedded.

Chilean Context

Choosing Chile as a research site had both theoretical and practical applications. Chile is one of four countries in Latin America with the most restrictive reproductive health policies (Human Rights Watch, 2015). There are no legal exceptions to terminate a pregnancy (Shepard & Casas-Becerra, 2007; United Nations Department of Economic and Social Affairs, 2014). Further, there is a fair understanding about Chile's history of political and civil human rights violations; less examined are how Chile's social, economic, and political structures produced and sustained punitive reproductive state policies and practices, which have a negative impact on contemporary human rights for women (Moenne, 2005). Lastly Michelle Bachelet, currently in her second term as Chile's president, has stated her intention to decriminalize abortion in three

circumstances: in cases to save a woman's life, rape or incest, and unviable fetus (Sopcich, 2015). As Chilean Congress moves forward with legislative debates on decriminalizing abortion, this research is politically well timed to help reveal the impact of reproductive health inequities on women in Chile.

Historical background. Chile has a small populace with approximately 17 million inhabitants, less than half the size of California. Abortion discourse in Chile has varied depending on the specific local and international political context of the time. In the 1960s, pre-dictatorship period, Chile had one of the most progressive reproductive health programs in the Americas (Moenne, 2005; Shepard & Casas Becerra, 2007; Vargas, 2008). In part, this was prompted by the high rates of maternal mortality from unsafe abortion. In addition, the United States was providing foreign aid through the Alliance for Progress to decrease poverty and population growth, which were seen as destabilizing forces in Latin America (Morray, 1968). Hence, Chile became one of the first in the region to implement a state subsidized family planning program (Casas, 2004; Moenne, 2005; Shepard & Casas Becerra, 2007; Vargas, 2008). Through the development of comprehensive reproductive health policies, contraception was made widely available in public health clinics and hospitals (Casas, 2004). During the Allende Administration between 1970 and 1973, the program expanded to incorporate sexual education in schools (Casas & Ahumada, 2009) and public health outreach, including to women with a history of unsafe abortions (Moenne, 2005; Casas, 2004). Because of these efforts, both abortion and maternal mortality rates significantly declined.

All of this changed when General Augusto Pinochet came into power. After the military coup in 1973 a large percentage of Chileans had fallen below the poverty line (Klein, 2007). Because of public funding cuts and the privatization of social services, education and health were

significantly impacted, limiting access to women's health and reproductive health. Restrictive population control strategies were developed and administered under military rule as a measure to protect national security (Casas, 2004; Moenne, 2005; Vargas, 2008). Under Pinochet's dictatorship, family planning services were removed from public health facilities, and health practitioners were mandated to report to the secret police women who came in from abortion complications (Casas, 2004; Moenne, 2005; Rayas, 1998). Poor women were most impacted, as they had no other resources and needed to rely on public health facilities when faced with abortion complications. Thus, these women were most at risk of being criminalized for abortion (Casas-Becerra, 1997; Center for Reproductive Law and Policy, 1998; Vargas, 2008).

Since 1931, it had been legal in Chile to obtain a therapeutic abortion to save a woman's life, but in Pinochet's last weeks in 1989, after almost two decades of military rule, Pinochet changed this law making all abortions illegal (Casas-Becerra, 1997; Htun, 2003; Rayas, 1998; Vargas, 2008). Twenty-seven years after the return to democracy abortion laws in Chile remain among the most restrictive in the world. Much of this is the result of the influence of the Catholic Church, which is intricately linked with socially conservative politicians, and has been a powerful force in regulating political and gender norms in Chile since colonialism from the Spanish Empire (Casas, 2009; Shepard, 2000). Further, since the return to democracy in 1990, the Catholic Church has been increasingly focused on restricting reproductive health and rights for women (Shepard, 2000). Poor women are most impacted by both structural and cultural constructs of control, thus more likely to be criminalized for terminating a pregnancy.

Criminalization of Women for Abortion

Laws, which aim to criminalize specific behaviors, simultaneously enforce the surveillance of marginalized populations, using a social control model as a way to deal with

social issues rather than a social justice intervention (Mazza, 2011; Silliman, 2002). However, a criminal justice system is not sufficient for resolving social problems that are the result of larger political, social, and economic inequalities. According to Roth & Peters (2014), "policy cannot be understood without understanding politics. And politics cannot be understood without comprehending power" (p. 3). Thus, laws and policies addressing social issues are a social construction, which are either modified or sustained depending on the political climate of the time. Further, it is important to note that laws are an inherent part of a culture that constructs it and this does "not always [equal] practical, ethical, or just" policies (Campbell, 2000, p. 7).

Much of the literature on criminalization focuses on the illegal act itself, such as the criminalization of welfare fraud, drugs, prostitution, illegal immigration, sodomy and the impact of this on human experience (Finerty, 2012; Gustafson, 2009; Lucas, 1995; Provine & Doty, 2011). However, a further analysis helps shed light on how those already marginalized in societies become criminalized along with the illegal act. Criminalization constructs and perpetuates stigma, restricts access to needed resources and services, including state protection from abuse, dehumanizes and subjects individuals and communities to violence, excludes participation in society, and sustains social and economic marginalization perpetuated within a permissive environment of discrimination. Therefore, the literature on criminalization suggests the cumulative effect of criminalizing women for abortion is twofold. On the one hand is the impact of laws that make women criminals for terminating a pregnancy with the potential risk of being arrested, put on probation, and/or receiving prison time (Androff & Tavassoli, 2012; Belton, Whittaker, Fonseca, Wells-Brown, & Pais, 2009; Htun, 2003; Shepard & Casas-Becerra 2007; UN Special Rapporteur on the Right to Health, 2011). On the other is the impact of restrictive abortion laws on women's lives, such as having to negotiate a climate of

discrimination embedded in social, economic, and political structures; being invisible and vulnerable to abuse; suffering severe health complications or dying; having no legal recourse; and living in fear and isolation without protection from the state (Androff & Tavassoli, 2012; Comack, 2006; Flavin, 2009; Gustafson, 2009; Kulczycki, 2007; O'Doherty, 2011; Roberts, 1997; Sutton, 2010; Upreti, 2005). Thus, intentional state-perpetuated violence through unjust reproductive laws and policies are decontextualized, mapping the marginalized "female body as grounds for battle" (Mazza, 2011, p. 83).

According to the United Nations Department of Economic and Social Affairs, Population Division (2014), there are seven categories of legal grounds that permit induced abortion: (1) "to save a woman's life"; (2) "to preserve a woman's physical health"; (3) "to preserve a woman's mental health"; (4) "in case of rape or incest"; (5) "because of foetal impairment"; (6) "for economic or social reasons"; and (7) "on request" (p. 6). As of 2014, Chile, Dominican Republic, El Salvador, Malta, and Nicaragua provide no legal exceptions to terminate a pregnancy, not even in the case of rape or incest or when a woman's life is endangered. Four out of five of these countries are in Latin America. Contrary to prohibition, 56 out of 193 member states support terminating a pregnancy on request, mostly from European, North American, and Asian countries, leaving 132 countries with a range of policies impacting women's reproductive health (United Nations Department of Economic and Social Affairs, Population Division, 2014).

Within all levels of legal grounds to terminate a pregnancy there is regular discrepancy between law and practice in the context of gender inequality embedded within societies (Caprioli, Hudson, Stearmer, McDermott, Emmett, & Ballif-Spanvill, 2007). Layers of established social norms, such as attitudes, behaviors, and practices of male dominance, manifest as lack of political will at various levels of government. Subsequently regulating the social, legal,

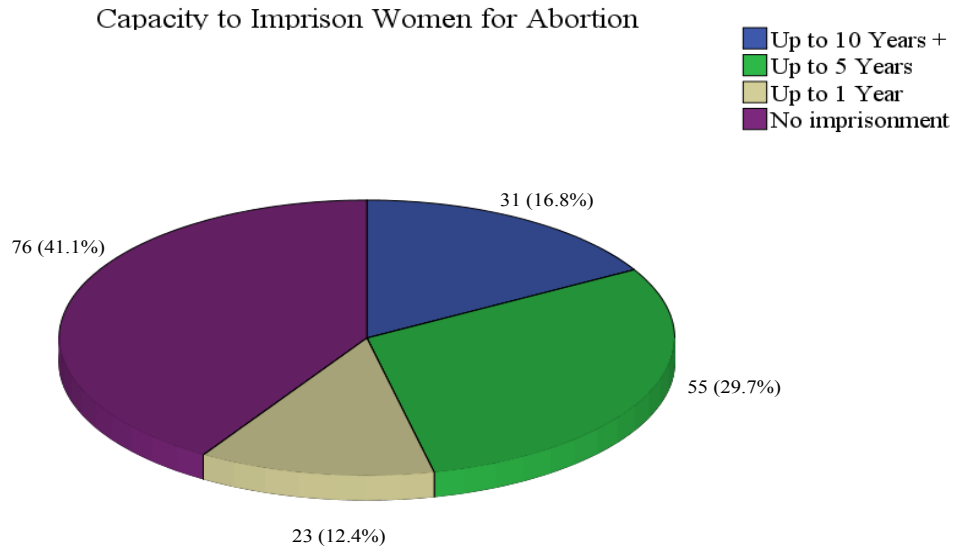
and economic autonomy of women, which preserves societal harms toward women. For example, women experience stigma attached to pregnancy outside of marriage or from rape. Thus, the protection or lack thereof of women in society is sustained, including related impacts, such as due process of legal rights (Richards & Haglund, 2015). Therefore, laws are not always clear or enforced and are interpreted differently worldwide.

In the United States where supposedly a woman can get an abortion upon request, there is an ongoing trend to implement restrictive reproductive health policies across states. These include forced sonograms, spousal or parental consent or notice, up to 72 hour waiting periods, and lack of public funds to support low-income, indigenous, and military women from receiving abortions (Boonstra & Nash, 2014; Grindlay, Yanow, Jelinska, Gomperts, & Grossman, 2011). Alabama has a new abortion law that puts teenagers on trial for wanting to terminate their pregnancy without parent permission and appoints a public defender for the fetus (Culp-Presser, 2014). Further, women are being sent to prison in El Salvador for having miscarried, in Pakistan women are charged with adultery when they report they have been raped (Htun & Weldon, 2010), and in Brazil there was a Convention on the Elimination of Discrimination Against Women (CEDAW) case where a woman died from pregnancy complications due to inadequate health care based on discrimination because she was a woman, poor, and of African descent (Kismodi, Bueno de Mesquita, Ibañez, Khosla, & Sepúlveda, 2012). Hence, reproductive health, including abortion is a race, class, and gender issue manifest through the regulation of women's bodies. These varying experiences of women are generated through gender-related policies that determine women's embodied experience as being repressed, excluded, or criminalized (Sutton, 2010). Thus, gender disparities intersected with race and class, greatly influence women's

reproductive health experience and risk of being criminalized for terminating a pregnancy outside of the legal grounds and cultural mores of a specific country.

Based on analysis of abortion laws published in 2002 for 185 United Nations (UN) member states, data showed that 109 countries permit the arrest and imprisonment of women who seek abortions (Eggers, 2012, see Figure 1).

Figure 1



Currently it is unknown how many women worldwide are imprisoned for abortion, put on probation, or received a fine, but the trend to criminalize women in this way for abortion clearly reflects a race and class bias (Comack, 2006; Flavin, 2009; Sudbury, 2005; Upreti, 2005). Consequently these women experience multiple layers of discrimination in addition to not having equal access to the same legal recourse as other women in a higher social economic class. Specific to poor women is their lack of financial means to seek legal support, lack of access to

defense counsel, illiteracy and lack of understanding about their rights thereby making them vulnerable to undue process and exploitation (Center for Reproductive Law and Policy, 1998; Ramaseshan, 1997). Women marginalized in society by social, economic, and political processes are not only at higher risk of imprisonment, but also maternal mortality or serious health complications from obtaining unsafe abortions (Casas-Becerra, 1997; Kinaro, Mohamed, Schlangen, & Mack, 2009; Mayi-Tsonga, Oksana, Ndombi, Diallo, Helena de Sousa, & Faúndes, 2009; Rayas, 1998; & Singh et al., 2009).

Unsafe abortion is the third leading cause of maternal mortality in the world (Blyth, 2008; Getchen, 2008; Jayasundara, 2011). Nearly 90 percent of unsafe abortions happen in the global south where there are higher restrictions on abortion. The women most impacted by restrictive abortion policies are the same women who lack access to basic health and reproductive health care, thereby forcing them to terminate unwanted pregnancies in unsafe conditions and illegal circumstances. Because of the clandestine and criminal nature of abortion these women are regularly treated poorly by abortion providers and told not to return if complications arise (Belton et al., 2009; Casas, 2009; Gillman, Neustadt, & Gordon, 2009; Kumar, Hessini, & Mitchell, 2009). Further, due to their low social and economic status, fear of denouncement, and the perpetuation of abortion stigma embedded in discourse, policies, institutions, and communities (Kumar et al., 2009), women criminalized for abortion have multiple challenges to overcome. The risks and damages associated with having a clandestine abortion are preventable if laws did not criminalize women, thus forcing them into unsafe and illegal situations (Albagly, 2008). Therefore, criminalizing women for abortion perpetuates disparities in health and justice that affect marginalized women disproportionately, resulting in the violation of women's human rights (Smith, 2005; Singh et al., 2009).

Theoretical Framework

I began this study using a unifying framework to bridge macro and micro levels of analysis in order to provide a holistic understanding of women's lived experience being criminalized for abortion in Chile. Structural violence was used to aid in understanding how punitive reproductive health policies are the result of historic and systemic inequality. Embodiment was used to concretize the experiences of women who are criminalized for abortion by focusing on where injustice resonates within the body. Bridging these two theoretical frameworks was critical phenomenology, which posits in order to understand the phenomena of lived experience, broader societal processes in which this experience is embedded needs to be understood. After listening to the narratives of participants in the study, it became apparent that the structural violence piece of the framework was not sufficient to understand the context of inequality, which is constructed and sustained, impacting women's reproductive health. Thus, other forms of violence not originally included in the framework were added to provide an understanding of the complex interrelated web of inequality in which women's reproductive lives are at risk, regulated, and criminalized.

The theoretical framework used in this study combines a typology of violence created by Johan Galtung (1990), a Norwegian sociologist, which includes structural, cultural, and direct violence, with theories of embodiment, critical phenomenology and intersectionality. The latter, an essential lens to reveal the vulnerability of women's experience as determined by social location such as race, class, gender, and nation. Together these theories provide an appropriate framework to understand historic and contemporary laws and policies in Chile that create and sustain a climate of discrimination and authorize the criminalization of women for abortion. Further, these theories reveal the extent of inequality embedded in social, economic, and political

processes and the impact of this on women's reproductive health and lives. This section will provide a description of each of the theories and the theoretical relevance to this study.

Typology of violence. Galtung's (1990) typology of violence helps to reveal permissive constructs that criminalize women for abortion in the context of social, economic, and political structures. The typology of violence consists of direct, structural, and cultural violence, the latter understood as mechanisms that legitimize and sustain both personal and structural violence through religious systems, ideology, and language. Unlike direct violence, which is demonstrable by a discernible event when someone commits an act of violence against another—killing being one extreme—with indirect or structural violence "there may not be any person who directly harms another person in the structure" (Galtung, 1969, p. 171).

Multiple constructions of inequality create an unjust context in which women's reproductive health decisions and experiences are embedded. Thus, *violence* is an apt construct to make visible abstract societal harms committed against those marginalized in society. The following types of violence: structural, cultural, and direct, are not to be understood as disparate paths of violence, but rather interrelated, multifaceted, and mutually reinforcing. Each provides an analysis independent of the other, but together offer a comprehensive look into the complexities of inequality resulting in a combination of various interlocking forms of oppression in which women negotiate their reproductive lives.

Structural violence. In the 1960s, Galtung introduced violence as the nemesis of peace in societies. Galtung proclaimed, "… peace is the absence of violence…" (Galtung, 1969, p. 67). Thus, he set out to define and shed light on violence in all its complexities, so societies could address the underlying causes and manifest peace. Galtung (1990) describes violence as, "avoidable insults to basic human needs" (p.292). He contends that when harm is avoidable, then

violence is perpetrated. For example, hunger would be violence toward those who are starving, when resources are unequally distributed. Galtung (1969) explained,

> Resources are unevenly distributed, as when income distributions are heavily skewed, literacy/education unevenly distributed, medical services existent in some districts and for some groups only, and so on. Above all the power to decide over the distribution of resources is unevenly distributed. The situation is aggravated further if the persons low on income are also low in education, low on health, and low on power – as is frequently the case because these rank dimensions tend to be heavily correlated due to the way they are tied together in the social structure. (p. 171)

According to Galtung (1969), structural violence is "built into the structure [of society] and shows up as unequal power and consequently as unequal life chances" (p. 171). Hence, a defining point of structural violence is that the impact of violence happens over time because it is built into the system, rather than produced by an actual episode of violence.

Galtung (1990) describes structural violence as a process consisting of four dimensions: penetration refers to internalized oppression; segmentation refers to only giving a partial understanding of what is happening; marginalization refers to limiting choice and participation; and fragmentation refers to creating a division among those who are marginalized. The four dimensions exemplify structural violence in their own right, but together offer a comprehensive view into the systemic impact of structural violence on individuals and groups (Galtung, 1990).

Paul Farmer (2005), a physician and medical anthropologist, adds an intersectional lens to the analysis of structural violence on human suffering. Farmer states that structural violence is "a host of offenses against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are

uncontest[ed] human rights abuses…" (p. 8). Farmer posits that factors such as race, class, and gender by themselves cannot explain the forces that render individuals and groups vulnerable to human suffering. However, together they contribute an analytic lens to understand the complex ways in which human agency and potential is constrained (p.43). For example, Farmer does not isolate gender as the sole factor that determines maternal mortality, but sees poverty as a contributing element to this actuality in women's lives. This is evidenced by 99.8 percent of maternal deaths occurring among poor women in countries that distribute limited resources to women's reproductive health (Farmer, 2005).

Further, Farmer (2005) contends that structural acts of violence are "geographically broad" and "historically deep" (p. 42). The former highlights global processes of power and inequity within an interconnected world. The latter suggests structural violence is not the result of a mistake or an accident, but rather a conscious deliberation of social, economic, and political decisions over time that determine "who will suffer abuse and who will be shielded from harm" (p. 7). Thus, in order to understand the reach of structural violence one must look critically into global and historic economic and political practices.

Galtung (1990) and Farmer's (2005) analyses of structural violence offer a useful theoretical framework to understand the historic layers of intersecting inequalities in Chile and subsequent criminalization of women for abortion. Structures of inequality, such as race, class, and gender create an unjust context in which women's reproductive health decisions and experiences are embedded. Using an analytic lens of structural violence offers insight into the complex construction of inequality in Chile. This is the result of historic processes sustained by a hierarchal ordering in society through laws and policies, which marginalize, exclude, and criminalize some while benefiting others (Khan, 2014). Chapter Three presents an analysis of

structural violence, tracing reproductive health policies in Chile over three distinct time periods. Global and local processes are highlighted indicating the influence of this on policy decisions, which determine women's reproductive health experiences.

Cultural violence. Galtung (1990) defines cultural violence as distinct elements of culture, such as religion, ideology, and language, which justify and legitimize structural and direct violence. This type of violence is expressed and perpetrated through attitudes and beliefs illustrative of accepted cultural norms and dominant discourses. Galtung (1990) states, "culture preaches, teaches, admonishes, eggs on, and dulls us into seeing exploitation and/or repression as normal and natural, or into not seeming them at all" (p. 295). Thus, culture has the potential to be a conduit of permissive harm toward others, rendering subjugation and maltreatment invisible as an accepted norm.

Positioning harmful attitudes and beliefs as violence offers a transparent critique into the unjust realities for women who are marginalized in Chile. Where structural violence sheds light on the laws and policies over time that constrict women's agency, cultural violence helps to explain how inequity is sustained. For example, this study shows how reproductive laws and policies changed throughout time, but did little to provide fair and equal treatment to poor, immigrant, and indigenous women. The impact of injustice toward women looked different, but it did not disappear. Chapter Four highlights cultural processes in Chile that facilitate and legitimize the continuation of repressive attitudes, behaviors, and practices.

Direct violence. Direct violence, the third aspect of Gatung's (1990) typology of violence, proved relevant in understanding barriers to reproductive health, which participants in this study identified. Direct violence, such as discrimination and sexual, physical, and emotional violence against women, cannot be separated from the other forms of violence in Galtung's

typology. Chapter Four uncovers direct violence as linked to structural and cultural violence, creating an environment of inequality in which women's reproductive experiences are determined and restricted.

Direct violence is what is most identified when we think of violence toward others. Galtung (1969) describes this type of violence as visible violence, "with a clear subject-object-relation" (p. 171). In the early developmental stages of theorizing direct violence, Galtung focused on the exploration of bodily harm to the anatomy and physiology. He described "crushing" as an example of the former and "denial of air" or "denial of movement" as examples of the latter (p. 174). Galtung (1990) broadened his definition of direct violence to include an actual person responsible for a direct act of violence toward another person. In this way, direct violence is identified as personal violence whereby there is a direct personal link between subject and object.

Galtung (1969, 1990) states the difference between direct, personal violence, and indirect, structural violence, is a person versus the structure as the perpetrator of violence. This reveals structural violence as abstract and thus it is more challenging to identify who or what entities are accountable for the violence committed. However, this does not negate the direct impact of structural violence on individuals and groups. For example, structural violence can be directly and concretely visualized on bodies in the way of hunger, disease, or maternal mortality from abortion complications. Thus, embodiment is an apt theoretical framework to make visual and concrete direct and indirect forms of violence and the impact of this on lived experience.

Embodiment. Scholarship from philosophy, sociology, anthropology, epidemiology, and feminist studies offer a framework to understand the lived experience of women criminalized for abortion in Chile. Merleau-Ponty (1968) underscored the body as the primary location of

knowing the world through objective and subjective realms. The body as object is inscribed upon by contexts of power and constructed by influences external to the body (Coole, 2007; Demello, 2014; Foucault, 1977). The body as subject internalizes messages, creates meaning, and accordingly becomes the "intersubjective ground of experience" (Csordas, 1999, p. 143). Further, the body is also material in that bodies are corporeal mechanisms that live in a physical world, which are capable of feeling pleasure and pain and subject to endure illness and violence (Bulter, 1993; Krieger, 2004). It is in the three realms of object, subject, and material that theories of embodiment aid in understanding the environmental constructs of inequality and the impact of this on women's reproductive health in Chile.

Consequently, embodiment theory encompasses the phenomenology of lived experience and does not isolate experience as separate from the body. The body is both a means of human expression and an object of social exclusion (Turner, 2008). Embodiment is seen as integrating profound social relational phenomena, in which social organization is reproduced (Brown, Cromby, Harper, Johnson, & Reavey, 2011; Cregan, 2006). According to Demello (2014), "bodies are shaped in myriad ways by culture, by society, and by the experiences that are shared within a social and cultural context" (p. 5). Thus, phenomena exist in macro and micro realms, which determine how we make sense of the world (Cregan, 2006; Mensch, 2009).

Foucault (1977) offers insights into ways in which power manifests on the body through direct and indirect forms of social control. From a Foucauldian standpoint, power is made manifest on bodies through discourse and institutions, thus regulating and sustaining inequality (Sutton, 2010; Casper & Moore, 2009). Krieger (2005) identifies material and social phenomena as pathways of embodiment through social and biological structures, stating that our biological bodies tell stories based on our social realities of poverty, abuse, and discrimination, for

example. Sutton (2010) describes this as systems of power and inequality, which permeate bodies. The model that Sutton (2010) presents encompasses an understanding of larger structural issues of inequality and its impact on a micro level body experience. Inequality leaves a concrete mark on our bodies in the form of hunger from poverty, bruises from domestic violence, illness from health disparities, and stigma and shame from internalized oppression (Adelson, 2005; Farmer, 2005; Krieger, 2005; Sanders, 2012; Sutton, 2010). Using the body as a site to understand individual experience within the larger framework in which it is embedded helps to shed light on how large societal structures translate into embodied reality (Farmer, 2009; Sutton, 2010).

Galtung's (1990) typology of violence and theories of embodiment highlight the ways in which women's agency is constrained by multiple interwoven systems of inequality. However, participants also disclosed a parallel reality, revealing the power to act within highly restrictive environments. According to Sutton (2010), "Social forces, while extremely powerful, do not completely determine women's embodied existence and practices. Women, as embodied subjects, have agency and can use their bodies as tools and vehicles of resistance" (p. 5). Thus, marginality is not only a place of social exclusion, but also a place of resistance, situating the body as a site of social control and social agency (Foucault, 1990; Hollander & Einwohner, 2004; hooks, 1990; Wade, 1997).

Embodiment is used in this study to reveal the lived experience of how women are marginalized by race, class, and gender inequality and the ways in which women embody clandestine spaces of illegality in the context of this inequality. Thus, embodiment is threaded throughout the dissertation, as lived experience cannot be separated from the body. However,

Chapter Five specifically provides an analysis of women's embodied experience in relation to the criminalization of abortion and embodied resistance within clandestine spaces.

Critical phenomenology. Galtung's (1990) typology of violence offers a framework to deconstruct systems of inequality perpetrated through structural, cultural, and direct forms of violence. Theories of embodiment help to shed light on where inequality and contestation resonates within the body and embodied experience. Critical phenomenology helps to pull these two together in a holistic framework, which simultaneously embodies macro processes with micro experience. Therefore, critical phenomenology is an essential framework for bridging Galtung's (1990) typology of violence to the embodiment of women's lived experience of being criminalized for abortion in Chile.

Desjarlais (1997) posits that phenomenological approaches that study lived experience are amiss if not inclusive of the broader structures in which lived experience is embedded. Since embodiment encompasses lived experience, it is critical, then, to integrate a broader context of analysis. "Critical phenomenology… can help us not only to describe what people feel, think, or experience but also to grasp how the *processes* of feeling or experiencing come about through multiple, interlocking interactions" (Desjarlais, 1997, p. 25).

In applying critical phenomenology, this study offers a unique framework to bridge identified bodily experience within the context of broader structures of violence, which construct women's reproductive health experience (Behnke, 2003). Because abortion is a phenomenon specific to women, "women's reproductive lives are very differently shaped by, and controlled by, social, economic, cultural, and political realities" (Demello, 2014, p. 58). Therefore, adding an intersectional lens to a critical phenomenological framework reveals the specific ways in

which poor, indigenous, immigrant, and young women embody race, class, gender, and national constructs of inequality.

Intersectionality. Intersectionality came out of Black feminist thought in response to a single-axis framework, which reduced "race and gender as mutually exclusive categories of experience and analysis" (Crenshaw, 1989, p. 139). An intersectional analysis moves away from a binary categorization of power and oppression by shedding light on the ways in which multiple systems of oppression are mutually constituted resulting in distinct structures of and experience with oppression (Viruell-Fuentes, Miranda, & Abdulrahim, 2012). Collins (1993) states, "we need new visions of what oppression is, new categories of analysis that are inclusive of race, class, and gender as distinctive yet interlocking structures of oppression" (p. 26).

Galtung's (1990) typology of violence is useful in shedding light on multiple complex systems of inequality, such as laws, policies, and cultural discourse that create and sustain poverty, social exclusion, and lack of agency for women in Chile. Intersectionality "helps us to understand and assess the impact… on opportunities and access to rights," and to recognize how laws and policies "that impact one aspect of our lives are inextricably linked to others" (Women's Rights and Economic Change, 2004, p. 2). The distinct forms of race, class, and gender inequality have deep histories, which construct the context of women's reproductive health experience. Intersectionality, therefore, is a critical framework to apply to this study because structural, cultural, and direct violence do not impact women equally, but rather interact with race, class, and gender among other systems of oppression, which "play a role in rendering individuals and groups vulnerable to extreme human suffering" (Farmer, 2005, p. 42). Thus, what makes a woman more susceptible to the typology of violence is her social location.

Summary. The challenge in discussing Galtung's (1990) typology of violence and

theories of embodiment, critical phenomenology, and intersectionality is that they are written in a linear fashion, but are not linear in application or experience. Mensch (2008) describes needing a unifying paradigm that addresses different forms of violence to embodiment. This study contributes to this concept through the application of Galtung's (1990) typology of violence and phenomenological theories of embodiment. The aim of applying these theories to the criminalization of women for abortion in Chile is to promote a conceptual framework that reveals the interrelated phenomena of broader social, economic, and political processes with micro experience. Violence is theoretically relevant to "the process by which [contextual] disparities manifest… on individual bodies" (Sanders, 2012, p. 12). When we recognize the body as a site of manifest inequality, violence cannot be denied (Bernbeck, 2008). Within the context of promoting social justice, using these theories to uncover situations of inequality and violence leads to more targeted and appropriate solutions.

Human Rights and Social Work

Reproductive health, including abortion, does not exist in isolation from social, economic, and political structures. There are disproportionate and historical effects that reproductive policies have had on women (Flavin, 2009; Gilliam, Neustadt & Gordon, 2009; Roberts, 1997). These multiple interacting systems of inequality create a condition for women, which render them invisible and vulnerable to abuse and discrimination, and then criminalize them for the act of terminating an unwanted pregnancy. This is a social injustice issue and violates women's human rights.

Human rights. The United Nations (UN) Special Rapporteur on the Right to Health (2011) is a groundbreaking report setting international law standards in response to the criminalization of sexual and reproductive health. This report was embraced by many human

rights, women's rights, and health advocacy organizations globally stating that "the misuse of criminal laws and punitive policies in the area of sexual and reproductive health cause disproportionate suffering for women… and other groups who already suffer discrimination" (National Economic & Social Rights Initiative, 2011, para. 5). The Special Rapporteur on the Right to Health (2011) underscores the inherently discriminatory nature of laws that criminalize "access to sexual and reproductive health-care goods, services and information," noting that "women and girls are punished both when they abide by these laws, and are thus subjected to poor physical and mental health outcomes, and when they do not, and thus face incarceration" (p. 6). The latter often including negative physical and mental health outcomes as well.

Reproductive rights were not always acknowledged within human rights treaties. The 1994 International Conference on Population and Development (ICPD) in Cairo was instrumental in facilitating a global reproductive health and rights agenda (Roseman & Reichenbach, 2009). Historically the response to reproductive health was addressed through population control policies, but the ICPD conference changed the paradigm from population and development to reproductive rights largely in response to the inequity of women's reproductive health experience. Roseman & Reichenbach (2009) state that the ICPD "Programme of Action was fundamentally important because it laid out a radically different approach to the population 'problem,' stating that population concerns could not be separated from other economic and social development agendas, particularly the need for women's empowerment" (p. 4). During the ICPD conference an agreement was made from over 180 state representatives that unsafe abortion is a public health issue and that women have a right to determine their own reproductive agendas. However great the intention, the gathering in Cairo failed to remedy the violations of reproductive health that women face because of underlying social issues, such as poverty and

discrimination (Petchesky, 2000). However, due to the ICPD Programme of Action, a few human rights conventions have integrated reproductive rights as human rights. The International Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child all have statements regarding the right to health, which includes access to family planning services and the right to decide freely the number and spacing of children (Special Rapporteur on the Right to Health, 2011). Further, article 12 of the International Covenant on Economic, Social and Cultural Rights states that everyone has a right to the highest attainable standard of physical and mental health (International Covenant on Civil and Political Rights, 1966). This includes the underlying factors that contribute to the protection of health, such as the right to be free from discrimination. For example, women in Chile who lack economic resources and have limited access to health services face multiple levels of discrimination and are further marginalized with criminal penalties for terminating an unwanted pregnancy (Casas-Becerra, 1997).

According to Gilbert and Sewpaul (2015), "Human rights, ethical, and social justice considerations, which are at the heart of the abortion debate, are of central concern to social workers" (p. 83). The International Federation of Social Workers (IFSW), the National Association of Social Work (NASW), and the Council on Social Work Education (CSWE), mandate social workers to promote social justice and human rights (CSWE, 2008; IFSW, 2012; NASW, 2008). Further, both the IFSW and NASW have policy statements on the importance of access to abortion services as being essential to promoting self-determination and the advancement of women (Ely, Flaherty, Akers, & Noland, 2012; NASW, 2012). In fact, "…social work is the only profession with a stated commitment to advocating for global access to abortion services in the name of human rights, social justice, and self-determination" (Ely et al., 2012, p.

36). Despite these policy statements, reproductive health, including abortion, is marginalized within the field of social work (Jayasundara, 2011). This study aims to fill this gap by highlighting women's voices most impacted by processes of inequality and criminalization in order to inform our professional knowledge base.

Organization of the Dissertation

The presentation of this study is divided into six chapters: an introduction, methodology of the research, three substantive chapters, and a conclusion. The substantive chapters are organized via the main theoretical frameworks used in the study, Galtung's typology of violence and theories of embodiment. Each of the substantive chapters includes an analysis of data collected from formal and informal interviews, observation, and review of documentation. The data guided the organization and unfolding of the dissertation, thus participant voices are embedded within the literature throughout the dissertation.

Chapter One offers an introduction to the research study and provides a brief introduction to the relevance of using Chile as a research site. The concept of criminalization is explored in general and specifically in relationship to abortion. The conceptual framework, which includes Galtung's typology of violence and theories of embodiment, critical phenomenology, and intersectionality are introduced. Lastly, a brief discussion of human rights and social work connect the significance of the study to the profession of social work.

Chapter Two covers the methodology used in this research. This chapter explains the inspiration for the research and the importance of conducting preliminary investigation on an international issue that is sensitive in nature, due to the illegality of abortion in Chile. The research design, sampling, data collection, data analysis, and ethical considerations are discussed.

Chapter Three, the first of three substantive chapters, addresses structural violence. This chapter traces reproductive health policies in Chile over three distinct time periods, pre-1973 *coup d'état*, during the dictatorship of General Augusto Pinochet between 1973 and 1989, and after the return to democracy, 1990 to present. Global influence on the construction of policies within these three time periods is highlighted as well as covert and overt forms of inequality and the impact of this on poor women's reproductive health and lives.

Chapter Four addresses cultural and direct violence. This chapter discusses how these forms of violence are manifest, creating and sustaining barriers to health and reproductive health for poor, young, indigenous, and immigrant women. Further, the role of colonialism and the Catholic Church demonstrate the ways in which race, class, and gender inequality, including types of direct violence against women, have been constructed and perpetuated as the norm. Lastly, this chapter explores forms of resistance as a response to inequality and repressive cultural norms.

Chapter Five offers insight into women's embodied reality of being criminalized for abortion. This chapter focuses on how the construction of inequality, discussed in Chapter Three and Chapter Four, is embodied within women who have terminated a pregnancy in the context of illegality. The ways in which women embody inequality and resistance are two main themes that will be explored in this chapter.

Chapter Six concludes by summarizing the broader constructs of inequality that construct women as criminals and how women embody being criminalized for abortion. In addition, this chapter discusses social work implications, emphasizing the importance of using a critical analysis to deconstruct inequality, advocate for reproductive justice, and promote human rights.

Chapter Two: Methodology

Framing the Study

The idea for this study emerged from a documentary film I wrote, produced, and directed, *I Choose Me*, addressing the criminalization of abortion (Eggers, 2006). This film was inspired by two converging phenomena of the time. First, in 2006 Governor Rounds of South Dakota signed into effect a law making performing all abortions a felony, except in the case to save a woman's life (Davey, 2006). This law was the first of its kind since before the *Roe v. Wade*, 1973 Supreme Court decision to legalize abortion. The second was the impact of the War on Drugs and mandatory minimum sentencing on the high rates of incarceration of women, making women the fastest growing incarcerated population (Sudbury, 2005). Between 1980 and 2010 the number of women incarcerated in the United States increased by 680 percent (Sentencing Project, n.d.). In England there was a 173 percent increase of incarcerated women in the decade proceeding 2002 (Sudbury, 2005). And in Australia, the population of incarcerated women doubled. Before the *Roe v. Wade*, 1973 decision, women were not the targets of incarceration for terminating a pregnancy. However, with incarcerated women on the rise in a pandemic culture of criminalization coupled with restrictive reproductive health policies, I feared the same "racialized and classed" bodies imprisoned would now become the targets of public surveillance for terminating a pregnancy (Sudbury, 2005, p. xv).

During the filming of *I Choose Me* in 2006, I interviewed many women from criminal justice, reproductive health, and feminist organizations who were able to speak to the potential impact of the new South Dakota law on poor women and women of color. One woman I interviewed, Dr. Rebecca Gomperts from Women on Waves in the Netherlands, addressed global trends in the incarceration of women for terminating a pregnancy. This was the first I had heard

that internationally women were incarcerated for having an abortion. She mentioned that Chile, where my family is from, was one of three countries, which offered no legal grounds for terminating a pregnancy. Not only did Chile have a history of imprisoning women, but they also on occasion sent women to prison with their children. However, for the first time in history and more than 25 years since the end of Pinochet's dictatorship, Chile is in legislative debates with respect to decriminalizing abortion on three legal grounds: to save a woman's life; in the case of rape or incest; and having an unviable fetus.

Globally many nation states have been slowly adopting more liberal reproductive health policies concerning abortion, in part due to the high rates of maternal mortality, Central America and the United States have been the exceptions with more restrictions placed on the reproductive rights of women. In the United States reproductive health policies have become more restrictive and family planning funding has been drastically cut, leaving 87 percent of counties across the U.S. without an abortion provider (Bassett, 2014). Consequently, this topic is no less relevant than it was ten years ago. Thus, upon entering the doctoral program at the University of Connecticut in 2010, I chose this topic for my dissertation research in order to further investigate the impact of unequal social, economic, and political structures on women who are criminalized for abortion in Chile.

Pre-dissertation Research

I traveled to Chile for a month each in summers of 2011 and 2012 to investigate the criminalization of abortion as a violation of the human rights of women. I focused this preliminary work on the nature of community-based responses to the economic, political, social, and legal inequalities that exist within the context of restrictive reproductive health policies in Chile. The goal of the preliminary research was to set up contacts and build relationships with

individuals working in religious, legal, academic, health, social work, and human rights organizations in Santiago who were working toward the de-criminalization of reproductive health policies within a human rights framework. Understanding the infrastructure of advocacy that was in place helped to develop an understanding of a community-based approach that reflected an interest in the intersection of community organizing and human rights (Ife, 2009).

I started my pre-dissertation research intent on understanding the historical context of human rights in Chile during the Pinochet dictatorship from 1973 to 1989. I visited the memorial museum and historic torture centers such as Londres 38 and the Gabriela Mistral Cultural Center, and a national social work organization where photos of Chilean social workers were displayed who had been killed during the dictatorship.

I was in contact with a few human rights organizations, one of which was commissioned by the Chilean government to take testimonies of people who had been tortured or imprisoned during the dictatorship. What I discovered from my interviews in these organizations is that there seemed to be three meanings attributed to human rights in Chile. The first symbolized the healing of individuals, families and organizations trying to give voice to the memory of past human rights violations. The second consisted of people who were working toward human rights in a contemporary context. And the third signified the people and organizations trying to build a bridge between past human rights violations and the current and future economic, political, and social rights of all Chileans.

I interviewed people working in health, feminist, and academic organizations in order to better understand the historic and contemporary conditions of women in Chile and how reproductive health and rights fits into the agenda of these organizations.

Through conducting pre-dissertation research in Chile, I was able to learn about historic and contemporary issues affecting women within a human rights framework. I was also able to build relationships with key informants in academic, human rights, health, and feminist organizations that continued through my dissertation research. After conducting pre-dissertation research on community-based responses to the economic, political, social, and legal inequalities within the context of restrictive reproductive health policies, it became apparent what was missing were the voices of women most impacted by punitive abortion laws. Highlighting women's narratives about their abortion experience within the context of this research, helped to reveal the ways in which women are marginalized from the impact of restrictive reproductive health policies in Chile.

Research Design

The framework of this study was based on a critical phenomenological research design to explore how women embody being criminalized for abortion in the context of inequality. This approach aided in understanding the broader forces of structural inequality and how those structures shaped embodied elements of human experience (Cleaveland, 2011; Desjarlais, 1997; Padgett, 2008; Smith, 1987; Willen, 2007). Coole (2007) asserts, "in order to appreciate the role of the body in contexts of power, it is also necessary to elicit first-person experience as well as third-person structures and observations" (p. 417). With the use of ethnographic methodology, an element of this research focused on the nature of race, class, and gender inequality that exist within the context of social, economic, and political processes around restrictive reproductive health policies. Semi-structured interviews were employed with various participants within academic institutions and legal, religious, health, feminist, community, and other non-governmental organizations. In addition, ethnographic observation was employed. I had

numerous unstructured interviews and casual conversations with people I met in the field through traveling to different parts of Chile, in addition to attending many meetings, marches, conferences, seminars, legal and health workshops, community and cultural events, and fundraisers. These events focused on some aspect of race, class, and/or gender inequality and intersected with issues of the decriminalization of abortion; women's, indigenous, and immigrant human rights; poverty; torture and disappearances; violence against women; and social work in Latin America. Lastly, I reviewed historical archives and human rights documents in various libraries, as well as print media and documentaries, and obtained three research reports on abortion while in Chile (Casas & Vivaldi, 2013; Dides, Benavente & Sáez, 2010; Vargas, Nazarit & Sáez, 2008). These three methods—interviews, observation, and review of documentation—aided in providing a contextual analysis of structural inequities in which women's lives are embedded.

The heart of the study was based on in-depth interviews with women who have a history of abortion. This grounded the research in the narratives of women whose perspectives are generally devalued or ignored (Allen, Flaherty, & Ely, 2010; Cleaveland, 2011). A semi-structured interview format encouraged dialogue with the core participants in order to delve into their subjective reality. It also afforded flexibility for participants to contribute knowledge based on where they are and how they define meaning in their lives (DiCicco-Bloom & Crabstree, 2006; Padgett, 2008). Using a critical phenomenological design in collaboration with ethnographic methodology helped to unearth the link between macro-level structures to micro-level experience of women being criminalized for abortion.

Sampling

Multiple sampling methods were employed in choosing locations and participants for this study: purposive, snowball, and field encounters, linked through an iterative sampling process (Bassett, 2010; Bromaghin & McDonald, 1993; Finlay, 2012; Padgett, 2008; Sutton, 2010). Below is an outline of each of the sampling strategies and a description of how they were utilized within an iterative process.

Purposive. Purposive sampling as defined by Padgett (2008), is a "deliberate process of selecting respondents based on their ability to provide the needed information" (p. 53). This sampling strategy was utilized throughout the research process, but especially during the pre-dissertation research phase when making connections, building relationships, and understanding the landscape of human rights actors in Chile was vital to establishing key informants to assist with the dissertation research. To begin this process, I contacted organizations involved with reproductive rights issues, including the *Corporación de Desarrollo de la Mujer* (La Morada, Corporation for the Development of Women), a feminist organization addressing discrimination in patriarchal power relations for women in Chile and the Center for Reproductive Rights (CRR) in New York, an international policy advocacy organization. La Morada and CRR, with others, co-authored shadow reports on the status of women in 1999 to the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW) and to the Committee on Economic, Social, and Cultural Rights (CESCR) in 2004 (Fries, Toledo, Copelon, Gelston, Ugarte, & Cabal, 2004; Matus, Antony, & Hurtado, 1999). These organizations were helpful in developing contacts with key actors working toward reproductive health and rights for women in Chile. Further, in the beginning phases of research, before the first pre-dissertation research trip to Chile in 2011, I devised a broad strategy of developing contacts. For example in a Google

search; ‘Chile + social work + university’, I discovered a professor at the University of Michigan who referred me to a Chilean student of his, who referred me to a professor at the Catholic University in Santiago. One of the most important contacts I developed early on was with Lidia Casas, a professor at the Center for Human Rights in the law school at the University of Diego Portales. Casas is well known for her policy advocacy work to decriminalize abortion in Chile. I requested an interview with her via Skype for a qualitative research assignment after reading multiple articles she had written on abortion. This relationship has been sustained over the course of my research, which included an invitation to be a visiting research scholar at the University of Diego Portales for the duration of my dissertation fieldwork in Chile.

During the dissertation research phase, I continued to use purposive sampling to help target participants for the contextual data who offered a broad understanding of structural inequalities in Chile and how these shape women’s lived experience. Direct outreach was employed to specific non-governmental organizations (NGOs), health, women’s and human rights organizations, and universities in four main geographical areas throughout Chile (explained in *Geographic Areas* below). However much of the sampling conducted during dissertation research was conducted through snowball sampling and field encounters with the previous contacts I had made during the two pre-dissertation research trips to Chile as well as new contacts encountered during dissertation research.

Snowball. Snowball sampling, coupled with the flexibility to travel to different parts of Chile over an 11-month period, were vital to collecting data for this study. According to Atkinson & Flint (2001), snowball sampling “seek[s] to take advantage of the social networks of identified respondents to provide a researcher with an ever-expanding set of potential contacts” (p. 1). In addition, it is well documented that a snowball sampling methodology is utilized as a

way to reach underserved and marginalized populations (Padgett, 2008; Sadler, Lee, Lim, & Fullerton, 2010; Shaghaghi, Bhopal, & Sheikh, 2011).

My ability to build trust with contacts and potential participants was central to effective snowball sampling. In some instances I attended multiple community meetings before approaching the topic of and receiving referrals for interviews within that community. In other instances, I purposively targeted an organization and the success in receiving referrals for interviews within that organization depended, in part, on how well I was able to convey my purpose in a non-threatening and positive way. However, when I was able to convey with potential participants that I received their name from someone they knew and trusted, this proved to be influential and gave me insider access, compared to making contact as an outsider from the United States.

Spending 11 months in Chile for the dissertation research period allowed me to develop long-term relationships with some key contacts and participants. This was useful in helping to generate ongoing referrals and invitations to relevant events, conferences, and meetings, to name a few. Thus, developing relationships was a key factor in the success of using snowball sampling. Sometimes it required building a relationship over time and other times connections were made within a matter of minutes. It is important to note that although building trust and relationships were key, this technique was not always successful. On occasion, even with the mention of another's name, potential participants did not respond. Therefore, having time, being flexible and adaptable proved equally important in the utilization of snowball sampling.

Both purposive and snowball techniques were important aspects of collecting contextual data, through interviews and observations. However with the core data, comprised of in-depth interviews with women who had a history of terminating a pregnancy, snowball sampling did not

prove to be an effective way to connect with women. In part this was due to the clandestine nature of abortion. Only one out of the eleven interviews collected for the core data came from snowball sampling. When meeting the one particular participant, it was clear that she was upset that the referring person disclosed she had an abortion. As a researcher I did not know the dynamics between the referring person and the potential participant. However, I listened, acknowledged what she was saying and told her that I understood the depth of what she was saying. I explained the purpose of the research and asked if she wanted to continue to participate. She chose to participate and it ended up being one of the stronger interviews in the study. In the end, she felt relieved for having shared her story. Thus, when using a snowball sampling strategy showing the utmost respect is key when making connections with a vulnerable population. Often, the women I interviewed for the core data shared general information about women who had abortions, but it was almost an unspoken rule that was followed, not to reveal detailed information about anyone else. The remainder of the core interviews resulted from field encounters.

Field encounters. Field encounters helped to connect with others who would not normally have been in my purview, thereby expanding the network of potential participants to interview for both the contextual and core data. One-fifth of the contextual interviews were gathered from field encounters, however this sampling technique proved to be the most successful in recruiting participants for the core data. There is not much in the social science literature describing the methodology of sampling from field encounters, however borrowed from a wildlife study, Bromaghin and McDonald (1993) define encounter sampling as, "participants [who] are included in the sample as they are detected or encountered" especially

useful when individuals are “mobile, elusive, or possess other characteristics that make [the sampling] difficult to construct” (p. 646).

Connecting with women about their abortion stories seemed to unfold naturally in the field. Usually the scenario developed with me sharing some aspect of my work and women opening up to me that they had an abortion. This came up unexpected, often, and in various settings, such as a town festival, marches, over coffee, in my living environment, or in a professional setting. Whatever the context, these conversations did not always end up in an in-depth formal interview. Most of the conversations I had with women about their abortion experience were unstructured and informal, in part due to the sampling criteria for the study or the logistics of the environment. However, with the formal interviews field encounters were successful in a couple of different ways. One is that it allowed women the choice whether to disclose or not, even before broaching the topic of an interview. These women were not targeted, forced, or pressured to reveal their abortions with me. The decision to share was completely in their control. And only after they shared their abortion and rapport was established, did I invite them to participate in a formal interview. Each of the women who I approached in this way, agreed to participate in the study. The second point in what made this strategy so successful in recruiting women for the core data is that a previous connection was established with the women during the informal conversations, so when the actual interview took place, it was not the first time we had met or interacted. This strategy of sampling helped to start the formal interview from a deeper, more trusting place because it was not the first time women were sharing their abortion experience with me.

Iterative process. Each of the sampling techniques employed in this study, purposive, snowball, and field encounters have their own methodologies, however, the overall sampling

approach used in this study was not linear in design, but rather relational through an iterative process. Bassett (2010) states that iterative sampling works "back and forth between the research design and the… data collection" (p. 504), using preliminary analysis to "shape subsequent sampling decisions" (Cohen & Crabtree, 2006, para. 2). Reflective journaling employed throughout the research used to document feelings, impressions, insights, and questions, was instrumental in utilizing an iterative process to inform sampling direction (Padgett, 2008). Finlay (2012) speaks to the importance of using an iterative process in an exploratory phenomenological study, in order to be open to discover new knowledge and insights. My documented reflections therefore acted as a guide. For example, the below excerpt was written after attending a meeting with community leaders in a *campamento*[1] that I was invited to by an outside organization.

> What I heard a lot was the women say, "water and electricity"… living without these things… and one woman spoke of the fight, she said the fight is not just for her, but for those who can't fight for themselves or need help and support in the struggle. I'd like to talk with her again [to learn] more about their work, how they survive, how long they've been living there, who built their houses, if they grew up there or not, and… where they access healthcare, including reproductive health. Are there specific "politics" in their community (i.e.: communist, socialist, conservative, etc.), how do they experience violence (whether domestic violence, poverty, or other ways of experience[ing] harm to them or their community), what is the condition of education for their children, and if there are any drug issues because the community is so incredibly isolated on a [steep]

[1] A *campamento* is a shantytown, usually denotes limited to no infrastructure of roads, electricity, or water.

hill… or if they feel safe in their seclusion… where do they access health? Where is the *consultorio* in their area?

Informed by a phenomenological research design, which aims for "fresh, complex, rich description of phenomena as concretely lived" (Finlay, 2012, p. 172), I employed purposive sampling by returning to this community for a tour and formal interview with one of the community leaders I met during my first visit. There is tremendous value in gathering data about social, economic, and political inequality directly from the people who live in these conditions. This inspired further exploration of other *campamentos* and *poblaciones*[2] in different geographic areas.

The sampling strategy used for this study was constantly shaped and guided by the observations and insights from the field in order to meet the needs of the research design. For example, through an iterative process it became clear that I needed to learn more about immigration as I discovered many of the women who did not have access to health or reproductive healthcare were immigrant women. It was suggested by a key contact that I travel to Calama in the north of Chile because of the high number of immigrants living in that area. The woman who suggested I travel to Calama gave me three contacts in the area to follow up with. While in Calama, I also employed purposive sampling as I specifically targeted individuals, organizations, and public health clinics to speak with that were knowledgeable about immigration issues and/or inequality of women in the area. Once I utilized purposive sampling, snowball sampling was instrumental in allowing me to develop deeper relationships within this community that I would normally not have any connections to. Lastly field encounters of

[2] A *población* is considered a poor community in Chile.

observation and informal conversations were invaluable in the formulation of immigrant experience.

Hence, using an iterative process led me to observe and recruit participants in three out of the 15 regions in Chile: Calama in Region II, the northern part of Chile; Santiago, Viña del Mar and Valpariaso in Region V, the central part of Chile; and Temuco and outlying areas in Region VIII, the south of Chile. The focus of attention in these areas contributed to a contextual understanding of spatial differences of inequality. This added rich data, which spoke to the differences and similarities of women most marginalized in Chilean society, immigrant women, poor and young women, and indigenous women, respectively. Below is a brief description of each of the geographic areas and specific issues explored.

Geographic Areas

Region II. *Calama* boasts its economic prosperity in the mining industry. The largest copper mine in the world is 10 miles outside of the city of Calama. Calama is close to the Bolivian border in the north of Chile in the Atacama Desert, one of the driest geographic areas on the planet and is approximately 950 miles north of Santiago, the capital of Chile. With a diverse population, including itinerant and local miners, the Quechuas, an indigenous group existing in Peru, Bolivia, Ecuador, Colombia and Argentina, and Chile, and a large immigrant population mostly from Bolivia, Peru, Ecuador, and Columbia, Calama proved to be an important geographic area to understand issues of ethnic and gender inequality, specifically for immigrant women.

Region V. The *Valparaíso* and *Viña del Mar* area of Chile are located in Region V, just an hour and a half bus ride outside of Santiago on the Pacific Coast. Although neighboring cities of approximately 253,000 and 290,000, respectively, they are very unique from each other.

Valparaíso has historically been a working class seaport town constructed on top of dozens of *cerros* (hills), each named for the area of Valparaíso it represents, such as *Cerro Alegra* (happy hill), *Cerro Placeres* (pleasure hill), and *Cerro Carcel* (jail hill), in example. Today Valparaíso is considered both a cultural hub for tourists and locals, rich with music, art, and festivals, in addition to a place of political activism, such as with the student movement. The upscale Viña del Mar on the other hand is known for its hotels, beaches, casino, and more middle to high-class tourism, both for local Chileans and foreigners.

Like many areas in Chile, there is a clear class divide between rich and poor, therefore despite the differences between these two communities, up in the hills outside of both Valparaíso and Viña del Mar city centers are *campamentos*, communities of houses that are constructed over time by poor families who do not have other housing alternatives. Often with a political agenda these communities were constructed out of protest through *tomas* (land takeover), on public or private land due to the lack of housing available for people who are poor. Some of these *campamentos* are over 50 years old, so although the houses have been constructed over the years and are well built as you might see in the city centers, often they are isolated without an infrastructure of paved roads, water, or electricity. These communities offered an invaluable understanding of the economic, social, and geographic marginalization of poor women in these areas, in addition to the advocacy and activism in response to the isolation of these women.

Santiago, the capital of Chile, has a population of 6.3 million people and is made up of multiple areas and neighborhoods. The central part of Santiago offered a base to work out of. I was a visiting scholar at the University of Diego Portales in the Center for Human Rights through the Law School, and a centralized location to access a plethora of resources, such as public transportation, academic institutions, libraries, and human rights and feminist

organizations advocating for national race, class, and gender equality. Similar to the Valparaíso/Viña del Mar area, outside of Santiago's city center are numerous *poblaciones*, which, in part, originated through *tomas*. I mainly focused on two specific *poblaciones*, La Pincoya and Peñalolen to gain both historic and contemporary insight into the economic and social challenges women face in these outlying, marginalized neighborhoods of Santiago.

Region VIII. *Temuco* and the surrounding area, is in the heart of the Araucanía Region, one of Chile's poorest regions and home of the largest indigenous population in Chile, the Mapuche, people of the land. Since the military occupation in the 1880s, Temuco has been exploited for their natural resources at the detriment of the local indigenous people. Therefore, this was an appropriate site from which to understand issues of inequality pertaining to Mapuche women. With a population of around 267,000 people, Temuco is approximately 420 miles south of Santiago centered between the Pacific Ocean and the Andes mountains.

Data Collection

Data collection occurred in Chile over an 11-month period from September 2013 to August 2014. Multiple ethnographic data collection methods were employed: formal interviews; field interactions, including observation and informal conversations; and of various types of documentation. Data was digitally audio-recorded, logged in field notes, and gathered through print or digital media research. Following an interview the digital audio was first uploaded onto a password protected laptop computer, then transferred to a password-protected thumb-drive, and finally uploaded onto the University of Connecticut P-drive. Audio files were deleted from the audio recorder after upload was completed. Field notes were typed into a Word document in the password-protected laptop then similarly uploaded as the digital audio files.

The focus on data collection was two-fold. One aspect of data collection focused on larger structures of inequality, such as race, class, and gender power differences that exist within social, economic, and political processes. The other focused on women's abortion experience within a culture of criminalization.

Interviews. Forty formal semi-structured and in-depth interviews were conducted in total with thirty-six participants. Twenty-five semi-structured interviews were conducted with participants affiliated with religious and academic institutions and legal, public health, economic, feminist, human rights, and community organizations. The contextual interviews lasted between 45-90 minutes. Eleven in-depth interviews were conducted with women about their abortion experience. Four of the eleven women were invited for second interviews in order to delve deeper into the phenomena being studied. The core interviews lasted between 60-120 minutes. Interviews were digitally audio-recorded and conducted in both English and Spanish, depending on the preference of the participant. Some interviews were conducted in both English and Spanish, if a participant was struggling to express what they wanted to say in English, they would often return to their native language of Spanish.

Both contextual and core interviews had separate semi-structured outlines. The interview guide for the contextual interviews addressed four main areas of inquiry. These included: inclusion or exclusion, violence, discrimination, and legal issues (see Appendix A). Included in these four areas were questions pertaining to health, employment, education, types and extent of violence, what structural conditions manifest and sustain violence, gender, race, and class discrimination, and current legal framework around abortion, including who is more likely to be prosecuted. The contextual interviews were often organized to address the particular expertise of the participant and issues of inequality emerged naturally.

The core interviews included a different set of questions to guide the interview (see Appendix B). The emphasis in these interviews was to facilitate the unfolding of women's stories around their abortion experience. Thus, these interviews encompassed a basic format of exploring before, during and after an abortion experience. *Before* explored what their life was like, where were they, what was going on for them at that time, what was going on in society, and what was it like when they found out they were pregnant. *During* explored the actual abortion experience, the conditions of the environment, if anyone was with them or they were alone, and emotional and physical implications. *After* explored what happened after their abortion experience, how did they feel, did they have support, were they in physical or emotional pain, and where did they go.

Included in the core interview guide was a *background information* section, which addressed demographic data, such as age, employment, relationship status, and reproductive history, however this was seldom used to begin interviews. Due to the clandestine and sensitive nature of abortion in a criminalized environment, it did not feel right to ask such specific questions. I did, at times, ask women to tell me about themselves and often they would include specific information or demographics listed in that section, but it was not the focus of these interviews. The focus was on the memory of the abortion experience. During the course of an interview if a woman disclosed that she had more than one abortion, time and space was given to share each experience separately and comprehensively.

The thirty-six participants agreed to partake in this study through verbal consent after an information sheet about the study was reviewed. No participant refused participation, although two participants had questions before consenting to be interviewed. One participant for the core data, whom I briefly mentioned above in the snowball sampling section, was contemplative

about participating as she did not know me or know what the study was about. After acknowledging where she was coming from, explaining the study, and informing her that she did not have to participate if she did not want to, she agreed to participate. Another participant for the contextual data, also referred to the study via snowball sampling, asked some direct and powerful questions before she agreed to be interviewed.

> She asked about the purpose of the investigation and her role within this. She asked if I wanted her to represent Mapuche women- because she can't- doesn't want that. I understand, she's not a token representative. She also wanted to know what the exchange will be, for example, if she shares with me, what will I do with the information, how will I help the cause of inequality, abortion, women in Chile, and her community… how will my investigation advance knowledge, change systems, etc. Great questions. (Excerpt from field notes)

After much discussion she agreed to do the interview and be recorded. Both of these interviews ended up being very strong interviews. The base of trust developed through the honesty shared during the pre-interview process allowed for a more profound disclosing to take place during the interview.

Interview sites varied and were determined by the participant. Contextual interviews took place at a participant's home, place of work, a park, café, or a community center. The majority of the core interviews took place at the participant's home, with the exception of two, which took were conducted in a workplace and a historical museum. All of these environments had the risk of other people being around, even in someone's house, as often someone else was present in another part of the house. As part of the consent process, I informed participants that they could stop or discontinue an interview at any time. On occasion, if someone else entered the office or

room in the house where an interview was being conducted, participants asked to stop the interview, but the interview would begin again once the disruption had passed.

Most women during the core interviews, and some women during the contextual interviews, displayed emotion in the way they held their hands, or their body language, or shedding tears, while sharing their stories. Sometimes emotion came from discussing an abusive relationship, difficulty in getting access to health care, how alone they felt during their abortion experience, how they were treated by their family, or discussing the profound inequality of race, class, and gender with the women they work with. I found that women never opted to stop an interview all together, but rather needed and wanted to be heard. This was demonstrated after each interview as women shared that they felt relieved, at peace, stronger for sharing their story.

Listening to these stories of pain from inequality, the loss of control in their lives, the lack of voice these women felt, were emotional for me as well. I found that being empathetic to the emotion that women expressed helped to create a bond between us, a shared experience, which in turn, allowed for a deeper reflection in sharing. I ended interviews by shifting the focus of vulnerability to reflecting on the strength and resilience in women, or by shifting the focus from the subjective experience to objective analysis by asking them from their perspective now, how they made sense of their experience in the political climate or what they think of laws criminalizing women for abortion. Often women ended interviews with a reclamation of their rights, especially when thinking about what they would want for other women or their children in the same situation.

Observation and field interactions. Both participant observation and informal interactions in the field proved to be a valuable source of information to gather for the contextual data. Padgett (2008) describes the importance of observation in order to ensure an accurate

description of events, conduct, physical spaces, and exchanges, in addition to a researcher's reflections, feelings, impressions, and insights. Thus, I purposely scheduled my arrival in Chile to commemorate the 40th anniversary of the September 11, 1973 *coup d'état*. I arrived early in the morning on the 8th of September. A friend picked me up from the airport and as we were driving to the bed and breakfast that he and his partner owned in downtown Santiago, where I would be staying my first month in Chile, most of the streets were closed-off. My friend asked a police officer what was going on and requested directions on how to get to the street we were searching for. The police officer told us there was a march for the disappeared. As soon as we arrived to the bed and breakfast I ate a small breakfast, brushed my teeth, and went out to the street to participate in the march.

> [We] marched to the *Cementerio General* (General Cemetery) where there was music, dance, flowers, silence, pantomime, tears, solidarity... children, babies, elders, mothers… costume, ritual, spirit, memory. So many people, [I] couldn't even count… political parties, classes, education, solace, humble, profound, loss, violence. So many young people who died… 24; 17; 18; 20; 21; 26; 16… I've never been here before, but somehow it feels right that my first time is with many people in solidarity with the disappeared, missing, and murdered. The most profound thing I saw… was an old woman in a wheelchair being pushed by another woman, middle aged, and the old woman was holding a picture of someone who disappeared. When people disappear from society, it affects the fabric, layers, generations, a ripple effect of trauma, loss, and *lucha* (struggle).

This excerpt from field notes is an example how powerful it is to collect details of experience and how this description adds to a contextual analysis of historic and contemporary issues of human rights in Chile. Having experiential opportunities gave me insight in ways I would not

have had through an interview, for example. During my fieldwork in Chile I participated in four marches: for the disappeared, with students fighting for equal rights and access in education, for workers' rights, and for the decriminalization of abortion. I attended various seminars on the decriminalization of abortion in Latin America; abortion and the protection of the unborn in the Chilean Constitution; the criminalization of abortion as a violation of human rights; health issues when abortion is criminalized; popular education in health; violence against women; and housing and community rights. I attended documentary film discussions on the U.S. involvement in the coup and a participatory mural project. I attended a fundraiser for the communist party and a cultural dance performance in a *población* north of Santiago's city center. I also attended several cultural events regarding Mapuche tradition in the south of Chile. Further, I was present at a couple of workshops: one was a legal workshop regarding the rights and limitations of an advocacy hotline, which provides abortion information to women in Chile, the other a community art workshop in a *población* east of Santiago's city center. I also attended the first Social Work in Latin America conference, in Santiago in April 2014. I visited past sites of torture during the coup: Londres 38 (38 London Street) and the Gabriella Mistral Museum. I went to the memorial museum, walked around the presidential palace in the center of Santiago, La Moneda, to view the bullet holes, which still remain from the days during the dictatorship, and visited numerous women's organizations and *consultorios*[3].

Just by the nature of living in Chile, on a daily basis I learned from the multiple interactions and observations in the field. I took public transportation and had many conversations with bus and taxi drivers, and other passengers, like me, while taking or waiting for transportation. I witnessed the challenges for people who access the public health care system

[3] Neighborhood public health centers.

while visiting my friends after a car accident and the corruption of the legal system toward indigenous people. I saw and felt the culture of machismo while traveling throughout Chile or through interactions with some friends and family. I traveled between poverty and wealth, between repression and privilege. I had conversations with people who were extremely racist toward indigenous people and immigrants, with others who internalized racism saying things like, "brown skin is ugly" or "I'm not Mapuche, but my parents are," and with others who are fighting everyday just to have a voice and a place in society. I talked to people who were responsible for the harms committed during the dictatorship and others who suffered threats, torture, or had a family member, friend, or neighbor who was murdered during that same time. I talked to many single mothers who were working hard to be able to feed their children. I had conversations with young Bolivian women who were crossing the border into Chile for economic opportunity. And I spoke with young women who were discriminated against in the public healthcare system around their reproductive health decisions. I had over 60 substantial informal conversations with a diverse group of people and hundreds of meaningful, but more limited interactions, which were constantly contributing to and guiding my research.

Review of documentation. Review of in-country documentation assisted in constructing a framework to understand structural inequalities that surround the criminalization of women for abortion. Reviewing documentation was helpful to this study in that it supplemented the data collected from interviewing and observation (Marshall & Rothman, 2006; Padgett, 2008). As part of this data collection method, I reviewed historical archives in the south of Chile regarding the systemic oppression of the Mapuche, I reviewed memorial archives in Santiago regarding the history and impact of the coup, and archives in Valparaiso regarding historical information of European immigrants to Chile. I visited the Congressional Library in Santiago to review

documents related to constitutional changes during the dictatorship. I visited libraries in search of information on historic and contemporary human rights. I reviewed print media and documentaries in relation to abortion, and obtained three research reports: *La Penalización del Aborto Como Una Violación a Los Derechos Humanos de Las Mujeres* (Casas & Vivaldi, 2013; The Criminalization of Abortion as a Violation of Women's Human Rights); *Violencia Sexual y Aborto: Conexiones Necesarias* (Vargas, Nazarit & Sáez, 2008; Sexual Violence and Abortion: Necessary Connections); and *Dinámicas Políticas Sobre Aborto en Latino América: Estudio de Casos* (Dides, Benavente & Sáez, 2010; Political Dynamics about Abortion in Latin America: Case Studies), which focused on understanding abortion in the context of human rights, sexual violence, and political undercurrents around abortion in Latin America, retrospectively. Lastly, while in country many people gave me books, such as *Magia y Secretos de la Mujer Mapuche: Sexualidad y Sabiduría Ancestral* (Mora, 1992; Magic and Secrets of the Mapuche Woman: Sexuality and Ancient Wisdom); *Sueños e Historias de Mujeres de La Matriz: Taller de Historia Oral, Experiencias y Reflexiones* (Aravena, Torres, Conejeros & Cataldo, 2003; Dreams and Stories of Women of the Matrix: Oral History Workshop, Experiences and Reflections); *Tribunal ´Etico Anamuri: Basta de Violencia a las Mujeres en el Trabajo* (Anamuri, 2012; Anamuri Ethical Tribunal: Stop Violence to Women at Work); and *Historia de la Población La Pincoya: 1969-1989* (Varela, 2010; History of the Pueblo La Pincoya: 1969-1989). I received many more articles, books, pamphlets, and booklets all of which I would not have had access to had I not been in Chile. All of these documents were written and authored in Chile and offer this study a much deeper perspective of culture, history, and social, economic, and political issues, which greatly contributed to a contextual analysis of structural inequities in which women's lives are embedded.

Data Analysis

I used a phenomenological analysis to understand how women embody being criminalized for abortion in the context of inequality. According to Padgett (2008), a phenomenological analysis includes an examination of study participant's experience in addition to the context in which this experience is embedded. With a phenomenological approach, Finlay (2012) states the importance of avoiding a superficial analysis by only stating what was shared in an interview. Rather, the focus should be on a deeper understanding of the meaning behind the words, which elicits a deeper commitment from the researcher to engage with the data. The analysis for this study was conducted over a two-year period, beginning during the fieldwork phase of the research in 2013, to 2015. This length of time allowed for multiple levels of analysis to occur, resulting in a more comprehensive understanding of the phenomenon. The analysis for this research has been guided by a commitment to communicate transparency of the analytic procedures and an authentic voice of participant experience.

Analytic procedures. The analytic procedures included the organization of the data and coding and thematic development. According to Padgett (2008), "Coding and thematic development are the most commonly used analytic procedures in qualitative research" (p. 151). The following two sections will describe the analytic procedures utilized in this study.

Organizing the data. The organization of the data began with the raw and partially processed data (Padgett, 2008). The former were the audio files and the latter were the field notes and audio transcriptions. The audio files were transferred from a digital recorder to a password protected laptop. Each audio file was saved under a specific identifier consisting of three parts, for example, *01_sm_cxt* or *03_lj_cor*. The first part of the identifier is the number given to that particular participant. The second part is a two or three-letter combination representing the

participant's first name and either the location of the interview or the type or role of employment. The third part of the identifier signifies either a contextual interview or a core interview. The identifiers were created in order to ensure participant confidentiality while being able to manage the data in preparation for analysis. A table was created with the identifiers of all participants who partook in the formal interviews. Each of the participants was given a pseudonym such as Marcela, Fernanda, etc., in order to protect the identity of the participants, while providing a more intimate connection with the reader. This was an intentional decision and made in consultation with the chair of my committee in order to humanize participants in a way that a first name could invoke over an abstract identifier.

Most audio files were transcribed verbatim in the language the interview was conducted, such as English, Spanish, or a mix of English and Spanish. The transcription of audio files is a well-known practice in qualitative research as the accepted norm in the first step of analysis to ensure accuracy of the data (Padgett, 2008; Stuckey, 2014). However, with other audio files I adopted an alternative approach, which encompassed listening multiple times to reflect on the data in its original audio form. I found this to be an essential approach when analyzing cross-cultural data. Preserving the data in its original audio form permitted a reconnection with the participant and what they were communicating. This was shown to be a more accurate method with the interviews conducted in Spanish in order to embrace the significance of what was being conveyed. By listening to the tone of the conversation and to be able to pick up on the pauses and silences, aided in preserving the contextual meaning of both what was being said and how it was communicated. In conjunction with this approach, I created a systematic procedure whereby I simultaneously took detailed audio interview notes summarizing and paraphrasing the data and utilized memo-writing and theory notes to document thoughts and ideas that emerged while

interacting with the data (Padgett, 2008). Direct quotations from the Spanish interviews in the raw audio files were left in the original language given. Quotations in Spanish from either the raw or partially processed data were translated into English with the aid of one of two Spanish consultants.

In reviewing the literature, I found the strategy of organizing and analyzing data in audio form to be a partial approach from a method called oral coding, which the first phase of three "involves extended and reflective listening to the original interview data" (Bernauer, 2015, p. 406). The purpose of this is to experience the "tone, intonation, [and] emotions" of the data in order to preserve the authenticity of meaning (p. 413). Markle, West, & Rich (2011) discuss the shift in qualitative approaches as technology changes. For example, they refer to audio recording and transcription as a breakthrough in the 1970s when new access to audio recording technology was available. Now with the introduction of contemporary digital technologies, such as NVivo and ATLAS.ti, qualitative researchers have the ability to analyze multimedia data directly, removing the need for generating transcripts before coding. Markle, West, & Rich (2011) state, "By coding data in their original multimedia forms, researchers can improve the accuracy of their interpretations because they can return again and again to the original data complete with all of its imbued and nonverbal meaning" (p. 11).

The transcriptions and audio interviews, memos and theory notes of the raw data were uploaded into ATLAS.ti, a qualitative software program, along with field notes, personal reflections, and preliminary analyses conducted as the study progressed. Data analysis began with listening to the audio files and during the creation of transcription and audio interview notes. The next section will describe the coding and thematic analytic process of this research.

Coding and thematic development. The analysis of this study included both deductive and inductive approaches within an iterative process. As stated above, the analysis began with listening multiple times to the audio and subsequent transcription of the data in the language in which the interview was conducted or creating interview notes from the raw data. Within each of these processes, bracketing was used to document internal processing as I interacted with the data. In addition, memo-writing and theory notes were utilized to record emerging themes, analytic decisions, and to develop and connect concepts.

The coding procedure began by using a deductive approach with structural violence and theories of embodiment as a guide to explore larger structures of inequality and embodied experience of women with abortion. Using an open-coding methodology other main codes, such as cultural violence, direct violence, and resistance emerged along with sub-codes within each of these categories (Padgett, 2008). For example, structural violence ended up with 11 sub-codes, such as *historical processes*, *laws and policies*, and *poverty*. *Laws and policies* was merged with *historical processes* and subsequently became a main code divided into three areas—*reproductive health: pre-coup*; *reproductive health: post-coup*; and *reproductive health: return to democracy*, which became the foundation for the structural violence chapter. Cultural violence had 15 sub-codes, which included categories such as, *classism*, *racism*, *sexism*, and *dominant discourse*. *Dominant discourse* became the overall framework with *classism*, *racism*, and *sexism* merged into *inequality* as the resulting experience within a dominant discourse. Direct violence had six sub-codes, such as *discrimination*, *police and state violence*, and *violence against women*. *Discrimination* and *violence against women* became the guiding themes related to health and gender inequity, which is represented in Chapter Four, on cultural and direct violence.

Embodiment as a main code focused on women's lived experience with abortion. Embodiment contained five sub-codes, *violence*, *fear*, *silence*, *isolation*, and *dominant discourse*. These sub-codes were obvious choices based on women's narratives of their abortion experience. They represent a common thread that women expressed across interviews to explain their experience, "*aislado*" (isolated), "*miedo*" (fear), and "*violenta*" or "*violencia*" (violent or violence). Silence and dominant discourse were given as sub-codes of embodiment because of the way women were describing their experience. For example, women would often say they did not have a voice or they did not exist in their experience, which I categorized as silence. Women would also describe how they internalized messages from society, which included descriptive words, such as being bad or a murderer. This resulted in feelings of shame and blame, which come from the dominant discourse of inequality mentioned in Chapter Four.

The deductive analysis began with structural violence and embodiment, two guiding frameworks to explore the data. After which an inductive approach was used to delve into the data for a more in-depth analysis. The process of coding and thematic development was an iterative process between the two approaches, which helped to uncover new information. This process resulted in the development of 102 codes, which were reduced to five main theoretical concepts, structural violence, cultural violence, direct violence, embodiment, and resistance.

Constant comparative analysis was used as a rigorous analytic methodology in order to analyze data between transcripts, theory and interview notes, interview summaries, memos, a printout of codes with attached quotations, and raw audio data. This was an ongoing iterative process until the final main themes with sub-themes were established. According to Padgett (2008) the constant comparison method consists of "a systematic search for similarities and differences across interviews, incidents, and contexts" (p. 155). As themes emerged in the data,

these were continuously referenced with other types of partial and raw data in order to form a holistic understanding of the phenomenon. Two conceptual frameworks were used as a guide to begin the analytic process, however a constant comparative analysis helped to rework the data, providing a context to form a holistic macro to micro framework of experience.

Authenticity of the study. According to Sargeant (2012), "two main strategies [are used to] promote the rigor and quality of the research," authenticity and trustworthiness (p. 2). In order to address the authenticity and trustworthiness of the study, multiple strategies for rigor were employed. The strategies included prolonged engagement, triangulation, member checking, peer debriefing (Padgett, 2008), and authentic representation.

Prolonged engagement. According to Padgett (2008) prolonged engagement helps to reduce respondent reactivity and respondent bias. I was in the field for over a year, which allowed me to build relationships with various participants before conducting formal interviews. Further, I either visited each community multiple times or spent weeks at a time in one community, which provided a base of openness and trust with participants in order to gather insights pertaining to this study through formal and informal interviews and observation. Lastly, I was invited to participate in various events and activities, providing diverse encounters with participants.

Triangulation. Triangulation refers to the use of "two or more sources to achieve a comprehensive picture of a fixed point of reference" (Padgett, 2008, p. 186). In this study two types of triangulation were employed, theory triangulation and data triangulation. The use of Galtung's (1990) typology of violence and theories of embodiment, critical phenomenology, and intersectionality, aided in providing a comprehensive examination of the phenomenon investigated from multiple perspectives, providing a holistic framing of participant experience.

Data triangulation was used by way of ethnographic methodology through formal and informal interviews, observation, field notes, and review of documentation. Further, data triangulation was employed through interviewing participants regarding the context of inequality and core embodied experience with abortion, which helped to shape a comprehensive picture of the phenomenon. Thus, theory and data triangulation produced confidence in the analysis of the data collected.

Member checking. According to Padgett (2008), member checking refers to the "verification of preliminary findings by going back to the study participants" (p. 190). While member checking was not a construct used with the core data due to the very personal nature of abortion experience, it was employed in a couple of different ways with the contextual data. Often participants interviewed for the contextual data shared historical events. Thus, one strategy that was employed in the use of member checking was to ask multiple participants similar questions about the same historical incident. For example, I spoke with multiple participants regarding progressive reproductive health policies before and during Allende and also the removal of women's intrauterine device (IUD) during the dictatorship. This allowed for a more comprehensive understanding and to ensure accuracy of historical events. A further approach to member checking the contextual data was to send an initial draft of the structural violence and cultural/direct violence chapters, which are rich with historical data, to a professional in Chile with knowledge of reproductive health policies. This participant was able to offer constructive feedback on the framing and information presented regarding historical information.

Peer debriefing. Peer debriefing was utilized in various ways. While in the field I kept in close contact via email and Skype with the chair of my committee regarding the research processes and to receive feedback, which enhanced a reflexive practice. In addition, I had contact

with both of the research consultants who have experience working with Latina women in the United States and Guatemala around reproductive health issues. This proved to be a valuable resource to gain feedback specifically in relation to an iterative sampling procedure. Further, while in the field I had contact with Barbara Sutton, a sociologist and author known for her work on embodiment with women in Argentina in relation to neoliberal policies. I drew on Sutton's expertise as a source for theoretical guidance of embodiment in the context of inequalities. Lastly, I was in constant contact with two professional Chilean women, both with deep histories in reproductive and women's rights in Chile who offered continuous support concerning my process while in the field. This level of in country support during fieldwork proved valuable as these women offered a sounding board to help me stay focused, clear, and creative regarding the direction of the research.

Authentic representation. According to Finlay (2012), rigor is also represented in the conscious systematic write up of the analysis. Thus, an additional strategy of authenticity in this study is situated in the portrayal of participant voice and experience within the substantive chapters. Finlay (2012) states in a phenomenological approach, "phenomenologists are required to be attentive to the way we express our findings. How… we develop rich descriptions that are faithful to the phenomenon that evoke the embodied lived world" (p. 190). Further, with a phenomenological analysis Finlay suggests engaging "scholarly contemplation of the wider contexts and literature" (p. 192). This permits a deeper analysis of lived experience when anchored in the literature. Consequently, the three substantive chapters are written with this philosophy in mind, incorporating profound quotes of lived experience with scholarly observation.

Finlay (2012) states, “The aim of a phenomenological study is to investigate experience as we live it over time, as opposed to how we conceptualize it in a fixed way” (p. 180). Lived experience, therefore, is not a fixed reality, but a shifting perceptual reality depending where one is situated at any given moment. Further, Finlay adds, “whatever meanings are articulated in research, much more remains unsaid and our findings will always remain provisional, partial and emergent” (p. 189). With this in mind, the commitment to the authenticity of this research is demonstrated through ethical considerations and documented transparency of the investigative process. However, as Markle, West, & Rich (2011) highlight, the further one is from the raw data, the more likely one is to lose the meaning of the information conveyed. Thus, addressing cross-cultural communication is an important aspect to enhance the authenticity of this study.

Enhancing authenticity. Conducting interviews in Spanish presented distinct challenges in the field. Chilean Spanish is spoken very fast, words are often cut short, and the specific dialect and slang was unique to various geographic areas, making it difficult at times to understand what words participants were using to express their experience. To counter this, before every interview I would ask Spanish-speaking participants to speak slower, in addition I asked for clarification when I did not understand what was being said. Being in the field for a prolonged period of time assisted with learning Chilean Spanish, allowing for a more comprehensive understanding of contextual meaning. Further, during the analysis phase of the research, I was in contact with two Spanish-speaking consultants who assisted with written and audio translation, as needed.

The efforts utilized in this study to address cross-cultural communication are valid methods to ensure the authenticity of the research. However, this does not negate the potential loss of meaning that might have occurred. An effective strategy to counter this in future research

would be to spend a substantial amount of time in Chile before conducting interviews. This would allow me to learn the specific dialect and slang represented in different geographic areas before conducting interviews. Another strategy would be to employ a systematic procedure of member checking in the design of the research. This would allow participants the ability to review how their meaning was being constructed to ensure accuracy. Lastly, a participatory model of research would help to incorporate participant input and reflection throughout the research process, ensuring an accurate representation of voice and experience (Barbera, 2008).

Ethical Considerations

Institutional review board. Due to the sensitive nature of the study regarding the illegalization of abortion, this study went through a full Institutional Review Board (IRB) review. IRB approval for this study was granted in June 2013. Two amendments were submitted to the IRB during the course of the first year. The first was submitted in September 2013 regarding Spanish translation of the information sheets. The second was submitted in April 2014 to request the increase of contextual participants from 15 to 30. Both of these amendments were approved. In addition, this study has been reapproved in 2014 and 2015 in order to continue with data collection and analysis, retrospectively.

This study was approved for a waiver of signed-consent in order to protect identifying information of participants, information sheets were generated for both contextual and core data in both English and Spanish. The information sheet was reviewed with all participants explaining the purpose and procedures of the study, any risks or inconveniences, benefits, information on confidentiality and the protection of their personal information, and an explanation that participation was completely voluntary and they could decline participation or stop participation at any point. All core participants were compensation U.S. $10 dollars per interview. This

amount was determined in consultation with key informants based on the total income low-income women make in a day and what was determined as sufficient compensation for the time necessary to participate in the study.

Positionality and reflexivity. The nature of conducting research brings up dynamics of power indifference and politics of representation (Sultana, 2007). Mullings (1999) states, "we embark upon research with maps of consciousness that are influenced by our own gender, class, national and racial attributes" (p. 337). Knowledge therefore is shaped by and interpreted through one's social location. Thus, ethical research is sustained by the practice of critical reflexivity throughout the design, implementation, and analysis of the research (Sultana, 2007).

In developing and conducting international research, being aware of my positionality was key throughout the entire research process. Although my family is from Chile, I am a white woman from the United States, university educated with a working to middle-class background, and English is my first language. Most Chileans are a mix of European and Indigenous backgrounds, but often, lighter skin is associated with a higher class. At one point a participant shared that I looked like a Chilean, but a rich Chilean. She continued to give an example of how she was wearing her mother's old bra as a reference to living in lower-income conditions. There is such a strong class and race divide in Chile, I felt as if I was being *othered* into a group in which I did not belong or relate. However, it was important that I understood what this meant for her. The fact that I did not see what she was seeing, is a reflection of privilege because I had the mobility to move in and out of privileged spaces of race and class that she did not. On the other side, because my family is from Chile, I have familiarity with the language and culture, which aided in developing relationships through communicating in Spanish.

While conducting international fieldwork in Chile, it was especially important that I was

cognizant of my international positionality in relation to the United States' history of economic and political globalization in Latin America (Varela, 2010). The involvement of the United States in overthrowing Allende and supporting Pinochet throughout the dictatorship was a theme that came up at times during some interviews and field interactions. As a researcher from the United States, sometimes I was being questioned for my motives of doing research in Chile. Other times it felt as if I was being blamed for the harms committed during the dictatorship. It was important for me to recognize as a researcher and human that at times I was seen as representing a global power entity. Whether this aligned with my personal politics, understanding my place of privilege in relation to some of the participants and field interactions was crucial. In both scenarios, I found it important to empathetically listen, acknowledge what was being said, and hold space for others to have questions and critiques of the United States and my role in Chile. Only through the utilization of these strategies would the dynamic shift to a working relationship and understanding of mutual respect. Sultana (2007) states, "similarities and differences that emerge through the relations that are involved in the research process [demonstrate] the ways that alliances and collaborations can be forged…" (p. 380). Openness to this level of process while conducting research is not always easy, but it helps to build relationships and transform power indifference through a process of showing respect and dignity, and the honoring of self-determination.

Throughout the development of my social work education, practice, and teaching, I have learned to meet people and students where they are and work in solidarity to explore strategies reflective of their own personal and cultural histories and present reality. I believe it is critical to build positive relationships that are genuinely based on respect. I understand that social injustices are rooted in the dynamics of race, class, gender, and nation, as well as other social ascriptions

that are the foundation of oppression. Therefore, this is the framework and lens I operated from while conducting research in Chile.

Sutton (2010) speaks to research, politics, and solidarity becoming interrelated while in the field. As a woman I felt personally connected to other women who shared their stories of isolation, discrimination, and of strength and resistance. These connections offered insights into the lived experience of women and the structural inequality in which these women's lives are embedded. Although my reference point was frequently aligned with others regarding the politics of inequality in Chile, I do not claim to generalize the following analysis to larger populations. Through an ethical commitment to the individual participants in this study, my goal is to highlight the stories that unfolded in hopes of raising an awareness of the connection between structural inequities and women's lived experience of being criminalized for abortion.

Chapter Three: Structural Violence

> Women… are affected by structural violence in various dimensions, including oppression, exclusion, exploitation, marginalization, collective humiliation, stigmatization, repression, inequities, and lack of opportunities… (Khan, 2014, p. 551)

Inequality: A Social Construction

Farmer (2004) posits that violence is exerted systematically through historic economic and political structures and processes, which deny basic human rights to some while benefiting others. Anglin (1998) contends that it is the denial of human rights where violence takes place. Thus, structural violence offers insight into the complex construction of inequality, which impacts human rights and constrains choice (Khan, 2014). The theory of structural violence provides a framework to understand the historic layers of intersecting inequalities in Chile and how this creates an unjust context in which women's reproductive health experiences are embedded.

Laws and policies impacting women's reproductive health in Chile, including abortion, have been influenced by the specific international and local political climate of the time. In this chapter, the narratives of participants help to highlight, as Farmer (2009) says, "the mechanisms through which large-scale forces crystallize into the sharp, hard surfaces of individual suffering" (p. 12). Narratives of the participants interrelated with the historical context of reproductive laws and policies illustrate the impact of structural violence on human experience, locating bodily connections to local and global processes (Anglin, 1998; Khan, 2014).

Farmer (2005) suggests structural violence is historically deep and geographically broad. This chapter reveals how reproductive health policies and the impact of this on women can be traced within three distinct time periods, each, in part, influenced and guided by global

phenomena. The first, pre-1973 *coup d'état* begins with how social medicine led to universal healthcare and how Cold War and overpopulation discourses shaped women's reproductive health experiences in both negative and positive ways. The second period, during the dictatorship from 1973 to 1989, illustrates how anti-communist sentiment and the introduction of neoliberalism shaped seventeen years of repressive and restrictive reproductive health policies, specifically targeting poor women. The third and final time period, the return to democracy from 1990 to the present, explores the conflict between the aftermath of Pinochet's population policies and the introduction of human rights discourse, which both sustains inequality for women already marginalized in society and gives an international platform to advocate for women's reproductive rights and the decriminalization of abortion.

Pre-1973 *coup d'état*. The introduction of social medicine in Chile instigated a movement toward the implementation of policies to address the rising health issues due to poverty. The roots of social medicine in Chile date back to the mid-19th century, however became more established in the 1920s and 1930s, in part, due to the social impact of heavy migration to the city centers and subsequent demands of the labor movement (Waitzkin, 2001, p. 1593). In the late 1930s, Salvador Allende, a physician by training and then Minister of Public Health, published *La Realidad Médico-Social Chilena* (The Chilean Medical-Social Reality), an analysis of the impact of social and economic conditions on the health of the working class. His work was considered cutting edge as he incorporated other issues that had not been emphasized previously, such as infant and maternal mortality and illegal abortion. Allende (2005) framed the issue of infant mortality as a problem of illegitimacy and poverty, as single mothers lacked additional financial support. According to the Civil Registry in 1938, approximately 30 percent

of children were born illegitimate, but these births accounted for almost 50 percent of infant deaths, demonstrating health disparities in the experiences of low-income women.

In the early 1930s, there was a major change to Chile's abortion policy. From 1874 to 1931 abortion was considered a crime in all cases, however in 1931 a health law was implemented, which gave doctors authorization to provide abortions to save a woman's life (Human Rights Watch, 2009). According to Waitzkin (2005),

> Allende gave one of the first analyses of illegal abortion. He noted that a large proportion of deaths in gynaecological hospitals, about 30%, derived from abortions and their complications. Pointing out the high incidence of abortion complications among working-class women, he attributed this problem to economic deprivations of class structure. (p. 740)

By the late 1930s, Allende was framing abortion as a public health concern due to inequality. He recognized the causes of health disparities as a consequence of inequality, thus he continued to organize for just health policies with a specific emphasis on maternal and child healthcare. In the 1950s Allende was instrumental in developing universal healthcare access. And in 1966, Chile had developed neighborhood health centers (NHC), later called *consultorios*, which were generally located in *poblaciones* (low-income neighborhoods) (Waitzkin, 1983). At this time, each NHC was responsible for providing services to 50,000 to 75,000 people within a specific geographic area.

With the introduction of social medicine and public healthcare policies, by the 1960s Chile had developed one of the most progressive reproductive health programs in the Americas (Moenne, 2005; Shepard & Casas Becerra, 2007). In part, this was instigated by U.S. foreign policy to decrease poverty and population growth, which were seen as social, economic, and

political destabilizing forces in Latin America. In addition, Chile was responding to the high rates of maternal mortality from unsafe abortion. Within the context of overpopulation and public health concern for women's lives, Chile became one of the first in the region to implement a state subsidized family planning program (Moenne, 2005; Casas, 2004; Shepard & Casas Becerra, 2007).

The Cold War and overpopulation were two parallel, albeit intersecting dominant discourses that motivated the creation and implementation of John F. Kennedy's *Alianza para el Progreso* (Alliance for Progress) in 1961. The *Alianza para el Progreso* was designed to contain communism through promoting capitalist development and democracy in Latin America over a ten-year period (Faúndez, 1988). The ideological lure for support was through the promise of economic growth, equitable income distribution, and the alleviation of poverty, hunger, and illiteracy through the promotion of housing, health, and education (Kennedy, 1961). The possibility of a democratically elected socialist government in Chile was of the greatest concern for U.S. foreign policy during this time, thus money was allocated to Chile under the guise of repelling communism (National Security Archive, 2004). In 1962 alone, U.S. aid to Chile through the *Alianza para el Progreso* reached almost $200 million dollars and by 1970 had reached $1535.6 million, ranking Chile only second to Vietnam in receiving U.S. aid during this same time period (Michaels, 1976).

Under President Frei (1964-1970), Chile used some aid of the *Alianza para el Progreso* to develop a comprehensive nationwide family planning program, in part, as a strategy to tackle overpopulation, which was framed by the global north as leading to the spread of poverty and communism, interfering with global progress and economic development (Pieper Mooney, 2009). Hence, "as part of the population control paradigm that shaped the postwar world,

medical and political elites [in Chile] reevaluated the meanings of motherhood for the body politic" (p. 69). Subsequently, women's reproductive bodies were constructed as needing to be controlled by the state.

In addition to population control, Chile's progressive reproductive health policies during this time were driven by the high rates of maternal mortality from unsafe abortion. Many medical professionals were operating within a framework of social medicine and subsequent protection of women's health. Numerous studies conducted in the 1960s on abortion helped to shed light on abortion being a major public health issue in Chile (Amijo & Monreal, 1965). Between 1940 and 1965 the rate of abortion increased by 104.4 percent (Pieper Mooney, 2009). In 1960, approximately 60,000 women were hospitalized for abortion complications and only a third of the women hospitalized for post abortion care in the early to mid-1960s left the hospital alive (Amijo & Monreal, 1965; Pieper Mooney, 2009). As Alejandra, a feminist at an NGO, recalled in an interview with me, "At that time there were high death rates for women due to reproductive causes, especially clandestine abortion."

Poor women were most impacted by unsafe abortions. Ani, a human rights lawyer, explained, "Poor women were the ones who had to confront the consequences of unwanted pregnancies. Those were the women who were dying as a result of abortion, those were the women who were hospitalized." In part this was due to the lack of resources that poor women had to obtain a safe abortion by a medical provider, therefore were reliant on more harmful techniques to terminate their pregnancies. Pieper Mooney (2009) documents these high-risk methods as the insertion of "…unsanitary rubber catheters, tubes, wires, sticks, or plant stems into the uterus" (p. 55). Francesca, a community member in a *población* recalls that poor women relied on using knitting needles, or a *sonda*, which was a rubber tube placed in a woman's cervix

for two or three days, a technique participants explained was given only to poor women, or parsley, which rotted in a women's vagina. These methods were more likely to produce infections that put women's lives at risk. Francesca said of the women she knew, at a minimum, these women would lose their uteruses.

Francesca continued by conveying that poor women in *poblaciones* were systematically excluded, in part due to the lack of access to contraceptives or when birth control methods failed. Some women were prohibited by their partners from using contraceptives in the context of a violent relationship. Abortion is an extreme measure that women take only when all else has failed. Poor women are exploited, neglected, excluded, and marginalized both in the home and the state. Women were at risk because of the intersection of inequality and illegality. Francesca voiced,

> … death from abortion is the greatest injustice there is because nobody should die through the process of… abortion. The practice of abortion is very simple, it is not a complex issue, but here [if] women are forced to continue with pregnancies, they die.

Many physicians grew deeply concerned about the harms associated with the abortion epidemic in Chile and became staunch supporters of family planning initiatives (Pieper Mooney, 2009). This led to the medicalization of contraceptive technologies through intensive research, mostly conducted on poor women, "women became part of studies for the sake of medical advancement and the development of new technologies" (p. 57). Francesca remembers that poor women were used as guinea pigs for new forms of birth control, later to find out that some of these forms of birth control produced cancer in women. For some women from lower income areas this generated distrust in the public health system. This level of distrust was still reflected in women's experiences when visiting outlying *poblaciones* and *campamentos*.

However, due to the research on reproductive technologies, the first intrauterine device (IUD) was created in Chile in 1959 (Pieper Mooney, 2015). Isadora, an activist at a feminist non-governmental organization (NGO), stated, "…because maternal mortality was very high, Chile started with the development of contraceptives… the Copper-T was created in Chile [to] make intervals between the pregnancies and to reduce pregnancies." According to Pieper Mooney (2009), in 1966 Santiago "gynecologists inserted IUDs at rate of sixty devices a day" within a population of 460,000 (p. 61). This became the preferred method of birth control for many women in Santiago, including in the low-income and working class sectors. Between 1964-1969 birth rates decreased by 33 percent.

Through the development and implementation of a state subsidized family planning program in the 1960s, contraception was made widely available in public health clinics and hospitals with a target goal of reaching 15 percent of the female population of reproductive age (Casas, 2004). During the Allende Administration of the early 1970s, the program expanded to incorporate sexual education (Casas & Ahumada, 2009; Moenne, 2005), increasing public health outreach to 40 percent of the population, including to women with a history of unsafe abortions (Moenne, 2005; Casas, 2004). Because of these efforts, both abortion and maternal mortality rates significantly declined.

Pía and Rocío, two participants who spoke about their reproductive experiences in the 1970s, demonstrate distinct experiences of women who benefitted from the discourse during the Allende administration. Pía remembered a health clinic as part of the University of Chile in Santiago in 1970, which offered access to free birth control, "I remember at the university my right to get the *anticonceptivos* (contraception) absolutely free in 1969." Rocío, a woman from a *población* in Santiago, went to a clandestine clinic in 1973 and had an abortion with the *sonda*

technique, the typical method for poor women. At that time she was still able to check herself in to a public hospital for three days to be monitored for potential complications without the threat of being arrested. Rocío's story highlights the emphasis on health versus criminalization when addressing issues of abortion for women during the 1970s.

Although health during this time was often framed as connected to social and economic issues and allowed for the development of universal healthcare access, Pieper Mooney (2009) suggests, the focus on women, especially low-income women, further constructed the "unfit mother," thereby increasing state surveillance and limiting women's agency (p. 29). Thus, women's bodies and reproduction have historically been situated at the intersection of the broader constructs of inequality and social control. Further, the focus on reproductive health was never about women's reproductive rights, in part because there had yet to develop a consciousness of equality for women. Paola, a feminist researcher, explained,

> Of course if we look at that time, as good leftists in my experience, women's issues were not the most important, they were absolutely hidden because we were talking about [class] equality [but]… gender issues had no existence, not only for us, but also for political leaders… if you read the speeches of Allende, it's incredible because he says, "all you women, [you] will be starting at the university, you will be a professional tomorrow, but you will have to go now and help women with the children"… a women's place is very clear, it's a very traditional place. How this changes, I would say that after the first land reform of Frei and then with Allende, there's a lot of explosion of social demands, but they have no gender dimensions at all.

Although the main emphasis at the time was on class, not gender issues, Isadora's belief in the ideal was to, "solve all discriminations and dominations [with] class first and then gender." It

was during the dictatorship that a movement for women's rights began to develop. Isadora recalled,

> In the dictatorship we became more aware [that] what was going on in the country was so similar to the women's condition in the private space and so there is a change in Latin America. If you look at the feminist movement, it's a socialist movement. It's very strongly linked to social justice. It's very difficult to separate the women's condition with the social conditions as a whole. And so in the dictatorship was born the feminist movement.

According to Casas and Herrera (2012), the focus of family planning policies during the 1960s was on the reduction of maternal mortality from unsafe abortion, but not "intended to liberate women from the burden of raising a large number of children so that they would develop as individuals. Then, family planning was not considered a right" (p. 142). Thus, giving contraceptive access to women pre-*coup d'état* was in response to the Cold War and overpopulation discourse to tackle poverty and to combat maternal mortality, not concerning a woman's reproductive rights. However, reproductive health policies during this time period were successful in lowering abortion and maternal mortality rates and located abortion within a health rather than a criminal paradigm.

Dictatorship: 1973-1989. Just as the Cold War discourse constructed women's reproductive experiences pre-1973 *coup d'état*, it equally generated ideological manifestations of control during the dictatorship of General Augusto Pinochet. Under Pinochet's *Política de Población* (population policy), restrictive population control policies were developed and administered as a measure to protect national security (Casas, 2004; Moenne, 2005; Vargas, 2008). A pro-birth policy was initiated "…linking the development and defense of the nation to

the size of the country's population" (Moenne, 2005, p. 156). When I asked Francesca her thoughts on Pinochet's population policy intentions, she talked about manipulation and control, "because the government wanted more pregnancies, more children. I say cheap labor, we said to ourselves [in the *población*], to exploit more people."

According to Pieper Mooney (2009), "attention to gender roles, to women's maternal responsibilities… proved critical in the consolidation and maintenance of authoritarianism" (p. 7). Aiming to control the masses of political activity, the military subjugated women to traditional roles within the home. A familiar discourse emerged limiting the role of women to that of mothers and wives. Pinochet's wife, Lucía Hiriart Pinochet, was instrumental in promoting the importance of family to the nation-state. The rhetoric often included talk about women's in-born responsibilities and self-sacrificing service to others (p. 135), without a reality base of what was happening for many women. Paola recalls that poor women had to recreate themselves during the dictatorship. She reflected,

> I think it's interesting to read the speeches of Mrs. Pinochet because they had all these great organizations for women in the idea… of the good mother, the family, this woman that's full of virtues, see, it's interesting to read about that because that's a speech, but what's happening with women, it's so different, the reality, because the men are unemployed, they have to go away to work, [women] have to deal with every problem, and they have to build themselves again in this context.

According to Pieper Mooney & Campbell (2009), "many families could hardly function in an environment shaped by sudden military raids, curfews, and ongoing arrests" (p. 8). Mercedes, an activist who lives in a *población* north of Santiago's city center, remembered that no one was allowed to leave their house after five o'clock, making it very difficult for those who

lived on the outskirts of Santiago and worked late or had to travel by bus to get home before the curfew. Francesca, who lives in a *población* east of Santiago's city center, recalled that traveling during this time was dangerous because the military could stop you at any time and question you. Francesca remembers the military surrounding the *población* with tanks in the street and helicopters circling overhead, which Ani said occurred during the first weeks and months of the dictatorship.

Women were also at risk of military violence. Women were detained, tortured, sexually assaulted, and killed (Fried, 2006). Francesca recalls what happened to two young women in her *población*. The first, who was twenty years old, was walking down the street and killed by the military. The other was brutally tortured and raped while being detained. With mostly men targeted, detained, or disappeared, many women during the dictatorship were on their own. Francesca remembered, "There was great suffering; very, very great suffering here. Everything deteriorated. This was our life." Francesca said it was difficult because most people were unemployed during this time. Many people were hungry and had no food or money. In her *población*, she remembers several cases of women who prostituted themselves in order to survive. Francesca said as much as this time was about fear, it was also about resistance, "to survive at any cost." She reflected,

> The people began to organize, especially women. It was the women who organized the children's home and the soup kitchens. It was the women who first started searching and reclaiming [family members] who were political prisoners, detainees, [and] disappeared... there was a strong resistance.

There were significant political and class distinctions between the ideology of women's responsibility to the nation-state and Chile's poor, who were suffering what Sepúlveda (1996)

describes as a double repression; being the recipients of both state terror and the economic and political restructuring in the country (p. 14). After the military coup in 1973, as part of Milton Friedman's and the Chicago Boys' Chile Project[4] to reverse economic nationalism and increase privatization, public spending was cut by 27 percent and by 1980 such spending was half of what it was under Allende (Klein, 2007; Sepúlveda, 1996). By 1988 45 percent of Chileans had fallen below the poverty line and the richest 10 percent had increased their income by 83 percent (Klein, 2007, p. 105). Education and health were hit the hardest, due to reducing public funds and increasing the privatization of social services, greatly impacting poor women's health and reproductive health. Luisa, a social worker from a health organization in a *población* south of Santiago's city center, spoke to the issue of privatization as an issue of injustice,

> You realize it is a systematic plundering of the public… it was a very smart way to transfer funds to the private and dismantle the public. So that's the problem that is being delivered in ... a system that was generated to accumulate profit from social services… before the state guaranteed… the common good. It's a little picture that makes inequality in the country… immoral.

The reduction of social service spending greatly impacted the state subsidized family planning program that was implemented the decade before. Isadora remembered the withdrawal of contraceptives in the public health system to women.

> I remember listening to many women that went to the shantytowns to these organizations… they didn't receive the pill… they had it before, [but] it was not given to them anymore. I remember that. And that might have been two or three years after the coup. It was very soon after.

[4] The United States government paid full tuition and expenses for select Chilean university students to study economics at the University of Chicago under Milton Friedman, in order to promote a neoliberal economic agenda in Chile. The students who went through the program were known as the Chicago Boys (Klein, 2007).

Further, during the dictatorship programs and educational resources provided in public health clinics as part of the family planning awareness campaign were removed, as well as the comprehensive sexuality education programs that were developed in 1972 to address teen pregnancy (Casas & Ahumada, 2009). Isadora recalls,

> All of the [sex ed] programs that were started with Frei, all of that was taken [during the dictatorship] and they burned all the [sex education] books… everything was burned and disappeared. Then we had 17 years with nothing in the schools… especially for the poor sectors.

Isadora is addressing the unique impact on public spaces during the dictatorship. Public institutions, which were used by low-income and working class populations, were censored by the military, therefore were most impacted by restrictive policies. Pilar, who lives in a *población* east of Santiago's city center, acknowledged that she was of the generation who did not have access to sexual education in public schools in the 1980s. The first time she had sex in 1990, she got pregnant. She never had access to any information and expressed feeling very ignorant. In fact, she said many girls were ignorant at this time, as sex and information about sex inside and outside of the home was very repressed.

Further, in the new era under Pinochet's dictatorship, public health institutions were under the scrutiny of the state's secret intelligence, which tracked women who had abortions (Moenne, 2005). Public health facilities were mandated to report any woman who came in from post-abortion complications. Eighty percent of reports against women who terminated their pregnancies during this time originated from public hospitals (Center for Reproductive Law and Policy, 1998). Women without economic resources had no other option but to depend on public health facilities when faced with complications from terminating a pregnancy and therefore were

most at risk of being arrested and imprisoned for abortion (Casas-Becerra, 1997; Center for Reproductive Law and Policy, 1998; Vargas, 2008). Ani explained, "It was bad news from a public health point of view where you were seeing women coming very late into hospitals and perhaps with more serious health consequences."

Because of the fear surrounding the criminalization of abortion, women suffered from more severe health complications. Thus, a criminal paradigm did nothing to stop the need for abortion or save women's lives. A criminal paradigm only reinforced the clandestine nature of abortion and the stigmatization and isolation for women who were seeking to or had terminated their pregnancies. Francesca recollected a story that happened in her *población*,

> Once, we went on a bus. I was young and there was a woman standing in a bus stop. The people said [to the bus driver], "Hey, stop, stop, stop, why don't you stop?" [The bus driver said], "Not if that bitch had an abortion," and the woman, I saw, the blood was running down her legs. I remember she had a dress [on] and the blood ran down her legs and the [bus driver] said, "No, that bitch had an abortion." I was a girl, very young, but things leave you… marked.

This story not only highlights how attitudes about abortion are internalized in the consciousness of the general public, such as Francesca's statement about being *marked* from her experience as a witness, but also speaks to the marginalization that occurs for women who have had abortions. Galtung (1990) describes marginalization as a component of structural violence, in which exclusion is a major factor. In addition, a factor of marginalization is not having choice, which was reflected in this women's experience at the bus stop and will be reflected in the next example given.

Poor women who accessed public health services were specifically impacted by changes in policies during the dictatorship. These included the forced removal of women's IUDs. Isadora, recalled,

> They were taking out the IUDs. I know cases, I myself interviewed women at that time they had their IUDs taken [without their consent]… I can tell you, incredible, incredible testimonies of women at that time. [It was] poor women. Very poor women… women from the poor neighborhoods.

Francesca also remembers the removal of IUDs from women in her community,

> Did you know a matter that happened during the dictatorship that was very strong here? All the women in this area went to the *consultorio*, and suddenly, the doctors in the clinic take out the contraceptive treatment. So, there were women 40 to 45 years old who [found themselves] pregnant. They took out the Copper-T without authorization of the woman.

Francesca never had an IUD forcefully removed without her permission, but she found out what was happening just by talking with other women in the *población*. One woman was pregnant at 50 and Francesca asked her, how? And she was told that this woman had her IUD removed in the *consultorio*. For this reason women did not want to go to the *consultorio*, because they did not want their contraceptive devices removed. Many poor women were trying to regulate their own reproduction, as they already had over two to three children and did not want any more, in part, because of the impact of the economic restructuring on poor people during the dictatorship. Francesca said, "There was a time for women when they didn't want to get pregnant because they didn't want their children to die of hunger and this also happened during the dictatorship." This exemplifies how women experienced inequality, illustrating the divide that was amplified

between women with limited resources versus women who had resources. Poor women had limited agency concerning their body. Many participants reiterated that violence comes from not being able to exercise the right to make decisions about their own bodies.

The deterrent of *anticonceptivos*, such as the removal of women's IUDs, left women with very few options to control family planning. Thus, the pronatalist policies under Pinochet gave women no options, but to resort to precarious methods, often putting their own lives at risk (Martinez, 2013). For the two participants who terminated their pregnancies in the early 1970s, their political reference and personal experience was distinct from other women interviewed. Pía and Rocío had access to *anticonceptivos* during the 1960s public health campaign and were not shaped by the rhetoric under the military policies of the 1980s. This created a unique experience for them, as they did not express levels of stigmatization in the same way as the other participants who aborted after the return to democracy in 1990. Thus, one only needs to look closely at the difference in public health policies of the 1960s versus the 1980s in Chile to understand how the social construction of laws and policies had a marked influence on defining women's reproductive health experience.

Return to democracy: 1990-present. Between 1931 and 1989, it was legal in Chile to obtain a therapeutic abortion to save a woman's life under section 119 of the Health Code. However, in the last weeks of Pinochet's dictatorship in 1989, after 17 years of military rule, Pinochet changed this law rendering all abortions illegal (Casas-Becerra, 1997; Htun, 2003; Rayas, 1998; Vargas, 2008). Section 119 was amended stating, "No action may be executed that has as its goal the inducement of abortion" (as cited in Abortion Policies: A Global Review, 2002, para. 2). Alejandra, who works at a feminist NGO, asserted "the church had a fundamental role in this restrictive policy around abortion." The Catholic Church was intricately linked with

socially conservative politicians and has been a powerful force in regulating political and gender norms in Chile since colonial times (Casas, 2009; Shepard, 2000). Since the transition to democracy the Catholic Church has been increasingly focused on restricting reproductive health and rights for women (Shepard, 2000), isolating "abortion as an assault on motherhood, sex roles, and the origins of human life" (Htun, 2004, p. 151).

Twenty-seven years after Pinochet repealed the 1931 Health Code, abortion laws in Chile remain among the most restrictive in the world; there are no legal exceptions to terminate a pregnancy (Casas-Bercerra, 1997; Htun, 2003). Following the return to democracy multiple laws have been proposed to either liberalize or further penalize abortion, but these have either been archived or rejected, until recently (Casas, Vivaldi, Silva, Bravo & Sandoval, 2013). In 2013, a proposal was submitted to decriminalize abortion in three circumstances: to save a woman's life; in cases of sexual assault, such as rape or incest; or because of an unviable fetus. As of March 2016 the Health Commission and the Chambers of Deputies have approved the decriminalization of abortion on the three grounds, which is a historic decision. However, to actualize the decriminalization of abortion, approval is still needed from the Senate and the Constitutional Court (El Mostrador, 2016).

Shifting paradigms. Although abortion is completely illegal in Chile, since the return to democracy the government has softened its emphasis on directly criminalizing women for abortion compared to this practice in the 1980s under Pinochet. Participants attributed this shift to multiple factors. The political climate change from dictator to democracy was instrumental in providing the context for discussion to occur within universities and feminist and medical organizations about reproductive health and rights. Further, Isadora explained that during Michelle Bachelet's appointment as Health Minister in 2000, "she started opening the door for

what today are reforms that made possible to have a law that supports reproductive rights and access to [the] day after pill." Alejandra cited the shift to decriminalize women as linked to the publicized cases of pedophilia within the Catholic Church, which compelled the general public not to trust what messages come out of the church. In Chile, the church has historically been a strong moral voice, but in the past years this is decreasing, allowing for a shift in cultural attitudes toward the decriminalization of abortion in certain cases. Lastly, this shift away from criminalizing women for abortion is the result of reframing the harm experienced by clandestine abortion within a human rights framework, as well as key medical professionals shifting the criminal paradigm back to a public health issue for women, as was the case pre-1973 *coup d'état*.

In the 1990s reproductive rights for women was getting more international attention. 1994 marked a turning point for international discussion on population policy at the International Conference on Population and Development (ICPD) held in Cairo (Ashford, 2004). Whereas pre and post-1973 coup, population policy was focused on controlling population either through providing access to or the removal of family planning services, the discussion now included talk on enhancing social development and empowerment of women, with access to family planning as part of women's overall health (Ashford, 2004). In addition, in 1995 the Fourth World Conference on Women in Beijing included addressing unsafe abortion as a violation of women's human rights and a major public health concern (UN Women, 1995). Strangely, Pinochet signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1980 and the treaty was ratified in 1989, a few months prior to his departure as dictator (Walsh, 2011). This was the same year Pinochet made performing all abortions illegal. By this time Pinochet had shifted his view of women from one as self-sacrificing mothers contributing to the nation state by way of their reproductive bodies to one of women as responsible for contributing

to the economic development of the nation. The incongruity between signing CEDAW and eliminating any safety net for women by making abortion completely illegal is most likely due to mollifying both the neoliberal economic actors and the Catholic Church.

Pinochet's legacy of restrictive reproductive health policies continued after the transition to democracy. Women continue to put their lives at risk as a way to manage their reproduction. Thus, the shift to decriminalize women for abortion came from the health impact that doctors themselves were observing (Casas, 2004). Whereas under military policy in the 1980s public health practitioners were mandated to report women who came in for abortion complications, the shift in public health policy not to report came from specific providers within the medical establishment. Ani recalled having conversations with many doctors in the Ministry of Health who, over a period of time, realized that criminalizing women for abortion was bad policy, "from a public health perspective, criminalizing women is a health consequence."

Criminalization. There are still some cases where women are being reported to the police and the majority of these women are being reported by hospital emergency wards. "Because this is the one place where women get identified," Ani reflected. For many professionals in the public health care system, abortion is a moral issue. However, seeing abortion as a moral issue does not necessarily equate reporting women to the police. Some medical professionals regard issues of medical confidentiality as a priority, but there are exceptions. Ani communicated that it is difficult to explain why one single woman in a single hospital gets reported. In listening to the narratives of women who Ani has spoken with, she determines these women's experiences as bad luck. "It's because that woman happens to have the bad luck to arrive that day, that night, with a shift, with that medical doctor," she asserted.

According to Casas & Vivaldi (2014), contradictory laws permit lack of regulation or standardization regarding reporting abortion to the authorities. On the one hand the Criminal Procedure Code requires healthcare providers to submit a report, while on the other hand, "the same Code exempts them from having to disclose details in court" (p. 76). Thus, whether a report is submitted or not literally depends on the medical professional. Ani imparted a story about a woman she represented who had ordinary complications from an abortion she received by a doctor. Because the doctor was not returning this woman's calls, she ended up in the emergency ward. Two female doctors who suspected that the woman had an abortion insisted as doctors, that they needed more information to help her. As soon as she shared that she had had an abortion the doctors called the police, manipulating patient confidentiality. Such actions are the reason why many women distrust the public health system. Further, Ani explained that when you criminalize women,

> … word gets out and that's going to have an impact. So what do you want, more women dying? And the whole rationale is that… we want to penalize that person who does the abortion, because that person should really be in jail. But the question is, is that in order, quote, "to get that person who does the abortion for profit", you have to use the woman... I know people who are actually in prison for abortion, but at least one of those persons is a medical doctor. Not a woman, a man. I had a client on the other side of that case being one of the women who had gotten an abortion from him. This was… not a set-up by the prosecutor, but it was after a major TV channel did a program on abortion in Chile and they got information on who did the abortion, or where were the providers, and the reporter went with that information to the prosecutor. So what they did is they videotaped the women coming out of the clinic and they followed them and eventually they were

> arrested or they were summoned to show up in the police station. They were interrogated, some of them did not say anything, but some of them, under the pressure from the police, actually confessed having had the abortion. So the women were sort of the medium, the means to get to the doctor.

In 2000 a new criminal justice system went into effect regarding abortion (Shepard & Casas Becerra, 2007). This new process allows prosecutors to call for a suspension of the procedure, which means that prosecution will not be continued if certain conditions are met. Ani continued,

> So all four women in that particular case who had been prosecuted… got suspended procedures… all of them. The doctor was actually found guilty. If the doctor in that particular case negotiated a deal with the prosecutor, it was very clear how the case was going to go if the doctor wanted to go to a full trial. The women were offered suspended procedures only if they testified against the doctor.

In cases of women who have no prior criminal record, prosecutors impose certain conditions for usually no more than a year. Similar to probation, an example of these conditions would be women reporting to the prosecutor's office once every two months as a way to make amends and subsequently, the case will never go to trial. However women with a past criminal record of any type of offense are more likely to be prosecuted, as Ani stated, "if women have been in conflict with the law in the past, they will not have a right to a suspended procedure." Often many cases do not go to sentencing because in addition to targeting women as a means to get to the provider, it is difficult to obtain enough evidence to convict women. Thus, very few women are actually found guilty. However, the discrepancy of the treatment of women with no prior criminal record versus women with a prior criminal record demonstrates how laws impact women differently for

the same issue. Considering that most women with priors are usually low-income women, Farmer (2005) would describe this discrepancy as a conscious intention to maintain social order through sustaining social, economic, and political inequality.

Institutional violence. The struggle to recognize reproductive rights for women in Chile is far from over. Poor women continue to bear the brunt of policies that restrict women's access and quality to health and reproductive health care. The structural conditions that limit women's access to obtaining health and wellbeing contribute to the context of unsolicited pregnancies. In this section *consultorios*, will be explored in relation to unmet needs, specifically for low-income women. Professionals who work within or have knowledge of the public health care system and women who use this system as their main source of care who were interviewed for this study revealed a number of health inequities. I will briefly introduce the contemporary public health system following an analysis of apparent structural barriers to healthcare access.

Fernanda, an occupational therapist who works at a *consultorio* in a low-income area of Viña del Mar, explained the current structure of *consultorios*. *Consultorios* are embedded within the broader public health care system. She stated that approximately 70 percent of the Chilean population uses the public health system and that anyone who wants to use this system can have access, it is a right. The public health system is divided into different levels,

> The basic health [you receive] through *consultorios*, that's the first level. After that, if they need a specialized doctor, they will go to the specialty hospital, that's the second level. And the third level, it's a hospital too, but when you need surgery, or something like that. If you have money to pay, seven percent of your salary goes to health and this puts you in the highest level of FONASA [Fondo Nacional de Salud], the National Health Fund. If you can't pay, then you will go in to the lower levels. Even if you don't earn

> anything, if you don't have income [unemployed and/or no insurance], you can also be in FONASA with the basic system... people who have the basic coverage never will have the opportunity to choose which doctor they want to see, they only can go to a *consultorio* [designated for their geographic region]. But if you are in a higher level you can buy *bono*… like a coupon that allows you to go to a doctor that you want to go.

Not all people affiliated with the public healthcare system are users of *consultorios*. Some people who are with FONASA prefer to get and pay for doctors in the private health system outside of the public healthcare institutions. FONASA pays a portion of the cost and depending on the FONASA group status is the portion of the co-payment. According to Fernanda "it's very very weird if someone has, like a good salary, [and] are still in FONASA." Thus, according to Fernanda, the majority services users of *consultorios* are residents from lower-income regions and neighborhoods.

Generally speaking, each *consultorio* is responsible for approximately 20,000-30,000 people within the municipality in which they are located. For example as of 2014, Viña del Mar had a population of 288,329 and they have 11 *consultorios*, which averages to about 26,000 people per *consultorio*. Calama's population was 147,666 in 2014 and they have five *consultorios*, averaging approximately 30,000 people per *consultorio*. At a minimum, each *consultorio* has a medical attendant, nurse, social worker, psychologist, physical therapist, *matrona* (gynecologist), occupational therapist, and an oncologist. Individuals with formal employment pay seven percent of their salary to the government through the National Health Fund. The government then pays a per capita rate for each person enrolled in a *consultorio* and usually this money provides the most basic services. Municipalities also contribute to *consultorios* and this amount fluctuates depending on how much income is generated within each

municipality. Thus, the resources available in *consultorios* vary depending on how much income is generated within a municipality. Fernanda explained, "Viña pays a [higher] salary for a physical therapist than… Valparaiso and the per capita is the same, so that difference must come from [somewhere]."

Structural barriers to access. Health inequities within the public health system manifest in distinct ways. In 2005, the Chilean government implemented a comprehensive health reform, *Las Garantias Explicitas en Salud* (GES; Explicit Health Guarantees) (Bitrán, Escobar & Gassibe, 2010). In its infancy, GES mandated coverage for over 50 pathologies, including different types of cancers and HIV/AIDS. Currently GES covers 80 pathologies. According to Fernanda, GES is good if someone is suffering from a health problem on the list because you are guaranteed to receive treatment within a specific timeframe, depending on the ailment. However, if you have a pathology that is not on the GES list, you can wait years to receive treatment. Fernanda explained,

> So this GES is a really good thing, but… in some aspects it makes bigger the inequalities… I think the big problem is the connection between the… *consultorios* and the hospitals. That connection is very bad and to get from one level to the other one, it's very very hard if you are not GES specifically. So I think that is one of the biggest inequalities [is] that people don't have the right to be attended [to], like, soon. For example… my nana's father, he died of, how do you say, kidney problems, and he waited for two years for attention with a kidney specialist. And so she told me that he didn't want [her] to go to the hospital and say, "hey don't worry about calling [name of father] because he is already dead," because he wants the people from the hospital to call her… and then she wants to say, "oh, you know, he died waiting for it"… [In addition], I have

> heard lately at least two cases of people that went to the hospital because they have a really big pain and they waited for five hours to get attended [to] and they died [waiting]. So I think that is also not well organized. If you have an urgent issue, you should get attention as soon as possible because the difference of you get[ing] attended [to] in one hour or five hours… could be your life…

Those with financial resources can access the private insurance system or pay for private care, however poor people who have an illness outside of GES are most at risk of dying from preventable health issues. GES is an example of how specific health policies limit opportunities for some to general healthcare and further maintain health inequities within the public healthcare system. Reproductive health services are embedded within the broader framework of healthcare. Outside of HIV/AIDS and different types of reproductive cancers, general reproductive health is not covered by GES. Participants identified distinct structural barriers to reproductive health access.

Luisa is a social worker in a *población* where 90 percent of the population relies on the public health system. She explains that the problem with *consultorios* is both in the structural design and the implementation of services. She attributed this to a fracture in the public healthcare system. Luisa explained,

> There is supposed to be a lot of coordination between those who develop policy and those who implement it, but that does not happen, and in turn, the mechanisms of control and supervision are also limited because it could be very effective, but [the system] does not have enough people. So, regulations are applied without seeing the realities on the ground. So, therein lies the difficulty that finally expresses itself through the women who are users of the system.

Luisa explained that in 1998, 89 percent of women of reproductive age were being screened for cervical cancer through the Papanicolaou test (PAP test). This was due to a public health campaign effort that allowed for such high rates of women to be screened. However today, Luisa said that in any *consultorio*, no more than 40 to 60 percent of women are screened for cervical cancer, which is very low. This produces serious problems, both in the absence of early detection of cancer and the impact on the health of women who were initially detected with cancer. When women do not return to the *consultorio*, the cancer continues to advance. Referring to the *población* in Santiago where she works, Luisa laments, "and this is what happens in the sectors that are most discriminated against and most abandoned."

Luisa credits the high rates of cervical cancer in poor women to inequities embedded in the public health care system. There is lack of political will at the state level to distribute the needed resources to *consultorios*, which results in lack of information; lack of prevention efforts; and limited hours that do not work for the people who live in the *población*. For example, *consultorios* close between 5:00pm and 7:00pm, however most of the women in her *población* do not return home until 8:30pm and often work on Saturdays. Luisa reflects,

> *Consultorio* hours [do not] permit women to do PAPs… And we are in such an exploitative system where women cannot get permission [to leave work] for their exam because they miss so much time when their children are sick… It's much more difficult for women who live by themselves with their children without a partner [and] who do not have [another] provider [in the home].

A further issue with *consultorios,* described by participants related to both the location and configuration of the *consultorio*. If someone cannot afford to purchase the coupon (*bono*) to go to a chosen doctor, as described by Fernanda, then you can only go to the designated

consultorio in your geographic area. For some, this means traveling a fair distance to reach the *consultorio*. Maria José lives in a *campamento* in the steep hills of Viña del Mar. The *campamento* is currently made up of over 1,000 families, but was first created through a *toma.* Historically, a *toma*[5] has been part of some form of political resistance. *Tomas de terrenos* (land occupations) emerged because of poverty and lack of affordable housing to address the growing working-class population in Santiago during the 1950s and 1960s (Poblamiento, n.d.). The land occupations usually occurred in the outlying areas of city centers and were organized by people of the poor sectors of society (Sepúlveda Swatson, 1998). Several of the *poblaciones*[6] and *campamentos* started as *tomas de terrenos*. The dwellings in the *campamento* where Maria José lives began with the construction of shack-like structures with corrugated metal siding and roofs. Over the years people have added on to their homes and eventually most of the shacks became well-developed houses. However there is still lack of infrastructure in the community, denoting the difference between a *campamento* and a *población*. In many areas there is no electricity, thus no inside or outside lighting, and no running water. Throughout the community there are unpaved roads, most of which are on extremely steep hills eroded over the years by the rains. This makes it virtually impossible for vehicles without four-wheel drive to travel, such as cars, taxis, buses, and an ambulance, if needed. Maria José told me it takes approximately 45 minutes to walk down the steep hill to get to the bus stop and then another hour, more or less, by bus to reach the *consultorio* for their area. Maria José reflects,

> Yes, it's far and a sacrifice because everyone [has to] go to the bottom and after to the top. For example, here there is a woman who carries her handicapped daughter in her

[5] Derived from *tomar*, meaning "to take"
[6] Poor communities

> arms to the bottom… then she has to carry her back up. This is a sacrifice because the daughter is heavy, but what is she to do when nothing goes up, not even an ambulance.

Maria José continues by sharing that sometimes an ambulance arrives at the bottom of the *campamento* in a specific location, if the driver knows the road, but mostly it is difficult to give directions because there are no road signs, only a maze of dirt roads. Thus, the ambulance often gets lost, "almost more than half a day lost". When asked what women do if they are going into labor in the middle of the night, Maria José replied that in these circumstances neighbors with trucks often take women to the hospital. "These are the limitations when you have to live in the *campamento* at the top of a hill" especially when it rains, she explains. Deep crevices in the road turn into small creeks when it rains. This makes it difficult for trucks to travel on the roads. Maria José said that people often slip in the mud and fall down. This is the case when bringing children to school, going to work, or to the *consultorio*. Because reproductive health needs are not part of GES, women have to arrive to the *consultorio* very early in the morning to put their name on a waiting list only to wait hours to be seen by a *matrona*. To further complicate matters, it is often dark while trekking down the hillside. All of these issues are barriers to access for poor women who are relegated to receiving care in one designated area.

Being isolated to receiving care in one *consultorio* is also an issue for teenagers, who rarely go to *consultorios* for contraception for fear of running in to their neighbors. Fernanda explains,

> I think that happens with very young people, that maybe they start having sexual activity, at, I don't know, 14, and they could go to the *consultorio* to ask for pills or something to take care, but they don't do it because they will go and maybe the neighbors are sitting

> right next to her waiting for the dentist and they will see her waiting for the *matrona*, so they don't want that to be so public.

Adolescents over 14 years old have a legal right to access contraceptives in a *consultorio*, but because of the social pressure of being discovered by someone who can identify them, they do not go. In part, this is because of the way that *consultorios* are designed. For example, in Fernanda's *consultorio*, there is no system in place to protect confidentiality regarding what services someone is there to access.

> So, if you go to the dentist you will be sitting outside the dentist office, if you go to the *matrona*, you will be there and the *matrona* will open the door and say, "Juanita Perez come here", so … [in] the waiting [area], you see every[one] that is in the *consultorio*.

Francisco, a psychologist in the north of Chile, said it is the same at the *consultorio* where he works. "The parents are very conservative, they care about that, so kids don't want adults [to] know that they come here for contraception, no, no way." In addition, in 2004 Chile modified its statutory rape law to include mandated reporting on any teenager under the age of 14 years old who was sexually active (Casas & Ahumada, 2009, p. 89), which proved to be an additional barrier for adolescents to access contraceptives. This law targets mostly girls from low-income areas because they depend on the public health system for access to reproductive healthcare, sustaining health inequities.

Many participants spoke from professional and personal experiences to the unique structural barriers immigrant women face within the public health system. These women are confronted with national policies that restrict their mobility and access to resources. Alma, a *matrona* in a *consultorio* in the north of Chile, reported that immigrant women are discriminated against on all levels, "it's a pyramid and each [level] starts when they arrive in Chile

undocumented." A large portion of immigrants living in the north of Chile, live in Calama, home to the biggest open-pit copper mine in the world (Jarroud, 2015). The immigrant population in this region is mainly from Bolivia, Peru, Ecuador, and Colombia. While traveling in the area, I conducted one formal interview with a woman from Ecuador and five informal interviews with women from Bolivia, their ages ranged from early 20s to early 30s, and all but one traveled to Calama by themselves in search of work opportunities. In fact, they had all heard of Calama in their home country as a place where they could find employment. There are many uncertainties for these women. Young women who come to Calama by themselves and are unfamiliar with the area are at risk of abuse, economic exploitation, and forced prostitution. Johanna, a young Bolivian woman I met, professed that she felt lucky because she found employment within four days with a good boss. She had heard stories of other women with bad experiences. She stated that sometimes bosses are not nice and also there are a lot of women on the street (prostitution). Johanna traveled to Chile by herself and she said that the journey was difficult, but she had a friend in Calama who greeted her, so she was not on her own like many other women when they first arrive. Still, Johanna's situation was precarious. She entered Chile on a three-week tourist visa and she had already been in the country for two months. She wanted to return to Bolivia for a 10-day vacation to see her three children she left behind, but she was worried what might happen at the border, both in leaving Chile and in trying to enter again after violating the conditions of her visa.

Johanna's story is just one of many. There is a plethora of issues that immigrant women face: fear, depression, exploitation, abuse, loss of leaving their families and children behind, and lack of state support and protection. I visited a Catholic Church where the sisters provided support to immigrant women through spiritual work, maternal support, listening, creating

community, and providing resources and referrals. Sister Maria emphasized that undocumented women constantly face social and economic difficulties. These difficulties are the ramifications of structural violence, including poverty, racism, low levels of education, and lack of access to health and reproductive health services (Nuñez & Torres, 2007). Alma declared, "Those who are pregnant are actually discriminated against and undermined to the fullest. There is no law that will protect them." Further, Sister Maria stated there is no prenatal care for undocumented women, so these women just show up at the hospital when they are due to deliver, impacting both maternal and infant mortality rates. According to Nuñez and Torres (2007), in 2002 there were approximately twenty-three thousand Peruvian women in Chile, of which over 75 percent were of reproductive age. These statistics show how large segments of the population are at risk of not receiving needed reproductive health services. Forty percent of births delivered at the hospital in Calama are born to immigrant women (Jarroud, 2015). Alma added, "In Antofogasta, the majority of stillbirths are born to foreign women" because they cannot access healthcare, "so these are very serious matters."

In theory, Chilean women with limited financial resources can access reproductive healthcare because there is some level of state protection. Participants highlight that this is not the case for immigrant women. Alma attributes this to both inherent inequities in society as well as lack of political will to allocate resources for immigrant women,

> There is discrimination and racism [and] there is a stereotype of the user population, especially women across the border. Then there is abuse, much, much abuse and because the system is, say, this system has no guidance to ensure the rights of the people... I think that [is] the underlying problem. It is a political decision that you want to keep the focus… on containing state spending.

Undocumented women in Chile face social and economic difficulties, not unlike other poor Chilean women discussed earlier. However, with the added component of immigrant status, there are multiple intersecting systems of oppression, which limit agency and choice. The difficulties for women who are marginalized in Chilean society are the result of everyday violence, such as poverty, racism, sexism, deficiency in education, and lack of access to health and reproductive health services (Nuñez & Torres, 2007). These existing structures of inequality impact women's lives and serve as the context in which reproductive health choices are limited and controlled. Emilia, a social worker in the south of Chile, explained that women who are poor have very little right, in practice, to exercise choice or decision-making. "We don't own our bodies… it is very evident, in respect to your body, that it is owned by the state," she explains.

Conclusion

In this chapter, I examined the social construction of reproductive health policies over three distinct time periods. Each of these times periods has been influenced by global factors, such as social medicine, U.S aid, the Cold War, the shifting of population control ideologies, neoliberalism, and human rights. These developments suggest that Chile's reproductive health policies are situated within a global and historic context, which determine women's reproductive health experience. Some shifts in policy have been positive, such as the progressive reproductive health policies pre-1973 *coup d'état*, and the decriminalization of abortion and the inclusion of human rights framing after the return to democracy. However, poor women have been impacted throughout history by relentless inequality entrenched within Chilean society.

Participant narratives highlight the ways in which poor women have been most impacted, reiterating that women's bodily experience is situated at the intersection of the broader constructs of inequality and social control. Thus, the focus of reproductive health policies throughout

history has lacked in vision and practice of reproductive rights for women. Poor women have been used as guinea pigs for new reproductive technologies, they have been forced to have children in the context of extreme poverty and violence during the military regime, and they are the constant targets of criminalization when they deviate from the construct of acceptable gender norms. It is not a surprise, therefore, that poor women lacked trust in the public healthcare system.

This chapter also revealed women's narratives as acts of contestation within the context of repression and violence as was the case of stories of experience shared during the dictatorship. According to Fried (2006), "The gendered aspects of women's experience of repression were not always evident for the women themselves" (p. 548). In fact, it was not until 2003 that "sexual violence as a form of torture" was discussed openly in Chilean society (Acuña Moenne, 2005, p. 152). For women the politics of memory is "associated with women's silence, their apparent incapacity to speak about their experiences or to make sense of them within a social and cultural context" (Acuña Moenne, 2005, p. 153). Thus, contrary to the politics of fear so widely practiced by authoritarian state repression under Pinochet, women's bodily reality of contestation defied subjugation. Memories give meaning to the past (Sturken, 1997), thus "can be empowering as well as healing for people who have been affected by state terrorism" (Barbera, 2009, p.76). In this way, memory is an act of resistance, as Paola said, "Without memory there is no context for [lived] experience."

The theoretical construct of structural violence elicits a distinct way of discerning inequality as visible and systematic harm toward others. Structural violence helps to shed light on how human experience differs within the same social, economic, and political system depending on a woman's social location. However, structural violence alone does not explain

how the implementation of progressive reproductive health policies does not equate to poor women's equality to access and quality care. Historic and systemic in nature, systems of inequality are further sustained and legitimized through culture, discussed in the next chapter. Cultural violence has an effective role in limiting women's agency through direct forms of violence and making oppression and injustice invisible and normalized, thus more difficult to address.

Chapter Four: Cultural and Direct Violence

> There is nothing wrong with underlining personal agency, but there is something unfair about using personal agency as a basis for assigning blame while simultaneously denying those blamed the opportunity to exert agency in their lives. (Farmer, 2005, p. 29)

Cultural violence, like structural violence, is the result of historic processes, which contribute to dehumanization and marginalization in social spaces (Mullen, 2015). According to Galtung (1990), cultural violence is used to both justify and legitimize structural and direct violence against those usually already marginalized in society (p. 291). Structures of inequality through laws, policies, or processes are legitimized and even normalized within a cultural societal environment (Mullen, 2015). Cultural violence makes it difficult to change repressive systems as it reinforces and even gives permission to make people less than human, often resulting in direct harm to segments of the population labeled as *other*. As this chapter reveals, cultural and direct violence are connected to systemic mechanisms that hinder women's agency and both create and sustain complex layers of political, economic, and social disparities in which women's reproductive lives are embedded. Structural, cultural, and direct violence, are not to be understood as disparate paths of violence, but rather interrelated, multifaceted, and fluid, one impacting the other, resulting in a combination of various interlocking forms of oppression in which women negotiate their reproductive lives.

This chapter explores how cultural violence is a product of and contributor to structural violence, which fosters an environment of discrimination and other forms of direct violence against women. I begin by exploring where the dominant cultural discourse of inequality originates and how this is sustained and normalized through multiple systems of oppression, such as race, class, and gender emphasizing distinct experiences of marginalized groups. In this

chapter, institutional violence is explained as relating to cultural attitudes and beliefs toward others, which illustrates the impact on women's health and reproductive health within *consultorios* highlighted through the narratives of participants. The Catholic Church is revealed as a main contributor to sustaining harmful cultural norms and attitudes, which limit women's agency and choice. This chapter discusses how cultural violence manifests as barriers to reproductive health through discrimination, individualism, and *machismo*. Further, the way that cultural violence sanctions harmful treatment toward women is uncovered through historic and contemporary constructs of violence against women. Lastly, resistance plays a key role in contesting systems of inequality, thus participant voice and experience of resistance is also highlighted in this chapter.

Dominant Cultural Discourse

A dominant cultural discourse does not necessarily equate to what the majority of people think or feel in a given society. Often, a dominant discourse is one that is perpetrated through systems of power, such as the government, church, or the media. According to Ani, a human rights lawyer, the most conservative groups in Chile control the latter. Participants revealed a dominant cultural discourse in Chile, which manifests and sustains systems of race, class, and gender inequality. The identified discourse has roots in the parallel influence of both Spanish colonization and the Catholic Church.

Paternalistic culture. Fernanda described Chile as a paternalistic culture, where poor people need to be told what to do. In exploring this further she explained that this dynamic has been going on for years, since colonial times. "There was a very very high distance between the *patrones de terrateniente* (landowners), like the people in charge, the boss, and *obrero* (worker), the people who worked in the countryside a long time ago." She added even though Chile does

not have a history of slavery people with less power have historically been submissive. Fernanda further describes this level of submissiveness as embodied in the consciousness of poor people, which makes it difficult for them to advocate for themselves around their health issues. So, even though poor people may have a right to health, they do not always exercise this right. Fernanda added,

> … on the other hand, I think it's the responsibility of us, that sometimes maybe [the *consultorios*] don't give the information, "you have a right"… so it's lack of information from us to the people and a passive paternalist culture on the other hand.

Trumper (1999) describes Chile's paternalistic culture as being rooted in a hacienda system imposed over hundreds of years following Spanish colonization. It was a powerful system in which the *patrones* ruled over the workers and their families, demanding total obedience and submissiveness. In addition to the *patrones* representing the economic elite, they also dominated political and legal arenas. *Patrones* had their own police force and each *patrón* for a specific area acted as the judge. Further, due to the social construction of race, class, and gender with total impunity, "the white Spaniard had the right to rape, control, and dominate the conquered native women" (p. 7). Thus, race, class, and gender inequality have been central to the dominant cultural discourse in Chile.

Inequality. Chile's history of race, class, and gender discrimination did not begin with Pinochet, but was harshly reinforced during the dictatorship. As part of transforming Chilean society and promoting a neoliberal agenda, the military initiated a systematic reign of terror against those who were considered a threat (Bruey, 2009; Richards, 2005; Sepúlveda, 1996). Thousands of people were arrested, tortured, disappeared, or exiled. The Mapuche, Chile's largest indigenous population, lost much of their land that had been restored to them during the

Allende administration, forcing many Mapuche women to migrate to the urban areas to seek employment as domestic workers (Richards, 2005). *Poblaciones* (poor communities) were heavily targeted with *allanamientos* (raids), systematic and repeated armed searches, which resulted in violent home invasions, detentions, and interrogations (Bruey, 2005; Sepúlveda, 1996). In order to legitimize criminalizing the poor, they were labeled Marxists, a threat to the new restructuring of a neoliberal economy. Further, during the dictatorship, sexual violence as a form of torture and punishment was widely practiced, but heavily silenced (Moenne, 2005). Women were not considered victims of state repression, but rather deviants of social norms. Lastly, Pinochet's population policies enforced the arrest and imprisonment of women for abortion (Casas, 2004; Moenne, 2005; Center for Reproductive Law and Policy, 1997). The examples given highlight the exploitation of race, class, and gender within a repressive military regime, which has created and sustained a contemporary climate of discrimination against indigenous people, poor people, and women.

Today, Chile is ranked first in the world with the greatest gap between rich and poor (Allen, 2014). Chile has yet to escape the clutches of the hacienda culture. Racism, classism, and sexism are deeply embedded in contemporary cultural attitudes as a result of historic structures and processes. As Paola reflects,

> I would say that inequality is something that's been present all along in the history of Chile… Mapuches are not equal to the Chileans… poor people are not equal to the rich ones… women are not equal to men, but that's normal. So, what's normal? It's not equality; it's inequality.

The normalization of inequality is not unique to Chile, but rather a representation of how cultural attitudes and beliefs sustain systems of inequality. In Chile, this plays out in profound and

distinctive ways, such as the limitation and denial of opportunities within multiple systems, for example, in employment, education, and health.

The laborers I met, such as carpenters, electricians, and painters, in example, were poor, indigenous, or immigrants. They are extremely underpaid, if paid at all, but highly depended on to build and improve Chile's infrastructure. In addition, Pablo, an economist from an NGO, stated that there is stigmatization around workers fighting for unions. Left over from the Allende/Pinochet ideological conflict between socialism and neoliberal capitalism, many businesses are seen as not functioning properly if they have a union. Further, a recurring theme regarding the importance of last names came up in multiple conversations. If someone had a Mapuche last name and were equally qualified for a job as a person with a European last name, the person with the Mapuche last name would not get the job.

Specific to poor women who work outside of the home is a cultural expectation that they do not neglect their household duties. Paloma, an immigrant woman from Peru, left for work at 6:00am and did not return home until 7:30pm. When she got home from work, she cooked and cleaned and washed her children's clothes until 1:00am. As a domestic worker, Paloma often took care of other women's children in addition to her own. Further, immigrant women were economically exploited in different geographic areas throughout Chile. Multiple women shared stories of having to work over their maximum hours or on their days off if they were live-in domestic workers. Not having time off made it difficult for these women to receive health and reproductive health care. For Paloma, her employer stated if she got pregnant, she would lose her job, which she needed to support the four children she already had. "So, a woman has a distinct cycle of life and this is a problem in society… and certainly, issues of the body are stronger for women," Emilia reflects.

Public education is another arena where overt inequality exists, creating and sustaining systems of inequality and stereotypes about poor people. The current structure of public education is a consequence of the privatization of education under Pinochet (Espinoza, 2008; McSherry & Molina Mejía, 2011). Privatization reinforces class structures. Only lower-income students receive public education at the primary and secondary levels. Anyone who can afford to pay, attend semi-private or fully private schools. Participants reiterated that the quality of education is vastly different between the public and private systems, in large part because there is lack of state resources allocated to the public education system. Francisco spoke about the educational system as a system of exclusion and marginalization, which reinforces segregation between the lower class and the upper class. This segregation restricts exposure to different classes only within the confines of the *patrón*/*obrero* roles that have existed for hundreds of years. In Francisco's experience, he explained,

> Education doesn't help too much because the opportunities for a kid that is studying in a public school are very little, very little. We are a very segregated society in all ways… they don't trust each other so people who are in the lower classes are more resentful to people that is in the high class and the high class doesn't trust the people [who are] in the low. So, social mobility is almost non-existent in Chile… I don't think that that happens… There [are] very few poor kids that get to a university, get a career, and get out of the poverty cycle.

Alma pointed out that educational inequalities are tied to economic and social inequalities. If women do not have a technical or professional career, they not only have less access to health and reproductive healthcare, but also this makes it difficult for women to emerge from poverty. In consequence, the cycle of poverty is reinforced through the privatization of

education and subsequently, classism is intuitively built into the system, which normalizes inequality. Marta, who works at a feminist health organization and grew up poor, talked about the impact of the public education system,

> I feel that in one way, we are marked by our context. The issue of social class is more concrete… because people who are poor do not have a chance to decide what they want. School allows, education allows for a place of experience. With family in a situation of poverty, of precariousness, [one's experience] is conditional on where you were born and from there to be able to move forward. The potential for change is minimal. I think that education is indeed a possibility, but also a possibility that requires economic resources. So above everything, education is what places a barrier on us.

Cultural attitudes that place a value on a population, which render them *somebodies* or *nobodies*, as defined by Trumper (1999), determine a permissive level of dehumanization and exploitation. The experience of inequality in Chile is multidimensional based on the intersection of race, class, and gender among others. Poor women of color are thus uniquely impacted by distinct historic hierarchical systems of oppression based on race, class, and gender, which limit or deny opportunity.

The immigrant women who I interviewed suffered from overt racism, which often included verbal and physical abuse from their employers. Francisco told me that when Afro-Columbians migrated to Calama, it was the first time local Chileans had seen a Black person.

> We are seeing Black people we've never seen our whole lives. We don't have Black people here in Chile… and the most incredible thing is they're Chileans, they're born here in Chile, so in the future they will be Chileans just like us. They will speak the same as us, not with the Columbian accents. It's a very new thing, so there is a lot of

> exclusion… [once] they put a foot here in Chile, they are excluded and discriminated against.

This population of immigrants was regularly the target of discrimination by Chileans and other immigrants, with women being stereotyped either as drug traffickers or prostitutes, constructing further social and economic marginalization.

In the north of Chile in the mining town of Calama prostitution is an important part of the economy. This is due to the intersection of expected roles of women and lack of opportunities, in addition to the exploitation of women within a highly structured capitalist sex work industry. Rojas (2012) defines areas in Calama as moral zones. These moral zones are areas that are condemned for moral reasons by middle to upper class Chileans. For example, Francisco explained that "downtown is a moral zone so we can always find prostitutes and we can find bars and drinking places… so everybody talks about that area, but nobody goes to that area, which is a lie." Moral zones are portrayed as frequented by outsiders, however Rojas revealed in his study that this is a social belief not grounded in actual practice. Moral zones are typically patronized by local Chileans, but the blame for the social contamination is placed on immigrants, specifically on immigrant women. Shepard (2006) identifies this as a double discourse, whereby individuals promote, "traditional and repressive sociocultural norms publicly, while ignoring—or even participating in… these norms in private" (p. 15). In exploring this further, I discovered that the majority of sex workers in Calama are Chileans and that the majority of immigrant women migrate to Calama to work in the service industry. However, still a hierarchy of inequality was revealed within the sex work industry, with immigrant women being most at risk. Alma explains,

> There were two figures here in prostitution… those women who have devoted all their lives in prostitution and work in places that can exercise prostitution, [such as]

> nightclubs, beer halls, or house dates… almost all are Chilean girls working in the *choperia* or *café* with legs, what they are called here in Chile… the majority have some college education. This other group has not completed basic education. They are women who have left school who started working very very young and are illiterate. In this group there are more immigrant women.

Francisco recalled a woman he worked with at the *consultorio*,

> I used to have a patient of mine, a very poor woman, she tells me, "I don't have money to pay the water services or the electricity," so one day I was driving in my car in the night… and I saw her in the street. That was the most shocking thing that ever happened to me with a patient... it was hard for me to see her there because I know that woman does that because she doesn't have money to live, for survival. She wasn't doing that because it was her choice. And in the street it is very dangerous and they earn very [little] money.

The intersectional hierarchal systems of oppression, such as race, class, gender, and nation, shape a woman's agency within multiple contexts, including that of sex work. Not only are women of color who are outsiders blamed for the moral contamination of an area, but they are also relegated to a lower-strata within the sex work industry, making them more at risk of violence and unwanted pregnancies. Within a hierarchy of discrimination, Afro-Columbians, indigenous immigrants, and indigenous Chileans, such as the Mapuche in the south of Chile, suffer the most.

The literal translation of Mapuche comes from the language Mapudungun. The significance of *mapu* is earth and *che* is people, therefore Mapuche means people of the earth. Mapuche are the largest indigenous population in Chile and occupy the Araucanía region in the

south of Chile. Since the Spanish colonization, the Mapuche have been struggling to protect their ancestral lands, first from the Spanish starting in the 1500s and then from the Chileans after Chile gained independence from Spain in 1810 (Richards, 2014). Due to a state war of extermination called the *Pacificaión de la Araucanía* (Pacification of the Araucanía) in 1883, the Mapuche were finally defeated and were relegated to *reducciones* (small parcels of land), which made up only 6.4 percent of their original lands. European immigrants were then recruited to occupy the surrounding territory, which produced an inherent conflict that "further marginalized the Mapuche and privileged whiteness" (p. 63). There was a time during the Allende administration when agrarian reform policies redistributed land to the Mapuche, however this does not negate that the Mapuche have been systematically targeted for repression throughout history. In fact, the Pinochet regime refused to recognize the Mapuche, but privileged corporate rights by both outlawing and privatizing Mapuche communal lands (Culliney, Peterson, & Royer, 2013). Further, in 1984 Pinochet enacted an anti-terrorism law, which has had a significant impact on Mapuche communities under the current land conflict with the government. According to Richards (2014), "the law allows for indefinite detention of suspects without charge, permits prosecutors' use of wiretapping and protected witnesses to whom the defense has no access, and authorizes sentences longer than those for similar violations of the civil code" (p. 74). It was not until 1993, a few years after the return to democracy that the Aylwin government passed the Indigenous Peoples Act, ensuring right to participation, rights to land and development and cultural rights. Despite this, however, the anti-terrorism law remains in effect to this day (Culliney, Peterson, & Royer, 2013).

The dominant construction of Mapuche identity has always been that of *other* and this manifests as racist stereotypes, internalized racism, and state violence. While I was traveling in

the south of Chile, a woman who owned the hostel I stayed in proclaimed that the Mapuche were "lazy; drunk; they want land, but don't want to work; [and] they're bad, the Indians are bad here." Conversely, on each of the bedroom doors in the hostel were wood signs of words in Mapudungun, such as *antü* for sun, *küyeɳ* for moon, and *mapu* for earth. In the same town of Temuco, a woman at a women's development agency asked me, "Do you only want to learn about indigenous issues with women?" I responded, "No, not only, but as a part of what I want to learn." She replied, "Because it's complicated here." She looked around and her voice lowered, "It's complicated because the indigenous people get so much, many benefits, but they want more." She reemphasized how much the Mapuche receive, "More than anyone else, but they want more and more. It's complicated." Both of these stories highlighted for me how integrated racism is as a part of indigenous experience. Temuco is considered the heart of Mapuche country, however when the Mapuche attempted to reclaim their rights, others privileged by whiteness projected an authoritative superiority. In fact, the woman at the hostel said that when indigenous people are quiet and tranquil, it is "peaceful," reiterating submissiveness as an accepted cultural norm.

Constanza, raised by her mother who was a live-in domestic worker, lived in two worlds—one in which there was a lot of protection and care in the home of her *patrona* (employer) and the other was her reality in society. Constanza suffered triple discrimination, for being poor, for being a woman, and for being Mapuche. The messages and discriminatory treatment she received, greatly impacted her self-esteem growing up. I had other conversations with Mapuches who told me that brown skin was ugly and that they were not Mapuche, even though their parents were. These stories demonstrate the level internalized racism embodied within individuals and subsequent disembodiment of identity. The blatant racism that has existed

for years makes it very difficult to embody or be the *other*. This reveals the impact of cultural violence. A repressive hierarchy of cultural belonging has become so ingrained in Chilean society, that people not only put themselves down, but also deny who they are. In disparate layers of inequality, people forget who they are, lose their voice and identity, and reconstruct themselves as something else. Rayen, a Mapuche woman who works for an indigenous development organization, stated,

> The worst violence is discrimination, racism, because this starts with nothing, with race, only by looking at someone's face. Race is another concept that intersects in the body. Mapuche are very heterogeneous because there are distinct colors of skin… but also there is a mark of race very distinctive and that's significant.

The historic struggle for land rights has instigated much state sanctioned violence against the Mapuche. Rayen explained that there are historic documented cases where the Mapuche were marked like animals. Their ears were cut like pigs. More recently there are cases of three youth, Matías Catrileo, Alex Lumen, and Carlos Curinao (Unrepresented Nations and Peoples Organization, 2008; Zibechi, 2009), who were killed, "like animals" by special police force. In an effort to suppress the Mapuche reclaiming ancestral land, there has been a lot of indiscriminate state violence against Mapuche communities inspiring human rights organizations, such as the United Nations Children's Emergency Fund (UNICEF), to denounce the militarization of indigenous villages. There are too many peripheral casualties targeted by the special police force. Estrada (2009) reports,

> Mapuche villagers have reported, for example, that a 14-year-old boy who was collecting herbs for a traditional healer in the village of Rofue was forced onto a police helicopter,

> taken aloft and threatened with being thrown out unless he confessed to taking part in a land occupation. (para. 12)

Further, in the community of Temucuicui, made up of approximately 120 Mapuche families in the Ercilla region, police fired pellets and tear gas canisters into a school, wounding several children and other children suffered respiratory problems. While in the south of Chile, I discovered that the surrounding communities of Ercilla were heavily militarized. In fact, on two separate occasions I was told it would be difficult for me to go in to these communities without having an inside contact. One man who I met at a grassroots human rights organization in Temuco asked me if I had documentation because the police checked all documentation of anyone coming or going. He said if I was not a local, then the police would not let me enter and could confiscate my U.S. passport. These communities were completely isolated, blocked off from any outside help or support to witness human rights violations, not unlike the time during the dictatorship.

Mapuche women have been visible actors in these struggles, participating in defending ancestral sacred territory through land recuperations, protests, and marches (Richards, 2005). Many Mapuche women do not separate gender from other parts of their identity, such as race, class, and nation. However, this can also be complicated when issues or interventions are framed as an individual concern. For example, Mapuche women who identify as feminists do not always identify with Chilean middle-class feminists because their issues are not being understood or voiced in entirety. Rayen explained that there is a collective identity within the Mapuche worldview, which is connected to nature and this is often in conflict with a mainstream individualistic worldview, which focuses on behavior. She explained that when a community has a direct connection with nature, you are connected to your body. For example, there is not the

same type of shame with bodies for Mapuche women that come from the west and from religion. Mapuche women have a distinct form of connection and relationship to their bodies. Rayen reflected, "Because we are integral, the body is part of us, [with] racism and discrimination, you leave your body." She discussed how different systems such as health and education do not value culture, but are more geared to separate ones identity, including the body, from that person, treating their body as separate from the collective, from the earth, from their natural ways of being in the world. Because of this many Mapuche women do not seek care in mainstream public health clinics, such as in *consultorios*. Thus, individualism as imposed by the dominant discourse, acts as a potential barrier for indigenous women to receive health and reproductive healthcare.

Institutional violence. Cultural violence is built into societal structures and subsequently manifests as discriminatory attitudes and practices, which contributes to health inequities (Institutional Racism, 2015). The act of discrimination toward another is considered direct violence and was revealed in the attitudes and beliefs of the professionals working within *consultorios* (Griffith, Childs, Eng, & Jeffries, 2007). I heard multiple stories from women who had bad experiences within the public health care system. These ranged from not receiving relevant information to being denied services. While visiting a *población* on the north side of Santiago, I had a conversation with two women, one was an advisor for her sector in the community and the other was an intermediary between the community and local *consultorio*. An intermediary is someone who listens to the issues or problems that people have with the *consultorio* and helps to advocate for changes. They told me the biggest complaint from the local community is how they are treated within the *consultorio*. Participants in this study echoed being treated poorly within the public health system across various geographic areas.

According to Marcela, who works at an NGO in the south of Chile, there is harmful treatment toward rural and indigenous women within the public health system. It is the tone and the manner in which women are spoken to, in example, "But you have to do this, how do you not know how to do this?" In a tone of anger and frustration, Marcela asserted that certain women are questioned for not knowing and being treated as if they are stupid. It is a violent treatment, she reflected. Emilia highlighted language as an issue as well. For example, if someone does not understand what is being said, they are treated poorly. The solution is not to explain it differently; rather the blame is put on the person who does not understand. Emilia reflected, "But it's not about understanding when a person speaks a different language."

Lack of information and choice within the public health system was also reflected in women's stories. After Emilia gave birth to her daughter, they put a Copper-T inside of her, but she never said she wanted it. In fact, she was not given much information about it at all. The medical staff pronounced, "Let's put this inside of you so you don't have any more problems." Emilia remembered that they never explained anything to her or told her how long she needed to have the Copper-T inside of her or when she should get a check-up. Emilia declared, "This only happens to poor women who do not have other resource*s*." She explained that when you are poor, you do not have the right to exercise your choice or decision-making and you are not given the option to have information explained to you. According to Emilia, lack of information is a violent act and is connected to paternalistic treatment of poor women, as control and morals are exerted over women within state institutions.

Esperanza had a miscarriage and was given Misoprostol to abort her fetus at home by herself. After she passed the fetus, she returned to the doctor to have the lining of her uterus scrapped through a curettage procedure. She was worried about this procedure in case something

went wrong, impacting her ability to have children in the future. She said, "*No queria*" (I didn't want it). All of her force and energy was directed to rejecting this procedure. After the lining of her uterus was scraped, she found out the procedure was not necessary, no tissue was found. Esperanza was upset because no one had explained that there was another option, "No one told me, 'let's wait and see what reaction your body has… if your body will eliminate the fetus by itself.' No one told me this." The only option given to Esperanza was Misoprostol and curettage.

According to Muñoz Cabrera (2010), age, "as a discriminatory mechanism, can intensify the social vulnerability of women who have multiple subordinated identities… age intersects with other dimensions of their identities in ways which intensify their isolation [and] exclusion" (p. 29). Some women discussed the judgment they received from others because they were sexually active adolescents. One young woman who I spoke with went to a *consultorio* with her mother and was denied her right to access birth control because the *matrona* stated she was both too young and not currently in a committed relationship. Further, with the high rates of teen pregnancy (Estrada, 2009), limited access to sexual education in schools (Casas & Ahumada, 2009), adolescent girls are targets of surveillance by multiple systems. These include families, public healthcare institutions, schools, and the church, contributing to further isolation when faced with an unwanted pregnancy.

Catholic church. Throughout Chile's history race, class, and gender norms have been strongly reinforced by the Catholic Church. During the Spanish colonization, "women [were] viewed as mainly responsible for the reproduction of the labor force in the hacienda system" (Trumper, 1999, p. 7). In Latin America this has been reinforced through *machismo,* the attitudes, beliefs, and societal norms of what it means to be a man, and *marianismo*, which defines women as self-sacrificing wives and mothers. Both *machismo* and *marianismo* are rooted

in the religious construction of the power of men over women and the submission of women to men, respectively (Cianelli, Ferrer, & McElmurry, 2008; Hernandez, 2003). Machismo is a cultural expression, which has often legitimized violent and unequal privileges of men over women. Consequently gender inequality is strengthened through the promotion of traditional roles of women. Women are treated as subordinate to men and motherhood is seen as a hegemonic form of feminine embodiment (Center for Reproductive Rights, 2010; Sutton, 2010). Womanhood and motherhood are so strongly associated that it is hard to imagine being a woman without being a mother. This fosters cultural discrimination toward women by reducing women merely to the role of mothers.

Since colonial times, the Catholic Church has been intricately linked to the political and economic elite responsible for maintaining much of the conservative discourse in Chile. Thus, the Catholic Church is one of the main actors in sustaining the structural realities for women through policy formation and implementation. The church has taken and continues to take conservative political stances on issues such as family, sexuality, and reproduction (Casas, 2004; Guzman & Seibert, 2010).

Divorce has only been legal in Chile since 2004, much to the chagrin of the Catholic Church who stated that divorce would threaten the stability of marriage and the family (Ross, 2004). After the return to democracy in 1990, there had been an effort to pass legislation in support of women's rights, such as protections pertaining to sex discrimination, sexual assault, marital property, and divorce among others (Blofield & Haas, 2005). The first bill in support of divorce, presented in 1991, referred to individual rights, however considered too contentious to debate (p.57). Bill 1759, introduced in legislation in 1995, reframed the divorce law as a mechanism to strengthen families. This bill incorporated multiple restrictions, such as, "a

mandatory five-year waiting period… and judges were given broad powers to deny divorce requests… [making] divorce much more difficult to come by" (p.58). However, the Church dominated the opposition to block this legislation through heavy lobbying and television campaigns (Ross, 2004). In fact, "the Chilean church insisted that Catholic legislators could not promote policies that contradicted church teaching" (Blofield & Haas, 2005, p. 59). Introduced in legislation in 1995, Bill 1759 was finally passed in the Senate in 2004.

For many women divorce was a way out of violent relationships, however it did not come without a struggle. Paola speaks to the discrepancy between ideology and policy,

> We do not have a divorce law until 2004 and we have a violence law in 1994. Imagine what that means, how could you go and demand the husband for violence if you cannot get divorced? See? I remember no one could understand what was the logic of the political program for women in Chile if they did it that way. And why is it that way? Because there was some pressure from the feminist movement for a violence law, but for the government in the 1990s, I remember… you could not speak about divorce… you could not write, "divorce research."

The Catholic Church held a lot of political power after the return to democracy. As a result, they were influential in the 1990s in sustaining a moral culture of expected norms. I had one conversation with an elderly man, a father of grown children. Each of his children had been divorced and I asked him if it was difficult for him. He responded with disappointment, "You hope that you instill good morals in your children," as if divorce somehow correlated to being *bad* or *wrong*. It seemed he was more worried about what other people would think of him having divorced children. In this way, the choices of his children were a reflection of his gender

and class status. Thus, cultural norms are systemic in nature, which is why they carry so much power and potential subsequent harm.

Chile has a high rate of teen pregnancy and HIV/AIDS is on the rise. Over 15 percent of all births are born to adolescent mothers with the highest percentage located within the low-income sector (Human Rights Watch, 2011). Estrada (2009) states there were 80.9 births per 1,000 teenage girls in a La Pintana, a *población* in Santiago, versus 6.9 births represented in a higher income area in Santiago within the same age group (para. 10). Further, approximately 60 percent of sexually transmitted infections (STI) occur within 19 to 24 year olds and HIV has increased by 200 percent in the past two decades (Chile to Launch, 2006), situating specific populations at risk for both pregnancy and STIs. Cianelli, Ferrer and McElmurry (2008) attribute the risk of HIV infection among women in Chile as a result of *machismo* and *marianismo*. Women are put at risk due to their partners' infidelity, lack of condom use, use of drugs and alcohol, which increase risky sexual behavior, domestic violence, and the perception and practice of men being in charge of decisions around contraceptive use and a woman's role in the household. Many women resign themselves to their situation, which leads Cianelli et al. (2008) to conclude that, "the absence of choices for women in a community is the clearest expression of *machismo* and *marianismo*" (p. 304).

The inequality of women's reproductive health is reinforced by the authority of the Catholic Church who considers sex as taboo and condemns the usage of condoms as a sign of infidelity and promiscuity (Espey, 2012). The church often denounces sexual behavior outside of the traditional reproductive norm, thereby limiting needed education and resources. Lack of sexual education and prevention education in general was a concern for different professionals who work with sexual and reproductive health. Luisa shared that information regarding

prevention and intervention is one of the most deficient areas of public policy. She added that policies with a vision of diversity are missing,

> It is an element, which may be stated discursively, but not operationalized… and there is lack of resources allocated for effective care of diverse populations because resources are for basic care and there is no incorporation with what is really happening… the structure of the population is changing today… there are older people in need of care… more pregnant adolescents with family problems… and the [issues] of the gay, lesbian, and trans populations are invisible.

As a result of the condemnation of sex from the Catholic Church, discriminatory attitudes continue to circulate in the general population as well as in the health sector. For example, due to moral objection, adolescent girls are sometimes denied the morning after pill. As Isadora states,

> We have a lot of road still to walk… it's definitely a struggle, you know, it's everywhere. And you know that the church, the changes in the church have a tremendous influence. Now, for example… they have their own universities and they are preparing decisions and those decisions are saying they don't accept the modern contraception, and they don't want to give the prescriptions too… we have some areas that don't allow the after day pill in their municipalities, it's incredible. We're in the middle of the struggle. We have a lot of things to do still.

This highlights the power of the Catholic Church over the political and social landscape. The Catholic Church is a dominant force in defining lived experience for women in Chile, specifically around reproductive issues. The lack of separation between church and state, allows the Catholic Church to exert its authority over reproductive self-determination (Northrup &

Shifter, 2015). This not only limits women's agency, but also fosters a highly criminalized and discriminatory societal environment that harms women.

Tamara, who works for an NGO, discussed her struggle with being raised Catholic in coming to terms with the discrepancy between her Catholic upbringing and her path toward advocating for reproductive rights. She was raised to regard *anitconceptivos* as "little versions" of abortion. She struggled with the concept of abortion, because the mentality of the Catholic Church was "very backward, hierarchical and *machista*." The messages she received espoused women who had abortions as, "bad, a criminal, a murderer, a sinner." At one point she thought she was pregnant and she found herself with only two options; going against all of her catholic teachings and having an abortion or having another child, which she did not want. This was a very difficult struggle for her. Every night she lay in bed not knowing what she was going to do. She recalled, "I lived how the majority of women lived… with my head full of thinking I was bad and of my Catholic teachings." Tamara's problem was not economic; she could have had three more children. Her issue was that she did not want any more children. She admitted for other women with no resources or money, it is more difficult. She could have gotten the money to go to a medic to have an abortion, but she was afraid. She realized through her experience that, "the vision on the other side is completely distinct" and that it was impossible to know what someone else was going through. Tamara expressed, "I am a good Catholic now, thanks to God… before I was a bad Catholic because I judged a lot." Before she felt righteous in her ideology because she believed in God. She explains,

> But fortunately, I changed. I opened my eyes because the other reality, I had never seen before. So, now from my experience, I believe it is very important to demonstrate to

> others, the other side, to put the shoes on of women who have aborted, because it is not easy.

Tamara felt that the general public thinks abortion is easy, if abortion was legal, then everyone would have an abortion. Mainstream media repeats the same rhetoric, "if abortion was legal, all women would have abortions." Tamara added,

> It's on the radio, on the TV, in the schools, in conversations, [it's] the dominant cultural discourse on abortion. And in the Catholic schools they cycle the same information, that abortion is bad, it's a sin, women are criminals who kill, who kill children, they're not embryos, or fetuses, they're children. So, it's complicated.

Paola described a family member who was pregnant with a child who had major deformities and would not survive. This woman continued with her pregnancy because she was Catholic and believed in the dominant discourse of abortion as murder. Minutes after she gave birth, the baby died. Paola described her cousin's experience as the result of a cultural context that describes abortion as killing, rather than being framed as the result of policy changes, which created shifts in cultural discourse during the dictatorship. Paola reflected,

> Why does society criminalize something? I don't understand. I think it's the moral of the church, of the religion. It's the only reason why we associate, as a society, [to] criminalize pregnancy… and to feel that you don't want to have a baby… why [do] we have to feel bad about something very human, it's totally human.

Francisco describes abortion as invisible in society, people know it is there, but they do not want to look at it. In part, he says, because it is hard to imagine a woman resisting the cultural mores of being a mother,

> It's hard for us, I think, [to] create an image of a woman deciding the opposite, you know, "I don't want a kid, I don't want to get pregnant, I have a lot of plans in my life"… you just don't think a woman is capable of [abortion].

Criminalizing women for abortion is the result of the maternal body being morally regulated by the church and state policies, resulting in discriminatory societal attitudes towards women who have had abortions. Women are subsequently blamed and marginalized within the classification of *other*. Paz reflects, "Right now we are separated by a system that puts us in one place or another. Are you a *good* woman or a *bad* woman? But always… they don't want [us] to find each other."

Bodies in Protest

According to Sutton (2010), "political resistance involves, first and foremost, putting the material body in action to affect the course of society" (p. 161). Thus, bodies generate symbolic meaning in protest, but also embody the experience of protest. In response to a culturally repressive environment Katia, an activist with a lesbian and feminist collective, declared they were activists of the street. They make masks and march naked to raise awareness about abortion she said, "with all body types." They also make "bombs [balloons] with menstrual blood." When I asked if it was symbolic or real blood, Katia smiled, "some symbolic, some real." Katia explained that they want to demonstrate how disgusting women's bodies are as a way to protest cultural expectations and norms. It is a way of reclaiming their power by saying, "we are very disgusting bodies." In this way, she embodies the messages she receives from the church and society and transforms this into personal and collective power when situating her protest in solidarity with other women. When I asked her how she feels protesting with blood or without clothes, she said, "fantastic. It's a power. A strong sensation." The use of naked bodies has been

a protest strategy used by different cultures and women's groups throughout history. For example, in Kenya, the *guturamira ng'ania*, to curse a person by stripping, is a pre-colonial method of resistance available to Kikuyu women (Tibbetts, 1994). Salime (2014) explains, "… nudity places the body on deliberate display [and] converts the shame associated with the naked body into shame associated with gazing and touching" (p. 15). Thus, many women use their naked bodies as a form of reclamation against various forms of gender oppression. Katia said, Chile is "*tan reprimido*" (so repressed), so they want to show their bodies, the blood, the pain, and to highlight social difference. She said, this is "because abortion is the crystallization, it is a manifestation of the most unequal level in society."

Cultural Barriers to Access

Discriminatory practices by public health workers was revealed in this study, which fostered an unsafe environment for women and consequently created lack of trust in the public health system. According to Rayen some indigenous women do not go to the *consultorio* to receive a PAP or to have their IUDs checked because, "they're treated bad. It's really tremendous that the people have to suffer in this way." Poor women have historically been discriminated against or exploited within the public health system and thus prejudicial attitudes are a huge barrier for women. Maria José, who lives in a *campamento*, concurred, explaining that she does not like the way she is treated, thus she never attempts to go to a *consultorio*.

Further, the social construct of individualism was highlighted as a potential barrier for indigenous women to receive services. Rayen felt that reproductive health policies are backwards in that you need to have knowledge of your body in order to ask for and advocate for services. Rayen emphasized that for Mapuche women the body is part of the collective, "*no hay una preocupacion por uno*" (there is not a concern for the self). For example, Mapuche women do

not speak about their rights, but rather the rights of the pueblo, which includes their families and children. Thus, for indigenous women, the vision and services of *consultorios* are fragmented at best. Services are not integral and this disconnect creates a barrier for some indigenous women.

Machismo proved to be a major barrier for women to access reproductive healthcare. Participants spoke of partners or husbands who refused to let women go to the *consultorio* to access *anticonceptivos*. In part, to legitimize their status as men, they wanted to have many children. In this context men controlled women's reproductive health and this was often controlled with violence. Alma asserted that a woman has a right over her own body, but often the husband does not agree because "they have a jealous relationship that is violent." Many women who attend Alma's *consultorio* do not tell their husbands that they are there to receive birth control for fear of retribution. *Machismo,* as a control mechanism to limit women's agency about their reproductive health, was also represented in structural ways. For example, at one point, Paloma wanted her tubes tied, but the medical facility would not perform the procedure because she was still fertile. In order to have her tubes tied, she needed permission from a male member in her family, which no one was willing to give, so she could not have the procedure. *Machismo* limits choice and agency for women. For Paloma her life was not her own. In fact, when discussing her identity, she said that she did not identify as a woman. As her identity as a woman, was defined by a man. Her self-defined identity rested in motherhood. I thought this was interesting considering the social construction of women's identity as mothers also limits choice and agency as discussed previously. However, for Paloma, being a mother saved her life, her children were the strongest force in her fight to survive.

Violence Against Women

According to the Center for Reproductive Rights (2015), in 2013 the National Prosecutor of Chile reported 24,000 cases of reported sexual violence against women of which 74 percent were under the age of eighteen (para. 2). Many participants discussed the violence from men toward women in Chile as endemic. Across all geographic areas in every community that I visited, the topic of violence against women (VAW) emerged. This included physical, verbal, and sexual abuse. Although these types of violences are direct forms of violence against women, they are a product of and interrelated with structural and cultural violence. Direct violence is embedded within broader structures of inequality, as Muñoz Cabrera (2010) highlights, "women's exposure to violence is related to their position in the multiple systems of inequality and shows a tendency to increase as these systems intersect, creating layers of discrimination and exclusion for different types of women" (p. 10). Therefore, VAW must be understood not simply as harmful actions, but as a consequence of unequal power dynamics within male/female relationships whereby men have more social, economic, and political rights than women.

Throughout Chile's history, violence against women has been present, however it was not until the late 19th century that cases of violence began to be legally documented. This period marked the end of conflicts in the north and south regions of Chile and the beginning of the Chilean state. Gabriella, a university student, conducted a study regarding violence of women from court cases in the Araucanía region between 1900 and 1950. She focused on violence against poor women from the country and Mapuche women. At the time of the interview Gabriella found 300 cases out of thousands that pertained to violence against women. The documented cases showed that women received injuries from knives and sticks, endured rape

and incest, especially younger girls, and women were kidnapped. There were also cases of murder due to the violence.

Luisa explained that the biggest expression of inequality for women in Chile is violence, "gender violence is present in all areas of the state." Women are discriminated against; used to traffic drugs; they are insulted, raped, abandoned, hit, humiliated, and degraded. She added that women suffer from direct violence, but also violence from inequality such as bad treatment from the police toward women who are detained. There was a recent story of university students who were detained after demonstrating and they were told to undress and were touched inappropriately. Luisa reiterated, "Inequality is expressed very well in the situation of women, specifically in the various expressions of gender violence." Many women who she sees who have suffered violence are addicted to drugs or alcohol. For example, according to Luisa women experience "emotional pain after being raped. They begin to shrivel and become addicted to relieve their emotional pain." The types of violence that women experienced who Francisco has witnessed in his work included,

> … psychological, violent screaming, insults, humiliations, [and] physical too… this year especially I've seen a lot of women… [however] I don't see many women that have suffered violence because I'm a man. So… my colleagues, psychologists who are women, try to see these women. Obviously these women are related a particular way with men, so we don't want to be part of that, so, I don't see much. But this year is particular because I've seen a lot of [these] women, very depressed women because they have been beaten by their husband or partner. I don't know if it's more frequent than other parts of the country, but it's a very complex thing, yeah, here is very complex.

Marcela identified the physical impact on women's bodies who have suffered a lot of violence, "… the position, for example, [in] your posture… there is some curvature of the back… inequality is something that has a physical effect on women." Violence crossed all parts of a woman's experience, from a concrete physical experience to an experiential effect. Marcela described her friends as constantly talking about how tired they are, "how are you, my friend?" "Tired. How are you?" "Getting tired." She laughed, but the point is that women, especially poor women, embody the violence of inequality in a concrete way. Marcela reflected, "You never have time to be happy. If there is some space for freedom… it is always within the scope of the problem to solve for the day." In this way violence is naturalized and women wear violence on their bodies. "We're not beautiful," Marcela explained, beauty is for women who do not experience everyday violence. This in itself is violence because bodies are categorized as, Black, fat, ugly, messy and subsequently treated as *other*. She said, "This is another issue [of violence] for women," the societal expectation of what "makes a woman credible." Further, Marcela added that women who live in poverty, do not experience violence in the same way as other women,

> So when people tell me that violence is the same for every woman, I say "no," because for poor women it's much worse and it's much more complicated because they have a lot less support, real and concrete, because her body and her life are not hers.

According to Alma, Servicio Nacional de la Mujer (National Women's Service, SERNAM) reported that approximately 80 percent of the women in Calama are victims of some form of abuse. In Alma's *consultorio* alone, roughly 50 percent of the women they see have experienced some degree of violence. She explains,

> Look there is physical and psychological violence here. Pregnant women still suffer from physical violence. Here is a mining town where men come to work. Here it is very macho

> and still men beat women to feel more macho. Women suffer some degree of violence either psychological or physical. Like I told you, there are extreme cases like pregnant women that we have here who are still beat up.

In this particular *consultorio* in the north of Chile, Alma notices a marked social difference with adolescents. Girls at 13 years old are pregnant, some are the victims of sexual abuse, but others are in a consensual relationship with an 18 year old and their ultimate mission is to have children at 13 or 14 years old. Alma also knows of girls who are of a higher social class and want to study, but they end up having a baby, which destroyed their future plans. Other girls are in relationships with older men, often twice their age, which makes them highly at risk of various forms of control and violence.

Paloma, an immigrant woman from Peru, was 13 years old when her husband threatened if she did not marry him, he would kill her father. This man was eleven years her senior. She was pregnant at 14 years old with their first child. When she was seven months pregnant, he started hitting her. Then he started sleeping with other women and inviting them to the house and being with them in front of her. Sometimes he would disappear for a week at a time and return with no money and no reason for why he was gone. When she started working, he questioned why she came home so late, accusing her of sleeping with other men. Insulting and beating her became an evening ritual when she got home from work. Sometimes he would come home drunk in the middle of the night and she would wake to him pulling her outside by her hair, including while she was pregnant with their other children. He was violent with her in every way, including sexually, repeatedly raping her. This type of abuse was an everyday occurrence. When she came to Chile in search of work, he followed her and the daily violence continued for many years. At the time of the first interview with her, she was trying to separate from him. She was staying at a

friend's house, but it was very difficult for her to be away from her youngest, who at this time was 14 years old. She always put her children first and often went without eating in order to feed them. She has four children from this marriage and has had four abortions in total, two of which occurred in Chile.

While conducting fieldwork in the south of Chile, I met Mapuche women who were sexually abused within their families when they were young and physically abused in their marriage. Camila, a psychologist in a *consultorio* in the south of Chile, found that sexual and physical violence against Mapuche women was very high. Due to the rural environment that these women are in, they are not only isolated within their own communities. To receive support for the abuse they are suffering, they would have to travel to another community that offered specific services, as many of the *consultorios* are small and do not provide this type of focused support. However, Rayen explained that to work with violence within Mapuche communities, "you cannot only work with women, you have to work with men and with diverse genders as a collective." This is part of the Mapuche worldview. Rayen told me, "to isolate violence, came from the outside." The discrepancy between what Camila is saying as opposed to Rayen, speaks to the conflict of cultural perspectives, individualism versus collectivism. How an issue is framed leads to subsequent interventions, which has the potential to sustain harm if cultural perspectives are not taken into account.

Women often carry the brunt of being responsible for their condition. However, because of structural and cultural violence, women are not treated equal in their relationships, place of employment, or education and are often the targets of direct violence through exploitation and abuse. This combined with lack of state resources and protection, on top of the multiple layers of discrimination in society against them, poor women especially, have little to no power to change

the condition they are in. Further, women who deviate from the construct of acceptable gender norms by terminating a pregnancy are criminalized (Moenne, 2005; Sutton, 2010). This is particularly true for poor women, as they have less access to reproductive health and healthcare in general, and are more dependent on public health services for care. It is in this context that restrictive abortion legislation and its impact on women's lived experience needs to be understood, as inherent inequity in social, economic, and political structures (Casas, 2009; Moenne, 2005; Vargas, 2008).

Solidarity in the Margins

Sutton (2010) states, the "practice of resistance is not a lonely or individual task, but a collective, embodied process that sprouts solidarity…" (p. 176). As discussed in this chapter, Chile is a segregated society, segregated by race, class, and gender, among others. There are historic and systemic processes, which have created and sustained this phenomenon. However, it is this context of inequality that brings people together within similar groups who are struggling with the same systems of oppression or across groups. Some, participants shared that they have an awareness of the larger structures of oppression and want to be in solidarity with others to create change. Other participants shared a similar experience, which inspired camaraderie. Much of the solidarity expressed by women came out of similar interests of resisting historic and contemporary dominant structures of race, class, and gender oppression.

Collective spaces. Various forms of resistance were revealed within women's collective spaces, outside of mainstream government institutions. These ranged from feminist and women's organizations to grassroots neighborhood committees or gatherings. The focused issues addressed violence against women, the decriminalization of abortion, health and reproductive health, political leadership and participation, community development, and a hotline to assist

women with using Misoprostol appropriately. The strategies of women's resistance include organized marches, workshops, meetings and events. Women utilized popular education, radio, murals and other art forms, publication materials, such as pamphlets, manuals, leaflets, and flyers, and informal group discussions. Paz recalls participating in a woman's group, "I know a lot of women who are organizing… and I participate in some discussions that I'm interest in and it's growing, it's beautiful." Sutton (2010) states, "both political protest and daily activist work demand intense *bodily* commitment… [and]… is about engaging other bodies in the project of creating social change, of building power together from the bottom up" (p. 176). Hence, in addition to separate collective spaces of resistance revealed in this study, collectively, these organizations and grassroots groups and committees support each other in solidarity to resist oppressive structures. Further, groups network with each other. For example, the lesbian and feminist collective that Katia is a part of, often network with other groups in order to bring knowledge of using Misoprostol appropriately to marginalized spaces that normally would not have access to this information. Katia explained that groups reach out to them and in turn they conduct workshops in various areas with Mapuche women, immigrant women, poor women, and women who are sex workers.

Women's collective spaces seemed to occur organically based on a political identity, experience, and responsibility to resist dominant cultural expectations and gender norms. For Macarena it was important for her to reclaim her rights as a woman. She reflected,

> I have many problems in this society, because when I [see] that somebody is abusing a woman… I can't be quiet, immediately I go… "no, you can't say that" or "you can't do that with this person." I feel more affinity with women, of course. It's my first group of reference in my life.

When women communicated their struggle with identity, sexuality, or place in society, they often referred to wanting to give back to society and to women so that women in the future have a different experience. Esperanza discussed the fear she had concerning her sexuality. For her, sexuality produced panic. However, now her perspective has shifted. Esperanza thinks many young women, as young as fourteen or fifteen years old, have sex, but do not realize the value of their sexuality. She disclosed, "It's an expression, very beautiful. Sexuality with or without love, it's good, but it's not seen this way." Esperanza now understands the context in which her fear was embedded. She expressed the church as the principle cause of shame and fear around her sexuality. However, Esperanza has transformed her fear into resistance against the dominant cultural expectation of women by reclaiming her sexuality as beautiful and not shameful. For Esperanza, it is important to teach other women, especially young women. She said, "Women have value, [but] many women don't think this in Chile… [We] need to teach women… [there] is no need to be afraid."

Conclusion

This chapter has revealed how constraining people to the margins of *other* has existed throughout Chilean history to denote who has power in society and who does not. This dominant ideology or discourse is consistently recycled within power dynamics of race, class, gender, and nation and is reinforced by key institutions, such as the government, the church, and public health institutions. Segments of the population who resist the dominant discourse are subject to repression, including criminalization. However, this does not stop forms of resistance that occur within and is in response to the inequity produced and sustained by dominant historic cultural processes.

An intersectional analysis helps to understand the multiple ways in which structural, cultural, and direct violence define women's experience of being criminalized for abortion in Chile (Cabrera, 2010; Crenshaw, 1989; Sokoloff & Dupont, 2005; Sutton, 2010). The likely multiple systems that shape women's lives, being poor, indigenous, powerless, a domestic worker, in an abusive relationship (Cabrera, 2010; Center for Reproductive Rights, 2010), and living in a country with repressive reproductive health policies, are more complex than just a linear reality of *women-abortion-criminal*. Framing abortion in a much broader context, such as barriers to health and economic resources are integral in understanding women's lived experience when terminating a pregnancy (Silliman, Fried, Ross, & Gutieérrez, 2004).

Connecting the existence of collective spaces for women within the larger context of race, class, and gender inequality, demonstrates a kind of resistance in carving out a safe place to have a voice and a sense of belonging. These collective spaces represent mutual aid networks where women support each other (Lee & Swenson, 2005). Thus, women create collective spaces as a form of resistance against types of violence that constrain power and agency (Parkins, 2000; Salazar Pérez, 2014).

According to Muñoz Cabrera (2010), the expression of violence can be situated in the language of the body. The body as a point of reference aids in understanding women's lived experience of being criminalized for abortion. As Demello (2014) writes, "We do not just *have* bodies; we *are* bodies" (p. 9). The next chapter will discuss the ways in which women embody and contest being criminalized for abortion in the context of and in response to inequality, respectively.

Chapter Five: Embodiment

> Our bodies are not just biological entities; they are the territory through which we exist in the world, taking up skills and characteristics that, far from being innate, are socially and culturally constructed. (Maira, Hurtado & Santana, 2010, p. 21)

According to Turner (2008), embodiment is the phenomenology of lived experience and does not isolate experience as separate from the body. Spitzer (2009) describes bodies as the site that creates meaning through socio-cultural environments. The body is both an object of social exclusion, inscribed upon by contexts of power, and a subject of human expression and experience, in which we make sense of the world. Coole (2007) adds, "The flesh is vulnerable to material as well as symbolic violence and pain. It is objectified, imprisoned and exploited" (p. 416). In its materiality, the body is a site of concrete forms of direct violence in addition to be an object of exploitation. Thus, the theory of embodiment helps to make visual direct and abstract forms of violence on the lived experience of women criminalized for abortion.

Pía shared that many experiences cannot be expressed in traditional ways, explaining, "sometimes experiences are in our bodies and are not always in our words." Women who are sexually active and biologically capable are at risk of the consequence of pregnancy. As Macarena, who had two abortions, expressed, "Every woman that is healthy has the possibility to get pregnant." However, the politics of abortion make it clear that abortion and the criminalization of women for abortion is framed along social and political, not biological lines (Farmer, Lindenbaum, & Good, 1993). Therefore, focusing on the body as a site of inquiry aids in making intangible concepts of inequality tangible, highlighting the complex relationship between inequality and lived experience.

Focusing on women's testimonies helps to construct a framework for uncovering forces of unequal power structures and the impact of this on women. It fosters an understanding of how women experience their own bodies and how their bodies are defined by "structures of power that circumscribe this experience" (Coole, 2007, p. 417). Women's narratives offer a glimpse into embodied realities of being criminalized for abortion, revealing concrete and symbolic harm to their bodies and how women create meaning and internalize meaning from this experience. Inequality, at subjective and experiential levels, is situated in the body (Mackenzie, 2011; Spitzer, 2009). Charlesworth, (2005) states, "[I]f we are able to understand the lives of those rendered invisible… then we need to pay attention to what people are saying" (p. 299). Thus, it is important to hear the narratives of women, which illustrate the ways in which injustice and criminalization resonates within the body.

This chapter highlights women's accounts of terminating their pregnancy within a highly criminalized environment. Unlike previous chapters, this chapter focuses on the narratives of women in order to situate their voices and experience as central to informing our professional knowledge base. In this chapter, embodiment as lived experience is illustrated in the narratives of women to help shed light on the ways in which the body is a site of violence, construction of meaning, and inscribed upon by inequality. Thus, women's narratives exemplify their embodied experience of being criminalized for abortion.

In the first part of the chapter, I discuss the broader social, economic, and political contexts in which women made decisions to terminate their pregnancies. However, the majority of this chapter highlights the ways in which women identified experiencing inequality around their abortion experience through violence, fear, silence, isolation, and internalizing the dominant cultural discourse discussed in the previous chapter.

Contextual Realities

An important aspect of understanding women's lived experience with abortion in a criminalized environment is being able to link women's decision-making to the larger structural issues of inequality. Women's decisions were consistently connected to the social, economic, and political realities in which their lives were embedded. In general, women decided to terminate their pregnancies due to the following: health issues; the political context not being conducive to raising a child; negotiating abusive or other relationships; and not feeling ready or wanting to have a child because of age, single-parenthood, limited income, or by choice. These issues are presented in a linear fashion, but the reality is that there are multiple issues happening for women at the same time. The decision to terminate a pregnancy was extremely personal and distinct for each woman and often the result after weighing a variety of very difficult circumstances.

Abortion is a personal and radical action within oneself. Each woman's lived experience with abortion was specific to her. Eisenstein (2001) stated, "[B]odies are always personal in that each of us lives in one in a particularly individual way. They are also always political in that they have meanings that are more powerful than any one of us can determine" (p. 1). To understand the complexity of women's diverse realities, I will highlight aspects of a few women's stories, Anaís, Paz, and Constanza, in order to understand the context in which their abortion decisions were embedded.

Anaís was in her twenties when she had her four abortions. She already had a son with a partner who she loved very much and saw her future with this man. When first pregnant with her son, it was a difficult time for Anaís because she was constantly in conflict with her partner. She did not want to be pregnant and have a child, but she was in love with him and he wanted to have

kids. When she became pregnant, their relationship changed from one of freedom to one of responsibility. Her partner left Anaís and their baby to fend for themselves. Anaís never envisioned or wanted to be a single mother. She went into a deep depression, which was the only episode of depression she has had. She went, "*subterraneo*" (underground), and described it as an especially dark period in her life. While coming out of her depression, she had four pregnancies with three different men. The first of these pregnancies occurred because of a condom that broke. The next two pregnancies resulted from not using a condom because this particular partner did not want to use them. In each instance she was clear that she did not want to have any more children, but forces beyond her control led her to be pregnant again. Her son was very little and she was still recovering from the separation with her son's father. Further, as a single mother she had limited income; thus, she was not in an economic position to have more children.

Paz was twenty-four years old when she had her abortion. At the time of the interview, Paz was twenty-six years old. When she became pregnant, she and her partner were unemployed and had been living inside of their university during a *toma*[7]. Paz and her partner, like many other students during this time, were taking over and living inside of their universities in order to demand free and quality education for everyone. The student movement was initiated by high school and university students and eventually became a conduit for broader "demands for structural change—such as nationalizing privately held natural resources, increasing taxes on the wealthy, and reforming the 1980 constitution imposed by Pinochet that was carefully designed to limit basic freedoms…" (McSherry & Mejía, 2011, p. 29). There were hundreds of thousands of people taking to the streets to demand change. Some people I encountered on the street told me that they had not seen this type of movement since the dictatorship of Pinochet.

[7] In this case the *toma* refers to the occupation/take-over of a university by students.

Paz disclosed, “It was really weird at that time because we were finish[ing] *la toma*… and we didn’t have a house in that moment [because] we were [living] in the university… so we [stayed] at friend’s house.” The friend she stayed with had a baby and Paz saw how important it was to be prepared to have a baby. Paz liked the idea of being a mom, but because of the political climate of the time, Paz did not feel ready to have a baby. The struggle for equality in an unequal system had filled her with a feeling of hate, “It’s easy to hate on this planet with everything that is going on.” She did not possess the confidence to bring a child into a context of struggle. Paz was upset that the government was not listening to ideas for positive change. Changing the educational system represented class equality, but with resistance from the government, she felt that they only wanted children as laborers, for the system, not unlike the discourse during the dictatorship. She asserted, “All children are welcome — for work.” At the time of her pregnancy they were just leaving the *toma* and she felt very “*decepcionado*” (disappointed) with the world. She questioned, “Why would I want to bring a baby into this situation?”

Constanza grew up poor. She is the daughter of a live-in domestic worker and she was raised in the home where her mother worked. Being Mapuche in a non-indigenous environment, Constanza suffered from racism and abuse. The racism was not from the *patrona*, but from others in her immediate community. She suffered daily physical abuse from her mother. The only time her mother did not hit her was on her birthday. Constanza was searching for a community to belong to and found it when she became politically active at an early age. This gave her a sense of identity and strength. She was a communist for many years, involved with popular radio and various committees.

Constanza had her first abortion in 1990 when she was twenty-six years old, the year that abortions in Chile became completely illegal. Although she was politically active, she was not

involved with the women's movement, as she saw the woman's movement as "*burgués*" (bourgeois). She was fighting for other causes, such as race and class equality. Consequently, Constanza's activism was not focused on women who faced violence in their relationships. However, she was in an abusive relationship that she labeled as "a crazy [and] insane relationship." She revealed that men either do not understand, they are abusive, or they are not present. "You either feel love that is not there or you do not have love." She tried to end the abusive relationship many times, which finally ended when he found out she was pregnant.

These three excerpts of Anaís, Paz, and Constanza, are not representative of the range of experiences the women interviewed about their abortion experience. Each woman voiced unique and personal circumstances. However, these narratives of women illustrate the context of gender, class, and race inequality in which women's abortion decisions and experiences are embedded.

Embodying Inequality

The embodied realities for women who had terminated a pregnancy encompassed complex layers of inequality. This inequity is the result of social, economic, and political structures and subsequent positioning of social exclusion and isolation. In addition, women's bodies were marked by cultural discourse, relegating women to the margins of society, which defined women's agency, identity, and displacement. In their abortion experience, women expressed embodying violence, fear, silence, isolation, and the internalization of the dominant cultural discourse.

Violence. Agency is drastically reduced when women are compelled to harm themselves. The clandestine environment resulting from the illegality of abortion fosters exploitative, violent, and life threatening conditions for women. Rafael, a documentary filmmaker who made a film about abortion in Chile told me that, "abortion is violent—the way society shames and treats

women who have abortions, the way policies punish women, the way women hurt themselves, and the way women internalize this violence." The many layers of violence are embodied within women who terminate their pregnancies. This was reflected in the lack of agency afforded to poor women concerning their abortion experience and the material impact of abortion on a woman's body within a clandestine environment.

Ani pointed out that the criminalization of abortion provides the opportunity to reinforce Chile's class structure. For example, illegality determines the level of safety of the abortion procedure based on how much someone can pay. Ani said, "the [abortion] procedure perhaps can be done in a very secure clinic, you know, [with] technology. And if you're going down the scale, you may have very rudimentary procedures, [which are more] high risk." For low-income women, this reality was highlighted in the experiences shared about the process of seeking a clandestine abortion. For the women who had little to no money, this determined how or whether they could terminate their pregnancy.

For some women, lacking financial resources meant their only choice was to purchase herbs off of the street and these women did not always trust where they purchased the herbs or if the herbs would work. In one of Paloma's abortion experiences, she had a strong negative reaction from taking street herbs and was in a lot of pain without the successful result of terminating her pregnancy. One time Anaís went to a woman's house in the hills outside of the city center. This woman was very poor, and she told Anaís to drink many liters of water with *canela* (cinnamon) and to exercise heavily. Anaís was told "with a certain amount, you can drop the embryo [however] this way of abortion did not give me results." Anaís was in search of a different way to have an abortion and she found a woman who she thought worked as a performer on the street, "*que bailada en la calle*," (who danced in the street). Receiving an

abortion from the street performer was dangerous for Anaís because the woman had no knowledge of health. I asked Anaís why she enlisted the help of the street performer and she replied that it was because she did not have any money, "*nada, nada, nada*," (nothing, nothing, nothing). Thus, this was the cheapest route for her. Often these experiences happen inside of marginalized spaces that are "very poor, very dirty," Anaís reflected.

Other women with limited resources terminated their pregnancy through a medical procedure, but not necessarily with a medical professional. These women made due with who was available, rather than being able to look for the best care. Women often terminated their pregnancies in unsanitary environments because they had no choice. Constanza had one of her abortions at a house where the woman who performed the abortion lived. Constanza remembers that the abortion was performed on a bed "where someone slept, they just put a sheet [on the bed] and did the abortions there." The clandestine condition created by restrictive policies, put poor women's health and lives at risk, without eliminating abortions.

Contrary to this, Pía, who had access to financial resources and Anaís who borrowed money for two of her abortions to allow her access to a safer abortion, were able to go to medical professionals to terminate their pregnancies. This is a common practice among women of middle-to-upper class. Although having access to financial resources facilitates agency, it does not necessarily ensure a sanitary environment or good treatment from the abortion provider. For example, Pía gave an example of one location that she visited. It was an old house with many women sitting in one room waiting for an abortion. "There were six or seven cats moving around these women," and this made her feel uncomfortable so she left. Pía had a measure of choice not afforded to women without resources. Pía went to multiple places before choosing a location that she trusted to terminate her pregnancy. The woman who performed Pía's abortion was polite and

Pía had confidence in her medical knowledge, but the context of illegality during the 1970s did nothing to ensure a healthy environment. Pía remembered,

> Well, this was a house, a very normal house [with] a garden… I went to the second floor and what I remember is… the light bulb. This was a room with a bed, nothing else, it was a very common room, nothing about sanitary conditions, nothing that you could recognize that this was a room for abortions. This also means that it was insecure, I imagine, because it was like any room, no sanitization, nothing like that.

For Anaís, who terminated two of her pregnancies in the late 1990s at a medical clinic with a private physician, she did not have any fear regarding her health and the clinic was a hygienic environment, but the doctor had a sinister face. She heard a rumor that this doctor was from the time of the dictatorship, so she did not feel comfortable with him. She felt this doctor was distant, as if he had no intention of caring for his patient. Thus, clandestine spaces often fostered distrust and hostility, even within a medical environment.

Despite the negative aspects of Anaís and Pía's experiences, generally women who have more resources have some level of protection, even in an illegal context. Having social and economic resources and being able to trust in the provider greatly influenced women's perception of how they feel about themselves when terminating a pregnancy. Marcela's friend who had more resources left the country to terminate her pregnancy where abortion was legal. Her friend was safe, no one questioned her, and so she did not question herself. She had a sense of self-worth, Marcela reflected.

Macarena, who had two abortions, experienced something similar. Her second abortion took place in Mexico, where under certain circumstances she could terminate her pregnancy legally. She felt supported by the gynecologist who told her and her partner, "The most

important thing is that you two are secure, are safe, and are sure about your decision." It was empowering for Macarena to have support and information and made her feel like "We are doing something good, you know, in a good way." This emphasizes the distinct experience of having a supportive context versus the environment of inequality and illegality, which is disempowering and puts women's health and lives at risk. Ani reflected, "… having the backing of legality makes a big difference for women, because at least they have this right versus having no right at all… having no rights creates a highly vulnerable situation and experience for women." Pía conveyed her thoughts of the lived experience of inequality around abortion for women during the dictatorship,

> Of course I recognize my experience is the experience of middle-class that [gave me] the possibility of doing it in the best conditions. I think that [class] differences make a big difference among women. I remember, for example, listening to women that did [an abortion] with the *sonda* technique… they went with this hose [inside of them] two or three days. I just cannot think of equality, it's impossible to believe in equality because I remember one of them was telling me the story, I was almost going to faint listening to her… That makes the experience of being a woman, really different. I have not had to go to work with something in my body… imagine when you do it in such aggressive conditions with your body and also with all this clandestine thing around it.

Many participants highlighted that the act of abortion, was violence to their body. Paz reflected, "It's weird because when you're pregnant the only way to take out the baby is like in an intervention and always that intervention is violent… so, I was preoccupied about that, about

my body." Paz aborted after 2010 with Misoprostol[8], which if used correctly, is safer for women's bodies and health, however she still expressed the process as violent,

> … you have to put chemicals inside your body and you have to pay, it's not a ritual. There is a lot of economy in that process, it's not free in that sense. You have to search, you have to pay, you have to risk. You have to take pills and put pills inside your body and it's not natural. I don't like pills, but it's the only way that you can do it in your own house and know that it's not dangerous. So, I was there with my head, with a lot of questions, and the pain.

For Paz, her abortion was a bodily experience on multiple levels. She was in a lot of pain and it felt as if someone had their hand in her uterus and was squeezing, twisting, and turning her insides, "To stop being pregnant, it's intense," she said.

For other women who terminated their pregnancies with the *sonda* technique, they expressed experiencing a lot of pain in their body, both from the actual technique and for Anaís, the infection that developed afterward. Anaís used the *sonda* technique, a hollow rubber tube placed in the cervix to allow air to enter the uterus for the two abortions she had in a *población*. The second time she experienced a lot of physical pain and remembers it was more complicated due to getting an infection from the procedure. The infection was not bad enough to warrant a hospital visit, for which Anaís was grateful, "but it's very dangerous because of the infections." The *sonda* is a dangerous technique and was only used on women who had no access to other resources (Paxman, Rizo, Brown, & Benson, 1993). Constanza remembered, "The *sonda*, the most dangerous in this country. It was only used on poor women, it was something very common [for poor women]." For Pilar, who was a teenager when she received her abortion, the *sonda* was

[8] Misoprostol is used to prevent ulcers, but also for labor induction.

incredibly painful. She remembers being full of air, "like a globe" and screaming because the pain was so strong. "It was not just my body that was hurting, but also my spirit." She was crying as she relived the pain and sadness of this experience for her. Marcela remembers a friend who aborted with the *sonda* technique, which she expressed was, "very violent." Watching how dangerous this was for her friend, how violent and unsafe the process was, and not having any other alternatives, made her feel helpless. She remembered, "Look… it hurt me that she hurt… I have no problem with abortion, I believe it's a decision for women to make and if it can be less violent, it's better for the woman."

Abortion was not easy for women interviewed in this study. No participant shared that abortion was something she would like to do to her body. Especially for poor women, being forced into a situation that was high risk to their bodies and lives, reflected the unjustness in the law by how women are impacted differently. Women's experience of bodily harm demonstrated how violence is palpable and concrete, making an abstract concept, corporeal.

Fear. Violence to women resulting from restrictive reproductive laws and policies manifests in women's bodies. All women discussed experiencing some level of fear. Fear about sexuality and violence, fear of the unknown, fear for their bodies and their lives, fear of the law, and fear of others finding out, both that they were pregnant and that they had an abortion. Thus, the body was a site of enduring fear.

Esperanza pointed out that in Chilean society, there is little discussion about "sexuality, reproduction, and menstruation." She was thankful that she was able to learn many things from her mother, but these teachings were continually fraught with fear, in part, because her mother "suffered greatly in childbirth. Obviously she had fear and all of this she passed on to me." Esperanza had "fear of the first sexual relationship, fear of getting sexuality transmitted

infections, fear of childbirth, [and] fear of abortion. Fear of everything!" Her sexuality began with embodying fear. This bodily experience of holding on to fear for Esperanza was transferred to her from her mother. In contrast, Macarena has never lived with so much fear than she does now that she has a daughter. She reflected,

> So all of my fears will transfer to her. All of the things that she will live, I will live, and all that happens to her, will happen to me. If she is raped, it will be like I was raped.

These examples of transference between mother and daughter for both Esperanza and Macarena demonstrate how fear is a bodily experience, capable of being passed on from body to body. Their stories also reveal the potential vulnerability of women's bodies. The fear produced from clandestine environments has an equal opportunity to be passed on to women who seek abortions in these spaces.

Having to negotiate their way around clandestine spaces was a new experience for women. Women shared they were afraid of the unknown. Entering an unfamiliar area to get an abortion produced fear. These women had to visit neighborhoods they were not familiar with and go to a stranger's house. For example, Anaís talked about a *población* in a rural area that she had never been to before. The man she dated at the time and with whom she was pregnant, was from this community. Before going to the *población*, she was told to be careful entering the community and the particular house because the woman who was the abortion provider lived there with her family. She said, "It was not like entering an office." An office is a neutral space and Anaís went to someone's home, which is an intimate space. The clandestine nature of the situation combined with feeling exposed, produced fear for her.

Paz also expressed fear of the clandestine environment and having to navigate an illegal transaction. Paz purchased Misoprostol online,

> We start to search on the internet and we found pages where people were selling the pills… but I don't like it because it's always impersonal, you have to buy from an unknown person who only wants your money… there is a risk there because you're going to put [these pills] inside your body. So we were really afraid to do it that way, but the other ways were impossible because we didn't have the money or contacts in big clinics.

Although these clandestine environments were distinct from one another, women revealed a similar sentiment that it was the clandestine nature of abortion that produced fear, and for some an element of hostility in their experience.

Women also expressed fear of not being in control because they did not have access to information and they were afraid to ask questions. For example, Macarena, a teenager at the time, went to a house in a *población* that made her feel insecure because she was unfamiliar with the area. A woman opened the door and offered her and her boyfriend a seat. They waited for forty-five minutes and she remembered seeing a woman who came out of a room, looking tired, and as if she was crying. Macarena thought, "Oh my god, maybe there is a lot pain." She was trying to build a story in her head of what was going to happen, trying to understand because she was afraid to ask any questions.

> If I ask any questions and they feel insecure, maybe they say, "We don't want to [do anything] with you, leave from here." I don't want to do that because I need to do the abortion… [Also] I start to talk with my boyfriend and I say, "I need to ask them what they're [going] to do with me," and he [answered], "no, you can't ask any question[s], you will enter and ask nothing, don't ask nothing."

Macarena was also fearful for her health,

> I was scared… [to] have other problems because one of the things is sometimes you go to

> get an abortion and something went wrong and then you get sick and then you need to go to [the] hospital… so, that is like the worst thing that you can live, you know, like I want to have an abortion, but I don't want the abortion [to] put me in a worse situation, and so I was [worried] about all these things.

Not knowing what was going to happen to their bodies produced uncertainty for women. Paz remembers,

> I was worrying about my health, but I was sure that I want to do it, so I make the decision and I do it. I take the first pill and I know that I started… I remember that I was clear that I want to do that, but also I have like a confusion… inside… the fear was more [about] the pills, the way to do it. I had doubt about my health. It's weird because you know it's going to be a lot of blood and maybe you can pass out… you don't know the real thing until you do it. So, I was insecure about that.

Further, multiple women expressed fear of potentially dying due to an abortion complication. Paloma knew a woman who had died from an abortion. With the first abortion she had at seventeen years old, she had a lot of fear about losing her life and leaving her two children behind. Pilar expressed a similar fear. Her friends told her she would bleed a lot and could die. And Macarena had heard of women who had died,

> I was scared because I had heard about many cases of women that [died] in the moment [during] the abortion or after the abortion… or they felt bad, or something was wrong, or they put something inside you that made you feel bad and then you're dead… and always I was thinking if the doctor was a real doctor or just any woman.

Women also expressed concern about how health complications might lead to legal consequences. Participants constantly expressed fear of having to go to a public hospital if

something went wrong with their abortion, "If you were hemorrhaging, it was a risk." Women who aborted with the *sonda* technique were especially fearful of complications arising, as it was a dangerous technique that might warrant a hospital visit. The *sonda* was also easier to detect than more contemporary methods, such as Misoprostol. Women were afraid if they went to the public hospital, they were at risk of coming in contact with law enforcement. For example, Macarena recalled,

> The only thing I remember [is] that if you arrive in the hospital with the consequence of the abortion, the illegal abortion, of course immediately the doctor called the *Carabiñeros*, to the police, so you are in trouble, in legal trouble…

Not only were women afraid of the actual abortion experience and how this might impact their health or subsequent criminalization, but they also expressed fear of others finding out that they were pregnant and that they had had an abortion. For example, Macarena expressed,

> [I was] afraid because I don't want to be pregnant and I started to feel very bad, like vomiting… physically bad, and so it was a very hard time because I don't want my mom [to] realize that I am pregnant... I was completely afraid because… we need to hide that I am pregnant, and I feel bad and nervous, with a lot of fear.

Paloma had both fear of dying from the abortion and she was afraid to tell her husband that she was pregnant. Because of Paloma's husband's jealousy, she feared that if she told him about the pregnancy he would think the child was not his, that she was having sex with other men, and that he would beat her for that. However, she was adamant that she had never been with anyone besides her husband, "*ni uno*" (not one). Paloma, like other women, held fear in their bodies on multiple levels. For Paloma, she was afraid to have an abortion and afraid of her husband's reaction if he found out she was pregnant. She was full of fear.

Many women interviewed disclosed they had not talked about their abortion experience in a long time, if ever. Pilar told me that she had kept her abortion experience to herself and was not sure what her daughters, both teenagers now, would think of her if they knew. Holding on to the fear around their abortion experience was a profound deep kept secret. Thus, structural and cultural violence creates the condition where women feel they do not have a voice within their own experience.

Silence. The emphasis on criminalization created the condition where women did not have a voice or a place in their abortion experience. In sharing their stories, women were often reliving the silence they embodied as a result of the clandestine nature of illegality. These stories were suppressed and stored in their bodies, sometimes for years. Without a place to voice what they remember of their experience, the consequence is that their experience is defined for them, relegating women invisible to the margins of society.

For many women, having an abortion is a deep secret in which they had not shared with anyone. Anaís did not tell anyone, "*no lo conté nadie*" (I told no one), about two of the four abortions that she had. In part this was because these pregnancies were the product of "only sex," and not from being in a relationship. During the interview it was also difficult for Anaís to reveal that she had four abortions. She seemed hesitant to share, as if she was awaiting my response before opening with me about the next abortion. As I showed no judgment toward her one way or the other, she was more comfortable to open up about the other experiences and eventually told me that she had shame about having had four abortions. I received a similar response from Paloma. Paloma also had four abortions and she was concerned what my reaction would be. This demonstrated how deep this secret is that women are holding on to in their bodies.

Macarena felt the context of criminalization makes abortion taboo. She explained, "You

can't talk about it with everybody. Like if you say, 'I had an abortion, or two abortions, or three abortions,' you are a bad person, you have problems. You are a murderer." In the *población* where Pilar was from, women who aborted in the late 1980s, early 1990s did not talk about their abortion experience with anyone. She said that there are many issues in the community, like abortion, that no one ever talked about because it was "very taboo, very secret and hidden." She continued, "You have to keep it very quiet or you will get judgments from others." For Pilar, her mother was very critical of her and her boyfriend, at the time, put all of the blame on her. In this way, women do not exist in their experience, but rather through the discourse that others project onto them.

Marisol, whose family fled Chile during the dictatorship, had an abortion in the host country within a semi-legal context. She discussed the context of her decision not to share with her family that she had an abortion.

> [My family had a] Catholic upbringing and I don't know whether it was really Catholic, but moral, where sexuality was at the central core of it and how women should behave in order to get respect from the men around them. So… when my abortion did take place and my mom continued to have basically the same ideas, right, so I never told her….
>
> [also] they always placed quite a lot of expectations, too many, far too many expectations of my performance, my accomplishments. It's like for them, I was going to be what they never were. My mom didn't even finish elementary education, my father did not even finish high school education. They came, both of them, [from] very poor, working class backgrounds… I knew that if they found out that I had gotten pregnant, it was a let down… so, I think it would have been really, really, really difficult for them to deal with it. And even up to that point my mom never talked about birth control, never talked about

> sexuality, it's like what are you going to tell them, "eh mom I got pregnant, eh mom, I got an abortion."

Family's expectations presented an issue for other women as well. For example, Pilar's mom had plans for her. Her mother dreamed that her daughter would get out of the *población*. However living in a poor area, Pilar questioned, where was she going to get exposure to something else? Women kept silent about their pregnancies and abortion experiences, in part, because of not being able to live up to family expectations.

For Paloma and Pilar, the silence was literally embodied through swallowing physical pain. For one of Paloma's abortions, she went to a doctor. This doctor told her to be quiet when she was experiencing a lot of pain and threatened to kick her out of his office if she made any sounds. Pilar, an adolescent when she had her abortion through the *sonda* technique, cried out in pain from the intensity of the contractions she was feeling. Her mother told her to be quiet or the neighbors would hear. These women silenced their very concrete bodily pain reflective of not having a space in their experience.

Women's embodied silence also included not disclosing their abortions with medical professionals, making it difficult to calculate the rate of abortion and to provide needed services. Alma said, "because abortion is criminalized, we have no reference for the reality of abortion in Calama… women do not talk about it. It's super airtight." Francisco acknowledged what he notices in his *consultorio*,

> With abortion… when we know about cases we kind of scandalize a bit, like, "wow, she had an abortion"… and we don't like it, we don't like that that happened and the women usually run away. They don't appear here anymore because they know that there is a problem for us, too.

As a psychologist, Francisco focuses on "the emotional reparation… [rather] than the legal repercussion." But he could not say that his colleagues would respond in the same way, as they do not talk about it. Francisco said that abortion is "so secret" that often when medical professionals first become aware that a woman had an abortion, it is in the emergency room dealing with complications. Thus, the invisible becomes visible when the body endures health or legal consequences. When an aspect of abortion does become visible, it is in a negative light.

During interviews, women knew and expressed what they wanted and needed, such as being with professional women who could support them. However the emphasis on criminalization creates the condition of invisibility where women feel they are not "existing in the experience," as Pía reflected. Behnke (2003) suggests that a "body breaks the silence and announces itself to us when something goes wrong and our own body presents itself to us as an object" (p. 7). When an experience is objective versus subjective, "we do not experience in our experiencing" (p. 7). Thus, women's bodies are moving within these clandestine environments and there is silence there because these spaces do not exist. Pía shared,

> I realized what to be a woman meant, this idea of clandestinity about a situation that so often happens in women's lives, all this secret because you have the experience… it's something with my identity that has a sort of footprint that's there and it opens you to leave or to inhabit your body in a different way. But what's hard, I think, is that something happens to you… [that] cannot exist. I would say that was the most… violent, but it's a hidden violence that takes out some sort of trusting in society or that I have a place here.

Pía was involved in clandestine political work after the *coup d'état*, however the clandestine nature of abortion was more profound for her than her underground political work.

> [It] was really out of my imagination and any similar experience. I remember going to two or three places before with this secret [to have an abortion] that makes you become… immediately you become different. You're moving through places that do not exist. And I remember thinking that the political clandestine work was nothing [in comparison]. Because certainly you could be surprised and you could go to jail, but here [with abortion] it was your body, it took place in your body and also all this silence about that.

Many women felt violated by not having a voice or a place to "exist" in their own experience. The biggest violation for Esperanza was "the little capacity she had to decide" and for Macarena the most serious issue for her was that she did not have any choice. In this way, silence or the inability to choose represented state violence against women.

Paz explained what having little space to choose in a repressive environment was like for her,

> You're trying not to hurt anyone, but you feel like shit always because you have to do things in the darkness… and also you have a lot of questions, you don't have a face to make those questions [to], like a person that you go and you say, "I have this question, I feel this way", it doesn't exist, it is all virtual… [the State] is making you feel like shit… why are they appearing in my abortion? Why am I thinking about that when I am in the pain of something personal? I feel rage in that moment because they are in all the places in our lives, where is the liberty?

Participants discussed poor women as not able to make decisions freely about their bodies, that their body is not their own. When I asked Emilia who has control over their bodies, she responded by saying, "the state, because the state determines who gets healthcare and if a woman needs to seek a clandestine abortion." Moving within clandestine spaces without an

ability to voice their experience, created invisibility and consequently women did not exist in the experience. Thus, social exclusion and isolation were manifest by the structural and cultural violence in which women's abortion experience was embedded.

Isolation. All of the women interviewed about their abortion experience mentioned distinct forms of isolation. Women discussed the consequence of sharing their pregnancy with others, of being alone in their pregnancy and abortion experience, of feeling alone, even when they were with others, and of being abandoned by the state without any protection or access to information or professional support.

Constanza was with a man who was part of the liberation theology movement, which helped to unearth her political identity as a Mapuche activist, so she was very taken by him. However this man was already married and had a child and he left Constanza as soon as he found out she was pregnant. Thus, she was on her own. Constanza went to a *población* to receive her abortion. She brought her son with her because she did not have anyone to watch him for her. She also had a friend accompany her to the get the abortion, but this friend could not escort her home. After the abortion, Constanza felt weak, but she made the long trek home across Santiago by bus with her baby in her arms. She described feeling something deep inside of her when she was on the bus. It was not guilt or loss because she knew that she was not ready to have another child. However, in this moment she had a profound realization that she was completely alone, sitting on a bus with her son in her arms, in silence. Constanza felt rage toward the man she became pregnant with. She revealed a big disconnect between her head and what she knew was happening, and her heart, including the loss of the companionship that she longed for. The pain she felt in her body was sadness, the sadness of being alone in this experience.

Pilar became pregnant the first time she had sex as a teenager and both her mother and her boyfriend at the time expressed anger with her. Her mother called her a whore and her boyfriend called her a murderer. She felt abandoned by the two people closest to her. Pilar did have a positive experience with the abortion provider, "She was very caring to women, not like *una bruja* (a witch), but full of love, a very good person." However, when the community in the *población* found out that this woman provided abortions, the provider had to leave the community. This was especially sad for Pilar, as the one person who supported her when she felt abandoned was ostracized from the community, leaving Pilar feeling more alone than before. Pilar suffered from depression for many years because of the isolation she felt in her abortion experience. When I asked Pilar how she felt talking about her experience in the interview, she disclosed feelings of loneliness. However, after sharing what she went through, she felt a little lighter and less alone. Other women discussed similar sentiments regarding feeling less alone after sharing, validating the importance for women to have a safe and trusting place to voice and normalize their experience, decreasing their sense of isolation.

Esperanza described using Misoprostol, which she received from a public health institution, to abort her dead fetus. She was at home, by herself, when she put the pills inside of her vagina, even though international organizations that advocate for the use of Misoprostol suggest never being alone in case of potential complications (Women on Waves, n.d.). She went through the abortion process by herself, but it was not her choice to be alone. It was difficult for Esperanza not to have anyone with her or to be able to ask for any support. She cried during the interview, reliving the sadness of being alone in her abortion experience with this tragic loss of losing her child. After aborting her fetus, she was not offered any resources through public health. She felt ignorant and no information was given to her. Further, with abortion it is secret,

so hardly anyone knows. But with a miscarriage, which is also called an abortion in Chile, it is difficult to have space to feel the loss. Esperanza was often asked, “When are you going to get pregnant again.” Thus, she did not feel she had a voice in her own experience and this made her feel as if she was alone.

However, even for Macarena and Paz, who had their partners with them before, during, and after the abortion, they still felt alone. This was explained as not feeling that their partners, who were with them during the abortion, had the tools or the experience to support them. In part, this was due to their partners being young, like them, with no experience of their own. Macarena reflected,

> The reality is that I didn’t know what to do or how to channel my feelings, so… I was always waiting for my boyfriend to transmit to me security and to feel safe, but he can’t because he was the same, a young guy and inexperienced. So, I was waiting for something… that never came. That made me feel frustrated and he was the only person next to me and so in that point, I felt alone, “if you can’t give me anything that I need, I’m alone”… that was hard. I remember having the deep feeling that we are alone in this world. We are alone, it’s your decision and nobody will understand why you make this decision. Nobody will understand what is going on inside of you, in your mind, in your life, in your feelings, so you are alone and that kind of decision is [a] very very deep decision.

Paz remembers,

> I was with my partner and I felt the need to be alone. So, I went to the bathroom and I closed the door and I sit in the bathroom and I start to feel really painful, like sensations inside my body and I remember that I was thinking a lot of things. In a moment I had to

> put my head on the floor because I was feeling like I'm going to pass out and I was really thinking that it was humiliating. Why do we have to do things like this, for girls, with no one to take care of you, like an experienced person? It was feeling not normal… I really need a woman, like an old woman to tell me it's going to be ok… but I also didn't want to be with my partner because he was preoccupied, "are you ok, are you ok," so, I can't tell him that I'm ok, because I was really not that fine. But I know it's going to be fine, but I can't explain that to him with the pain. I really miss a woman, like, an experienced woman.

Because of the illegality of abortion, women were relegated to negotiate clandestine spaces and experiences on their own. Several women in this study expressed feeling alone and abandoned by the state. Paz described what it was like for her to purchase Misoprostol online through the black market,

> They can lie to you and you are vulnerable. You have to trust in a virtual world. You don't have a face to anyone, it's all on the phone [and] on the internet. It's very strange because in one moment you are totally alone because no one is anyone.

Paz had a lot of sadness and pain around her experience. She expressed disappointment in not being able to coordinate and get help, that there was no professional to answer her questions. She stated, "Where are the women? The structure doesn't allow for this."

Pilar voiced that "with abortion, you are very alone, you can't go see a psychologist or choose where you want to go to have the abortion." Reproductive health policies that treat all women as if they are the same, fail to take in to account each woman's situation. There are a lot of influences that make women feel extremely vulnerable. Each woman's situation is distinct and personal. Paz expressed feeling as if, "you are like a number in that moment. You have to trust

when someone tells you something… but it might not be the right thing." Thus, women expressed feeling vulnerable to abuse and exploitation because of lack of state abortion regulation and protection.

> Francisco conveyed the problem as women not getting support if they want or need it: It's a big problem because we know that [women] are doing it [abortion], but they don't get help for it and some die. For example… there is a case about a woman who had an abortion, there is a lot of bleeding, she can die so she goes to the emergency room. Everybody finds out and then it gets to the local authorities [then] you have the police there in the hospital and she is condemned.

An illegal context produces a lack of ethical professional response, which further isolates women. Luisa stated that health professionals do not usually ask if women have had an abortion. Instead they ask, "How many pregnancies? How many children?" Luisa explained,

> It is not in the care of legitimate health, there is no legitimacy for the experience of abortion from the professional, the health professional. Then women go on the defensive and they are careful what they say because in the end [women can be] legally sanctioned… so, women are limited to share… there [are] few spaces, very few spaces [women] have to process collectively and to have the confidence to speak… There's a very big punishment in society and in the subjectivity of women.

Marcela has accompanied many women with their abortions. The reason why Marcela does this is because women suffer, have a lot pain, and are alone in their abortion experience. Marcela explained that the women she has accompanied could not ask questions to or tell their families, partners, or friends about their abortion. She thinks this is what hurts women the most, being isolated, more than the actual risks of abortion. She continued by saying that women who

abort are discriminated against, violated, and rejected "because people here have a different perspective. Most think [abortion] is murder." Thus, when abortion is criminalized it not only reinforces structural inequalities, but also keeps abortion clandestine in both the physical environment and the internal embodied environment within a woman (Sutton, 2010).

Embodying discourses. Several women described the impact of embodying discourses surrounding their pregnancies and abortions. With abortion, women are not only going against the law, but also against culture and constructed social norms. Laws have not been shown to protect women, but rather foster a discriminatory environment giving others permission to treat women poorly in health, education, and in the eye of the law. Poor women, especially, have to struggle against multiple layers of discrimination in society, which transfers to their abortion experience. Women discussed feeling responsible for their actions and behaviors. This resulted in the embodiment of blame and negative messages, in addition to emotions of sadness, anger, and rage. The latter resulted in some women critiquing the structure of social norms, moving toward a process of finding peace and strength.

Because of the cultural responsibility placed on women, women interviewed described blaming themselves for being pregnant, having an abortion, and for having an unviable fetus. Anaís explained that the most difficult for her regarding her abortion was her self-recrimination for not being responsible, "I felt very violated with the abortion, in myself." The context of illegality created a violent condition in which her abortions took place. Anaís felt violated, but also responsible. Thus she experienced contradictory emotions. When I asked where she developed the idea that she was responsible, she explained, "When you talk about sexuality, when you talk about kids, or your capacity to reproduce, [the state] always speaks of the *exigencia* (requirement) that the woman has to take responsibility." As she struggled to explain

further, Anaís said, for example, women are supposed to be controlling their reproduction with pills, but women are not always driving the situation. There are many things going on at the same time, whether you are interested in the pleasure aspect, or you do not want to bother the other person, or you do not have the energy to make a decision, or there is intimidation because the other is demanding. Many questions intervene in the moment that makes one vulnerable. So, it is not just a question of sexuality being "automatic or mechanical." Anaís said that if you have prevention information and you know how to use birth control, then you have no excuse, none whatsoever "to fail." However, she continued, it is not mechanical or automatic because there are so many other things influencing that situation in the moment. For example, "What is your identity, your relationship to others? And as a woman, what is your relationship to your body? Are you the owner of your own body to make your decisions? It's very complex."

Anaís mentioned many aspects of a societal context, which constructs the internalization of blame for women and for her specifically, feeling responsible for getting pregnant. This is disempowering and creates an internal conflict for women. For Paz, she felt bad purchasing Misoprostol in the black market. She felt like a criminal, buying and dealing illegal drugs. Paz explained,

> It's weird because there are pills… in a Ziploc bag, it's like you're feeling like you're doing something bad… always in your head the thing you are doing is not only emotional, but also a legal thing, you know, you are lying to the government. So that feels weird because you feel bad.

Paz voiced that she is a good person, but she had to go through with her decision to have an abortion. For Paz, the clandestine nature of abortion "contaminates the process, the feeling of the process," resulting in a disconnection between herself and her body.

Marcela explained that women who have abortions have to carry a lot of guilt that is instilled inside of them from others, however, the guilt and shame "is not theirs." Macarena agreed, "They are ideas, prejudices, constructed by culture." She continued,

> The most terrible idea of abortion, is the idea that you are killing someone, a person who kills, murders. The word *kill* carries a lot of weight… I never killed anyone, I killed one ant, you know? The idea of killing somebody, it's like, I don't want to kill anybody, you know? But the idea that society says, "you are killing a baby", it's like, what? What are you saying? I'm not killing a baby. I don't want to kill anybody.

Macarena never felt like she was killing a baby, but she had a friend who had an abortion who told Macarena "I am a bad person, I am breaking all my education… I cannot forgive myself." The education she was referring to was from the church. Macarena's friend came from an especially religious family,

> I tried to explain [to] her how normal this is, how necessary… and it's not her fault. The idea to be guilty… comes from the Catholic moral, you know, because there is a difference to feel responsible and to be *culpable*, you know, to be *culpable* is a moral idea… [and] when you are *culpable*, you carry things that are not yours... and then I realize that the traumatized situation comes from the context, not from the abortion.

The political and cultural discourse creates the condition where women embody feelings of guilt and shame, rather than the actual situation of abortion. Thus, for Paz the clandestine nature of abortion and having to navigate within the black market economy brought up feelings of rage,

> It's not a game, it's not funny, it's not a rite, it's not healthy, and it's not natural… why do you have to do things in this way? Another way to do it would be in a loving way, but

> you have to do it with all that shit… the most profound emotions in our life are mediated [by] the economy… you know in your heart it is not normal, but it's [also] not moral [and] it's not religious, it's another thing... it's weird.

In contrast to the passive acceptance of embodying the political and cultural discourse on sexuality and abortion, Paz reflects on what is important for women to think about:

> The first thing [to ask] is how you feel about yourself and how do you feel about yourself with a partner, or someone you are having sex with? Do you want to be there or not… Do you want to be penetrated… do you want to be pregnant, do you not want to be pregnant, are you having caring sex, are you having violent sex, like, I don't know, the first thing to think is about that. Are you conscious that you are having the possibility [to get pregnant] when you are in that act because it's a possibility. It's always a possibility, with condoms, without condoms, with pills, without pills, it's always a possibility [to get pregnant]. So the family, the people who surround that couple, or person, [are] they willing to listen, support, or [do they] punish, treat them badly? After, how do you feel? Do you feel bad, do you want to talk, do you want to have a child, do you not want to have a child?

Similar to what Anaís shared, there are many layers that determine a woman's experience. Paz expressed that women need to ask these questions for themselves and not listen to the limitations that the political and cultural discourse determine for women. She continued,

> Are we doing it in a way that we want to do things or do we want others to make decisions for us? Perfect bodies, perfect sex, what does it mean? In that moment are you there? Not them. And the moment of abortion is the same question, are you there, is your mother there, or your grandmother is there telling you that you don't have to do it, or is it your position, your economic [position]… what is the context in our lives that we are

> making the decision like that? And the publicity on the TV, the abortion is really bad, like, it's not for Christian people… it's like for weird people, for lesbians, for young people, but everyone does it. It's all a lie and we have to unify ourselves and realize that we have things in common… we are not that lost if we have things in common.

Women's internalized feelings of shame demonstrated cultural violence aimed specifically toward women because it is the context of cultural discourse around abortion that creates these feelings. In a different context, these feelings would not exist. The construction of abortion is multifaceted in that women embody multiple levels of inequality simultaneously. Women who have terminated their pregnancies are against cultural norms and against the law. The embodied reality around abortion, keep women isolated and separate from each other. Though many women have experience with abortion, in the context of illegality abortion is a deeply held secret, which subsequently deprives women of their identity, experience, and voice.

Embodying Resistance

According to Parkins (2000), "bodies inhabit specific social, historical and discursive contexts which shape our corporeal experience and our opportunities for political contestation" (p. 59). Consequently, linking oppression and resistance (Caputo, 2014). Marginality is not only a place of social exclusion, but also a place of resistance, situating the body as a site of simultaneous control and contestation (Foucault, 1990; Hollander & Einwohner, 2004; Wade, 1997). Therefore, it is no surprise that resistance was revealed in this study as both collective and individual action. Participants told stories of how women's bodies were marked by race, class, and gender inequality and women shared the ways in which they embodied clandestine spaces of illegality. However, participants also disclosed a parallel reality, revealing the power to act within highly restrictive environments.

Networks of solidarity. Participants discussed the significance of social networks as a form of resistance in responding to women's need to obtain a clandestine abortion in the context of illegality. Women put themselves at risk to receive help from and support other women by putting their bodies on the line to be in solidarity. Positive social networks provided access to needed information, support, and some level of trust within clandestine spaces. According to Maira, Hurtado and Santana (2010), "feminists have always created clandestine networks of solidarity to facilitate women's access to safe abortion" (p. 31). The narratives of participants uncovered a reliance on feminist, political, and other networks constructed within communities and among friends.

Anaís mentioned that she found out about the private clinic she went to for two of her abortions through a feminist network. Pía had a similar experience. She was part of a feminist collective and was referred by someone who she trusted. Pía reflected,

> I went to a *matrona* who worked in human rights, she took me to a place where a colleague of hers did these abortions… I trusted in her, she was a *matrona* and this was a colleague of hers… I didn't know her, but [I had] this sort of trust in this woman because her name was given by another one who I respect, [so] I knew she worked in the same things that I did.

Macarena's boyfriend at the time of her first pregnancy was part of an organized group called the Communist Youth of Chile and so she discovered where to go through a political network. She remembered,

> It was the early 90s, just after the *plebicito* (plebiscite), after people say [they] don't want Pinochet in the government… we [were] very involved in the political issues, my family, all my family. My grandfather was in the jail for many years, [a] political prisoner, and

> we came from the exile, like three years before, so we [were] very involved in the political issues in the country… I remember that my partner was… part of the *Juventudes Comunistas* (Communist Youth) and so he had more networks in Chile. He started to ask some close friends, [male] friends, and one of them [said], "well, we know a doctor, a woman doctor, who made abortions…" and so it's [a] women from the *Partido Comunista* (Communist Party) who [did the abortion].

Francesca talked about constructing a network among women in her *población*, but she did not identify this as a feminist network.

> Suddenly we just need to know and we started to talk and there were those who knew the information. [So] we started to talk to that person [about] how we do it and we had to go through that person and that person took the girl to the person… who would do the abortion. One does not know more than that… There were also constructed networks where we got money together [for women to go to places] not as expensive as a clinic.

Other women had found how to access an abortion through friends who had gone through the same experience. In fact, most of the women I spoke with about their abortions revealed that after their abortion they had supported other women in some way. Thus, much of the solidarity that women had with other women came out of their own experience of not having the kind of support that they needed at the time. Pía remembers helping a young woman through her abortion experience.

> We worked together; she might have been twenty-one, or twenty… I remember feeling like, sort of *with,* among women. Going with her to the clinic, bringing her back to stay at my home because she couldn't go to her house because she lived with her mother and with the family and trying to be *with* her, letting her sleep, or making her something to

> drink or whatever it was… I think that's one of the points where women can be or show solidarity with other women.

Paz had found out about Misoprostol from a friend who had used Misoprostol to abort her pregnancy. Paz felt that going through an illegal abortion served a purpose because she recently helped a friend who was going through the same experience. She helped her friend do research on where to find Misoprostol as well as helped her friend make contact to get the pills. In this moment Paz had the role of a counselor or support person for her friend, which is something that she did not have herself. Paz explained to her friend, "ok, don't worry, in the next day you will feel this… you will do that, you can do these things or other things to feel better, you know, like trying to explain everything."

Macarena had a similar experience. She explains that a few months after her abortion, she was helping her classmates in the same situation.

> I remember two or three friends in my classroom have an abortion and I felt like the more mature woman next to them because I had the experience… and I started to support friends that are living the same situation… One of the best things I did in my life, a good experience, was [to] support other women when they were pregnant. I think that made me feel useful in my life because I passed [through] that situation, I felt bad, I needed help, and to be part of these groups was very very useful… you know, [in] all these situations when I think to be one of these women the only thing that I have in my mind is they need to talk with somebody—they need information, they need support, they need to feel that they are not the only person that [has] that problem.

Pia said, "It's the link among women that can help us." In addressing *testimonio*, personal narratives based on oral traditions in Latin America, Bernal, Burciaga and Carmona (2012) state

that sharing personal stories helps to break through silences and create solidarity, "situating the individual in communion with a collective experience marked by marginalization [and] oppression…" (p. 363). It is in the collective experience that women find solidarity and a sense of purpose in helping other women. In fact, Paz mentioned this as the reason why she wanted to participate in an interview for this study. She expressed that she was interested to participate in the interview to change the narrative from rage and hate. She reflected,

> I don't want to be afraid to explore myself because this exploration can help another person. So I want to be here in this [interview] for me, and all the women, or boys, or [people], that have questions about this subject. It's a beautiful subject because it's another way to understand the function of life. Thank you for making me talk about this.

Paz, like other women, needed a space to communicate her embodied reality of abortion in the context of criminalization. In this way, Paz shows how for her participating in an interview was also an act of resistance. The illegal and clandestine nature of abortion alone is enough to sustain fear, silence and isolation in women. When women are able to connect with other women, it aids in the deconstruction of the dominant cultural discourse on abortion. Similar to feminist consciousness raising groups in the 1970s, when women foster collective spaces in the margins, they "become aware that the problems they thought were theirs alone are less a function of their own personal hangups than of the social structure and culture in which they live" (Polk, 1972, p. 324).

Conclusion

This chapter revealed women's embodied experience with abortion within the context of illegality and clandestine spaces. Many of the same issues exist for women within a legal or illegal framework of abortion, such as having to negotiate family expectations, relationships, and

economic circumstances. However, the backing of legality makes a big difference for women, because it denotes having rights, versus having no rights. Not having any rights creates a highly vulnerable situation and experience for women. I was continually struck by the generosity and courage of the women who shared their abortion stories with me in a context of illegality. Women's experiences of vulnerability in a society that does not give them a space to have a voice, demonstrated both the symbolic and concrete positioning of these women in society.

The situation of illegality produces a clandestine environment, which creates and sustains a black market economy around abortion. This constructs further exploitation of women without protection from the state. Specific to poor women, the black market economy gives them very little agency because they cannot afford to buy choice. Thus, poor women are relegated to putting their bodies in harms way, as there is no state regulation or protection of women in the black market. It is in this context that women do not exist and violence, fear, silence, and isolation are interwoven and inscribed on women's bodies. When abortion is reduced to a crime, in which a woman in measured, she is stripped of her identity and the context that her decision was made. She is subsequently held responsible for the ills of society and labeled and treated as *other*.

Just as women's identities and abortion experiences are defined by multiple interlocking systems of oppression, such as race, class, and gender, so is the potential for contestation within these systems of oppression. Despite many barriers negotiating and embodying the inequality in cultural discourse and clandestine spaces, women revealed a resistance. Thus, the body is a site of inequality and resistance simultaneously across time and social location (Caputo, 2010). No matter the risk in the face of inequality, repression, or marginalization, women's capacity to resist was constant. Embodying resistance, as Sutton (2005) explains, occurs with the whole self,

therefore “in order to create more equitable, just, and humane societies, we need to take into account the bodily worlds of marginalized populations” (p. 191).

Chapter Six: Conclusion

> Criminal laws penalizing and restricting induced abortion are the paradigmatic examples of impermissible barriers to the realization of women's right to health and must be eliminated. (UN Special Rapporteur on the Right to Health, 2011, 2011, p. 7)

Summary

This study began with an inquiry about reproductive laws and policies in Chile that construct women as criminals and how women embody being criminalized within the context of inequality. The study is anchored in analyzing the narratives of participants who could shed light on structural, cultural, and direct forms of violence against women and of young, poor, indigenous, and immigrant women who have a history of terminating a pregnancy under illegal conditions. Centering the analysis on the narratives of marginalized women, whose lives are embedded within a web of policies and practices that determine their reproductive experience, offers insight into how multiple forms of violence impacts their lives.

Participant narratives revealed how laws and policies that criminalize women for terminating a pregnancy do not take in to consideration the broader issues of race, class, and gender inequality in which these policies are constructed, resulting in further social, economic, and political disparities for women already marginalized in Chilean society. Thus, this study revealed that the impact of restrictive reproductive laws and policies are most aimed at regulating the lives of poor, indigenous, and immigrant women. As Sutton (2010) has found on related research, "The fact that poor/brown female bodies are particularly likely to be injured or killed by dangerous abortion procedures exposes the criminalization of abortion as a form of classist, racist, and patriarchal disciplining of the body" (Sutton, 2010, p. 193).

The risk associated with having a clandestine abortion, such as threat to women's health and lives, necessitates an examination of how we understand choice. No woman in this study chose to put her life at risk. The narratives of women revealed that the decision to terminate a pregnancy most often was connected to concerns about motherhood and family. Thus, abortion is about motherhood and family more than it is not. For example, Macarena was breastfeeding her baby girl during our interview. She discussed the importance of being able to provide a loving and secure environment with two parents, which she was not able to do as a single teen mom. Paloma had four children for whom she was the main financial and emotional provider. Her husband was an alcoholic and extremely abusive. Paloma had no control within her relationship to manage family planning. Nor did she have control in her work environment when she was told from her *patrona* that if she became pregnant, she would lose her job. Keeping her job in order to support her children meant that Paloma could not become pregnant again. Yet, Paloma had no control within her relationship of whether or not she became pregnant. Paloma's decision, like the decisions of other women interviewed for this study, to terminate her pregnancies was in response to economic and social inequality in which her life and the context of her decisions are embedded. The dominant cultural discourse on abortion in Chile declares that women who terminate their pregnancies have acted against the social norm of being a mother. However, often it is in the commitment to motherhood where abortion becomes the alternative for women.

Criminalization produces a narrow lens from which to understand the social issues surrounding women's reproductive health. This results in unnecessary harm by placing the onus of responsibility on individuals, subsequently fostering a permissive discriminatory environment. One of the problems with linking abortion to a criminal act is that it "decontextualizes women from the social and political parameters of their lives" (Pollack, 2000, p. 79). This approach

situates the underlying cause of criminality as individual responsibility rather than the construction of laws and policies that do not take into account the conditions of oppression as a contributing factor to terminating a pregnancy. Pollack (2000) states that this is problematic because, "Individualizing social issues can result in blaming individuals for problems that arise from being oppressed in various ways and may be further disempowering to them" (p. 77). Contrary to a criminalization model, a social justice approach would be inclusive of addressing the broader issues of inequality, such as race, class, and gender as situated within social, economic, and political processes and practices (Mazza, 2011; Silliman, 2002).

Framing inequality as indivisible from embodied experience highlights the ways in which women negotiate their reproductive lives in a complex system of distinct interlocking forms of oppression. Galtung's (1990) typology of violence aids as a model to identify and deconstruct inequality in its complexity. Structural violence helps to situate the construction of laws and policies in historic and contemporary economic and political processes that regulate and control women's reproductive lives and construct them as criminals. Cultural violence facilitates an understanding of how systems of inequality are legitimized and sustained, reinforcing permissive harmful attitudes and practices toward young, poor, indigenous, and immigrant women. Direct violence illustrates how structural and cultural violence manifest as concrete expressions of discrimination and emotional, sexual, and physical violence against women. Together, these offer a framework to carry out a comprehensive analysis of the constraint on women's agency in which their reproductive lives and experiences are embedded.

Mensch (2008) states, "The relation of violence to embodiment arises through the role that the body plays in our making sense of the world" (p. 4). This study discussed distinct ways in which women embodied being criminalized for abortion based on their social location within

historic and contemporary contexts of race, class, and gender inequality. Women's narratives revealed how their voice and experience with abortion are rendered invisible within clandestine spaces of illegality and only made visible as a result of health or legal consequences. Coole (2007) states, "… an analysis of bodies within concrete political situations must combine phenomenological attention to the… ways actors experience their own bodies" (p. 417). This study aimed to recognize and make visible women's embodied existence as they defined this within the narratives of their abortion experience (Sutton, 2010). Embodiment supported a critical phenomenological analysis of how illegality is inscribed upon a woman's body and embodied reality, linking broader constructs of violence to lived experience. Women revealed the ways in which everyday violence impacts their lives and through their narratives we can better understand how their experience is profoundly interconnected to and shaped by laws, policies, institutions, and cultural discourse. Thus, "phenomenology and embodiment make the recognition of… violence [possible]" (Bernbeck, 2008).

According to Murphy et al. (2009), "Intersectionality offers explanations related to the complexity of the human experience as marked by social constructions of privilege and oppression… " (p. 8). Using an intersectional lens helped to shed light on the multiple ways that structures of inequality shape women's reproductive lives. For example, Paloma suffered from triple discrimination as a Peruvian immigrant, a domestic worker, and a woman. These categories of race, class, and gender are constructed by and determined Paloma's vulnerability to structural, cultural, and direct violence broadly, and specifically limited agency concerning her reproductive health decisions and experience. Further, intersectionality helps us to understand that criminalizing women for abortion makes "… poor women more vulnerable to risky abortions, further magnifying intersecting inequalities" (Sutton, 2010, p. 193).

Pollack (2000) posits that women can also act as agents within oppressive systems, thus simultaneously embodying agency and repression. Intersectionality also aids in seeing how these opposites come together in the form of resistance. Murphy el al. (2009) suggest how "… an intersectional perspective stresses the notion of human agency and emphasizes an empowerment perspective…" (p. 14). Thus, despite many barriers negotiating and embodying the inequality in cultural discourse and clandestine spaces, women revealed resistance to dominant structures, laws, and cultural beliefs, illustrating individual and collective forms of agency. The decision to terminate a pregnancy within a highly criminalized environment is an act of resistance. This was further revealed when women put their bodies in harm's way to obtain an illegal abortion, when women put themselves at risk to help other women, when women used their naked bodies to defy repressive cultural identity and expectations, and when women protested in marches to contest injustice. Further, collective spaces of resistance occurred because of the impact on many women by the same systems of state sanctioned inequality and violence, thus creating a network of solidarity. An intersectional lens helps to illustrate the ways in which individual and collective acts of resistance are situated in the context of repressive systems of inequality.

Implications for Social Work

The primary focus of social work is to enhance human wellbeing (Jayasundara, 2011). Social workers have traditionally valued human dignity, self-determination, and social justice and have fought for the equality of disenfranchised populations. The role of social work in reproductive health, rights, and justice is vital on practice, policy, and research levels (Alzate, 2009; Taylor, 2014; Wright, Bird, & Frost, 2015). Social workers can challenge a criminal justice paradigm as a response to social issues; understand the conditions that affect women's reproductive health, such as poverty and discrimination (Ely & Dulmus, 2010); and work toward

a human rights-based approach. Critiquing the structures of inequality is essential to ensure that broader social justice issues are adequately addressed in order to eradicate the further marginalization of women. Social work can enforce, promote, and advocate for reproductive justice through the profession's principles of challenging discrimination and unjust social policies and practices.

The social isolation that women who terminate a pregnancy in a highly criminalized environment experience is exacerbated by the lack of support and protection from professionals and the state. The professionals I interviewed within *consultorios* stated they do not broach the abortion dialogue with women because of the illegality and clandestinity of abortion. This illustrates how structural and cultural violence play a significant role in regulating and limiting the capacity of helping professions. Some professionals feared retribution from the state, a carry-over from the Pinochet dictatorship, and for others the fear was in the reaction from their colleagues. This is not unlike the McCarthy era when social workers feared taking a stand on controversial issues (Andrews & Reisch, 1997; Reynolds, 1954). During the Pinochet dictatorship some social workers were tortured and others disappeared. At a national social work organization I saw displayed photos of social workers who were killed during the dictatorship. Thus, social workers and other helping professionals are also vulnerable to the laws and policies constructed within a specific political climate. This has serious ethical policy and practice implications for social work locally and abroad, promoting a social control over social justice model for our profession.

This study showed that the criminalization of women for abortion is a multidimensional issue that elicits a multidimensional response. To embrace our role as a social justice and human rights profession we can employ multiple strategies to deal with the impact of illegality on the

people we serve and the limitations criminalization produces on our capacity to help. Furman, Ackerman, Loya, Jones, and Negi (2012) suggest the following implications for social work in relation to the criminalization of immigration, which can equally be applied to the criminalization of women for abortion. Social work needs to continue a dialogue within our agencies to develop clear guidelines on how to deal with ethical dilemmas; connect with international and national professional social work organizations on policy advocacy; engage in political action to "fight discrimination and exploitation" (p. 182); and social workers should examine personal beliefs. Furman et al. (2012) state, "As a profession that claims to fight for social justice and places advocacy at the top of the list of ethical obligations, it is imperative that social workers examine their personal beliefs and have knowledge of agency policies" (p. 183). This is especially true when examining personal beliefs about abortion so social workers are not creating more harm to an already vulnerable population.

This study speaks to the importance of integrating controversial content into social work curriculum through a human rights and social justice lens (Alzate, 2009). The research shows that the pro-life/pro-choice paradigm for addressing abortion is limited by an individual analysis and subsequent interventions. Thus, broader issues of inequality need to be taken into consideration to understand the context in which women's reproductive lives are embedded. For example, not all women are treated equal under laws and women who are already marginalized in society are the most impacted by restrictive reproductive health policies. The literature on social work policy practice informs us that policies are constructed based on the definition of the problem, which is guided by values (Segal, 2010). Thus, neither a pro-life or pro-choice framework invites a critical analysis of "political exclusion, social isolation, and economic marginalization" (Campbell, 2000, p. 8), which this study reveals as relevant to women's

experience of being criminalized for abortion. Social work education can address this through policy, research, or practice courses (Ely & Dulmus, 2010). In addition, social work can help to build the capacity for internship placements within policy and research advocacy organizations, such as the Center for Reproductive Rights or the Guttmacher Institute; local reproductive health clinics and organizations, such as Planned Parenthood and other public health institutions; and international and human rights organizations, such as the World Health Organization or the United Nations Population Division.

Social work is well positioned to support the reproductive health of women based on our commitment to advocate for marginalized populations. Taylor (2014) states, "It is the responsibility of social workers to incorporate reproductive health into existing policy, practice, and research concerning human rights" (p. 132). However, according to Jayasundara (2011) and Blythe (2008) reproductive health is marginalized within the social work profession. This study aims to bring this issue front and center to our profession by highlighting how restrictive reproductive health policies do not impact women equally, subsequently criminalizing poor women for not having access to resources or the ability to move freely within the constraints of their social location. Thus, reproductive health is connected to broader social justice and human rights issues, which social work can address through our commitment to challenging discrimination and promoting social justice and human rights (Alzate, 2009; Blyth, 2008; IFSW, 2012; NASW, 2008; NASW, 2012).

This research is politically well timed to call on the social work profession in the United States to address the reproductive health, rights, and justice of women. In the United States, women are currently being prosecuted for terminating a pregnancy (Rowan, 2015). In some cases women are charged with terminating a pregnancy when in fact, they had miscarried.

Between 2011 and 2014, the United States has enacted 287 new laws that limit access to reproductive health, including abortion (Rowan, 2015). Some areas of the United States are more impacted than others. For example, in the Rio Grande Valley in Texas there have been massive cuts to low-income clinics, which puts poor women in a situation to travel 50 miles to receive reproductive health care, including contraceptives and annual exams that detect cancer (Texas Latinas Rising, 2015). Thus, these restrictive laws and policies are designed to have the greatest impact on poor women. According to Rowan (2015), currently 38 states have the ability to charge a person with homicide for the "unlawful death of a fetus" (p. 71). This does not exempt a pregnant woman from being charged.

The same conditions this study highlights regarding race, class, and gender inequality embedded in social, economic, and political processes, produce lack of access to family planning and abortion care in the United States. Thus, poor women are being put in a situation to induce their own abortions, sometimes by extreme measures. This is the result of lack of state support and protection, consequently criminalizing women under new restrictive laws on abortion. Rowan (2015) states, "The evidence from other countries where abortion is criminalized and from the United States before abortion was legalized nationwide shows unequivocally that outlawing abortion does not make it stop and, in fact, just makes it unsafe" (p. 74). Given the current trend in the United States toward more restrictive abortion laws this study can help to understand the impact of criminalizing women for abortion and inspire a call to action for the social work profession to engage in critical policy analysis in order to advocate for just policies.

While in Chile conducting fieldwork, I had the opportunity to attend the first Social Work in Latin America conference held in Santiago, April 2014. The social workers I heard speak from Argentina, Chile, Brazil, and Puerto Rico framed inequality as the result of broader social,

economic, and political inequality connected to a neoliberal capitalist model of development. Thus, social workers in Latin America are well positioned to understand and address the broader constructs of inequality that impact women's reproductive health. However, just as in the United States, value conflicts supersede a critical analysis of abortion. The current crisis of the Zika virus in Latin America elicits the context for discussion on reproductive health and rights, including abortion (Roa, 2016). Poor women are most at risk due to limited access to reproductive health and living in environments that disproportionately expose them to the virus. This research aids in building a bridge for discussion by situating reproductive health in the context of inequality to understand and deconstruct the current discourse on abortion so that structural and cultural violence against women can be addressed, increasing agency in women's reproductive health experience.

On a global level, this research will contribute to the growing literature on a social work response to reproductive health and human rights. Research in this area is scant, thus this study promotes a strong social work voice in support of improving the reproductive health status and human rights of women. Jayasundara (2011) contends in order for social work to address reproductive health issues globally, "a theoretical perspective is needed that takes into account the context and relational conditions that create reproductive ill-health vulnerabilities, preventing attainment of reproductive well-being" (p. 137). This study fills this gap by offering a unifying framework to critique macro processes and the impact of this on micro experience. Galtung's (1990) typology of violence and intersectionality help to deconstruct contextual realities of inequality. Theories of embodiment through an intersectional lens help to understand how women are impacted differently based on their social location and to concretize where inequality resonates in the body through the narratives of women's lived experience. Critical

phenomenology bridges these theories into a unifying framework, which allows social work to incorporate the depth and breadth of harms committed against women by restrictive reproductive health policies, mapping constructs of inequality and subsequent social justice and human rights interventions.

Consonant with policy statements from the International Federation of Social Work and the National Association of Social Work to promote access to abortion services for women, this study contributes to an understanding of abortion as a matter of human rights (IFSW, 2012; NASW, 2012). Much has been documented on the right to health as indivisible from other human rights. The human rights of women are violated when governments restrict women's "right to health," "right to be free from discrimination," and "right to life, liberty, and security" among others (Center for Reproductive Law and Policy, 1997; Center for Reproductive Law and Policy, 1998; Center for Reproductive Rights, 2008; UN Special Rapporteur on the Right to Health, 2011). Ho (2007) and Farmer (2005) help to situate human rights violations in the context of structural violence. Ho (2007) states, "structural inequalities that systematically deny some people their basic human needs constitute a structural violation of human rights" (p. 1). She and Farmer both contend that poverty is a systematic mechanism that denies human rights. This study highlights race, class, and gender inequality, with poverty as the common denominator, and the impact of this on women's reproductive health. Thus, structural violence is an apt framing for understanding the foundation from which human rights violations are perpetuated against women who are criminalized for abortion.

Petchesky (2005) states, "A human rights approach is necessary to empower people to make social and gender justice claims and to provide mechanisms for holding governments, private corporations, and international agencies accountable" (p. 303). This aligns with social

work values and ethics of promoting social justice, self-determination, and the empowerment of women and girls. The United Nations Special Rapporteur on the Right to Health (2011) addresses restrictive reproductive health laws and policies as a violation of the right to health. The Special Rapporteur highlights that the denial of access to services and information, gender inequality and discrimination, and the marginalization of women and girls when they are denied their right to sexual and reproductive health, further exacerbate human rights harms. Further, the rapporteur states, "Public morality cannot serve as a justification for enactment or enforcement of laws that may result in human rights violations, including those intended to regulate sexual and reproductive conduct and decision-making" (p. 7). Specific to abortion, the rapporteur addresses the criminalization of abortion as a violation of a woman's right to be free from inhuman and cruel treatment, a woman's control over her body, and the conditions that are created from a black market economy surrounding abortion, such as exploitation and violence. These violations of human rights are highlighted in this study through women's narratives of abortion experience within the context of illegality.

According to Wade (1997), "Alongside each history of violence and oppression, there runs a parallel history of prudent, creative, and determined resistance" (p. 23). This study revealed the importance for social work to recognize forms of resistance as an empowering strategy against repressive systems. Social work has a unique and rich theoretical base to understand how environmental conditions impact and interact with individual experience through systems theory and ecological perspectives (Finn & Jacobson, 2003; Salas, Sen, & Segal, 2010). While these frameworks have greatly contributed to the notion of context, they have been critiqued for their emphasis on adaptation versus transformation, and for their exclusion of both power dynamics and structural inequality as historically situated. The empowerment perspective

added an analysis of power to human conditions and experience (Solomon, 1976), however contemporary usage of empowerment in social work has been critiqued for its emphasis on individual rather than political empowerment and changing structures of inequality (Salas, Sen, & Segal, 2010). Guo and Tsui (2010) suggest that in a strengths-based model, "social workers can identify sources of resilience and enhance them" (p. 234). However, they critique this concept along with a contemporary practice of empowerment, by pointing out that the power in recognizing and using these strategies come from the social worker to the population who is marginalized, not the other way around. Gui and Tsui (2010) state, "If social work's mission is to emancipate, empower and enable people in vulnerable situations; then it must acknowledge the weapons used by people to facilitate social justice" (p. 238).

This study revealed that individual and collective resistance exists in highly repressive and clandestine spaces outside of any traditional support systems. In meeting people where they are, social workers can work in solidarity with others in the way they are resisting oppressive systems. McCabe (2007) discussed the risk of using traditional interventions as another form of colonization. If we are not conscious of ourselves in relationship to the people we work with, then we are at risk for repeating similar oppressive values and behavior. The empowerment model, in its most ideal sense, comes from within the struggle to promote social justice. Thus, as social workers we can recognize and acknowledge resistance in others as a key resource for those marginalized and socially excluded by societal conditions of violence and inequality (Gui & Tsui, 2010).

Future Research

The phenomenological aspect of this research uncovered a great deal of rich data that elicits further exploration. The theoretical framework used in this study allowed for a more

comprehensive understanding of how women embody being criminalized for abortion. Therefore, I would like to further develop this framework as a model to investigate the context of inequality and the impact of this on women's reproductive lives in other geographic areas. For example, while in Chile I had the privilege of visiting multiple communities in order to collect diverse data to understand the context of inequality. Based on the race, class, and gender inequality within the communities of Calama and Temuco, for example, a more in-depth analysis in each of these communities could produce a more profound understanding of how systems of structural, cultural, and direct violence impact specific populations surrounding reproductive health and justice. I would also like to apply this model locally within the United States to shed light on historic and contemporary systemic harms perpetrated by new state sanction restrictions on access to reproductive health for low-income woman. A participatory action model of investigation coupled with PhotoVoice and documentary filmmaking would aid in foregrounding voice and experience in a more concrete visual and auditory form.

Another area I would like to explore further is how structural and cultural violence restrain our capacity to mobilize in the social work profession and how social workers can be targeted for repression or criminalization from the work we do. In the United States we are already seeing this trend in Arizona with Proposition 200, which "penalizes providers who serve undocumented people with a fine and/or jail time" (Furman et al., 2012, p. 177). I am interested in exploring the impact of the criminalization of social issues and marginalized populations on the social work profession. Lastly, along these lines, I am interested in investigating what happens with the social work profession in Latin American countries during repressive U.S.-backed regimes. In Chile, for example, Pinochet removed all social sciences from public universities. I would like to conduct an in-depth phenomenological analysis of the impact on

social workers, the social work profession, and the people who relied on social workers for services and support during military regimes.

Conclusion

> I believe that this experiential and analytic anchor in the lives of marginalized communities of women provides the most inclusive paradigm for thinking about social justice. (Mohanty, 2003, p. 231)

The critical phenomenological methodology of this study underscores participant narratives as central to informing our professional knowledge base. These narratives highlight the impact of structural, cultural, and direct violence on the lived experience of women criminalized for abortion. The phenomenological focus situates the concrete embodied experience of women marked by social exclusion, oppression, and resistance (Bernal, Burciaga, & Carmona, 2012). Highlighting women's narratives exposes the violence and unearths the silences, which are the result of repressive policies and cultural discourse. This studied aimed to acknowledge women's experience as a concrete expression of state and societal violence in which their lives are embedded. In response to the social exclusion and marginalization in which women's lives are reduced, this study aimed to foster a space of critical reflection to make visible harmful power structures and contestation, acknowledging the strength of women's resistance within the context of repressive environments. Mohanty (2003) states, "This particular marginalized location makes the politics of knowledge and the power investments that go along with it visible so that we can then engage in work to transform the use and abuse of power" (p. 231).

Appendix A

Interview Guide for Contextual Data

Based on interviews with individuals working in religious, legal, academic, health, social work, feminist, and human rights organizations, contextual data will be gathered to address social, economic, and political inequalities in Chile and the specific impact of these inequalities on women.

- Inclusion/Exclusion
    - What is the current health care system, who benefits and has access and who is marginalized with limited access?
    - Does the state protect domestic workers? Why or why not? Please explain.
    - What is the education system in Chile, who benefits and has access and who is marginalized with limited access? Why do you think this is? In what ways does this assist or limit women's opportunities?
    - How are women able to exercise their rights, or not, in social, economic, and political spheres? How is this different for poor women specifically?

- Violence
    - Please describe ways that women experience violence in Chile.
    - To what extent do women suffer from domestic violence and sexual assault? Please explain.
        - What are the structural conditions that manifest and sustain this?
        - What kinds of resources and support systems are in place, or not, for poor women? Please explain.
        - Does the state protect women from violence? In what ways? What should be addressed that hasn't been yet?

- Discrimination
    - Please describe ways that are women discriminated against in Chile.
    - How does this discrimination play out for women who are poor?
    - How does racism play out in Chilean society, by whom, and to what extent is the impact of this on poor women?

- Legal
    - What is the current legal framework for addressing the criminalization of abortion?
    - What are the current prison conditions for women and to what extent are women prosecuted for abortion?
    - Who are the women most likely to be prosecuted for abortion?

Appendix B

Interview Guide for Core Data

Based on interviews with core participants, the study seeks to explore and identify ways in which women embody being criminalized for abortion in Chile.

Background Information

- Tell me about yourself…
- How old are you?
- What type of work do you do?
- Are you married? In a relationship?
- Reproductive History
    - Do you have any children? How old are they?

Questions

- Tell me about your pregnancy—what was it like for you when you found out you were pregnant? Did you tell anyone?
- How did you decide to have an abortion? Did you make this decision by yourself or with someone else? What was that like for you? Did someone help you to make the decision?
- What were the factors (i.e.: money, relationships, children, employment, education, etc.) that led to that decision?
- What was it like for you when you made the decision to have an abortion?
- Tell me about your abortion experience. How did you know where to go or what to do? Did you receive any assistance? (i.e.: Hotline, etc.)
- What was your aftercare experience like? How was your health? Did you have support?
- Were you worried about being arrested? Why or why not? What had you heard about this?
- What is it like for you now, after the abortion?
- What supports do you wish were in place for you? What do you need now?
- What do you think about the laws that criminalize abortion? Why do you think they exist? (i.e.: religion, politics, restricting women's rights)
- What societal attitudes exist in Chile about abortion? What attitudes do you wish existed? (i.e.: reality of politics vs. realities of women in *los poblaciones*

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